



# 2002 Training Program for Aboriginal Alcohol and Drug Workers

## **2002 Training Program for Aboriginal Alcohol and Drug Workers**

A Report prepared by  
Swinburne University of Technology and  
Ngwala Willumbong Co-operative Ltd

For Drugs Policy and Services Branch  
Rural and Regional Health and Aged Care Division  
Department of Human Services

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## Executive summary

### Background

A 1997 review highlighted the complex role of Koori Drug and Alcohol Workers and Koori Community Alcohol and Drug Resource Service Workers, and the need for training to enable them to undertake their role. This was particularly important given that most of the workers had come to their positions without structured formal training.

The Department of Human Services subsequently awarded a contract in 2001 to Swinburne University of Technology and Ngwala Willumbong Cooperative, to develop and deliver a program of accredited training for these workers.

The 2001 training program resulted in the graduation of 20 workers from the target group, and seven from related areas of practice, with Certificate III, IV and Diploma level qualifications in Community Services (Alcohol and Other Drugs).

The program was extended to deliver a training program during 2002.

During 2002 the program received the Victorian Community Services and Health Industry Training Board Award for Innovative Service Delivery.

### Aims and objectives

The aim of the program as specified in the tender contract was to increase the level of skills of the workers who work within the Victorian Aboriginal Community on issues relating to the abuse of alcohol and other drugs.

The objectives included:

- preparing and delivering Certificate III and IV in Community Services (Alcohol and Other Drugs) to Koori Community Alcohol and Drug Workers and workers in Koori Community Alcohol and Drug Resource Services
- delivering the program in a flexible manner and in accessible and appropriate settings
- ensuring that the training program provided met the relevant National Competency Standards
- ensuring that the training program is flexible in the inclusion of work-based modules and modules with Recognition of Current Competencies.

### Training provided

During 2002 the training program was provided to:

- one group of workers who had graduated in 2001 with a Certificate III in Community Services (Alcohol and Other Drugs). This training enabled those workers to graduate with a Certificate IV in Community Services (Alcohol and Other Drugs)
- two groups of workers who had not previously been involved with the training program. This training enabled those workers to graduate with a Certificate III or Certificate IV in Community Services (Alcohol and Other Drugs), according to the level of assessment nominated by individual participants.

In addition to Koori Drug and Alcohol Workers and Koori Community Alcohol and Drug Resource Service Workers, Swinburne/Ngwala made places available to workers in allied Koori services.

Workers from the following programs participated in the training:

- Commonwealth-funded drug and alcohol positions
- Commonwealth-funded rehabilitation services
- Domestic Violence
- Youth accommodation (SAAP)
- Disability support
- Youth and community work.

### **Barriers and strategies**

A number of factors with the potential to influence program outcomes were encountered:

- demands placed on workers to respond to intensive drug and alcohol needs of many clients and their related support needs. These contributed to a complex environment in which to focus on and develop specific skills
- limited policies and practices in workplaces, related to such areas as case management and supervision
- a wide range of skills and experience of course participants
- limited skills and confidence of participants in writing and report preparation
- limited training resources with direct relevance to practice in Koori communities in Victoria.

The program developed a number of strategies in response to these factors:

- a focus on case management strategies, in order to assist workers focus and structure casework, and negotiate roles with workers from allied services
- workplace projects, to assist participants to apply relevant skills in the workplace
- workplace assessment interviews. These sought to confirm demonstration of all areas of competence in the workplace, and to enhance structured feedback from supervisors to course participants
- flexibility, in enabling participants to be assessed at levels relevant to their skills and experience
- development of a resource of tutors, providing the potential for all course participants to access a tutor
- development of training materials, drawing on practice examples and models from experienced workers.

These factors are also addressed in program recommendations.

## Outcomes

### Graduations

#### 2002 Program

The 2002 program resulted in the graduation of 17 workers from the target group with the Certificate III or Certificate IV in Community Services (Alcohol and Other Drugs), and seven from related areas of practice.

#### Graduates, 2002 program

Group	Certificate III	Certificate IV	Total
Target Group	8	9	17
Others	4	3	7
Total	12	12	24

During 2002, Swinburne/Ngwala arranged for an additional three KADW workers from the target group to attend a separate series of workshops conducted for Ngwala staff in Melbourne, funded separately from this program, as they proved more accessible for their circumstances. Two of these workers graduated with the Certificate III, and one with the Certificate IV in Community Services (Alcohol and Other Drugs).

Four workers from the 2001 statewide program also undertook Diploma level training provided independently by Swinburne/Ngwala during 2002, focusing on case management intensive casework. Three of these participants graduated with a Diploma in Community Services (Alcohol and Other Drugs).

#### 2001 and 2002 programs combined

The statewide program was designed to facilitate training to Certificate IV level over two years of part-time study, graduating at Certificate III level within the first year. The program included the capacity for participants to progress within shorter timelines according to levels of skills and confidence.

For this reason, it is relevant to note the highest level of qualifications achieved by participants across the 2001 and 2002 programs combined.

Across these two years, the program resulted in the graduation of 29 workers from the target group, including 13 who achieved a highest level of Certificate IV, and one Diploma. 14 workers from related areas of practice were also graduated during this period, including five who achieved up to Certificate IV level.

### Highest Level Qualification Achieved 2001 and 2002 programs combined

Group	Certificate III	Certificate IV	Diploma	Total
Target Group	15	13	1	29
Others	9	5		14
Total	24	18	1	43

Ngwala/Swinburne commenced delivering drug and alcohol training programs at Ngwala in 2000. Since that time, Ngwala programs and the DHS funded statewide programs combined have resulted 80 workers graduating with Certificate III, IV and Diplomas in Community Services (Alcohol and Other Drugs).

### Highest Level Qualification Achieved All Swinburne/Ngwala programs 2000-2002

Group	Certificate III	Certificate IV	Diploma	Total
Koori Alcohol and Drug, Resource Centre Workers	17	13	2	32
Ngwala Staff	15	18		33
Others	10	3	2	15
Total	42	34	4	80

### Retention

Overall, four volunteer staff and four workers from related areas of practice who attended the Certificate III and Certificate IV workshops, did not continue. This represents an overall retention rate of 75% for the 2002 program. These workers attended one workshop only, and were not otherwise engaged in the program.

All participants from the target group of A&D workers successfully graduated from the program.

### Other outcomes

Participants in the statewide Certificate III program reported improvements in relation to:

- working effectively with clients
- making use of relevant services
- confidence in contributing to effectiveness of the service
- confidence in their ability to negotiate with supervisors and other workers
- skills in working with group situations.

Certificate IV level participants reported improvements in knowledge and skills in key focus areas of:

- interviewing skills
- case planning and management
- organisation structure and policies
- legal systems and court reports
- assertiveness
- public speaking.

Supervisors reported increases in skills and confidence in the core competence areas of the course:

- communication and negotiation skills, with other staff, management and other agencies
- networking, particularly with mainstream agencies
- initiating and working with groups
- general casework skills
- knowledge of drug and alcohol issues and responses, including harm minimisation
- contributions to effectiveness of the work group.

### Pathways

Consistent with the objectives of this program, Ngwala/ Swinburne provided pathways for participants to related qualifications.

The program was supported by additional training and skills recognition, funded by Swinburne/ Ngwala from alternative sources.

By means of these pathways, participants graduated with the following qualifications:

- Diploma of Community Services (Alcohol and Other Drugs)
- Certificate IV in Community Services (Community Work)
- Certificate IV in Community Services (Child Protection, Juvenile Justice and Statutory Supervision)
- Certificate IV in Workplace Assessment and Training.

## Recommendations

### Koori Training Programs

#### Koori Trainers

1. That DHS adopts a policy that future training programs specific to Aboriginal workers in all programs should be provided by Aboriginal trainers, or as a minimum involve co-delivery arrangements incorporating Aboriginal Co-trainers.
2. That DHS actively promotes access to Certificate IV in Workplace Assessment and Training programs that are culturally relevant.

#### Tutor supports

3. That DHS supports Cooperatives to implement an integrated whole of agency approach to training.
4. That a register of relevant tutors be developed and maintained by training providers working with Aboriginal and Torres Strait Islander participants.

#### The role of local TAFEs

5. That DHS promotes the development of networks and partnerships between Koori organisations and TAFEs at a local level.

#### Pathways

6. That in its contact with training providers and Universities, DHS promote the establishment of viable pathways from TAFE to Degree qualifications for Aboriginal and Torres Strait Islander workers.

### Drug and Alcohol Training across Program Areas

7. That DHS facilitates targeted drug and alcohol education and training for Aboriginal and Torres Strait Islander workers across all program areas, including Child Care, Family Violence etc.

### Delivery of Future Training for Drug and Alcohol Workers

#### Resources

8. That Swinburne/ Ngwala be assisted by DHS to further develop training materials based on Koori practice models, for incorporation into Koori and mainstream training and development.

#### Program Management

9. That similar training programs include Steering Committees with comparable membership, including extended representation of Aboriginal Cooperatives.

## Content

10. That the future programs be based on comparable content to this program, subject to consultation with stakeholders.
11. That comparable training programs incorporate formal audits of prior skills and knowledge of workers.

## Delivery

12. That future indigenous training includes individual 'Training Pathway Plans', using processes and documentation responsive to indigenous culture. That these form the basis of each participant's goals and support strategies within the training program, reviews of progress during the program, and individualised planning for future training on completion of the program.
13. That future training courses should be based at locations familiar and comfortable for participants, and where interruptions can be minimised.
14. That training programs with limited workshop-based delivery is supported by a resource of tutors responsive to the needs of Koori workers.

## Evaluation

15. That future indigenous drug and alcohol training be accompanied by an evaluation program, responsive to the needs of indigenous workers. The capacity to adapt the NCETA model for this purpose, for example using informal discussion methods by independent indigenous evaluators, should be explored.

## Ongoing training

16. That the Department of Human Services remains actively involved in ensuring access by Koori Drug and Alcohol Workers to effective training pathways.
17. That DHS supports continuation of the Statewide program to enable workers with Certificate III qualifications to upgrade to Certificate IV qualifications.
18. That DHS and training providers promote access to ongoing Diploma level training for Koori Drug and Alcohol Workers.
19. That Cooperative management be assisted in releasing staff for training, by strategies including provision of funding for worker backfill.

## Case Management

20. That Cooperatives are supported in integrating case management frameworks within agency policies and procedures, consistent with the cultural practices and considerations.
21. That DHS and Cooperatives explore a team-training model, with a focus on coordinated casework across service areas.



## 1. Background

### Origin of the program

In 1997 the Koori Alcohol and Drug Program was reviewed by the Drug Treatment Services Program of the Department of Human Services. The review highlighted the complex role that these workers play and the need for training to enable them to undertake their role. This was particularly important given that most of the workers had come to their positions without structured formal training.

The Department of Human Services subsequently tendered a contract to develop and deliver a program of accredited training for Koori Drug and Alcohol Workers (KDAW) and Koori Community Alcohol and Drug Resource Service Workers (KRW).

A training partnership involving Swinburne University of Technology and Ngwala Willumbong Cooperative was successful in submitting a proposal to deliver the training program.

### 2001 program

During the first year in 2001, the program involved four series of workshops targeting indigenous workers who did not have formal drug and alcohol qualifications.

As a result of this program, 20 workers in the target group and seven from related areas of practice graduated with qualifications in Certificate III, Certificate IV and Diploma in Community Services (Alcohol and Other Drugs).

Details of the first year of the program are in the report: 2001 Training Program for Aboriginal Alcohol and Drug Workers, available from the Department of Human Services.

### 2002 program

The program was continued in 2002 with two components:

- training for new workers who had recently joined the sector
- training for workers who had graduated at the Certificate III level in 2001 to upgrade to the Certificate IV in Community Services (Alcohol and Other Drugs).

This report describes the development and delivery of these components.

### Related programs

Consistent with the objectives of this program, Ngwala/Swinburne provided pathways for participants to related qualifications. The program was supported by additional training and skills recognition, funded by Swinburne/Ngwala from alternative sources.

These included a training program based at Ngwala Willumbong. Whilst targeting Ngwala staff, this program was made available to staff of other agencies.

Three Koori Drug and Alcohol Workers, based at the Aboriginal Health Service in Melbourne and the Ballarat Aboriginal Cooperative, joined the Ngwala program as it proved more accessible than the statewide workshops. These workers graduated from the program, and are noted independently within relevant sections of this report.

A series of statewide workshops at Diploma level was also provided in 2002, independent of the Certificate III and IV programs documented in this report. These workshops were provided for workers who had graduated in 2001 with the Certificate IV or Diploma in Community Services (Alcohol and Other Drugs). The series focused on Case Management and Intensive Casework competencies. Materials developed in partnership with these participants were used to support the Certificate III and IV programs, as discussed subsequently in this report.

#### **State Training Award**

In July 2002 the program received the State Training Award for Innovative Service Delivery, presented by the Community Services and Health State Training Board. The award noted specific features such as a culturally appropriate approach to training, the use of narrative approaches to teaching and assessment, and flexible assessment levels.

## 2. Program objectives

### 2.1 Aim

The aim specified in the tender contract was as follows:

- to increase the level of skills of the workers who work within the Victorian Aboriginal community on issues relating to the abuse of alcohol and other drugs.

### 2.2 Objectives

The objectives specified in the tender contract were as follows:

- to prepare and deliver Certificate III and IV in Community Services (Alcohol and Other Drugs) for approximately thirty workers working specifically on alcohol and drug issues in the Aboriginal community as Koori Community Alcohol and Drug Workers as well as the workers in the Koori Community Alcohol and Drug Resource Service. The training program must be delivered in a flexible manner and in accessible and appropriate settings
- to ensure that the training program provided meets the Alcohol and Other Drugs Work National Competency Standards of the Community Services Training Package developed by Community Services and Health Training Australia
- to ensure that the training program is flexible in the inclusion of work-based modules and modules with Recognition of Prior Learning, and that the training provided can be articulated with further accredited training.

### 2.3 Other expectations

The contract also required Swinburne/Ngwala to:

- deliver the Certificate III and IV in Community Services (Alcohol and Other Drugs) with an emphasis on identified needs and taking into account cultural contexts and suitable learning formats for the group
- deliver the training program within a group situation and in appropriate locations, with flexibility to accommodate people with different levels of experience and skills that encourages mentoring and skills sharing
- develop or customise and administer an appropriate assessment tool for accreditation as required
- develop appropriate support mechanisms and strategies, including networking strategies, to ensure that skills are consolidated and continue to be developed. This is particularly important as many of these workers are located in isolated rural and regional communities
- develop and implement effective evaluation strategies to appropriately inform further development in the delivery of the training.

## 3. Program development

### 3.1 Consultation

#### 3.1.1 Process

A series of consultation visits relating to the 2002 program commenced in March. The primary aim of these visits was to engage agency management in the design and delivery of the training program.

Visits were established by contacting Chairpersons of each Board, or where this was not possible the respective Chief Executive Officer (CEO). The subsequent meetings normally involved the CEOs or relevant manager.

Department of Human Services identified prospective participants for the training program. This was checked for accuracy and currency with the Cooperatives. CEOs or managers were invited to arrange for course participants to meet the trainers, however this did not always happen.

The training partnership was represented by Greg Smith from Swinburne, with either Bob Hamann or Barbara Honeysett from Ngwala Willumbong, depending on which trainer was going to be involved in delivery in that region.

Consultation visits were made to Aboriginal Cooperatives employing DHS-funded Aboriginal A&D workers, between March 12 and April 16. Swinburne and Ngwala also visited Cooperatives who did not have a DHS-funded A&D position. They were invited to nominate workers who could participate in the program, as discussed in Section 3 of this report.

A summary of these visits, and the topics raised by management and participants is provided in Appendix 1.

#### 3.1.2 Feedback

As all Cooperatives had been involved in the 2001 training program, those attending the meetings were able to provide feedback on its impact within the agencies, and comment on the design and delivery.

All contacted Board members, CEOs, service managers and staff supported the aims and proposed structure of the Certificate III and IV programs.

The priorities identified in this consultation process were different in nature to those identified in consultations held for the 2001 program.

During the 2001 consultations, managers prioritised the need to respond to drug and alcohol practice issues, in particular:

- responding to a growth in glue sniffing and related high-risk behaviours in the local areas
- worker safety in potentially violent situations
- new trends in drug use and treatment.

During the 2002 consultations, managers prioritised training related to general professional practice.

The following items were each identified by managers within three Cooperatives as areas for inclusion and emphasis:

- *professional role boundaries*. Three agencies suggested specific content relating to the nature of 'professional' practice. This included differences between personal and professional role boundaries, and differences in roles and responsibilities within community service agencies.
- *organisation process*. Three agencies suggested the inclusion of agency structure and process, including decision making and accountability responsibilities.

The following issues were raised by single Cooperatives

- *confidentiality*. This included the relevant transfer of information between professionals within the agency or with other professionals, whilst ensuring confidentiality was otherwise maintained.
- *teamwork/ learning from each other*. Related to the suggestions regarding confidentiality, this involved workers developing practices in working cooperatively with clients.
- *legal process*. This included court structures and involvement of workers in court processes, such as. giving evidence in court.
- *case management*. This included the ongoing, coordinated case management of clients.
- *strategies used in particular indigenous communities*. Training was seen as a way to expose workers to strategies that had been effective elsewhere.
- *site visits*. Visits to treatment services based in Melbourne, as arranged during the 2001 program, were seen as helpful in familiarising workers with the nature of available services.

