



salvo
connect

Formerly Kardinia Network

Consumer Consultation

REPORT



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CONTENTS

Introduction 5

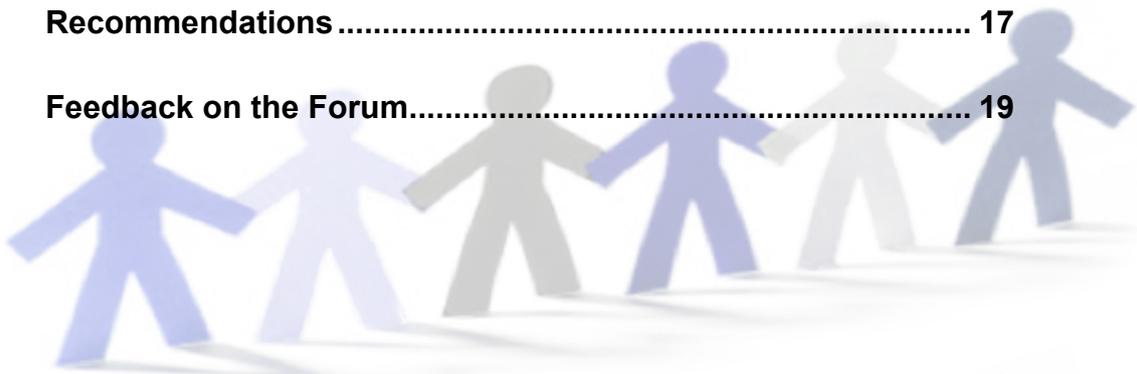
Methodology 6

Implementation of 2011 Recommendations 7-10

Consumer Feedback 11-16

Recommendations 17

Feedback on the Forum 19



ABBREVIATIONS

SCAODS *SalvoConnect Alcohol and Other Drugs Service
(formerly KMHS - Kardinia Alcohol and Other Drugs Service)*

SCGCSS *SalvoConnect Geelong Community Support Service
(formerly GCSS - Geelong Community Support Service)*

SCMHS *SalvoConnect Mental Health Service
(formerly KMHS - Kardinia Mental Health Service)*

SCWS *SalvoConnect Women's Service
(formerly KWS – Kardinia Women's Service)*

SCCS *SalvoConnect Court Support
(formerly Kardinia Court Support)*



INTRODUCTION

SalvoConnect (*formerly Kardinia Network*) and its Programs value Consumer feedback and recognise that Consumer feedback and engagement is essential to the design and delivery of sustainable, quality services.

Consumer feedback is routinely and systematically gathered, reviewed and used to plan and improve services.

Consumers are encouraged to provide feedback through a variety of mechanisms, which include:

- Suggestion boxes are provided at all service locations and a suggestion and complaint form is provided to all Consumers
- Consumer feedback questionnaires are provided to Consumers at specified intervals
- Group activities are reviewed through questionnaires and/or group consultation
- Consumer Reference Groups are convened where appropriate
- Consumer group consultations are held periodically

In October 2011 Kardinia Network (now SalvoConnect) held the first network wide Consumer Consultation Forum. The outcomes and recommendations from the forum are detailed in the *Kardinia Network Consumer Consultation Report 2011*.

In August 2013 SalvoConnect engaged an independent consultant to:

- i. Review and report on the extent to which recommendations, in the *Kardinia Network Consumer Consultation Report 2011*, had been implemented by the Network and its Programs.
- ii. Consult Consumers of SalvoConnect Programs, and prepare a report summarising Consumer feedback on:
 - The quality and appropriateness of services provided
 - Consumer understanding of and ability to exercise their rights
 - How services can be improved

METHODOLOGY

Implementation of Recommendations from Consumer Consultation 2011

The extent to which recommendations had been implemented from the Consumer Consultation Forum held in 2011 was investigated through interviews with Program Managers and Team Leaders and examination of relevant records.

Consumer Consultation

A network wide Consumer Consultation Forum was held, in October 2013, to consult with Consumers across SalvoConnect Programs.

