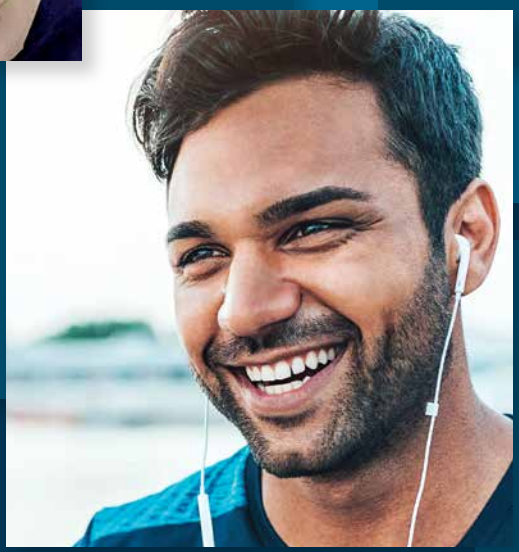
Alcohol and other drug services

National Model of Care

CONNECT • GROW • LIVE



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360Edge is Australia's leading specialist consultants in alcohol and other drug policy and practice, combining more than 25 years of academic research with hands-on clinical experience. 360Edge understand the nuance of alcohol and other drug policy and practice, and cut through complexity to access proven, cutting-edge practices that are relevant in the real world.

The Salvation Army National Alcohol and Other Drug Senior Leadership team, in partnership with 360Edge, undertook three co-design workshops in addition to a literature review and benchmarking process. This process informed the development of the new Model of Care. Feedback on the Model of Care document was gathered from staff at services across the country, and the invitation was open to all Indigenous staff to provide feedback.

We thank 360Edge for working with the National Alcohol and Other Drug Senior Leadership team to develop this Model of Care.

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Contents

Acknowledgement of country

The Salvation Army acknowledges Aboriginal and Torres Strait Islander peoples as the traditional custodians of these lands and waters. We pay our respects to their Elders past, present and emerging and give thanks for their wisdom and knowledge, which has sustained their people since time immemorial.

Reconciliation action plan

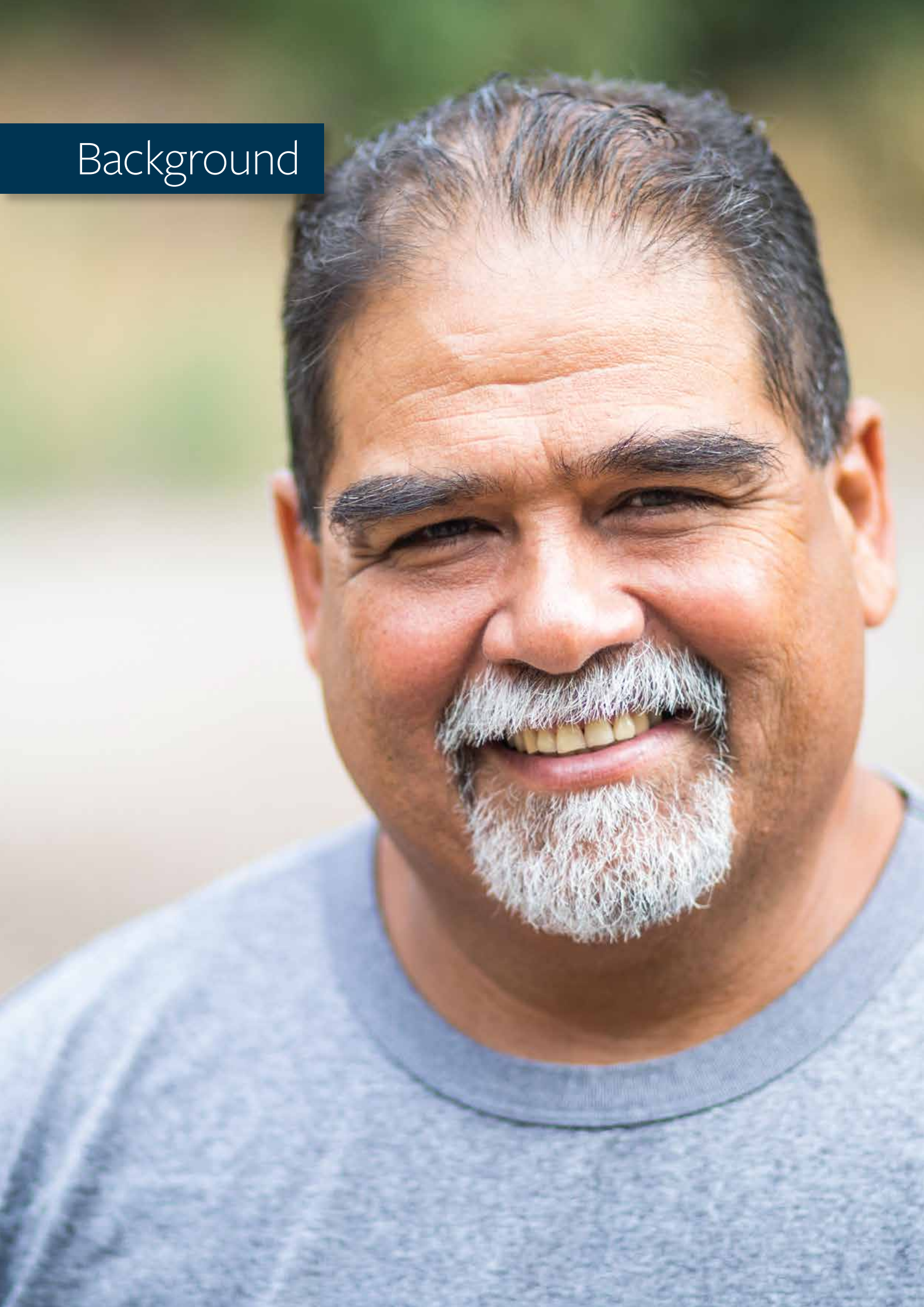
Our vision for reconciliation is to be a faith movement committed to social justice, equity and freedom.