In discussion with the managers, it was agreed that the issues raised would be specifically addressed within the most appropriate training programs (Table 1).

**Table 1 Agency priorities**

Content item	To be addressed specifically in program:
• personal/ professional roles, professional practice, role boundaries and responsibilities	Certificate III
• organisation structure, process, accountability and decision making	Certificate III
• legal process: incl. giving evidence in court,	Certificate IV
• confidentiality,	Certificate III
• case management.	Certificate III, IV, Diploma
• Teamwork/ learning from each other	Certificate III
• Site visits	To be arranged
• D&A strategies (eg use of aviation gas)	Certificate III, IV

**Outcome**

All management indicated that they would strongly support or direct A&D staff and Resource Centre staff to attend the training, and arrange backfill staffing where necessary.

The proposed delivery format and dates were supported as feasible.

**3.2 Steering committee**

A Steering Committee was established by DHS to advise and support the program.

The Steering Committee consisted of the following representation:

Ros Carter *	Manager Service Quality and Review, Drugs Policy and Services Branch, DHS
Ron James	Manager, Koori Human Services Unit, DHS
Bev Greet	Victorian Aboriginal Community Controlled Health Organisation
Rose Vercoe	Victorian Alcohol and Drug Association
Eugene Bogнар*	Acting Manager Service Quality and Review, Drugs Policy and Services Branch, DHS
Kate Crombie *	Regional A&D Coordinator, Southern Metropolitan Region, DHS
Sue Davey / Jane Tydd	Regional A&D Coordinator, Loddon Mallee Region, DHS
Yvonne Gilbert	Workforce Development Strategy, Drugs Policy and Services Branch, DHS
Jim Phillips	Koori Drug Strategy, Drugs Policy and Services Branch, DHS
Terrie Lehmann*	Koori Alcohol and Drug Program Coordinator, DHS
Luz Bland	Drugs Policy and Services Branch, DHS
Ange Lajoie	Senior Project Officer, Drugs Policy and Services Branch, DHS
Sharon Rice	Swinburne University of Technology
Bob Hamann	Ngwala Willumbong Cooperative
Barbara Honeysett	Ngwala Willumbong Cooperative
Greg Smith	Swinburne University of Technology

\* Membership for limited period during the program

The Steering Committee provided valuable support and advice.

The Steering Committee met on 26/7/02, 3/9/02, 17/10/02 and on 31/3/03. The meetings were held at critical times to discuss and endorse specific stages of the project:

- content and format for the 2002 training program including appropriate venues for training delivery, access to tutor supports, and timeframe .
- evaluation tools
- tools and methods for workplace assessment
- draft report

As Koori Drug and Alcohol Workers and Koori Community Alcohol and Drug Resource Service Workers are employed by Aboriginal Cooperatives, representation of Cooperatives on Steering Committees would enhance the management of future training programs.

#### **Recommendation 9**

*That similar training programs include Steering Committees with comparable membership, including extended representation of Aboriginal Cooperatives.*

### **3.3 Project staff**

Project staff were appointed as follows:

Project Manager	Sharon Rice	Swinburne University Regional Learning Networks
Project Coordinator/ Trainer	Greg Smith	Swinburne University Department of Community and Further Education
Indigenous Trainers	Barbara Honeysett	Ngwala Willumbong Cooperative
	Robert Hamann	Ngwala Willumbong Cooperative

All trainers are qualified with the Certificate IV in Workplace Assessment and Training.

### **3.4 Evaluation**

#### **Workshop feedback**

Feedback from participants regarding individual workshops was collected using Feedback Sheets distributed and collected at the end of each workshop (Appendix 2).

The most direct and timely feedback, however, came from informal discussions between the Koori trainers and the course participants.

### **Course feedback**

Course feedback questionnaires were developed to obtain feedback from the following target groups:

- course participants
- supervisors
- CEOs of the Cooperatives (Appendix 3).

Feedback tools were developed and amended during the 2001 program following distribution to the Steering Committee and DHS for comment and endorsement, and re-circulated for comment to the Steering Group during 2002.

During the 2001 program the course feedback questionnaires were completed during the final workshop in each series, and produced very positive responses.

As a methodology, completion of workshop and course feedback sheets on the last days of the program has limitations.

The last sessions included activities that encouraged participants to reflect on the nature of the program, and the impact that it had on their professional skills and confidence.

It seems possible that this positive environment, and the fact that participants may be more interested in heading back to their home town rather than completing questionnaires in detail, could produce less objective responses that might otherwise be the case.

For this reason, during the 2002 program, participants were requested to take course feedback questionnaires away with them, and return them when completed.

In practice, this approach resulted in a much lower feedback completion rate than achieved during the 2001 program. The reliance on completion and forwarding after completion of the program, resulted in a significantly lower completion rate than the 2001 method, as could be anticipated with all similar programs.

Written responses were augmented by telephone interviews with one Certificate III and two Certificate IV participants, in order to improve the size of the sample group. It was not possible to carry out feedback interviews with other participants, due to uncertainty associated with the anonymity of several of the written responses, and uncertainty in the mind of participants as to whether they had completed the relevant forms.

There were no apparent differences between the nature of responses obtained by the telephone interviews, compared with those provided anonymously in written form.

Similarly, there were no apparent differences in the responses obtained by these approaches, compared to the 2001 approach of completion on the last workshop.

Completion by a total of approximately half the participants, however, would be more than would often be expected for this approach (Table 2).

**Table 2** Questionnaire completion rate

Program	Participants	Course feedback completed
Certificate III	16	7
Certificate IV	12	6

In future programs, Swinburne/Ngwala will revert to completion of course feedback on the final training day.

Feedback received is explored in more detail in Section 6.2.1 of this report.

### Training outcome evaluation

The relationship between training and work role effectiveness is complex, including a range of other factors:

- availability of resources to support worker functions
- workplace culture
- supervision and management structures
- personal worker factors.

The National Centre for Education and Training on Addiction at Flinders University is currently undertaking a major research project to develop evaluation tools for drug and alcohol training. The tools will seek to identify 'outcomes' associated with training and related influences such as those indicated above.

Approaches to 'pre' and 'post' testing were considered for this training program, but were quickly discounted due to the complexity of the issues and processes involved, which would have extended beyond the nature of the funded program.

Subsequent consultations with the Research Officer from the Flinders University project confirmed that the proposed evaluation tools were more developed than standard training evaluations used elsewhere in the field.

Turning Point was also contacted during 2001 to discuss the merits of standardising feedback and evaluation tools across drug and alcohol training programs. The agency did not follow up the offer, agreeing with the limits of these processes, and indicating that the proposed methods were comparable to their own.

During 2002 the National Centre for Education and Training on Addiction at Flinders University (NCETA) produced draft evaluation tools, and requested the involvement of drug and alcohol trainers to trial their effectiveness.

The trial tool had the advantage of seeking information on the range of organisational and other factors that impact on practice, and the effectiveness of training in influencing practice.

Swinburne/ Ngwala had volunteered to participate in the trial, however the format of the test instruments limited this possibility. The questionnaire was over 8 pages in length and required confidence in literacy skills beyond those of many course

participants. This problem was discussed with NCETA, who had anticipated that the draft format would not be accessible to many indigenous workers.

The trial was discussed with the participants, and the questionnaires made available. The questionnaires were only taken by a small number of the participants, however, who happened to be non-indigenous.

***Recommendation 15***

*That future indigenous drug and alcohol training be accompanied by an evaluation program, responsive to the needs of indigenous workers. The capacity to adapt the NCETA model for this purpose, for example using informal discussion methods by independent indigenous evaluators, should be explored.*

## 4. Certificate III program

### 4.1 Design and content

#### 4.1.1 Qualification level

##### Flexible assessment levels

The Certificate III component of the training program was directed at workers who did not have formal drug and alcohol qualifications.

Assessment tasks of this program enabled successful participants to graduate with a Certificate III in Community Services (Alcohol and Other Drugs).

Participants in this component of the program could choose instead to be assessed at Certificate IV or Diploma levels by means of a Recognition of Current Competency (RCC) process.

Course feedback sheets consistently indicated support for the assessment methods, and flexibility available by means of RCC process.

##### Training Plans

At the commencement of the 2001 program, it had been proposed to formalise an Individual Training Plan for each participant, documenting proposed qualification levels and assessment strategies (Appendix 4).

This format proved ineffective. Participants appeared to find these documents unnecessary, and frequently intimidating. For Certificate III participants, the program was their first experience of formalised training, resulting in limited confidence in identifying and asserting their particular learning goals, strengths and other concepts covered in the plans. The use of a written form, in the nature of an 'agreement', appeared additionally intimidating for many of the participants.

This process was documented and discussed in the Final Report of the 2001 program.

The formal process using the 2001 written format was therefore not initially implemented in the 2002 program, replaced by informal verbal discussions between trainers and participants.

The matter was subsequently discussed during the 2002 program with the Steering Group, which supported the merits of specific individual training plan agreements, recorded in written form.

The 2001 format was therefore revised into a 'Pathway Planning' format, which emphasised immediate and longer-term qualification goals, and supports that would help the participants get to where they wanted to go (Appendix 5). The format was explicitly more visual and narrative in nature than the 2001 equivalent.

This process was trialed with the Gippsland Certificate III group. The Pathway Planning format lent itself to copying to A3 paper, and then used as a basis for discussions and documentation. This process was undertaken with individual participants, led by the Koori trainer, with the non-Koori trainer as an observer.

The participants reported this process as very positive. They indicated that it was helpful to see their goals set out visually, and to think about the supports they may need to achieve their goals.

The discussion with the Steering Group occurred after the program had commenced, and after the trial of the revised format the workshops were approximately half way complete. For this reason a decision was made not to extend the process to the other participants.

These Pathways Plans could also be used to review with participants their progress as a training program proceeds, and to document future training goals and pathways on completion of the program.

#### **Recommendation 12**

*That future indigenous training includes individual 'Training Pathway Plans', using processes and documentation responsive to indigenous culture. That these form the basis of each participant's goals and support strategies within the training program, reviews of progress during the program, and individualised planning for future training on completion of the program.*

#### **4.1.2 Course structure**

The competency structure was the same as used for the 2001 program, and is provided in Appendix 6.

The structure was based on specified competencies from the Community Services Training Package CHC01, consistent with the packaging rules of the Certificate III in Community Services (Alcohol and Other Drugs).

As with all qualifications within the Training Package, a wide range of electives and optional competencies are available.

In view of the limited number of workshops available to cover relevant content, electives and options most relevant to the roles of the target group were chosen.

These were as follows:

- CHCAOD 6 Undertake work with intoxicated clients
- CM 1 Undertake case management
- CHCGRP 2 Support group activities
- P&R 1 Participate in policy development.

#### **4.1.3 Content**

The content of workshops was developed to provide a basis for successful assessment at Certificate III level. The content of workshops is summarised in Appendix 7.

Content was informed by:

- the skills and underpinning knowledge content of the relevant Certificate III competencies
- previous delivery of the program
- the requirements of the tender document
- consultation with cooperative management and course participants.

In some topic areas, such as group work and community development activities, training had indicated that indigenous workers were more advanced in skills than non-Indigenous workers. For this reason, content and resource materials included the flexibility for input at Certificate IV levels in these and other topic areas, according to the capacities and interests of the particular group.

The content of the course was modified as it proceeded, to take account of priorities identified by the participants, and issues raised as the course proceeded.

Course feedback sheets consistently supported the content of the course (Section 4.2.9) There were no consistent items or themes identified on completed feedback sheets as being helpful, favoured for more content, or suggested as receiving less emphasis.

#### **Recommendation 10**

*That the future programs be based on comparable content to this program, subject to consultation with stakeholders.*

#### **4.1.4 Assessment frameworks**

##### **Standards**

The Australian Quality Training Framework (AQTF) specifies standards for the assessment of evidence.

Evidence must be:

- *adequate*. All elements and Performance criteria must be addressed. Underpinning knowledge must also be demonstrated.
- *current*. Where evidence relates to past activities, it must be demonstrated that these skills have been maintained.
- *verifiable*. The authenticity of evidence must be verified.

The AQTF requires range of other standards for the delivery and assessment of Training Packages. These include:

- *qualifications*. Trainers/assessors require a Certificate IV in workplace Assessment and Training, plus a qualification in the specialisation being assessed, at the Certificate/ diploma level being assessed.
- *validation*. New AQTF standards require the content and assessment frameworks to be validated by industry.

The 2001 program included a range of assessment and validation steps to address these standards.

The Community Services and Health Curriculum Maintenance Unit, which provides advice on training and assessment requirements of the Training Packages, was consulted on several occasions during the 2001 program to check interpretation and application of relevant standards.

Consultations with the course participants, Cooperative managers, the Steering Group, in addition to informal consultation with Swinburne trainers and peers at other training organisations, involved demanding but constructive levels of accountability.

During the 2002 program these procedures were maintained, with new initiatives involving an assessment consultation including trainers from other TAFEs, and the introduction of workplace assessment interviews for all participants, incorporating line supervisors/ third parties.

#### **Assessment framework consultation**

Trainers from Bendigo Regional Institute of TAFE and Victoria University were provided with the assessment frameworks and invited to comment on their adequacy and design. The trainers were selected due to their experience in working with indigenous programs, drug and alcohol training, and considerable experience in training in community services sector.

The subsequent meeting supported the design of the framework, and the aim of incorporating evidence from a range of sources. The primary reservation was the complexity of the process, and maintaining the viability of the process due to the time involved (Appendix 8).

#### **4.1.5 Certificate III assessments**

Assessments at Certificate III level used a number of sources, as represented in Figure 1.

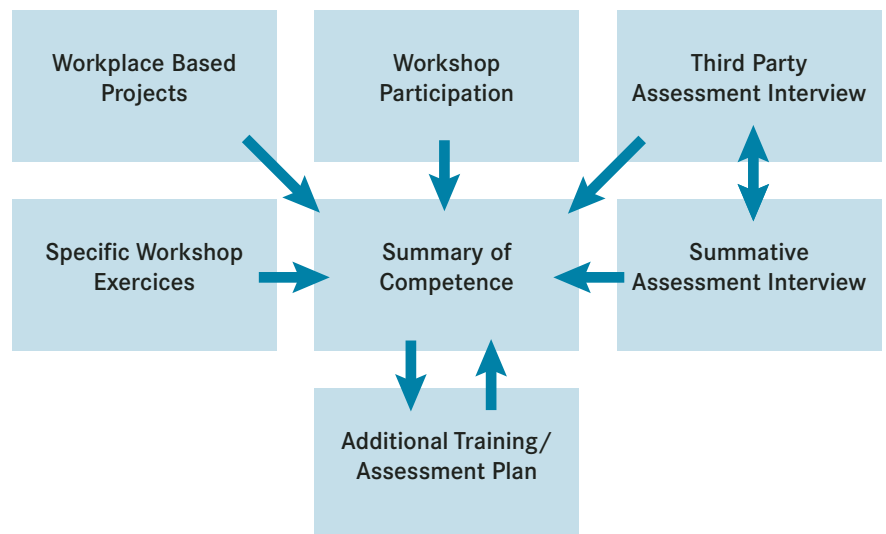
An assessment matrix, representing the relationship between competencies and sources of evidence, is summarised in Appendix 9.

- *Workplace projects.* These consisted of exercises related to activities in the workplace, including communication, group process, client assessments and case management (Appendix 10).
- *Workshop participation.* General involvement in workshop exercises, contributions to discussions, and interactions with other participants provided opportunities for participants to demonstrate a range of competencies, in areas such as communication, team work, networking, underpinning knowledge and application to practice.
- *Specific workshop exercises.* A number of workshop exercises were used specifically to provide input into competency assessment. These included role-

plays, group work exercises responses to case scenarios and policy development. (Refer to the Participant Competency Record manual available with this report)

- *Third Party interviews.* The assessment of all participants included a workplace assessment interview with a third party, in a position to provide specific feedback on skills demonstrated in the workplace. In most circumstances, this involved the participant's direct supervisor. Where this was not possible, another coordinator or manager with direct knowledge of the worker was arranged. The supervisor/manager was always nominated in discussion with the worker and agency.

**Figure 1 Certificate III Competency Assessment Framework**



These interviews reviewed all competencies and their performance criteria, documenting examples of how these had been demonstrated in the workplace, had not yet been demonstrated, or could be demonstrated.

- *Summative Interview.* This involved reviewing all the competencies with the participant, identifying the adequacy of all the above sources of information, or additional sources identified by the participant.

In practice, this interview was undertaken concurrently with the Third Party interview.

Additional Training Assessment Plan. In some circumstances, the summative interview identified the need for additional evidence to substantiate particular competencies.

These included:

- documentation of activities discussed at the interview
- involvement in additional workplace roles or projects

- preparation of materials relating to workplace scenarios, where the worker role had not enabled actual involvement in 'real' examples.
- involvement in additional formal training. In practice, the only additional training required for some participants was Level II First Aid Training,

A *Participant Competency Record manual* was developed to document information from the sources indicated above. A copy of this manual is available in association with this report.

### **Written Assessments**

The Australian Qualifications Training Framework (AQTF) provides for the possibility of assessments that do not require skills in writing. During the 2001 program, assignments were assessed verbally for three participants, due to limited skills and confidence in writing.