The Forum was open to all Consumers who were currently accessing or had accessed SalvoConnect Programs in the past 12 months.

Invitations to the Forum were posted to Consumers who had exited from SCAODS, SCMHS and SCWS in the past twelve months and support staff provided invitations and encouraged current Consumers to attend the Forum. SCGCSS primarily provides Emergency Relief and has very brief contact with Consumers, consequently invitations were only provided to Consumers who had accessed the Program in the month prior to the Forum.

Assistance with transport to the forum was offered and childcare was provided on the day.

Thirty-six Consumers had confirmed their attendance at the Forum of which twenty-two did not arrive on the day. Given the high numbers that had expressed interest in being part of the consultation but failed to attend the Forum, an additional opportunity was created for them to provide feedback; they were invited to participate in a phone consultation.

Fourteen Consumers attended the Forum, of whom:

- 8 had accessed SCMHS
- 5 had accessed SCAODS
- 2 had accessed SCWS
- 1 had accessed both SCMHS and SCAODS

Telephone consultations were conducted with 12 Consumers, of whom:

- 1 had accessed SCMHS
- 1 had accessed SCAODS
- 7 had accessed SCWS
- 2 had accessed SCGCSS
- 2 had accessed SalvoConnect Court Support
- 1 had accessed both SCAODS and SCWS

The Forum comprised a mix of small and large group discussions. Small groups discussions followed a prescribed format, which included questions about specific areas of service provision and provided opportunity to clarify and explore responses.

Phone consultations asked Consumers the same questions, which had been raised in small groups at the Forum. Additionally in an effort to identify barriers to Consumer participation phone interviews also enquired why Consumers had not been able to attend the forum.

IMPLEMENTATION OF 2011 RECOMMENDATIONS

1. *When holding future Consumer consultations ensure a broader and more representative sample of Consumers accessing services. Invitations to Consumers should be made to all Consumers who accessed services within a clearly defined period for example in the preceding 12 months.*

All Consumers, that accessed services delivered by SCAODS, SCMHS, SCWS, in the last 12 months were invited to the 2013 Consumer Consultation Forum.

SCGCSS invited Consumers that had accessed the service in the month prior to the Forum. This Program primarily provides emergency relief, which typically involves brief, one off or infrequent contact with many and highly transitory Consumers. Consequently inviting all Consumers that accessed the Program in the past twelve months was not feasible.

2. *KMHS to consider the provision of additional groups requested by Consumers which included: Women's & Men's Groups; More coast trips on the bus; Theme Days eg Health Days, Art; Full day activities on the one day to reduce travel time and expense.*

In late 2011, SCMHS restructured its group activities program to accommodate all the above recommendations as follows:

- Women's and Men's groups were run from late 2011 for some 12 months. The groups were disbanded in late 2012 due to low numbers of Consumers attending.
- Additional bus trips were provided through existing SCMHS groups.
- Theme days, 1-2 per month, were introduced through the 'Life Style and Wellness Program'.
- All groups were re-scheduled to Wednesdays.

3. *KAODS to consider the provision of additional groups requested by Consumers which included: Rational Emotive Therapy on a weekly basis; Someone from different services to present information on what their service can provide, particularly the Mental Health Services; Overdose prevention education, 'Making Changes', a weekly group offered by KAODS, incorporates components of Rational Emotive Therapy and includes education on overdose prevention.*

A range of services including SCHMS regularly make presentations at various SCAODS groups.

4. *KAODS to request consistent attendance from AA representatives.*

AA now attend consistently and make a weekly presentation at the Withdrawal Unit.

5. *Increase time availability of support workers: KMHS Consumers particularly at commencement of service; KAODS Consumers particularly with Aftercare Workers (after exit).*

Neither Program could source additional resources to accommodate the above requests however; both Programs successfully rearranged the use of existing resources to effectively accommodate the above requests.