We aim to respect, value and acknowledge the unique cultures, spiritualities, histories and languages of the oldest surviving culture in the world, and to engage in a unified and positive relationship with Aboriginal and Torres Strait Islander peoples and their communities.

The development and implementation of reconciliation action plans are a key vehicle for driving reconciliation processes. Currently, The Salvation Army is working on reconciliation action plans and how we approach reconciliation across the country.

This Model of Care has been developed utilising input from Aboriginal and Torres Strait Islander peoples. We commit to continuing to ensure the voices of Aboriginal and Torres Strait Islander peoples are heard at every point of the implementation of the model.

Background



The Salvation Army Australia

Our mission internationally

The Salvation Army has an international mission statement that sets the identity and direction for every command and centre the Army operates:

The Salvation Army, an international movement, is an evangelical part of the universal Christian Church. Its message is based on the Bible. Its ministry is motivated by the love of God. Its mission is to preach the gospel of Jesus Christ and meet human needs in His name without discrimination.

Our mission

The Salvation Army Australia is a Christian movement dedicated to sharing the love of Jesus.

We share the love of Jesus by:

- Caring for people
- Creating faith pathways
- Building healthy communities
- Working for justice

Our vision

Wherever there is hardship or injustice Salvos will live, love and fight alongside others to transform Australia one life at a time, with the love of Jesus.

Our values

Recognising that God is already at work in the world, we value:

- Integrity
- Compassion
- Respect
- Diversity
- Collaboration

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

Our alcohol and other drug services

Our alcohol and other drug services are dedicated to creating a platform and pathways for people to build their lives in ways that are meaningful and purposeful. Harm reduction is the overarching framework of our alcohol and other drug services. Our primary purpose is to prevent and reduce harm for both individuals and the wider community and to support the reduction and cessation of use.

While addressing problematic substance use is key, we want people to have a sense of belonging to their families, friends and communities. Our core belief is that all people are worthy and deserving of love, respect and dignity.

This is how to make God's Word and his wonderful plan of salvation accessible to the whosoever: show them hospitality, welcome them, go to visit them in whatever situation they find themselves, be generous.