During the 2002 program, all workplace-based projects were submitted by participants in written format. The role of tutors in this process was very important, as discussed below.

### **Workplace Assessments**

The Third Party/ Workplace Assessment interviews were included for the 2002 program, to test the demonstration of competencies in the workplace.

Although exhaustive and demanding, the process received the strong support of all those involved.

Workers reported that the process was encouraging, in that feedback from coordinators had been provided in a structured and clear framework, often for the first time.

Coordinators similarly found the framework helpful in assessing and discussing the skills of their staff.

From the perspective of the trainers, the process indicated that many participants showed a higher level of skills and experiences than previously demonstrated.

On reflection, it seems likely that the nature of indigenous culture may result in participants being hesitant to talk in workshops about their accomplishments, experiences and skills.

An initial intention of the 2001 program had been to undertake 'upfront assessments', documenting the competencies of all participants prior to commencement of training.

The trainers decided at the time, however, not to proceed with this process.

Concerns in planning for the 2001 program were:

- the time complexity of this process when performed to an adequate standard
- the limited frameworks available for untrained participants and managers to discuss and demonstrate the competencies

- the possible divisive impact of certifying different levels of competence prior to group training
  - the capacity of a limited workshop program to target highly individualised training.
- It was therefore decided to provide group-based training, and adapt the level of support and assessments as training proceeded.

Whilst the training and assessment frameworks used for the 2001 and 2002 programs have been successful, the additional strengths identified in the workplace assessments suggest that the program would benefit from an increased role for these assessments.

A formal pre-training assessment program may not be feasible for a workshop program with limited resources, for the reasons identified above.

As a minimum however, an informal workplace-based review of the skills and experiences of each worker undertaken prior to training would provide a more comprehensive and ongoing assessment framework.

#### **Recommendation 11**

*That comparable training programs incorporate formal audits of prior skills and knowledge of workers.*

#### **4.1.6 Recognition of Current Competency Assessments**

Within this component of the program, a Recognition of Current Competency (RCC) Process provided the opportunity for participants to graduate at the Certificate IV or Diploma level, instead of the Certificate III level.

The aim of RCC process is to provide recognition for skills and knowledge developed and demonstrated in the workplace or related setting.

The RCC process consisted of the components indicated below.

- *Competency Workbooks:* participants completed competency workbooks, which specified competency details and underpinning knowledge requirements. These workbooks were used by participants to identify and record relevant roles, achievements and sources of evidence for each competency and performance criteria.

Copies of these workbooks are available in association with this report.

- *Evidence Portfolio:* participants prepared a portfolio of evidence supporting the workbook. These included materials such as edited client and project reports, records of training attended, community and workplace projects, CVs, job descriptions, written testimonials and references.
- *Assessment Interview:* this was a formal interview, conducted by two trainers. The interview reviewed the Workbook and evidence against the performance criteria, and documented additional detail or evidence. The interview also tested the underpinning knowledge specified for the competencies.

The interviews were always held in the participant's workplace. In addition to minimising the anxiety of the participant, this enabled additional evidence available in the workplace, such as client files, policy documents and reporting systems, to be checked and sighted. These checks were made for all participants.

- *Verification:* input from line managers was incorporated into all RCC Process. Normally, this involved managers/ supervisors being directly involved in the Assessment Interview. Where this was not possible, verification was made subsequently by telephone. Telephone checks sometimes included more than one referee, as negotiated with the participants.

The AQTF evidence requirements for evidence discussed above apply to this process

### **Implementation**

The Swinburne trainer had been involved in a RCC program for Drug and alcohol service providers for the Southern Metropolitan area, which helped inform this process and provide consistency in standards and expectations.

Participants were advised of this process at the first workshops. Participants were able to nominate their interest in this process at the time, or finalise their choice at their preferred time. Trainers spent time with a number of interested participants reviewing the relevant competencies, to assist them make a decision.

One participant proceeded with assessment at the Certificate III level during the program, but transferred during the final workplace assessment process to a Certificate IV RCC process, as her level of skills and accomplishments were acknowledged.

Participants received ongoing support in this process from trainers and tutors. Assessment interviews were conducted during the last few workshops, to allow participants to prepare the evidence, and incorporate theoretical perspectives included in the program. Assessments were sometimes extended over several sessions.

## **4.2 Implementation**

### **4.2.1 Workshop delivery**

The program was delivered to two regional groupings (see Appendix 11). Each group received a series of six workshops addressing content and skills.

Workshops were generally spaced at three-weekly intervals, with a gap of several weeks in August/ September to allow for attendance by trainers at the Healing Our Spirits Worldwide Conference in New Mexico.

The timelines meant that trainers were delivering up to four sessions within three weeks, which was demanding on trainers.

The spacing of three to four weeks between workshops, however, provided for continuity of the program and group process, and was supported by participants.

#### 4.2.2 Location

The locations of first workshops were suggested by the trainers, and finalised during the consultation process.

The regional locations reviewed and varied as suggested by participants as the program proceeded, in order to maximise their ownership of the program.

Regional workshops were held at Cooperatives. This practice was developed during the 2001 program, on the basis of using venues familiar and comfortable for participants (Appendix 11).

Participants in the Western Group decided to locate the final Workshop at the Prahran campus of Swinburne, in order to familiarise themselves with the nature of a University campus, and in particular the campus from where the training had been originated. This suggestion was initiated by non-indigenous participants, and does not appear to be a priority of the target group.

The participants within the course feedback processes supported the training locations.

During the delivery of the program, however, participants often indicated a preference for training away from their own Cooperatives, due to demands from clients, coordinators, and other staff.

The degree of disruption for local staff varied according to the particular Cooperative where training was based. This should be monitored in future programs, with alternative appropriate training venues used where necessary.

#### **Recommendation 13**

*That future training courses should be based at locations familiar and comfortable for participants, and where interruptions can be minimised.*

#### 4.2.3 Participation of target group

A total of 11 participants from the specified target group of Koori Community Alcohol and Drug Workers and Koori Community Alcohol Drug Resource Centres completed this component of the program (Table 3).

#### 4.2.4 Participation from other services

As with the 2001 program, places were made available by the trainers for workers from other indigenous programs, without cost. This maximised access to training, and recognised that drug and alcohol issues arise in all areas of practice and involves teamwork across a range of worker roles.

Five workers from related areas of practice participated in this component of the program

- Commonwealth-funded drug and alcohol workers (two participants)
- Domestic Violence workers (two participants)
- Carer support (one).

**Table 3. Participants completing Certificate III workshops**

Group	Assessment level		Total
	Certificate III	Certificate IV	
<b>Western Group</b>			
State D&A/ RCW	1	2	3
Other	3	1	4
<b>Gippsland Group</b>			
State D&A/ RCW	7	1	8
Other	1		1
<b>Total</b>	<b>12</b>	<b>4</b>	<b>16</b>

Four participants undertook assessment at Certificate IV level.

#### 4.2.5 Group sizes

The size of training groups varied from 7 (Western) to 9 (Gippsland).

Course feedback sheets all indicated participant support for group sizes.

From the perspective of the trainers, a training group of size of 6 or 7 would be the minimum for this form of training, and requires close to full attendance to provide for variety of input and to sustain an active group dynamic over two days of training.

The group size of 9 was ideal for trainers. The first session involved 12 participants (see below), and created difficulties in facilitating input from the less confident members.

#### 4.2.6 Participants not completing the course

##### Western Group

Three workers who supported the Mildura Resource Centre on a volunteer and occasional casual paid basis did not attend the first day of training. When they attended on the second day they reported that they had got as far as the door to the training room on the first day but did not enter because they felt too nervous.

These workers reported that they were unable to make the second workshop for a number of reasons, including a relocation of the Resource Centre that was in process and family issues.

The remainder of those in the Western group did not consider it appropriate for these participants to continue given these absences.

### Gippsland Group

Three participants attended only the first workshop of the Gippsland program:

- a young person not involved in the field, who struggled in terms of skills and confidence
- a worker who discontinued employment shortly after the program commenced
- a Commonwealth funded worker, who transferred to the Diploma group in consultation with trainers.

The retention rate of the Certificate III workshops can therefore be represented as 73%. The participants not completing the program attended only one workshop however, and were not otherwise engaged in the program. All workers from the target group successfully completed the program.

#### Program retention Certificate III workshops

Total number of participants completing program	16
Participants who did not complete program:	6

### 4.2.7 Tutoring

Due to the design of the program, involving a limited number of workshops to cover substantial areas of knowledge and skills, participants have been encouraged to access a tutor or related supports between workshops.

#### Process

Establishing effective relationships between participants and tutors has involved a number of challenges.

Course participants are understandably hesitant to discuss their limitations with someone they do not know, and who may have no direct knowledge of drug and alcohol casework or indigenous communities.

Similarly, it has not been easy to locate suitable skilled tutors interested in the role.

During the 2001 program, only one tutor was effectively engaged in the program, providing invaluable support to participants from the Gippsland area.

At the commencement of the 2002 program, participants were advised that involvement in the program was conditional on a willingness to engage tutor supports as required.

Swinburne/Ngwala had anticipated that local TAFE institutes would be a relevant source of tutor support, with the additional hope that this would establish links and confidence that could result in future studies of the participants at those TAFEs.

Participants were subsequently offered the support of trainers in seeking tutor support from the local TAFEs, however all participants indicated that they preferred to investigate these prospects themselves.

Participants subsequently reported that they had approached three TAFEs, to be advised that tutor supports could not be arranged as the training program was not being provided by those TAFEs.

Funding from the Aboriginal and Torres Strait Islander Tutorial Assistance Scheme could have been accessed by TAFEs in these circumstances, or via Swinburne.

One of the TAFE colleges approached by Swinburne/Ngwala indicated that they were frustrated that the training program funded by DHS was diverting potential students from enrolling at the local TAFE. When the numbers involved were discussed, it did not appear that they would have impacted on the viability of local training options. The workers had also indicated that they did not wish to study with the TAFE involved.

Furthermore, this TAFE indicated that they had only one staff member with the relevant skills, who was already over-committed.

In retrospect, it would have been appropriate for trainers to approach TAFEs prior to the commencement of the program, promoting the role of tutors in establishing ongoing links with the participants. and seeking to negotiate necessary access.

### **Tutor supports**

A tutor from Ballarat University was keen to be involved, and due to prior work with the relevant Cooperative was able to establish an effective working relationship with two of the participants.

A request for interested tutors was distributed to members of the Victorian Literacy and Basic Education Council, which supports a network of literacy tutors. A number of tutors indicated interest, and one was effectively engaged with two participants from the Western Group.

An additional tutor provided support to all participants from the Gippsland region, replacing the role undertaken by a previous tutor during 2001.

These tutors made substantial contributions to the development of skills and confidence of those participants.

The most common support required in both years of the program has been for literacy skills and report writing. In practice, participants have already had sufficient skills in these areas, but needed support to develop the relevant confidence involved in preparing and submitting the required work.

### **Recommendation 4**

*That a register of relevant tutors be developed and maintained by training providers working with Aboriginal and Torres Strait Islander participants.*

### **Recommendation 5**

*That DHS promotes the development of networks and partnerships between Koori organisations and TAFEs at a local level.*

**Recommendation 14**

*That training programs with limited workshop-based delivery is supported by a resource of tutors responsive to the needs of Koori workers.*

**4.2.8 Resource materials**

Resource materials were based on those developed for the 2001 program. These were revised for the 2002 program, and additional materials added.

The main priority in developing the materials was to provide accessibility for participants with limited previous access to education and training.

The materials therefore:

- expressed ideas clearly, without reference to unnecessary jargon
- emphasised visual models in representing theoretical frameworks and practice models
- provided examples of how the materials (eg report formats) could apply to circumstances familiar to participants.

Course feedback sheets supported the value of the resource manuals. All participants consulted by telephone for course feedback (see Section 6) indicated that they regularly consulted the manuals in the course of their work.

**Koori materials**

Reviews related to drug and alcohol casework practice with indigenous communities were obtained and summarised in the resource materials.

Training materials, pamphlets and related aids developed for indigenous people were also secured and distributed with resource materials.

Of these, pamphlets developed for indigenous clients were the most relevant and popular with the participants. Comparable materials had not been published in Victoria, to the knowledge of the trainers. It is hoped that these materials may be useful either directly or to promote the development of local equivalents.

Materials and practice reviews generated interstate, however, such as those related to inhalant abuse, were based on outback communities, and had limited relevance to the rural urban communities and the practice context of participants.

**Training materials for Indigenous participants**

During the 2002 program therefore, trainers worked with experienced Koori caseworkers in the Diploma group to document methods of Koori practice in areas such as communication approaches, case work, teamwork and relapse counselling, consistent with mainstream research of effective practice models.

These materials were distributed to the Certificate III participants, and were useful as a basis for discussion and training. The materials provided examples of the relationship between mainstream frameworks and application to Koori communities,

legitimated effective Koori models of practice, and increased the range of ideas and practice models available to course participants. The materials also promoted the interchange of effective models, such as teamwork approaches, between Cooperatives.

These materials are available in association with this report.

Feedback from participants suggested that the resource materials were appropriate and relevant to the needs of participants. Several indicated that they had referred to course materials in relation to their practice and would continue to do so in the future.

#### 4.2.9 Delivery methods

Delivery included the emphasis on the use of:

- presentation of practice models appropriate for Certificate III/IV
- facilitating discussion around relevant experiences of participants
- application to practice scenarios
- role-plays.

The development of practice strategies relevant to particular clients and community needs was in all cases actively supported by the participants.

At the conclusion of workshops, participants completed feedback sheets, which included ratings of workshop content and delivery (Appendix 2). 65 feedback sheets were collected by means of this process.

These were reviewed after each workshop by the trainers, and used to adapt content and teaching strategies.

Table 4 provides a summary of the responses included in these sheets, combined across all participants for all workshops.

At the commencement of workshops, participants were invited to think about their personal learning goals relevant to the topics to be covered. Participants rated their achievement of these goals at the end of each workshop, using the feedback sheets. Responses indicated that participants had achieved their goals or made substantial progress towards doing so.

Content generally rated four or five. There were no consistent items or themes identified on completed feedback sheets as being helpful, favoured for more content, or suggested as receiving less emphasis.

Three responses identified specific information on drug types and their effects as being helpful, as well as requesting more on these topics.

Acquired brain injury content was identified by two participants as helpful, with one request for more content in this area. Course feedback from one participant also requested more on this topic.

Delivery was also rated highly. A consistent theme noted as helpful on the feedback sheets was the use of group discussions.

**Table 4. Summary of workshop feedback from participants, Certificate III**

Learning Goals		Not at all . . . . . Completely					
Have you achieved your goals for this session?							
	Scale:	0	1	2	3	4	5
	Responses (%):	0	2	4	17	33	44
How would you rate the session:							
Content							
	Scale:	0	1	2	3	4	5
	Responses (%):	0	0	0	15	36	49
Delivery							
	Scale:	0	1	2	3	4	5
	Responses (%):	0	1	1	11	32	55

#### 4.2.10 Co-delivery model

Participants' feedback strongly valued the co-delivery model, and the roles of each trainer.

The involvement of trainers from Ngwala was particularly supported. Common themes involved the involvement of Ngwala trainers in making sure the program was 'Koori friendly' and that the material could be understood.

Consultation and course feedback indicated that participants valued the role of Swinburne University as the training provider, in signifying a recognised status in the award of the qualification. One of the participants suggested that it contributed to making the program 'professional'.

#### **Recommendation 1**

*That DHS adopts a policy that future training programs specific to Aboriginal workers in all programs should be provided by Aboriginal trainers, or as a minimum involve co-delivery arrangements incorporating Aboriginal Co-trainers.*

## 5. Certificate IV program

### 5.1 Design and content

#### 5.1.1 Qualification level

This component of the program provided the opportunity for participants who graduated with the Certificate III in Community Services (Alcohol and Other Drugs) in 2001, to upgrade their qualification to the Certificate IV in Community Services (Alcohol and Other Drugs).

#### 5.1.2 Course structure

The competency structure used for this program is documented in Appendix 12.

As the participants had already graduated with the Certificate III qualification, three competencies recognised within the Certificate IV had already been achieved:

- CHCAOD 2A Orientation to the AOD sector
- CHCAOD 5A Provide services to clients with AOD issues
- CHCORG 4A Follow OH&S policies.

The competency structure included the competency:

- CHCAOD 8A Work with clients who have alcohol and/or other drugs issues

Within the Training Package (CHC01), this competency was included with elective status only. That resulted in the anomaly that someone could qualify at Certificate IV and Diploma levels, with:

- CHCAOD2 Orientation to the Drug and Alcohol Sector as their only drug and alcohol competency.

The CHCAOD8A competency, which focuses on casework roles, has therefore been embedded in all Certificate IV training in Swinburne programs.

This rationale was explained at the start of the training program, and during related RCC processes, and was been supported by the participants.

#### 5.1.3 Content

The content of workshops is summarised in Appendix 13.

The Certificate III program required a broad range of content and basic skills levels to be covered to address the breadth of practice issues involved in that qualification and the issues impacting on the participants on a daily basis in their work.

As discussed above, the Certificate III program included content and theory in several areas equivalent to Certificate IV expectations.

This enabled the Certificate IV program to focus on more discrete areas of knowledge and in particular skills development.