SCMHS, in accordance with Consumer preferences, rescheduled all activities to a Wednesday. This resulted in efficiencies as it requiring less staff time to deliver group programs and therefore enabled additional staff time to be redirected to individual support. SCMHS was thereby able to reduce the wait time for services and provide additional support to Consumers at commencement of service.

SCAODS introduced a new group, 'Living, Learning, Lifestyles', for Consumers exiting the Withdrawal Unit, which enabled the service to provide additional and more effective 'aftercare' support to Consumers.

6. *Prior to exiting from services, ensure Consumers are assisted to access appropriate community services and networks.*

All SalvoConnect Programs assist Consumers to address holistic needs and to access other appropriate of services and networks. Referrals to other services are documented in Support Plans.

SCAODS established a weekly group, 'Support Networks Groups', which specifically assists Consumers to identify and establish contact with appropriate services, which provide support post discharge.

7. *Develop mechanisms to enable KAODS Consumers to gain access to a Mental Health Worker prior to exiting the Withdrawal Unit. Mental Health Worker to assist with identifying any underlying issues and needs and to ensure referral is made to appropriate services to support ongoing recovery after exiting the Withdrawal Unit.*

SCMHS periodically make presentations to Consumers at SCAODS, which include provision of information on how to access mental health services.

Referral protocols have been developed between SCAODS and SCMHS, to facilitate Consumer access to both service streams. SCAODS is also developing referral protocols with other mental health services (Headspace and Jigsaw) which will further assist Consumers exiting the Withdrawal Unit to access appropriate mental health services.

SCAODS Consumers are also routinely referred to other appropriate mental health and counseling services.

8. *Information about rights and responsibilities to be periodically presented: KMHS go over rights and responsibilities every 3-6 months of service; KAODS go over rights and responsibilities when people are more capable of taking in the information, for example when commencing stage 2.*

SCMHS staff are required to inform consumers of rights and responsibilities at commencement of service and periodically throughout service provision. The provision of information to consumers is noted in File Checklists, which in turn is monitored through supervision and File Audits.

SCAODS inform Consumers of their rights and responsibilities at intake. In addition the Program introduced a new regular group, the 'ITP Group', which provides additional opportunities to plan support and discuss services including,

rights and responsibilities. The group enables information on rights and responsibilities to be regularly revisited throughout the withdrawal period and ensures that information is provided to Consumers once their cognitive functions begin to improve.

9. *Use a checklist to ensure all information is covered and understood by Consumers*

Checklists are used to prompt and record the provision of written and verbal information to Consumers on their rights and responsibilities.

10. *Ensure all complaints are strictly responded to in accordance with organisational policies and procedures.*

Complaints handling is now closely monitored and reviewed through a variety of internal processes, including supervision, file audits and accreditation reviews.

11. *Nominate a service advocate to assist Consumers with making a complaint.*

SalvoConnect Chaplains are available to assist Consumers to make a complaint.

SCMHS employ a Peer Support Worker, who assist Consumers to raise concerns and if necessary to make a complaint.

12. *Clear Suggestion Boxes in a timely manner.*

Suggestion Boxes are now cleared and reviewed weekly.

13. *Provide a response to suggestions collected from Suggestion Boxes.*

Programs follow up suggestions individually where the identify of the person providing feedback is disclosed. A response to feedback is provided within two weeks.

SCAODS posts all suggestions and responses to these on the Notice Board in the Withdrawal Unit.

14. *Ensure contact is made with Consumers on waiting lists, in the minimum inform Consumers on waiting list of anticipated wait time.*

Consumers on waiting lists are advised of the approximate wait time and support is provided to Consumers on waiting lists as follows:

- SCAODS– refers clients on Waiting Lists to appropriate outreach service.
- SCMHS – contact Consumers on the Waiting List, every two weeks.
- SCWS – does not have waiting lists as referrals are managed through Opening Door, single entry point.

15. *Investigate the possibility of obtaining increased funding for additional KAODS Aftercare positions.*

The AOD sector has been undergoing significant restructuring which includes decommissioning of existing non-residential support services. Additional funds for aftercare positions particularly in the current funding environment could not be obtained.