Content was therefore informed by:

- the skills and underpinning knowledge content of the relevant Certificate IV competencies
- material covered in the Certificate III program
- consultation with cooperative management and course participants.

During the first workshop, course participants identified their priorities as:

- presentation skills
- principles of service delivery
- conflict resolution
- dealing with aggressive behaviours
- systems approaches to casework
- relapse prevention
- suicide
- indigenous models of D&A abuse and interventions

An emphasis of the program was the development of skills and practices in implementing case planning frameworks.

Available assessment and planning frameworks were reviewed with the participants, who supported the relevance of these to the operation of their agencies.

#### **5.1.4 Assessment methods**

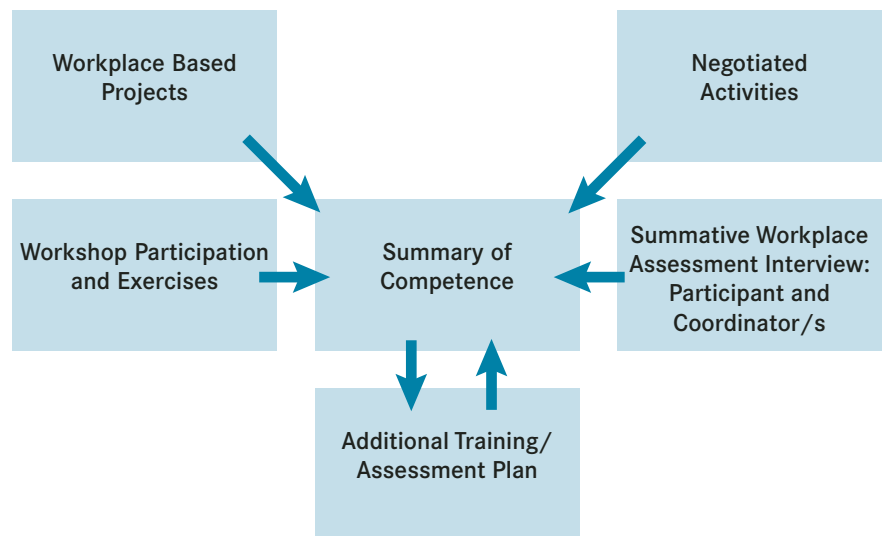
The standards, procedures and validation processes described above for the Certificate III program incorporated those of the Certificate IV program.

The assessment framework used for the Certificate IV program is represented in Figure 2. A more detailed assessment matrix mapping competencies to particular sources of evidence is reproduced in Appendix 14.

Compared to the Certificate III program, assessments for the Certificate IV program involved less emphasis on standardised assessments using class activities and prescribed workplace tasks, and greater emphasis on Workplace projects, negotiated tasks and workplace assessments.

Participants were supplied at the commencement of the program with the competency details, and a suggestion for projects or activities that could be used to contribute to the assessment of each competency (Appendix 15).

Figure 2. Certificate IV Competency Assessment Framework



Although in practice most participants followed the suggested tasks, there was more variation and direct use of workplace accomplishments and creative workplace projects than had been the case for this group during their previous year.

Examples include:

- a group of participants undertook the development of a major policy manual relevant for their agencies
- all presenters chose to develop PowerPoint displays, describing the structures and services provided by their agencies, with the intention of using these for presentations to their local agencies
- several of the participants had developed roles in leading groups, and used the basis for their assessments.

### 5.1.5 Case management

One of the aims of the Certificate IV program delivery was to promote implementation of case management within Aboriginal Cooperatives.

Consistent with the aim of assessing implementation of skills in the workplace, casework assessments therefore required submission of such documents as actual case plans, edited from originals to protect privacy requirements, and for assessors to be able to sight client filing systems.

The documentation from some of the participants suggested that the practices were not maintained for all clients. Although all agencies were indicating some level of interest from management in implementing case management practices, many were in the early stages of this process.

It did not appear that any of the agencies had incorporated case management processes within coordination and worker supervision. No agencies had standardised assessment or case planning pro-formas comparable to those of most mainstream agencies.

In this context, it would not be reasonable to expect workers to institute case management practices systematically throughout their work practice and work units.

#### **Recommendation 20**

*That Cooperatives are supported in integrating case management frameworks within agency policies and procedures, consistent with the cultural practices and considerations.*

## **5.2 Implementation**

### **5.2.1 Workshop Delivery**

The program was delivered to a single statewide group. The group received a series of six workshops addressing content and skills, as summarised documented in Appendix 16.

Workshops were generally spaced at weekly intervals of three weeks, with a gap of several weeks in August/ September to allow for attendance by trainers at the Healing Our Spirits Worldwide Conference in New Mexico,

The spacing of three to four weeks between workshops, provided for continuity of the program and group process, and was supported by participants.

Final feedback from participants indicated that more content was requested on particular topics as indicated above.

Feedback from Managers supported the number of workshops involved.

### **5.2.2 Location**

The locations of first workshops were suggested by the trainers, and finalised during the consultation process.

The regional locations were reviewed and varied as suggested by participants as the program proceeded, in order to maximise their ownership of the program.

Regional workshops were held at Cooperatives. This practice was developed during the 2001 program, on the basis of using venues familiar and comfortable for participants (Appendix 16).

Due to the statewide nature of the group, three workshops were conducted from Melbourne. The Aborigines Advancement League and the Aboriginal Community Elders Service (ACES) hostel were the venues for these workshops.

Participants supported the use of these venues, of which the ACES hostel was the most popular.

One manager (of a Commonwealth funded worker), indicated in feedback that workshops held in other centres were difficult to access. Another manager indicated that having several staff absent at once involved challenges for the agency.

### 5.2.3 Participation of target group

A total of six participants from the specified target group of Koori Community Alcohol and Drug Workers and Koori Community Alcohol and Drug Resource Centres completed this component of the program (Table 5).

As with the 2001 program, places were made available by the trainers for workers from other indigenous programs, without cost. This maximised access to training, and recognised that drug and alcohol issues arise in all areas of practice and involves teamwork across a range of worker roles.

**Table 5. Participants completing Certificate IV program**

Group	Total
State D&A/ RCW	6
Other	2
Total	8

*Note: This table does not include workers who participated in Certificate III workshops, and subsequently graduated at Certificate IV level. In all, twelve participants graduated with a Certificate IV including nine from the target group of A&D workers*

### 5.2.4 Participation from other services

Two workers from related areas of practice participated in this component of the program:

- youth accommodation Worker (SAAP)
- youth and community worker (mixed funding).

### 5.2.5 Group size

The group size of 12 proved very effective, providing for a helpful level of interaction and involvements.

Participants reported that they also found the sessions valuable in strengthening relationships across regions.

### 5.2.6 Previous participants of the Certificate III who did not enrol in the Certificate IV

A total of ten graduates from the 2001 Certificate III program did not enter the 2002 Certificate IV program, including six in the target group.

Seven of these workers were unable to attend due to changes or uncertainty in employment. Two Resource Centre Coordinators indicated that they were keen to attend training, but would not be able to arrange the time to do so.

Both indicated that they would not receive the necessary support from their Cooperatives to make necessary staffing arrangements. Trainers offered to assist in advocating for access to training, however the workers indicated that this would not be successful. The trainers did not discuss the issues directly with management.

Two RCW workers who were unable to attend training in the 2002 program due to employment changes have subsequently expressed a desire to re-commence training in 2003.

#### **Recommendation 19**

*That Cooperative management be assisted in releasing staff for training, by strategies including provision of funding for worker backfill.*

#### **5.2.7 Retention in program**

Two workers from related areas of practice, attended workshops but did not complete the program.

With these exceptions, all participants successfully completed the program.

#### **5.2.8 Delivery methods**

All participants of the Certificate IV program had successfully completed the Certificate III program during 2001. As discussed in Section 4.1.3, the Certificate III workshops included significant components of Certificate IV level content.

This provided the capacity for the Certificate IV workshops to focus on particular practice issues, and how new knowledge and skills could be used to address those demands. Case examples and practice examples drawn directly by participants from practice were often the basis of training exercises.

This provided for more informal and responsive methods of delivery. It also influenced the nature of the relationships between the participants and the trainers, which were more collegiate in nature compared with the Certificate III program.

In other respects, the range of delivery methods described above for the Certificate III program were used at various times for this program.

Participant evaluation, as determined by the collection of a total of 42 feedback sheets across all workshops, indicated that participants had achieved or made substantial progress towards their goals (Appendix 17, Table 6).

The content was generally well supported in feedback sheets, however approximately one third of the responses provided a rating of three out of five.

There was no indication in the workshop feedback sheets of areas in which content could have been improved. The course feedback process involved consistently positive comments on content, with no indication of areas for improvement.

In future training at this level, it may be helpful to provide closer attention to seeking ongoing feedback on the content of workshops.

The standard of delivery was highly supported within feedback sheets.

**Table 6. Summary of workshop feedback from participants, Certificate IV**

<b>Learning Goals</b>	Not at all.....Completely					
Have you achieved your goals for this session?						
Scale:	0	1	2	3	4	5
Responses (%):	0	0	5	23	28	44
	Poor .....Excellent					
How would you rate the session:						
Scale:	0	1	2	3	4	5
Content Responses (%):	0	4	0	4	4	88
Delivery Responses (%):	0	3	0	0	32	65

**5.2.9 Resource materials**

Participants were provided with a folder of written resource materials, which were extended as the program proceeded.

These materials were additional to those already provided to the participants during the 2001 Certificate III program, to which participants were referred as required.

The focus of the Certificate IV program on more specific areas of practice than the Certificate III program, was reflected in the nature of the resource materials.

Participants indicated that they often referred to the Resource Manuals in relation to their work. One of the Coordinators indicated during course feedback that the materials were of a high standard.

Resource materials included the documentation of Koori practice models, developed with experienced workers within the Diploma program.

**5.2.10 Client assessment frameworks**

The program was also used to assist participants develop a client assessment framework responsive to their needs.

The Adult Assessment Framework, published and distributed by the DHS Drugs and Health Protection Services Branch in 2000, was reviewed and adapted, which primarily involved editing and reframing clinical content outside the roles of most caseworkers.

A tutor from Gippsland TAFE, did further work with the participants in adapting the Youth Assessment Framework. This resulted in a more open, narrative framework that appeared more suitable for the participants than the more prescriptive version developed for adults.

The holistic framework and focus on client strengths incorporated within the youth framework would appear to make it more in keeping with contemporary best practice for all clients and workers, including indigenous peoples.

### **5.2.11 Tutoring**

All the participants in the Certificate IV program used tutors.

The tutors had a significant role in facilitating the submission of written assessments within the necessary time lines.

## 6. Outcomes

### 6.1 Qualifications

#### 6.1.1 Statewide program

The 2001 statewide program resulted in the graduation of 27 participants, at levels of Certificate III, IV and Diploma in Community Services (Alcohol and Other Drugs). (Table 7).

In 2002, a total of 24 participants graduated from the program, including 17 from the target group Koori Drug and Alcohol Workers and Koori Resource Workers (Table 8). All participants achieved their nominated qualification level. (Appendix 18)

The statewide program was designed to facilitate training to Certificate IV level over two years of part-time study, graduating at Certificate III level within the first year. The program included the capacity for participants to progress within shorter timelines according to levels of skills and confidence.

For this reason, it is relevant to note the highest level of qualifications achieved by participants across the 2001 and 2002 programs combined.

Across these two years, the program resulted in the graduation of 29 workers from the target group, including 13 who achieved a highest level of Certificate IV, and one Diploma. 14 workers from related areas of practice also graduated during this period, including five who achieved up to Certificate IV level (Table 9).

#### 6.1.2 Outcomes of Related programs

The training program documented in this report was supported by additional training and skills recognition programs provided by Swinburne and Ngwala Willumbong, funded from alternative sources.

##### The Ngwala program

Three workers in the target group joined the training program at Ngwala Willumbong delivered independently from DHS-funded program, as the workshops were more convenient to attend. (Table 10).

##### KADW workers continuing to Diploma studies

Four workers who graduated from the 2001 program proceeded to graduate with Diploma level awards in Case Management and Intensive Casework competencies, offered independently by Swinburne/ Ngwala (Table 11).

**Table 7. Program Outcomes 2001**

	Certificate III	Certificate IV	Diploma	Total
Target Group	15	4	1	20
Others	5	2		7
Total	20	6	1	27

**Table 8 Program Outcomes 2002**

	Certificate III	Certificate IV	Total
Target Group	8	9	17
Others	4	3	7
Total	12	12	24

**Table 9 Program Outcomes 2001 and 2002 Combined Highest Level Qualification Achieved**

	Certificate III	Certificate IV	Diploma	Total
Target Group	15	13	1	29
Others	9	5		14
Total	24	18	1	43

Three of these workers graduated with a complete Diploma in Community Services (Alcohol and Other Drugs), on the basis of previous competencies achieved, and a Recognition of Current Competency process undertaken by assessors from Swinburne and a second University. The fourth participant had graduated with this Diploma from the 2001 program.

This group consisted of two drug and alcohol workers, one Group Home Coordinator and a Mental Health Worker.

**Table 10 Ngwala Program Graduate Outcomes 2002**

Qualification level	Statewide Program		Total
	Certificate III	Certificate IV	
DHS Target Group	2	1	3
Ngwala staff	3	3	6
Others	1		1
Totals	6	4	10

**Table 11 Swinburne Diploma Program Outcomes 2002**

Award	Graduates
Diploma in Community Services (Alcohol and Other Drugs)	3
Case Management & Intensive Casework Competencies*	1

\*Graduated with Diploma in 2002

### Recognition of Current Competencies in related sectors

The Community Services Training Package includes significant overlap between different qualifications at the same level, recognising that many skills are equally applicable to working in different areas of specialisation.

This provides the opportunity for workers with interests or skills in more than one area to extend their qualification base, through the development and recognition of those additional skills.

Two course participants, a Mental Health Worker and a Community Worker, who graduated with the Diploma and Certificate IV qualifications in Drug and Alcohol, also had considerable experience and expertise in community development initiatives.

By means of RCC process, these workers were able to have relevant competencies recognised and graduate with the following additional qualification:

- Certificate IV in Community Services (Community Work).

A SAAP youth worker graduating with the Certificate IV drug and alcohol qualification had considerable experience in working with young people subject to statutory supervision.

By means of RCC the worker was able to graduate with the qualification:

- Certificate IV in Community Services (Child Protection, Juvenile Justice And Statutory Supervisions).

## 6.2 Skills and confidence

### 6.2.1 Participants' self evaluation

Course feedback questionnaires and interviews for Certificate III program participants reported increases in knowledge, skills and confidence in all areas of the course (Appendix 19).

All respondents reported improvements in relation to:

- confidence in their ability to negotiate with supervisors and other workers
- making use of relevant services
- confidence in contributing to effectiveness of the service
- confidence in working effectively with others
- skills in working with group situations working effectively with clients
- knowledge and support strategies related to alcohol use.

Where participants indicated uncertainty in improvements related to the use and responses to other drugs, the reasons given related primarily to confidence gained through previous experience in these fields.

Harm minimisation approaches can be contentious in Aboriginal communities. In this context, all respondents reported improvements in knowledge of this approach, and most reported increased skills and confidence in implementation. Two reported that they were more comfortable with following this approach in their professional role, but that they retained hesitations in terms of their own value base.

Feedback from all Certificate IV participants, as summarised in Appendix 20, reported improvements in knowledge and skills in relation to key focus areas of:

- case planning and management:
- assertiveness:
- legal systems
- court reports
- interviewing skills.

Feedback also reported improvements by most respondents in areas of:

- public speaking
- working effectively with clients
- organisation structure and policies.

Respondents were mixed in reporting changes to improvements in knowledge and skills related specifically to drug and alcohol abuse. This is in the context, however, specific drug and alcohol content was primarily addressed in the Certificate III program, as previously noted in this section.

### 6.2.2 Managers/coordinators

Feedback from coordinators, managers and where possible CEOs was obtained by interviews or telephone contact.

Not all CEOs could be contacted, and several indicated that particular managers would be more able to provide the relevant comment. At least one CEO, manager or Coordinator from each Cooperative was interviewed, using the format documented in Appendix 3. Personnel contacted are documented in Appendix 21.

All managers indicated that they had a positive view of the impact of the training program on the performance of their staff.

The most common response was that the course had contributed to a marked increase in the confidence displayed by the workers.

All direct line supervisors reported increases in skills and confidence in the core competence areas of the course:

- communication and negotiation skills, with other staff, management and other agencies
- networking, particularly with mainstream agencies
- initiating and working with groups
- general casework skills
- knowledge of drug and alcohol issues and responses, including harm minimisation
- contributions to effectiveness of the work group.

Quotes made by managers and coordinators within the feedback process are recorded in Appendix 22.

## 7. Future directions

### 7.1 Training and other priorities

#### 7.1.1 Feedback from managers and coordinators

All managers supported the continued involvement of their staff in training.

Suggestions for further training included:

- program funding and tender writing
- management skills
- Drug and alcohol training for all staff
- organisational skills
- computer skills
- counselling
- management of cultural collections and displays
- responding to critical incidents.

#### 7.1.2 Feedback from participants

In preparation of this report, participants were surveyed by telephone to determine their perception of the place of training amongst other priorities.

The survey was structured to reflect themes that had commonly arisen through the training process (Appendix 23). Fifteen workers contributed to the survey.

Participants were requested to identify the importance of items, in terms of the impact they would have on improved service delivery by their agencies. All of the areas were given high priority by the participants (Table 12).

**Table 12 Agency priority survey**

<b>How important are the following in improving service delivery within your agency?</b>	<b>Average rating (scale 0-10)</b>
More Training for D&A staff	8.5
More Training for other staff	8.9
Coordinated case management	8.8
Supervision skills for coordinators	7.2
Resources for clients	8.1

Additional priorities were identified by individual participants:

- organisation/ time management by agency staff
- D&A education for the community
- upgraded facilities
- more contact by DHS
- psychiatric disability training
- family violence training.

During the first workshops of the training program, participants commonly returned to the theme of more resources, such as counselling and rehabilitation services. This theme regularly arose as a basis for responding to case scenarios, and in discussing the general quality of service responses available from Cooperatives.

Although the need for additional resources was supported strongly by participants in this survey, it was often prioritised at a level comparable to other needs, and averaged below training and case management.

Several workers discussed the impact of training and the other factors on the use of and need for resources. One Coordinator rated the need for additional resources as zero, on the basis that “if the others were in place, we would not need any more resources”.

Participants were requested to identify the initiatives that would result in the biggest improvement in service delivery by their agencies.

Popular responses were:

- more training for D&A staff (four participants)
- case management/ communication between agencies (four participants)

Individual workers nominated:

- supervision skills for supervisors
- D&A training for the wider Koori community
- resources
- organisation and time management.
- domestic violence training.

Although limited in scope, this survey indicated the priority placed on training by Koori drug and alcohol workers, and relationship between training and other aspects of agency practice.

## 7.2 Establishing a framework for Koori training and development

### 7.2.1 Context

Prior to 2001, no Koori Drug and Alcohol Worker or Resource Service Worker had relevant formal tertiary qualifications.

As a result of the training program initiated by the Drug Treatment Services Program of the Department of Human Services, and delivered by the Swinburne/ Ngwala partnership, 29 Koori Drug and Alcohol and Resource Service workers have graduated with Certificate or Diploma qualifications in Community Services (Alcohol and Other Drugs). 14 workers in allied services have also been trained in the program. (Table 9).

Ngwala/Swinburne commenced delivering drug and alcohol training programs at Ngwala in 2002. Since that time, Ngwala programs and the DHS funded statewide programs have resulted in the graduation of 80 workers with Certificate III, IV or Diplomas in Community Services (Alcohol and Other Drugs).

**Table 13 Training Outcomes for all Swinburne/ Ngwala programs 2000-2002 Highest Level Qualification Achieved**

	Certificate III	Certificate IV	Diploma	Total
Koori Alcohol and Drug, Resource Centre Workers	17	13	2	32
Ngwala Staff	15	18		33
Others	10	3	2	15
Total	42	34	4	80

The program has resulted in considerable learning being available to mainstream organisations such as the Department of Human Services and Swinburne University. Many of these insights have been noted in the reports on the 2001 and 2002 programs.

The program has, amongst other things, significantly improved understanding by these organisations of Koori values and practices, and what these have to offer non Koori-specific services.

The program has also provided insights into the barriers that have previously isolated Koori people from involvement in accredited drug and alcohol training.

### 7.2.2 The role of Department of Human Services

At the commencement of the program, the Department of Human Services had anticipated that within a limited time, the training needs of Koori workers could be accommodated by local TAFEs.

Ngwala Willumbong have maintained reservations about the capacity of mainstream training providers to fulfil an effective training role for Koori people, without the active role of Koori people in the design and delivery of training.

Whilst Swinburne has been committed to promoting improved access to local TAFEs, the statewide program has provided insights into some of the barriers that needed to be removed to make training accessible.

In recent years, a number of mainstream training organisations have developed an increasing interest in engaging Koori people involved in community services in their training programs. Over the last year, the level of interest in including Koori people in drug and alcohol training programs has also increased.

The success of the DHS/ Swinburne/ Ngwala program, including provision of the Community Services and Health Industry Training Board Training Award, has contributed to this interest and been a positive outcome of the program.

The long history of inadequacy of mainstream organisations in meeting the needs of indigenous peoples, however, highlights the importance of ensuring that gains in this respect are meaningful and sustainable.

In the absence of ongoing access to effective training programs, the increased qualification levels of the target group will not be maintained, as workers move to other roles over time. In these circumstances, the training base of the Koori Drug and Alcohol program would revert towards the qualification levels prior to 2001. The policy objective of minimum qualifications for the sector would therefore be at risk of being compromised.

The Statewide Koori Drug and Alcohol Training Program has identified key factors required to ensure that drug and alcohol and related training effectively meets the needs of Koori people.

The following sections identify some of those factors, and suggest relevant strategies to ensure the most effective delivery of training programs.

#### **Recommendation 16**

*That the Department of Human Services remains actively involved in ensuring access by Koori Drug and Alcohol Workers to effective training pathways.*

### **7.2.3 Delivery by Koori trainers**

This report has documented clear feedback from participants, coordinators and managers that the success of this program has related directly to the involvement of Koori people in the design and delivery of the program.

This involvement has:

- given confidence to participants with poor experiences of education and training, that they will be accepted and not embarrassed
- ensured that the content and context of practice discussions are relevant to Koori circumstances

- ensured that teaching methods and language meet the needs of participants.

Therefore, it would be preferable for training to be managed and delivered by Koori people. Until this can be implemented, the experience of this program supports co-training models, involving Koori people at all stages of planning and delivery.

#### 7.2.4 Koori workplace trainers

In order to have Koori people involved as trainers, they need access to the relevant training.

Providing access to such training will enable Koori people to establish effective co-training relationships with local TAFEs. It would also provide the potential for Cooperatives to be established as Registered Training Organisations, with the many possibilities involved for client and professional training programs.

Training for Koori workplace trainers needs to recognise and promote culturally relevant practice. Some learning models are more accessible to Koori people. These characteristics need to be recognised in preparing trainers for this role.

Promoting access to culturally relevant Workplace Assessment and Training courses would therefore significantly enhance the viability of ongoing training for Koori Drug and Alcohol staff.

#### **Recommendation 2**

*That DHS actively promotes access to Certificate IV in Workplace Assessment and Training programs that are culturally relevant.*

#### 7.2.5 Qualification pathways for Koori drug and alcohol workers

DHS will soon require a minimum qualification of Certificate IV in Community Services (Alcohol and Other Drugs), commencing in 2006.

The revised Community Services National Training Package, to be implemented in the near future, replaces the specialist Certificate III in Community Services (Alcohol and Other Drugs) with a generic Certificate III in Community Services Work. The training package recommends that Drug and Alcohol workers undertaking the Certificate III qualification complete nominated drug and alcohol and casework competencies comparable to those in the previous specialist qualification.

In this context, it is reasonable to question the value of the Certificate III qualification delivered by the statewide program.

A Certificate IV training program for TAFE students with limited RCC would normally involve two years of part-time study. The statewide program has in effect worked on a comparable model, with the Certificate III used as a 'stepping stone' towards the Certificate IV. Workers have reported that this arrangement has resulted in progressive increases in skills and confidence.

Experienced and confident staff have been able to graduate with a Certificate IV or Diploma in their first year, whilst others have obtained an accredited full Certificate III qualification during this period.

Swinburne/Ngwala have concerns that programs enrolling Koori workers directly into Certificate IV may result in lower levels of success in taking all participants successfully through to a full qualification.

All participants graduating from the Certificate III program in 2002, and several graduating in 2001, have indicated a desire to complete the Certificate IV program in 2003.

**Recommendation 17**

*That DHS support continuation of the Statewide program to enable workers with Certificate III qualifications to upgrade to Certificate IV qualifications.*

The statewide program has graduated 18 Koori workers at Certificate IV level study. Of these, four have progressed with the program to complete Diplomas. The majority of those remaining have indicated an interest in continued training at the Diploma level.

It is in the interests of DHS to support the commitment of Koori workers to continue training, irrespective of minimum qualification requirements.

The responses of managers and supervisors to the impact of training on the efficacy of services, support the value of ongoing training pathways.

Mainstream caseworkers liaising with Koori Drug and Alcohol caseworkers are qualified at Diploma or Degree levels. Access to comparable qualifications by Koori workers is therefore important in working towards comparable professional status.

**Recommendation 18**

*That DHS and training providers promote access to ongoing Diploma level training for Koori Drug and Alcohol Workers.*

Credit pathways from Vocational and Educational Training (i.e. TAFE) qualifications to Higher Education qualifications need to be pursued, to provide access to ongoing professional development. The introduction of competency based training raises some challenges for this process, and may retard the pathways that had previously been established at Swinburne and other Universities.

**Recommendation 6**

*That in its contact with training providers and Universities, DHS promote the establishment of viable pathways from TAFE to Degree qualifications for Aboriginal and Torres Strait Islander workers.*

### 7.2.6 Koori training materials

This report has documented the role of training materials based on culturally relevant drug and alcohol practice.

Indigenous-specific materials and practice reviews generated interstate have generally related to isolated outback communities, with limited relevance to the rural urban communities and the practice context of indigenous workers.

During 2002, the training program therefore worked with experienced caseworkers in the Diploma group to document methods of Koori practice. Frameworks for activities such as communication, case work, teamwork and relapse counselling were documented, consistent with mainstream research on effective practice models.

These materials were distributed to the Certificate III participants, and were invaluable for use in training with Certificate III and IV programs. The materials provided examples of the relationship between mainstream frameworks and application to Koori communities, documented effective Koori models of practice, and increased the range of ideas and practice models available to course participants. The materials also promoted the interchange of effective models, such as teamwork approaches, between Cooperatives.

The further development of these materials would be an important contribution to culturally relevant drug and alcohol training.

These materials would also contribute to the training of mainstream workers in working with Koori and non-Koori clients.

Course participants ran a workshop on working with Koori clients during a 2001 Drug and Alcohol Providers Conference. At the end of the session, a mainstream worker commented that the engagement and relationship based casework strategies presented at the workshop would be a valuable contribution to practice at all mainstream agencies.

#### **Recommendation 8**

*That Swinburne/Ngwala be assisted by DHS to further develop training materials based on Koori practice models, for incorporation into Koori and mainstream training and development.*

#### **7.2.7 Training for allied staff**

Drug and alcohol workers have advised throughout this program that the training was equally applicable to all workers based at their Cooperatives (see 7.1.2).

This view was supported by managers and supervisors during the feedback process, in view of the impact of drug and alcohol problems on the range of services provided by their agencies.

Providing drug and alcohol training to workers in other service areas would benefit the agencies in two ways.

Firstly, it enables workers in such program areas as housing, youth and HACC to respond to the needs of clients also experiencing drug and alcohol problems, more effectively.

Secondly, it significantly improves the work effectiveness of the drug and alcohol program workers. Course participants and managers have both reported that due to lack of confidence with drug and alcohol issues, workers providing other services

commonly refer their clients with these problems to the drug and alcohol workers. The drug and alcohol workers are therefore required to deal both with the immediate needs and ongoing support of these clients. Given the extent of drug and alcohol problems, this approach minimises the capacity of the drug and alcohol program to achieve effective interventions.

With relevant training in drug and alcohol issues, other workers can gain confidence, retain their roles with their clients, and where appropriate establish viable case management in cooperation with drug and alcohol workers.

Drug and alcohol training programs for non drug and alcohol workers have been extensively supported by state and regional funding programs, and have been heavily utilised by workers in mainstream organisations.

Comparable workers in Aboriginal Cooperatives, however, appear not to have been involved with these programs. It seems likely that they have been subject to the same barriers that impeded Koori drug and alcohol workers from access to accredited training.

#### **Recommendation 7**

*That DHS facilitates targeted drug and alcohol education and training for Aboriginal and Torres Strait Islander workers across all program areas, including Child Care, Family Violence etc.*

The design of Community Services qualifications provides the opportunity for the delivery of accredited training to teams of staff working in related areas of practice.

A framework for team training is represented in Figure 3.

This approach has a focus on promoting effective teamwork and coordinated case practice.

Participants are assisted to qualify in a generic Certificate III or IV in Community Services Work, with the potential for inclusion of drug and alcohol competencies.

As with the Statewide program, workers from related services such as housing, youth work or juvenile justice, can also be supported in achieving a specialist qualification in their area of practice.

#### **Recommendation 21**

*That DHS and Cooperatives explore a team-training model, with a focus on coordinated casework across service areas.*

### **7.2.8 Whole of agency training**

Many cooperatives have both service delivery and management personnel involved in training. For others, training has been primarily directed at workers involved in client contact.

Figure 4 represents an integrated whole-of-agency approach to staff training.

Feedback from participants and Managers (Section 7.1) has supported the role of

integrated training in maximising the quality of services, cooperation between related services and effective use of resources.

### **Recommendation 3**

*That DHS supports Cooperatives to implement an integrated whole of agency approach to training.*

Competency based training provides the basis for workplace projects to be used for learning and assessment, focusing on priorities relevant to the agency.

Swinburne has developed Frontline Management learning materials targeting indigenous managers, which may be relevant for this purpose.

### **7.2.9 Case management**

In workshops at Certificate III, IV and Diploma levels, participants supported the role of case management in improving the delivery and coordination of support services.

This was further documented in the survey of participants' priorities for further training, which identified case management practices within and across agencies as a top priority to improve service delivery (section 7.1.2).

The experience of the program is that training direct care and casework staff is not sufficient for case management to be implemented within agencies.

All levels of management and service provision need to be engaged in implementing case management. Without this approach, relevant policies, procedures and practices remain unsupported.

This has been most evident at the Gippsland and East Gippsland Aboriginal Cooperative, where the involvement of the service coordinator and casework staff in the training contributed to implementation of relevant policies and procedures within the resource centre.

One of the key issues raised by course participants was the role of coordinated case management in supporting the many clients moving between areas. Case management was seen as a strategy to reduce duplication of casework, common to these circumstances.

Value was also seen in standardised assessment and referral expectations, with goals and strategies being pursued with individuals and families supported across different regions.

This would be particularly relevant in the common scenario of one family member being referred to a rehabilitation or other service in a different region. Compatible assessment, referral and case management practices would assist this process, and enable the roles of respective workers with different family members to be clarified.

### **Recommendation 20**

*That Cooperatives are supported in integrating case management frameworks within agency policies and procedures, consistent with the cultural practices and considerations.*

### **Using case management**

*Koori Drug and Alcohol Resource Worker  
Gippsland and East Gippsland Aboriginal Cooperative*

We started to use case management in the way we worked with people two years ago.

We don't fill out the forms in front of the clients, as they would not be comfortable with that.

We talk through the issues with the clients, and fill them out later. Sometimes it may take a few visits: it depends on what we talk about.

We set goals with each person, by asking them what they want to achieve, or if they can see themselves down the track what they would like to do differently. We ask them to think about it for a couple of days, and by the time we meet again, they have thought about it and have ideas.

When we do this, they can't wait to get started. They do their side of the bargain and often end up 'pushing me on' to do whatever I have agreed to do.

An example would be a person I have been working with recently. They had a range of problems, including drug and alcohol use. They decided, instead, that they wanted to focus on their finances. We set goals involving buying a car and getting a driver's licence.

They worked very hard on the goal, and now they have a car and a licence. They are really proud about that, as they should be.

They have not stopped using drugs and alcohol all together, but they are using a lot less. I am not sure whether they need to stop all together or not.

We involve other agencies and services to get plans together, which includes advocating for the people we work with. This helped a mother get her children back, because she decided that was her goal. This would not have happened otherwise.

We started using case management after beginning training. The training helped by going through what was involved in case planning and case management, and by providing examples of assessment and case planning forms. We now make up files for all our clients.

A summary of things to ask about in first interviews helped, particularly around risk assessment. Some of the assessment forms ask too much detail about drug use in the past: people can't remember that kind of detail, so we leave it out.

There have not been any disadvantages of this approach. The only barriers have been in handling the statistics.