SCAODS introduced a new group, 'Living, Learning, Lifestyles', for Consumers exiting the Withdrawal Unit, which enabled the service to provide additional 'aftercare' support to Consumers, without any additional funding.

16. Publicise the availability of the Withdrawal Unit within the Geelong region and ensure service pamphlets are made available in waiting areas of a range of other services.

SCAODS service brochures are widely distributed throughout regional service networks.

SCAODS also provides information about services through presentations made at Drug Action Week and other community events, and through regular segments and updates on local community radio.

17. Hold Consumer consultation forums on a regular basis, every 6-12 months. Ensure a few staff are present from each Kardinia service.

The subsequent SalvoConnect network wide consultation occurred after two years. In addition to periodic SalvoConnect (network wide) Consumer Consultation Forums, Programs also gather Consumer feedback through a number of mechanisms including:

- Consumer Feedback Questionnaires, are provided to all Consumers at various stages of service delivery and prior to exit.
- Suggestion Boxes at all service locations and the provision of Suggestion and Complaints Forms to Consumers and information on how to make suggestions and make a complaint.
- Reviews of group activities.
- Specific purpose consultations and reviews of services, examples of the past two years, include:
 - Consumer Consultation Pilot Project 2012 (SCAODS)
 - Evaluation of Learning Lifestyles Program 2012 (SCAODS)
 - Review of Group Activities 2012 (SCAODS)
 - Emergency Relief Survey, involving Consumers of SCGCSS and conducted by Vic Social Policy and Program Unit, TSA
- Regular Consumer reference groups, include:
 - SCMHS hold a Monthly Participant Reference Group.
 - SCWS held a Monthly Participant Reference Group throughout 2011/12. The group was disbanded, due to low attendance in 2012.

Consumer Feedback gained through a variety of sources is systematically recorded, reviewed and considered in service planning. Suggestions made by Consumer have over time resulted in numerous improvements being implemented to service delivery and activity programs.

CONSUMER FEEDBACK

Experience of services

Consumers at the Forum and those consulted via phone, overwhelmingly and consistently reported having had very positive experiences of SalvoConnect services.

Consumers repeatedly emphasized how important it was for them to have accessed services and the enormous impact that this support had made to them and to their immediate family, particularly to their dependent children. Specific comments included:

SCAODS

"The service changed my life ... I have now been clean for 3 years and this is the first time in 30 years. My family is talking to me again and I was finally able to leave an unhappy marriage."

SCMHS

"Support from the service has reduced my symptoms and helped me to develop a positive lifestyle."

"The support I received made me less reliant on family and this in turn improved my relationships with my family."

"Family and professionals I see, have commented positively on changes they observed since accessing the service."

SCWS

"Support from SCWS helped me to rebuild my life at 36 of age, with a child and only the belongings in the back of a ute. But I found a safe house and slowing I am rebuilding a life."

"Staff were very helpful, I was assisted with schools, counseling, housing and other services for myself and my children."

SC Court Support Consumer:

"The support I received has helped me to become a better person."

Support Received

All Consumers reported feeling respected and supported by staff, comments included:

SCAODS

"I can't fault the service, I was treated like a human being not an addict."

"The support was unbelievable, staff were so non judgmental despite the fact that I had accessed the Withdrawal Unit several times."

SCMHS

"I felt listened to and understood."

SCWS

"I had been made to feel like a criminal (through domestic violence) and I am finally getting heard and helped."

Availability of staff time

Consumer responses to whether they had sufficient time with support staff varied between Programs.

SCAODS

Consumers generally agreed that they could have benefitted from additional time with staff at the Withdrawal Unit.

SCKMHS

Consumers reported that on the whole the time they had available with their support worker was insufficient and that fortnightly appointments were too infrequent. Consumers also indicated that services were too inflexible in that additional time is not always available when it is needed ie 'if having a bad week'.

SCWS

Consumers on the whole felt that they had sufficient time with support staff and several Consumers noted that staff were flexible with their time and that additional time had been made available to them when they needed it.