Figure 3. Team Training Model

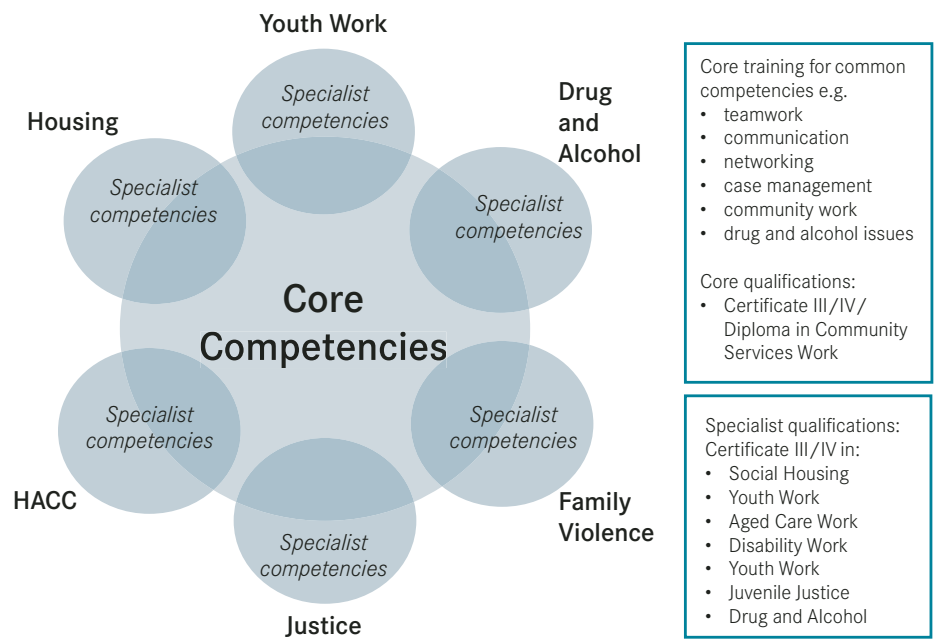
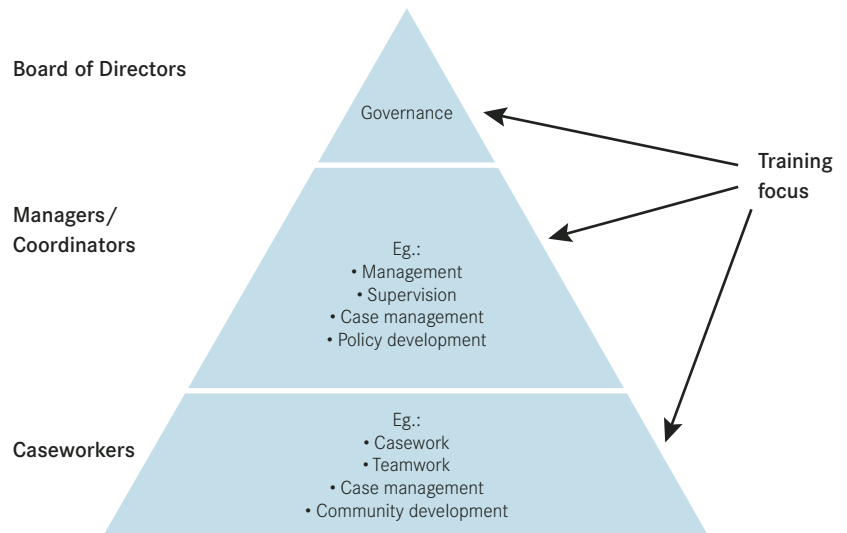


Figure 4. Agency Training



Managers/Boards establish accreditation for Diploma/Advanced Diploma Competencies. Can include particular emphasis: eg. Case management, OH&S etc.



## Appendices

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- 4 Individual Study Plan
- 5 Pathway Planning Format
- 6 Certificate III Program Competency Structure
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## Appendix 1: Consultation with Cooperatives

### Summary of consultations March/April 2001

Cooperative	Consulted with:	Date of Consultation:	Issues raised included:
Ramahyuck Aboriginal Cooperative	CEO	12 March	Committed to training of staff: D&A common issue across field.  Will take as many places as are available  No comment on content, design issues
Central Gippsland Aboriginal Co-operative	CEO  KRW	12 March	CEO: Last year: improvements in confidence, professionalism, boundaries  Priorities for this year: professional role: professional practice, organisational structure and process.  KRW: keen for Cert IV
Swan Hill Aboriginal Co-operative	CEO  KRWs (2)	21 March	CEO & Board committed to training.  Supported model, content and locations.  Would fill any available vacancies.  Suggestions for content: legal process: giving evidence in court, confidentiality, case management. We suggested Cert IV for this.
Murray Valley Aboriginal Cooperative	Com D&A Wkr	21 March	Initially reluctant due to previous Nursing qualification. Became interested and committed once content explained.
Njernda Aboriginal Co-operative	CEO  DV Workers  Youth Worker  SAAP Worker  KDAW	28 March	CEO: <ul style="list-style-type: none"> <li>Enthusiastic program, due to feedback from previous participants.</li> <li>Some reservations about funding travel &amp; accommodation.</li> </ul> DV, Youth Worker: interested as above.  SAAP, KDAW: committed to Cert IV
Rumbalara Aboriginal Co-operative	Coordinator  KRW  KDAW	28 March	Very positive in model & content: wanted continuing training for involved staff.  Keen to continue at Cert IV.  New KDAW worker for Cert III.

Cooperative	Consulted with:	Date of Consultation:	Issues raised included:
Ballarat and District	CEO:	4 April	CEO: Last year: came in towards end of last year: could not comment on impact
			This year: organisational accountability & decision making, professional/ personal responsibilities and boundaries.
	KADW		KADW: counselling sounds interesting
Gunditjmara Aboriginal Co-operative	CEO	4 April	Agency committed to training
	KDAW not available		Wants KDAW to do training. Filling second vacant position: will nominate worker if employed in time.
			This year: promote need for networking, working within an organisation, successful D&A strategies (eg use of aviation gas), learning from each other, site visits (Melbourne)
			Willing for travel to Mildura: Horsham would be preferred.
Gippsland and East Gippsland Aboriginal Co-operative	Com DAW	16 April	Need to keep up to date: training good for this
			Has done lots of study: would like as much recognition as possible (Cert IV, Diploma)
Mildura Aboriginal Corporation	CEO	26 March	Very committed to all forms of training: wants his workers to "know what they are doing. Leaves details to the trainers.
	KADW		
	KRCWs (3)		KDAW: very committed: really interested in the counselling. No comments on changes to Cert III.
	Cottage parent		KRCW: interested
Goolum Goolum Aboriginal Cooperative	CEO	27 March	CEO: committed to the role of training. Would like to use 3 positions in course.
	Family Preservation Wkr		Workers both want to do course. No comments on course.
	Health worker		
	Com D&A: apology		

## Appendix 2

### Workshop Feedback Sheet

Session:

Not at all ..... Completely

#### Learning Goals

Have you achieved your goals for this session?

0 1 2 3 4 5

Poor ..... Excellent

#### How would you rate the session:

Content

0 1 2 3 4 5

Delivery

0 1 2 3 4 5

What was helpful?

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I would like more:

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I would like less:

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## Appendix 3

### Course Evaluation Framework

#### For Course Participants:

**Note:**

- This is *confidential*: we do not want your name on the forms
- Please give open and honest feedback. This will assist in planning future courses
- An evaluation form will be given to supervisors/ managers, asking about any changes they have seen in practice during the course. These will also be confidential, and will not refer to individual workers.

#### Skills, knowledge and confidence

##### General Comments

Do you think your knowledge, skills or confidence have changed since the course began?

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If this has happened, what would you like to say about those changes?

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## Specific Comments

Do you think your skills, knowledge or confidence have changed in the following areas?

### Workplace Communication:

*Ability to negotiate with supervisors and other workers*

Skills improved ? :      Yes                         No                         Not Sure  

Confidence ? :            Yes                         No                         Not Sure  

Comments:

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### NETWORKING

*Making use of relevant services:*

Knowledge improved ? :    Yes                         No                         Not Sure  

Confidence ? :              Yes                         No                         Not Sure  

Comments:

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### WORKPLACE SKILLS

*Contribute to effectiveness of the service*

Skills improved ? :        Yes                         No                         Not Sure  

Confidence ? :            Yes                         No                         Not Sure  

Comments:

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*Working effectively with others*

Skills improved ? :        Yes                         No                         Not Sure  

Confidence ? :            Yes                         No                         Not Sure  

Comments:

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**GROUPWORK**

*Insight into the way groups work*

Comments: \_\_\_\_\_

*Skills in working with group situations*

Insight improved ?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
Skills Improved ?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
Confidence ? :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

Comments: \_\_\_\_\_

**CASEWORK**

*Working effectively with clients:*

Skills improved ?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
Confidence ? :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

Comments: \_\_\_\_\_

*Counselling skills*

Knowledge improved ?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
Skills ?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
Confidence ? :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

Comments: \_\_\_\_\_

**DRUG AND ALCOHOL**

*Understanding of types, and effect relating to:*

*Heroin, Amphetamines, Benzodiazepines*

Knowledge improved ?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
Confidence ? :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

Comments: \_\_\_\_\_

*Alcohol*

Knowledge improved?:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>
Confidence ? :	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Not Sure	<input type="checkbox"/>

Comments: \_\_\_\_\_

*Cannabis*

Knowledge improved?: Yes  No  Not Sure

Confidence ? : Yes  No  Not Sure

Comments: \_\_\_\_\_

*Chroming/Sniffing*

Knowledge improved?: Yes  No  Not Sure

Confidence ? : Yes  No  Not Sure

Comments: \_\_\_\_\_

*Understanding of different treatment and support strategies*

Knowledge improved?: Yes  No  Not Sure

Confidence ? : Yes  No  Not Sure

Comments: \_\_\_\_\_

*Understanding of different counselling strategies*

Knowledge improved ? : Yes  No  Not Sure

Confidence ? : Yes  No  Not Sure

Comments: \_\_\_\_\_

**VALUES AND ATTITUDES**

Have your attitudes, empathy etc towards any types of drugs and alcohol, or drug users, changed at all? How?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HARM MINIMISATION**

Belief that Harm Minimisation approaches are appropriate:

Changed Not changed  Not Sure

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Understanding and implementation*

Knowledge improved?    Yes                         No                         Not Sure     
Skills Improved?:        Yes                         No                         Not Sure     
Confidence ? :            Yes                         No                         Not Sure  

Comments:

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**HEALTH AND SAFETY**

*Identify and cope with 'risk' in the workplace*

Skills Improved?:        Yes                         No                         Not Sure     
Confidence ? :            Yes                         No                         Not Sure  

Comments:

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*Ability to manage role with clients, and minimize stress*

Comments:

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## The course

What would you like to say about the following?

### Program design

- Content of the course

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- Qualification levels

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- Responsiveness to individual needs

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- Other comments

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### Program Delivery

- Number of workshops

---

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- Teaching roles

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- Involvement of Ngwala

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- Involvement of Swinburne

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- Teaching preparation

---

---

- Teaching strategies

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- Resource materials

---

---

- Workshop locations

---

---

- Balance between different topics

- Would like to see more:

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---

- Would like to see less:

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- Size, make up of study group

---

---

- Food

---

---

- Duration of the workshops

---

---

- Assessment

---

---

- Recognition of Current Competencies

---

---

- Resource Materials

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- Responsiveness To Individual Needs

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- Other

**Further study**

*Would you like to do more study in the future?*

What type?

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Where?:

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Has the course changed you attitudes about future study?

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Has it changed your thoughts about your future in this type of work?

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Would you feel comfortable with studying with a mainstream TAFE?

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What suggestions would you make about the future of this kind of course?

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**Thanks for your comments!**

## Evaluation Framework

### Certificate IV in Community Services (Alcohol and Other Drugs)

#### For Course Participants:

##### Note:

- This is *confidential*: we do not want your name on the forms
- Please give open and honest feedback. This will assist in planning future courses
- An evaluation form will be given to supervisors/ managers, asking about any changes they have seen in practice during the course. These will also be confidential, and will not refer to individual workers.

## Skills, knowledge and confidence

### General Comments

Has this course improved your capacity to do your job?

In what way/s?

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Do you think your knowledge, skills or confidence have changed since the course began?

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If this has happened, what would you like to say about those changes?

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## Specific Comments

*Do you think your skills, knowledge or confidence have changed in the following areas?*

### Case Planning & Management:

Skills improved ? :      Yes          No          Not Sure

Confidence ? :      Yes          No          Not Sure

Comments:

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### **ASSERTIVENESS:**

Skills improved ? :      Yes          No          Not Sure

Confidence ? :      Yes          No          Not Sure

Comments:

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### **PUBLIC SPEAKING**

Skills improved ? :      Yes          No          Not Sure

Confidence ? :      Yes          No          Not Sure

Comments:

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### *Legal Systems*

Knowledge improved?: Yes          No          Not Sure

Confidence ? :      Yes          No          Not Sure

Comments:

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### *Court Reports*

Insight improved ? :      Yes          No          Not Sure

Skills Improved ? :      Yes          No          Not Sure

Confidence ? :      Yes          No          Not Sure

Comments:

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**CASEWORK**

*Working effectively with clients:*

Skills improved?: Yes  No  Not Sure   
 Confidence?: Yes  No  Not Sure

Comments:

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*Interviewing skills*

Knowledge improved?: Yes  No  Not Sure   
 Skills?: Yes  No  Not Sure   
 Confidence?: Yes  No  Not Sure

*Organisation Structure, policies ...*

Knowledge improved?: Yes  No  Not Sure   
 Confidence?: Yes  No  Not Sure

Comments:

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*Understanding and responding to alcohol use*

Knowledge improved?: Yes  No  Not Sure   
 Confidence?: Yes  No  Not Sure

Comments:

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---

*Understanding and responding to other Drug use*

Knowledge improved?: Yes  No  Not Sure   
 Confidence?: Yes  No  Not Sure

Comments:

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---

*Understanding of different treatment and support strategies*

Knowledge improved?: Yes  No  Not Sure   
 Confidence?: Yes  No  Not Sure

Comments:

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---

**VALUES AND ATTITUDES**

Have your attitudes, empathy etc towards any types of drugs and alcohol, or drug users, changed at all? How?

### The course

What would you like to say about the following?

#### Program design

- Content of the course

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- Qualification levels

---

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- Responsiveness to individual needs

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- Other comments

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#### Program Delivery

- Number of workshops

---

---

- Teaching roles

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- Involvement of Ngwala

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- Involvement of Swinburne

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- Teaching preparation

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- Teaching strategies

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- Resource materials

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- Workshop locations

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---

- Balance between different topics

- Would like to see more:

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---

- Would like to see less:

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---

- Size, make up of study group

---

---

- Food

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- Duration of the workshops

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- Assessment

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- Recognition of Current Competencies

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- Resource Materials

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- Responsiveness To Individual Needs

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- Other

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**Further study**

Would you like to do more study in the future?  
What type?

---

---

Where?:

---

---

Has the course changed you attitudes about future study?

---

---

Has it changed your thoughts about your future in this type of work?

---

---

Would you feel comfortable with studying with a mainstream TAFE?

---

---

What suggestions would you make about the future of this kind of course?

---

---

**Thanks for your comments!**

## Feedback from Supervisors:

### Note:

- This is *confidential*: we do not want the individual names of the workers on the forms
- Please give *open and honest* feedback. This will assist in planning future courses
- We encourage supervisors to provide open, *honest and constructive feedback to staff*. This form may be useful for this purpose
- If you supervise more than one worker doing the course, *provide feedback on the group as a whole*. If there are clear differences between staff in how their practice has changed, indicate this without providing names.

## Skills, knowledge and confidence

### General Comments

*Do you think the knowledge, skills or confidence of staff have changed since the course began?*

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*If this has happened, what would you like to say about those changes?*

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### Specific Comments

*Do you think the skills, knowledge or confidence of your staff have changed in the following areas?*

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**Workplace Communication:**

*Ability to negotiate with supervisors and other workers*

Skills improved ? :      Yes          No          Not Sure   
 Confidence ? :          Yes          No          Not Sure

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**NETWORKING**

*Making use of relevant services:*

Knowledge improved ? : Yes          No          Not Sure   
 Confidence ? :          Yes          No          Not Sure

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**WORKPLACE SKILLS**

*Contribute to effectiveness of the service*

Skills improved ? :      Yes          No          Not Sure   
 Confidence ? :          Yes          No          Not Sure

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Working effectively with others*

Skills improved ? :      Yes          No          Not Sure   
 Confidence ? :          Yes          No          Not Sure

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**GROUPWORK**

*Insight into the way groups work*

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Skills in working with group situations*

Insight improved?: Yes  No  Not Sure

Skills Improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

Comments:

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**CASEWORK**

*Working effectively with clients:*

Skills improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

Comments:

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**DRUG AND ALCOHOL**

*Understanding of types, and effects:*

Knowledge improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

Comments:

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*Alcohol*

Knowledge improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

Comments:

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---

*Understanding of different treatment and support strategies*

Knowledge improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

Comments:

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---

*Understanding of different counselling strategies*

Knowledge improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

Comments:

---



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**VALUES AND ATTITUDES**

*Have the attitudes, empathy etc towards drugs and alcohol, or drug users, changed at all? How?*

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**HARM MINIMISATION**

*Understanding and implementation*

Knowledge improved? Yes  No  Not Sure

Skills Improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

Comments:

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**HEALTH AND SAFETY**

*Identify and cope with 'risk' in the workplace*

Skills Improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

Comments:

---



---

*Ability to manage role with clients, and minimize stress*

Comments:

---



---

## The course

*What would you like to say about the following:?*

### Program design

- Content of the course

---

---

- Qualification levels

---

---

- Responsiveness to individual needs

---

---

- Other comments

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### Program Delivery

- Number of workshops

---

---

- Teaching roles

---

---

- Involvement of Ngwala

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- Involvement of Swinburne

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- Resource materials

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- Workshop locations

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- Balance between different topics

- Would like to see more:

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---

- Would like to see less:

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---

- Number, duration of the workshops

---

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- Assessment

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- Recognition of Current Competencies

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- Resource Materials

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- Responsiveness To Individual Needs

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- Other

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## Feedback from Agency Management:

### Note:

- This survey is to assist in the design of future training programs
- This is *confidential*: we do not want the individual names of the workers on the forms
- Please give *open and honest* feedback. This will assist in planning future courses

### General Comments

*Have you noticed any changes in provision of services associated with the course?*

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### The course

*What would you like to say about the following?*

#### Program design

- Content of the course

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- Qualification Level

---

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- Responsiveness To Individual Needs

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- Other Comments

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***Program Delivery***

- Number of workshops

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- Impact of worker absence on service

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- Workshop Locations

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- Recognition of Current Competencies

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**Further study**

Would you like your staff to do more study in the future?  
What type?