One Consumer reported that she was not advised of a cancellation to her appointment when her support worker had been ill.

SC Court Support

Consumers indicated that they had sufficient support and that the Chaplain went out of her way to ensure they were adequately supported when the need arose.

One consumer indicated that he felt the Chaplain providing Court Support had far too much work and required an assistant as well as a better office.

Support with Family Relationships

Consumers universally reported feeling that they had been provided with adequate and appropriate support to re-establish relationships with family and that family and significant others had been appropriately engaged in support provided to them.

Individual Support Plans

Consumers generally were very satisfied with support planning and the development of Individual Support Plans. Consumers consistently indicated that Support Plans were very important to them. However, a number of consumers felt that Support Plans had not been reviewed often enough and further commented that progress against the Support Plan should be reviewed at the start of every appointment.

A number of SCMHS Consumers indicated that they had not received a copy of their Support Plan.

Groups and activities

Consumers, who had attended groups and activities, reported feeling very satisfied with groups and activities provided by SalvoConnect Programs. The following comments were made regarding activities and groups offered by specific Programs.

SCAODS

All consumers had attended groups as groups are a compulsory component of the withdrawal program offered by SCAODS.

All Consumers indicated that they found the groups very relevant and informative, with several consumers commenting that groups had been important in helping them develop self-confidence. One Consumer noted that she had accessed three different AOD withdrawal services and that SCAODS was the only service which offered education. She felt that this had assisted her to develop life skills and enabled her to stay off drugs and alcohol for three years, despite a thirty-year history. She further added that she believed the name of the service should be changed to include reference to 'rehabilitation' as she felt the service offers both withdrawal and rehabilitation.

SCMHS

All Consumers who participated in the consultation had attended groups offered by SCMHS.

All consumers indicated that they enjoyed groups and in particular that they valued the opportunity to socialize, with a number of consumers commenting that "groups gave them something to look forward to". Consumer further commented that groups were informative and had helped them to develop confidence.

Consumers indicated that they would like the following activities and groups to be provided:

- Sport (tennis once a week)
- Walking Group
- Knitting Group
- Art and Craft Group
- Social activities out of business hours

SCWS

Only two Consumers had accessed groups provided by the service and both indicated that they had found the groups very helpful. A number of consumers indicated that they had been informed of groups but had chosen not to attend as they did not feel it was a priority for them.

Several Consumers requested the provision of activities for children in the school holidays, which incorporate both parent and child. They felt this would help alleviate trauma experienced through domestic violence and/or homelessness and help to develop networks in the new location.

SCGCSS and SC Court Support do not provide groups.

Exit from service

Consumer experiences of exiting from services varied considerably between Programs.

SCAODS

Consumers generally reported that they did not feel adequately prepared for exiting the service.

Consumers emphasized that substance use often masks underlying mental health issues and which only begin to become apparent once they cease 'using'. They felt that more attention should be given to addressing mental health issues post exiting the service. One Consumer reported that he had not been informed of services and support available through SCMHS.

Consumers also indicated that they needed assistance with locating and accessing doctors in their local area who have knowledge of drug and alcohol issues.

Additionally Consumers felt that it would be beneficial to have a Peer Support Workers providing support post exit.

SCMHS

All Consumers engaged in the consultation were current clients, they had not been exited from the service and could comment on exit procedures.

SCWS

Consumers generally felt that they had been adequately prepared for exit. A number of Consumers commented that they had been assisted to access groups, which had provided support post exit.

One Consumer noted that 'Reflective Space', a weekly group, had been an invaluable support to her post exit, however, the group had recently ceased operating and she greatly missed the support that it had provided.

A number of Consumers indicated that post-exit, they would have like additional options, which they could participate in, such as, educational groups and recreational activities.

Access to Services

Consumers consistently reported that accessing services had been relatively easy. Consumers reported being informed about relevant SalvoConnect services by a number of different sources, including other services, Centrelink, GP's and friends. However, a number of Consumers felt that GP's could be better informed about SalvoConnect Programs.

Service Coordination

Consumers generally reported that referrals to and coordination with other service worked well. Consumers indicated they had been assisted to access other services and some noted that they were even taken to appointments when needed.

Rights & responsibilities

All Consumers confirmed that written information on rights and responsibilities, confidentiality and privacy, and how to provide feedback and make a complaint had been provided to them and this information was also verbally explained. Consumers also added that having this information was very important to them, as it helped them feel more comfortable receiving support, for example knowing that services were confidential was essential to helping them feel safe and respected and enabled them to speak openly.

One SCAODS Consumer commented that rules regarding entry to the kitchen had not been communicated to him and when he inadvertently contravened the rules, his transgression could have been explained in a more considered manner.

Suggestions and Feedback

All Consumers knew how to could make suggestions about services and were satisfied with the opportunities to provide feedback.

Several Consumers indicated that they had made suggestions, which had subsequently been implemented and commented that they were please that they had “been heard” and their views had been “taken seriously”.

Complaints

All Consumers confirmed that they had been provided with a Complaint Form and were informed on how to make a complaint. None of the Consumers involved in the consultation had made a complaint and all indicated that they had no cause to make a complaint. Most Consumers indicated that they would have felt comfortable making a complaint if the need arose.

One Consumer reported having made a complaint while accessing a generalist homelessness service run by The Salvation Army. She reported that her complaint had been effectively responded to.

Change of name to SalvoConnect

Consumers generally liked the change of name to SalvoConnect, as ‘Salvo’ clearly identified it as the Salvation Army and ‘Connect’ suggested ‘understanding, connection and support’.

Consumers suggested that the network identify itself as SalvoConnect Geelong in order to distinguish it from other SalvoConnect services.

Consumer Inability to attend the Forum

All Consumers who took part in phone consultations had registered their interest in attending the Forum but had failed to arrive on the day. Consequently in an effort to identify barriers to participation, they were each asked why they had not attended the Forum. Their responses varied and reasons for their non-attendance included, illness, unexpected family emergency and two consumers indicated that they had forgotten.



Summary of Recommendations made my Consumers

1. Consider increasing staff availability for Court Support.
2. Review office accommodation provided to Court Support Chaplain.
3. SCAODS to consider way in which consumers could be provided with additional access to support staff.
4. SCMHS to consider providing consumers with more frequent access to support staff, particularly when consumers are experiencing difficulties eg 'if having a bad week'.
5. SCMHS and SCWS to consider reviewing Support Plans more frequently, eg at the start of every appointment.
6. SCMHS to ensure all Consumers are provided with a copy of their Support Plan.
7. SCAODS to consider promoting the service as both a withdrawal and rehabilitation service.
8. SCMHS to consider providing the following activities and groups:
 - Sport (tennis once a week)
 - Walking Group
 - Knitting Group
 - Art and Craft Group
 - Social activities out of business hours
9. SCWS to consider providing activities for children in the school holidays, which incorporate both parent and child.
10. SCAODS to ensure all consumers are provided with adequate information about and access to relevant mental health services.
11. SCAODS to consider compiling a list of local doctors with specialized knowledge of drug and alcohol issues.
12. SCAODS to consider creating a Peer Support position to provide support to Consumers post exit.
13. SCWS to consider additional group options for Consumers post-exit, particularly groups with an educational and recreational focus.
14. Provide additional information to GP's on SalvoConnect Programs.
15. Consider changing the name to 'SalvoConnect Geelong' in order to distinguish the service from other SalvoConnect services.
16. In future when holding Consumer consultations ensure a reminder text message is sent the day prior to all Consumers who registered to attend.



Final words from consumers ...

"I am really glad that this service is consulting us and that our ideas are being listened to."

"It was a great day! The Forum worked really well."

"I was really moved whilst listening to feedback, consumer comments were overwhelmingly positive whilst identifying areas for improvement."

"It was inspiring and energizing hearing all the feedback."

"Can Consumer Consultation Forums be held annually?"

"Thank you"