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Where?:

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---

Has the course changed you attitudes about future study?

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What suggestions would you make about the future of this kind of course?

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**Thanks for your comments.**

Signed:

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Name:

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Role:

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## Appendix 4

### Individual Study Plan

Worker:

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Relevant experience:

(summary)

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Training:

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Qualifications:

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Features of Personal Learning Goals (attached):

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Areas of strength (skill/knowledge/experience):

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Level of Assessment:

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Exemptions:

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Strategies to be used to address competencies:

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How personal strengths can be used to achieve Learning Goals:

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Preferred Learning style/s:

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Tutor/ mentor/ coaching supports:

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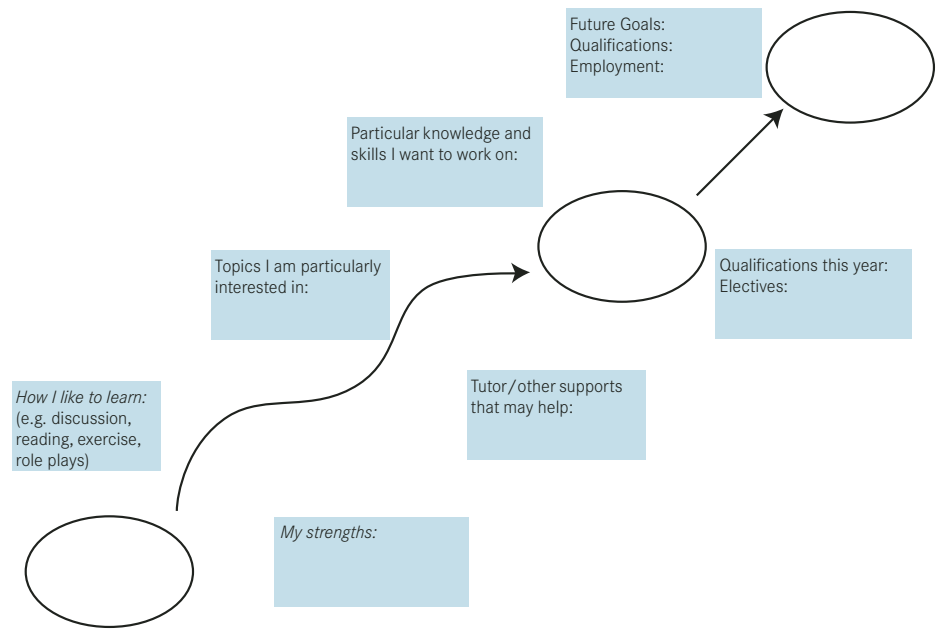
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## Appendix 5

### Pathway Planning Format



## Appendix 6

### Certificate III Program Competency Structure

#### Certificate III in Community Services

Alcohol and other Drugs  
Competency Structure

##### Communication

COM 2	Communicate Appropriately
NET 1	Participate in Networks
ORG 3	Participate in work environment
INF 1	Process & provide information
GRP 2*	Support Group Activities

##### Alcohol & other drugs

AOD 2	Orientation to the AOD Sector
AOD 5	Provide services to clients with AOD issues
AOD 6*	Work with intoxicated clients

##### Casework

CS 1	Deliver and monitor service
CM 1*	Undertake case management

##### Policy

P&R 1*	Participate in policy development
ORG 4	Follow OH&S policies

##### Other

ADM 2	Provide Admin support
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\* these competencies were nominated from electives and options available within the Community Services Training Package

## Appendix 7

### Course Content

#### Certificate III in Community Services

Alcohol and other Drugs

##### Program

##### Workshop 1

##### Communication

Orientation to course

Communication models, skills:

- principles of effective communication
- cultural influences
- non verbal communication
- effective listening
- open questioning, clarifying, paraphrasing
- assertiveness
- statements
- dealing with conflict

Agency's information systems

##### Workshop 2

##### Groupwork:

- dynamics
- stages

Client group work

- purposes
- relationships
- resourcing
- effective group work

Work teams

- characteristics of effective work teams
- strategies, skills

Professional development: self assessment, feedback, planning

Developing and maintaining networks

### Workshop 3

#### Alcohol and other drugs

Drugs used

Types of Drugs

- typical effects of different types of drugs
- new drugs

Impact on Central Nervous system

- lock/ key analogy
- example of Methadone/ Naltrexone
- routes of Administration and significance  
(include role play to demonstrate physiology)

Individual difference

- additive effects
- tolerance, and practical implications

Detox, Withdrawal

Symptoms of withdrawal

- physical, psychological, etc
- alcohol and different types of drugs
- use of medications (what is used, and why)

Residential, Home, medicated and non-medicated withdrawal:

- when each type is used and why
- things to be aware of/ think about (eg. advantages and risks of non-medicated detox: decreased tolerance following detox)
- current residential services, how they work, experiences of dealing with them

Chemical treatment/ Maintenance programs

- Methadone
- Naltrexone
- New trends

Creating a safe and supportive environment for detoxification

- guidelines
- case studies

**Workshop 4**

Day 1

Welcome  
 Discussion regarding the impact of overseas events?  
 Drug Routes  
 Chroming  
 Statistics: use  
 Physical effects  
 Harm minimisation  
 Community development responses  
 overview of literature  
 exercise  
 Harm minimisation  
 Policy context  
 Legislation  
 Practice  
 Cultural context discussion  
 Risk analysis  
 Exercise: applying harm minimisation approaches to  
 underage drinking etc

Day 2

Harm Minimisation and cultural considerations  
 Discussion  
 Application to scenario cards  
 Advising or engaging?  
 Discussion  
 Role-play scenarios?  
 Chroming cards  
 Models of Addiction  
 Personal experience  
 Physical/Social/Psychological  
 Practice model  
 Cultural context  
 Role play exercises  
 Treatment Models  
 Cycle of Change  
 Motivational interviewing  
 Introduction

**Workshop 5**

Day 1

CASEWORK  
screening  
assessment  
  
planning  
direct service  
  
coordination  
monitoring  
  
exit planning  
evaluation

Day 2

Counselling  
models

Motivational  
Strength based  
Relapse counselling  
Solution Focussed  
Examples and role plays

**Workshop 6**

Day 1

**POLICY**  
Follow OH&S policies  
  
Participate in (general)  
policy development

Day 2

Practice Issues  
acquired brain injury and substance abuse  
dual psychiatric/substance abuse disorders  
  
Aggressive behaviours  
how to make things worse, or make things better  
role plays  
  
Support Strategies  
Research: Support and treatment strategies that work  
• Case Scenarios  
• Small Groups Discussion  
Review of Course  
Remaining questions and challenges

## Appendix 8

### Assessment Framework Validation

#### Notes from Meeting

**Date of Meeting:** 13 September 2002  
**Venue:** Holmesglen Institute of TAFE, Moorabbin

#### Context of Meeting:

The purpose of the meeting was to seek review and feedback of the assessment frameworks proposed for the Statewide Koori Drug and Alcohol Training Program.

Staff from Bendigo Regional Institute of TAFE were invited due to their experience in providing accredited drug and alcohol training, and experience in delivering the Certificate IV in Indigenous Welfare Studies. They are also experienced in assessments for community services training up to Diploma level.

A trainer from VUT was approached due to her experience in working with indigenous communities, and in training and assessing in the community services sector.

Prior to the meeting, participants were provided with:

- briefing notes, summarising the context and structure of the training program
- the competencies being assessed at Certificate III, IV and Diploma levels
- the assessment framework for each program, including assessment tasks and matrix aligning competencies to sources of evidence

#### Present at Meeting:

- Health Access and Community Studies, Bendigo Regional Institute of TAFE
- Health and Community Services, Victoria University
- Swinburne University of Technology

#### Discussion

Swinburne summarised the components of the assessments, including workplace projects,

workshop exercises and the workplace assessment/ third party t interviews, which finalised the assessment process.

The Participant Competency Record manual, which recorded the results of these processes was distributed.

Due to the range and complexity of the competencies, and the interrelationships with the various assessments, it was not practical for those present to give provide a detailed review of the various assessment tools. Feedback therefore focused on the overall design of the framework.

Discussion included the challenges associated with assessing competency-based programs, both in classroom and workplace based activities. The meeting noted

that assessments invariably included subjective components, and that it was generally not possible in the community services field to observe actual practice, in a way that did not influence the interaction that was being assessed.

Those present, however, supported the assessment framework as a method to maximise the range of evidence sources, and hence the validity of the assessment processes.

The main reservation of the meeting was the practicality of implementing the framework, due to its complexity, the range of evidence sources used for single competencies, and hence the time involved.

## Appendix 9

### Certificate III Assessment Matrix

Competencies:	Assessment Format: indicating elements of relevant competency							
	Communi- cation Worksheet	Communi- cation Role Play	Report on Group Particip- ation	Assess- ment Case Study	Case Manage- ment Case Study	Work- shop Exercises	Work- shop Particip- ation	Consult- ation with Supervisor
COM 2 Communicate Appropriately	1	1				1.1, 1.2	1,2,3	**
NET 1 Participate in Networks					1,2	4.3	1,2	**
ORG 3 Participate in work environment	*	*				1.2	1,2,3,4	**
INF 1 Process & provide information				*	1			**
GRP 2 Support Group Activities			1,2,3			2.1, 2.2	1,2,3	*
AOD 2 Orientation to the AOD Sector				*	1,2,3	3.1, 4.1, 4.2, 4.3, 5.1		*
AOD 5 Provide services to clients with AOD issues	*	*		1	1,2,3	3.1, 4.1, 4.2, 4.3, 4.4, 5.1	1,2,3	**
AOD 6 Work with intoxicated clients				*	*	3.1, 4.1, 4.2, 4.3, 5.1		**
CS 1 Deliver and monitor service	*			1	1,2	3.1, 4.1, 4.2, 4.3, 4.4, 5.1		**
CM 1 Undertake case management	*	*		*	1,2	4.1, 4.2, 4.3, 4.4, 5.1		*
P&R 1 Participate in policy development						3.1		*
ORG 4 Follow OH&S policies						6.1, 6.2		**
ADM 2 Provide Admin support			*	*	*			**

\*Indicates relevance: necessary pre-requisite to achieve the competency that is indicated

\*\*Particular emphasis on consultation with supervisor

## Appendix 10

### Certificate III Workplace Projects

#### Communication Worksheet/ Role Play

##### Being clear

How would you describe your role, to a person you were going to be supporting:

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##### Confidentiality

The client asks:

*“I’ve got something I to tell you. I don’t want you to tell anybody else”*

What could you say?

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##### Feeding back / Paraphrasing

A client says this to you:

*“Things are going bad at the moment. I’m not getting on with my missus. The kids are going off the rails. I feel like packing it all in, mate...”*

How could you respond to this with a ‘paraphrase’:

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**Touching**

Give an example when it would be OK to touch a client.

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Give an example of touching that would not be good.

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Why?

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**Role play:** this exercise will be repeated, with variation, in an informal role play with a Ngwala or Swinburne trainer.

Name:

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## Certificate III in Community Services (Alcohol and Other Drugs)

### Group work Assessment

#### The Task:

Review a group of which you are a member.

The purpose of this assignment is to assess your skills in observing the dynamics within a group, and identifying strategies that will assist the group to function more effectively.

#### The Group:

The group needs to have consistent membership, and be between 3 and 15 in size.

If you are not currently a member of such a group, you will need to form one around a particular task for the purpose of this assignment. Such a group could undertake a project an activity relevant to your agency.

You may choose to use the evaluation tools and frameworks included in the Resource Notes.

#### Requirements:

Include reference to the following observations:

- Roles:  
(Eg: Task vs. Process/Support/Maintenance, Dominator/Joker etc)
- Norms:
- Culture:
- Group Cohesion:  
*(Is the group together and united? What are the common interests and commitments that keep it together?)*
- Group Differences:  
*(What are the differences within the group? How do these effect the progress of the group?)*
- Subgroups:
- Motivation:  
*(What are some of the motives of the individuals that influence their involvement in the group, and their role within the group?)*
- **Communication Patterns**  
(What are some of the patterns of communication that you observe?)
- **Leadership roles**  
(What role does the leader/ facilitator provide? Are these effective? Why?)

- **Resources:**

*(What practical and other resources that the group needs to function? Are these adequate? Would others be useful?)*

- **Other Comments:**

*Improving group effectiveness:*

How could you help the group become more effective?

## **Certificate III in Community Services (Alcohol and Other Drugs)**

### **Client Assessment of Drug and Alcohol Use**

#### **Case Study**

Describe the involvement of yourself or your service with a particular person, receiving support due to alcohol and other drugs.

Include comment on:

- a description of the drug use (e.g. types, patterns of use)
- the pattern of drug use, and how it developed (e.g. circumstantial, regular, addictive)
- an assessment of factors (e.g. physical, social, psychological)
- an analysis of risks associated with the drug use (e.g. the drug, the environment, the person)
- where the client is, and has been, on the 'Cycles of Decision Making'
- client's history regarding detoxification
- special needs during withdrawal
- special needs relating to behaviour (aggression etc)
- support and treatment strategies.

#### **Presentation**

Case Study can be either:

- written and submitted (note-form only is required; a fill-in form will be available), or
- Presented verbally on a one to one basis with a teacher (you can have a support person present if preferred), or presented to the group on. This can be basis for discussion and suggestions of relevant support strategies.

## Certificate III in Community Services (Alcohol and Other Drugs)

### Case Planning

#### Assessment

Prepare a case plan. It can be about a real person, or made up. If on a real person, change details to protect privacy. Make it as if you have been working with them in the past

Cover the parts of Case Management discussed in the classes and Resource Kit:

- Early screening: meeting immediate needs
- Assessment: their story, goals and skills
- Planning: an action plan that would have been relevant at some stage of the contact
- Direct service: what you actually did yourself, and how you have networked with others to support the person.
- Coordination: how you or your service worked with other services
- Exit Planning: how you helped them leave the service and get other support.

This can be written (dot point summary like the example action plan: about 2 pages) or presented verbally.

Note: you may wish to base this on the same client/scenario as the Client Assessment assignment.

Due date: Final Workshop

## Appendix 11

### Certificate III Workshop Venues

<b>Western Group</b>		<b>Location</b>
Workshop I	April 22,23	Mildura Aboriginal Corporation
Workshop II	May 13,14	Njernda Aboriginal Corporation, Echuca
Workshop III	June 3,4	Bendigo
Workshop IV	July 1,2	Bendigo
Workshop V	July 29, 30	Swan Hill aboriginal Cooperative
Workshop VI	August 19,20	Swinburne University, Prahran
<b>Gippsland Group</b>		<b>Location</b>
Workshop I	May 21,22	Gippsland and East Gippsland Aboriginal Cooperative, Bairnsdale
Workshop II	June 18,19	Central Gippsland Aboriginal Cooperative, Morwell
Workshop III	July 16,17	Ramahyuck Aboriginal Cooperative, Sale
Workshop IV	August 6,7	Gippsland and East Gippsland Aboriginal Cooperative, Bairnsdale
Workshop V	September 17,18	Ramahyuck Aboriginal Cooperative, Sale
Workshop VI	October 10,11	Gippsland and East Gippsland Aboriginal Cooperative, Bairnsdale

## Appendix 12

### Certificate IV Program Competency Structure

CHCAOD 8A	Work with clients who have alcohol and/or other drugs issues
CHCCOM3A	Utilize specialist communication skills
CHCCS2A	Deliver and develop client service
CHCNET2A	Maintain effective networks
CHCINF2A	Maintain organization's information systems
CHCORG5A	Maintain an effective work environment
CHCADMIN3A	Undertake administrative work

### Electives (2 required)

#### *Recommended:*

CHCCWI2A	Implement a case work strategy
CHCCWI2	Establish and monitor a case plan

#### *Others:*

CHCAD1A	Advocate for clients
CHCGROUP3A	Plan and conduct group activities
CHCP&R2A	Contribute to policy development
CHCCD1A	Support community participation
CHCCD2A	Provide community education programs
CHCCD5A	Develop community resources
CHCP&R3A	Undertake research activities
BSZ404A	Train small groups

## Appendix 13

### Certificate IV Workshop Content

#### Summary of Topics

#### Statewide Koori Drug and Alcohol Training Program

#### *Certificate IV in Community Services*

#### *Draft Workshop Program*

#### **1 Case Planning**

Case Planning frameworks

Stages of case Planning

Assessment frameworks

- psychosocial
- holistic

Goal setting

Reviews and evaluations

Case management

Client feedback

Recording: file notes

#### **2 Verbal communication skills**

Client interviews, .

- reflective listening
- dealing with disclosure

Professional negotiations,

Advocacy

Negotiation skills

Assertiveness

#### **3 Conflict Management**

Assertiveness skills

Public speaking

Models

frameworks

practice

#### 4 Case Planning Revision

Case Planning

- stages
- implementation

Case Management

- what is it?
- meetings

Reviews Feedback

Communication

- assertiveness
- conflict management

*Legal Process*

Court Structure

Common Law:

- negligence

Statute Law

- federal, state

Offences & sentencing

- community based orders
- Brokerage/ VosaCoats

Court Reports

- giving evidence
  - contact
  - what happened
  - supports offered
  - where going
  - referrals

#### 5 Organisations

mission, structure, policies, procedures

*principles of effective service delivery*

client, worker rights

principles of professional practice

principles of effective organisational practice

equal opportunity legislation

role definitions

*Agency policy framework*

Recording and evidence skills

File notes, incident reports:

Privacy Act

Correspondence

Data management

dhs requirements

## **6 Drug use**

indigenous understandings

learning models

treatments

new therapies

spiritual healing

*Relapse Prevention*

*Suicide risk analysis and responses*

*Crisis interventions*

*Assessment presentations*

## Appendix 14

### Certificate IV Assessment Matrix

		Assessment Format: indicating elements of relevant competency									
Competencies:		Case Study	Client Interview	Public Speaking	Leading a group	Service Review	Net-working	Court Report	Work plan	Workshop participation and exercises	Consultation with Coordinator
CHCAOD8A	Work with clients who have alcohol and/or other drugs issues	All	*							*	**
CHCCM2A	Establish and Monitor a Case Plan	All	*							*	*
CHCCCW12A	Work Intensively with clients	All	*								**
CHCCOM3A	Utilise specialist communication skills	1,2,3	2	4	5					*	**
CHCCS2A	Deliver and develop client service		*			All				*	**
CHCNET2A	Maintain effective networks						All			*	**
CHCINF2A	Maintain organisation's information systems	1						All			**
CHCORG5A	Maintain an effective work environment	1							All	*	**
CHCADM13A	Undertake administrative work										**

\* Indicates relevance: evidence to be recorded \*\* Particular emphasis on consultation with Coordinator

## Appendix 15

### Certificate IV Workplace Assessment Projects Certificate IV in Community Services (Alcohol and Other Drugs)

#### Assessment projects

Certificate III had an emphasis on showing understanding. Certificate IV has an emphasis on showing that competencies, as they are written, can be put into practice.

This means you will need to demonstrate the competencies in each unit you choose.

The workload will vary from unit to unit and according to your own experience and skills. However it will be very important to develop a work plan for the year so you can manage the workload as easily as possible.

Your work plan will involve you in becoming familiar with each unit and working out when you will tackle each unit. You will find some units overlap and it makes sense to work on them at the same time.

It makes sense to develop a week to week plan to tackle the units and to set completion dates for them.

#### Tutor supports

During 2001, those students that used tutors got their work in on time (often earlier!) and made the biggest gains over the year.

For that reason we would like all participants to nominate a tutor. Payments are available.

#### How competencies can be assessed

**AOD 8A      Work with clients who have alcohol and/or other drugs issues**

*Case Study (see below)*

**CHCCOM3A Utilize specialist communication skills**

*Role-Play Dealing with Conflict* – do training and focus on dealing with conflict with other staff. Participate in role-plays. Feedback from supervisors.

*Video counselling role-play* and show knowledge of basic competencies named (eg. Open, closed questions, paraphrasing, clarifying)

*Public Speaking* – Presentation. Participation in presentation to another agency

*Leading ... a. Group: write up or presentation*

**CHCCS2A Deliver and develop client service**

Undertake an activity to modify your current service delivery (element 3)

Document or promote your service to other agencies

Review your service against principles of effective service delivery

Do a survey of clients to gain feedback and cover the competency?

**CHCNET2A Maintain effective networks**

A short presentation/ written report on networks?

*Keep a folder / notes to document what s/he does week by week in this area.*

**CHCINF2A Maintain organization's information systems**

Court Report

File Notes (Case Study):

**CHCORG5A Maintain an effective work environment**

- Supervisor to give report
- Work Plan
- Self evaluation

**CHCADMIN3A Undertake administrative work**

Supervisor to give a report

**Electives (2 required)**

*Recommended:*

CHCCWI2A Implement a case work strategy

CHCCWI2 Establish and monitor a case plan

These can be assessed in association with the Case Study.

Others:

CHCAD1A Advocate for clients

CHCGROUP3A Plan and conduct group activities

CHCP&R2A Contribute to policy development

CHCCD1A Support community participation

CHCCD2A Provide community education programs

CHCCD5A Develop community resources

CHCP&R3A Undertake research activities

BSZ404A Train small groups

## Suggested Assessment Tasks

### Case Study

Due: Workshop VI Sept 24/25

Prepare a detailed case study, documenting activities with at least one client.

Use this case study to document all of the performance criteria.

Include:

- Detailed Case Plan/ Action Plan: assessment (e.g. personal, family, social, drug use), goals, strategies, referrals, timelines
- Case Review/s
- Exit plans
- Case notes/ file notes, describing:
  - Information provided
  - Referrals
  - Counselling provided, inc type of counselling (relapse prevention, motivational etc)
  - Feedback from client, supervisor

*(Note: it is a good idea to work on more than one case study at a time, to ensure all areas are covered)*

### Case discussion

The participant will need to be able to discuss the application of issues and frameworks discussed in course work, such as:

- Family, cultural issues
- Confidentiality issues and strategies
- Signs and symptoms of drug use
- Health issues
- Detox, withdrawal issues
- Medication issues
- Mental health issues and strategies
- Legal issues
- Client empowerment issues
- Risk assessment
- Networking/ working other professionals and specialists
- Stages of change

This could be done in the case studies or in a verbal discussion

### Assessment

Refer to the following competency/ies for assessment criteria:

- OAD8 Work with clients who have alcohol and/or other drugs issues

The case study could also be used to address the following electives:

- CM2 Establish and monitor a case plan
- CWI 2 Implement a case work strategy

### Work role and evaluation

**Due: Workshop II, May 28/29**

- Provide a Work Plan, negotiated with your supervisor
- Provide a Self-evaluation of your strengths and areas you want to develop.

### Group Work

**Due: Workshop II, May 28/29**

- Lead a group discussion

Write up what you did, and make some conclusions about:

- Group dynamics
- Roles within the group
- What worked
- What you would do differently.

### Video counselling role-play Due: Workshop III, May 25/26

- Record a 10 minute role play, involving a discussion with a new client  
Do not 'rehearse' it first: this never works and does not show your skills.

In the role play/s (you can do more than one), try and show effective listening skills: eg. Open, closed questions, paraphrasing, clarifying, summarising

### Public Speaking

- Give a presentation to the group
- Participate in a presentation by your agency/ service to another service. Write up what you did, and make some conclusions about what worked well and what you would do differently.

### Networking Due: Workshop IV, Aug 13/14

- Give a short presentation or written report on the networks you use. (Suggestion: Keep a folder / notes to document what you do week by week in this area)

### Service participation Due: Workshop VI, Sept 24/25

- Review your service against principles of effective service delivery. Write up your conclusions.
- Undertake an activity to modify your current service delivery. Make some notes about what you did and what happened.

- Document or promote your service to other agencies. Make some notes about what you did and what happened.
- Get feedback from your clients about your service. Write up a short report.

**Information systems Due: Workshop IV, July 23,24**

*Provide and example of a letter to the court about a client*

## Appendix 16

### Certificate IV Workshop Locations

<b>Date</b>	<b>Venue</b>	
Workshop I	May 7,8	Njernda Aboriginal Corporation, Echuca
Workshop II	May 28,29	Aborigines Advancement League, Melbourne
Workshop III	June 25,26	Njernda Aboriginal Corporation, Echuca
Workshop IV	July 23,24	Aborigines Advancement League, Melbourne
Workshop V	August 13,14	ACES Hostel, Northcote
Workshop VI	September 24,25	Njernda Aboriginal Corporation, Echuca

## Appendix 17

### Comments on workshop Certificate IV feedback sheets

#### What was helpful?

- The lot
- All
- Yes
- Work on suicide
- Group discussion
- Resource notes
- Every thing
- Suicide chart
- Everything
- Info on Law
- Very helpful
- Code of ethics
- Enjoy the sessions
- Overheads
- Handouts: being shown layouts and content (of court reports)
- Participation in the discussions that were obviously informed by experience. I gained a clear understanding of the practical abilities of the students. I believe that putting learning in the hands of the students can work well
- All the course content was helpful to the subject areas

#### I would like more:

- D.V
- Yes
- Nil
- Activities like today
- Legal system knowledge
- Not sure
- Domestic violence
- Water (bottled)
- The same
- Heaps more
- Nil
- Yes
- Counselling
- Yes : knowledge of power to empower our people to believe in the inner self
- Not sure: they are good as they are

#### I would like less:

- Other team cheating!
- Not sure
- Nil
- Statistics

#### Other suggestions?

- Not Sure
- All good
- No more half points
- Nil
- Follow up on our studies
- Great time
- Great to get opportunity
- Love the lot
- This course should be requirement to all communities. The content is suitable for koori learning in it's structure
- Could provide a little more guidance on expectations and limits of assessment tasks to assist in focus

*All comments included from sample, except where writing unclear or marked as humorous*

## Appendix 18

### 2002 Graduates

#### Certificate III

Cooperatives	Number of Participants	Role	Funding Source
<i>Western Area</i>			
Swan Hill Aboriginal Co-operative	1	D&A/ RCW	State
Njernda Aboriginal Co-operative Echuca	1	DV	State
Goolum Goolum Aboriginal Cooperative	2	A&D DV/ Family Support	Com State
<i>Gippsland Area</i>			
Central Gippsland Aboriginal Co-operative Ltd	3	Bendin House	State
Ramahyuck Aboriginal Cooperative	1	A&D	Comm
Gippsland and East Gippsland Aboriginal Co-operative	3	D&A RCW	State State
Peninsula Drug and Alcohol Service	1	D&A	State
<i>Ngwala Program</i>			
Ballarat and District Aboriginal Co-operative	2	A&D Men's Health Worker	State State
Aboriginal Health Service	1	A&D	State
Ngwala Willumbong	3		

D&A: Aboriginal Drug and Alcohol Workers

RCW: Koori Community Alcohol and Drug Resource Services Workers

## Certificate IV

Cooperatives	Number of Graduates		
<i>Statewide Program</i>			
Swan Hill Aboriginal Co-operative	1	State	Acting Coordinator D&A/ RCW
Njernda Aboriginal Co-operative Echuca	1	State	D&A
Central Gippsland Aboriginal Co-operative Ltd	2	State	Bendin House
Bendigo Health Care Group, Carer Support Services	1	State	Carer support
Goulburn Murray Community Development Committee	1		Youth and community worker
Northern Community Health Service	1		Youth Worker
Gippsland and East Gippsland Aboriginal Cooperative	4		
Western Drug and Alcohol Service	1	State	D&A
<i>Ngwala Program</i>			
Aboriginal Health Service	1	State	A&D
Ngwala Willumbong	3		

## Appendix 19

### Certificate III Summary of course outcomes from participants

#### Self-evaluation by participants

##### Specific Comments

*Do you think your skills, knowledge or confidence have changed in the following areas?*

##### WORKPLACE COMMUNICATION:

Ability to negotiate with supervisors and other workers

Skills improved?: Yes  5 No  Not Sure  1

Confidence?: Yes  5 No  Not Sure

##### NETWORKING

Making use of relevant services:

Knowledge improved?: Yes  7 No  Not Sure

Confidence?: Yes  7 No  Not Sure

##### WORKPLACE SKILLS

*Contribute to effectiveness of the service*

Skills improved?: Yes  6 No  Not Sure  1

Confidence?: Yes  7 No  Not Sure

*Working effectively with others*

Skills improved?: Yes  6 No  Not Sure  1

Confidence?: Yes  6 No  Not Sure

##### GROUPWORK

*Skills in working with group situations*

Insight improved?: Yes  6 No  Not Sure

Skills Improved?: Yes  7 No  Not Sure

Confidence?: Yes  7 No  Not Sure

##### CASEWORK

*Working effectively with clients:*

Skills improved?: Yes  6 No  Not Sure  1

Confidence?: Yes  6 No  Not Sure  1

*Counselling skills*

Knowledge improved?: Yes  5 No  Not Sure  2  
 Skills?: Yes  5 No  Not Sure  2  
 Confidence?: Yes  6 No  Not Sure  1

**DRUG AND ALCOHOL**

*Understanding of types, and effect relating to: Heroin, Amphetamines, Benzodiazepines*

Knowledge improved?: Yes  6 No  Not Sure  1  
 Confidence?: Yes  5 No  Not Sure  2

*Alcohol*

Knowledge improved?: Yes  7 No  Not Sure   
 Confidence?: Yes  7 No  Not Sure

*Cannabis*

Knowledge improved?: Yes  5 No  Not Sure  2  
 Confidence?: Yes  5 No  Not Sure  2

*Chroming/Sniffing*

Knowledge improved?: Yes  6 No  Not Sure  1  
 Confidence?: Yes  6 No  Not Sure  1

*Understanding of different treatment and support strategies*

Knowledge improved?: Yes  7 No  Not Sure   
 Confidence?: Yes  6 No  Not Sure  1

*Understanding of different counselling strategies*

Knowledge improved?: Yes  5 No  1 Not Sure  1  
 Confidence?: Yes  5 No  1 Not Sure  1

**VALUES AND ATTITUDES**

*Have your attitudes, empathy etc towards any types of drugs and alcohol, or drug users, changed at all? How?*

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**HARM MINIMISATION***Belief that Harm Minimisation approaches are appropriate:*Changed  3Not changed  3Not Sure  2*Understanding and implementation*Knowledge improved? Yes  6 No  Not Sure Skills Improved?: Yes  4 No  Not Sure  2Confidence?: Yes  3 No  Not Sure  2**HEALTH AND SAFETY***Identify and cope with 'risk' in the workplace*Skills Improved?: Yes  6 No  Not Sure  1Confidence?: Yes  6 No  Not Sure  1

## Appendix 20

### Certificate IV Summary of course outcomes from participants

*Do you think your skills, knowledge or confidence have changed in the following areas?*

#### Case Planning & Management:

Skills improved?: Yes  5  No  Not Sure

Confidence?: Yes  5  No  Not Sure

#### ASSERTIVENESS:

Skills improved?: Yes  5  No  Not Sure

Confidence?: Yes  5  No  Not Sure

#### PUBLIC SPEAKING

Skills improved?: Yes  3  No  1  Not Sure

Confidence?: Yes  3  No  1  Not Sure

#### LEGAL SYSTEMS

Knowledge improved?: Yes  4  No  Not Sure

Confidence?: Yes  4  No  Not Sure

#### Court Reports

Insight improved?: Yes  4  No  Not Sure

Skills Improved?: Yes  4  No  Not Sure

Confidence?: Yes  4  No  Not Sure

#### CASEWORK

##### Working effectively with clients:

Skills improved?: Yes  3  No  1  Not Sure

Confidence?: Yes  3  No  1  Not Sure

##### *Interviewing skills*

Knowledge improved?: Yes  5  No  Not Sure

Skills?: Yes  5  No  Not Sure

Confidence?: Yes  2  No  Not Sure

##### *Organisation Structure, policies ...*

Knowledge improved?: Yes  2  No  1  Not Sure  1

Confidence?: Yes  2  No  1  Not Sure  1

*Understanding and responding to alcohol use*

Knowledge improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

**Comments:** \*Already familiar with this

*Understanding and responding to other Drug use*

Knowledge improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

*Understanding of different treatment and support strategies*

Knowledge improved?: Yes  No  Not Sure

Confidence?: Yes  No  Not Sure

## Appendix 21

### Agency Managers and Supervisors consulted regarding outcomes

Cooperative	Consulted with:
Central Gippsland Aboriginal Co-operative	A/Chief Executive Officer
Swan Hill Aboriginal Co-operative	Chief Executive Officer*
Njernda Aboriginal Co-operative	Coordinator, Family Services
Gippsland and East Gippsland Aboriginal Co-operative	Human Resources Manager Service Manager* A/Coordinator, Merindoo Youth Service
Goolum Goolum Cooperative	Chief Executive Officer*
Ramahyuck Aboriginal Cooperative	Chief Executive Officer*

\* Also provided feedback as direct line manager of course participants

## Appendix 22

### Quotes from Coordinators/ Managers, relating to improvements associated with the course

“With training he is more confident ... he sees different methods of working, and he implements them. For example working with statistics... and with referrals, he used to see it as all too hard. Now he tries other options...”

“She is more confident; she participates in network meetings within the agency and with other agencies.”

“Now you can’t shut her up ... She is now always at me to improve things...”

“Now they have a much better understanding of how things should be better. That brings frustration, but it’s basically a good thing...”

“I’ve seen a hell of a lot of difference: in confidence, and providing leadership: now he will do whatever he is asked, and has visions for the future.”

“I have no negative feedback at all. He often talks about the course”

“He has a lot more confidence with himself and dealing with others.”

“It’s excellent they have an Aboriginal Drug and Alcohol course.”

“Excellent resources”

“It’s been a huge benefit”

“He is more focused ... even reads now ... a lot more structured (in his work) “

“There has been a dramatic improvement in confidence”

“It dealt with self doubt and lifted his performance level”

These comments arose from the standardised feedback format, documented in Appendix 3. No negative comments were made.

## Appendix 23

### Survey of worker priorities

#### Format of telephone survey:

##### Priority survey:

*How important are the following in improving service delivery within your agency:*

0 = not important at all 10 = very important

- More Training for D&A staff
- More Training for other staff (explained as general training, not necessarily D&A specific)
- Coordinated Case management (within and between agencies)
- Supervision skills for coordinators
- Resources for clients (resources for the treatment and support of clients)
- Anything others?

*Which of these would be your top priority?*