Across Australia, we offer a range of programs including withdrawal management, residential rehabilitation, non-residential rehabilitation, community programs and harm reduction interventions.

Our services are designed to respond to a range of need and severity in relation to alcohol and other drug use and to service diverse, marginalised and vulnerable population groups. Different service types are available in each state.

We believe wholeheartedly in the 'no wrong door' philosophy. We welcome all people without prejudice and seek to support them to access the treatment they need.

Our services encourage choice. We believe in the capacity of people to identify their needs and guide their own treatment pathways. We work to develop and maintain strong partnerships between services and other health and community agencies to enhance access for people to get the kind of care they want when they need it.

What we mean by 'no wrong door'

We understand that despite ongoing efforts across health and community services, there are some people who still 'fall through the gaps'. When we talk about falling through the gaps we mean people who experience multiple issues, such as mental health and alcohol and other drug, who are not able to effectively get their treatment needs met.

This can occur for a range of reasons, including people entering one service type, such as alcohol and other drug, then being assessed as better suited to a different service type, such as a mental health service. Problems occur when the person is either not well supported to access the service or finding out that they are ineligible to enter that service type.

Our alcohol and other drug services understand that barriers to treatment tend to be greater for the most marginalised and vulnerable people. In addition to interventions such as system navigation support and assisted referrals, we are uniquely placed and committed to more than this. Our Social Mission department treatment streams include Family Violence, Youth and Homelessness and we work closely to support people across all streams. We continue to build strong partnerships with local services both formal and informal. The Salvation Army also goes far beyond clinical treatment and support. We can actively engage people in social, church and community activities, playgroups, support networks, our Salvos Stores and offer access to chaplaincy support. We are dedicated to holding open our doors until people are able to engage in the support and care they require.

Participants and caring significant others who access alcohol and other drug services are not a single group, but are all unique and come from a range of backgrounds and experiences. They connect with any number of identities that at once inform their sense of self and can be potential barriers in accessing treatment, getting the most out of treatment and achieving their desired goals and outcomes. Our alcohol and other drug services strive to recognise and respect differences and overcome barriers and challenges. We seek to accommodate diversity and also to provide programs to meet the specific needs of particular population groups such as women, indigenous people, people from culturally and linguistically diverse backgrounds and young people.

Our alcohol and other drug services work towards being leaders and innovators. We recognise the need to strive towards best-practice, evidence-based treatment. We embrace innovation to tackle emerging issues such as policy, drug use trends and patterns and cultural shifts as they occur. We are committed to ongoing quality assurance processes to ensure our aims align with clinical practice and the experience of service participants.

We value our participants' involvement and feedback across all organisational structures. Service design and improvement must be informed by those who use our services and have direct experiences of what works well and the challenges of service access and navigation.

The purpose of the Model of Care

As of December 2018, The Salvation Army Australia Eastern Territory (AUE) and The Salvation Army Australia Southern Territory (AUS) became one territory in response to a restructuring of its national operations through the Australia One strategy. There are a large number of alcohol and other drug services, programs and modalities offered across Australian states.

The two previous AOD Strategies of The Salvation Army ('Recovery Services Strategic Plan'[1] in AUE and 'Alcohol and Other Drugs Strategy'[2] in AUS) shared common strategic underpinnings. In both territories these underpinnings were Spirituality, Harm Minimisation and Philosophy of Care. While there were similarities in the resulting Models of Care, there were also some differences.

In order to ensure consistency across alcohol and other drug services, The Salvation Army national alcohol and other drug senior leadership team, in partnership with 360Edge, undertook a series of co-design workshops in addition to a literature review and benchmarking process. This process informed the development of the new Model of Care.

The new model intends to ensure a consistent, evidence-based model of care that aligns with current best practice, state and national alcohol and other drug policy frameworks and directions and The Salvation Army's philosophy and values.

It provides an opportunity for our services to better align with the model and to develop pathways to address gaps and to identify opportunities for new directions and practice change.

1 Recovery Services Strategic Plan, Recovery Services, Social Program Department Australian Eastern Territory.

2 Alcohol and Other Drugs Strategy 2017–2018, The Salvation Army Australia Southern Territory.

The Model of Care

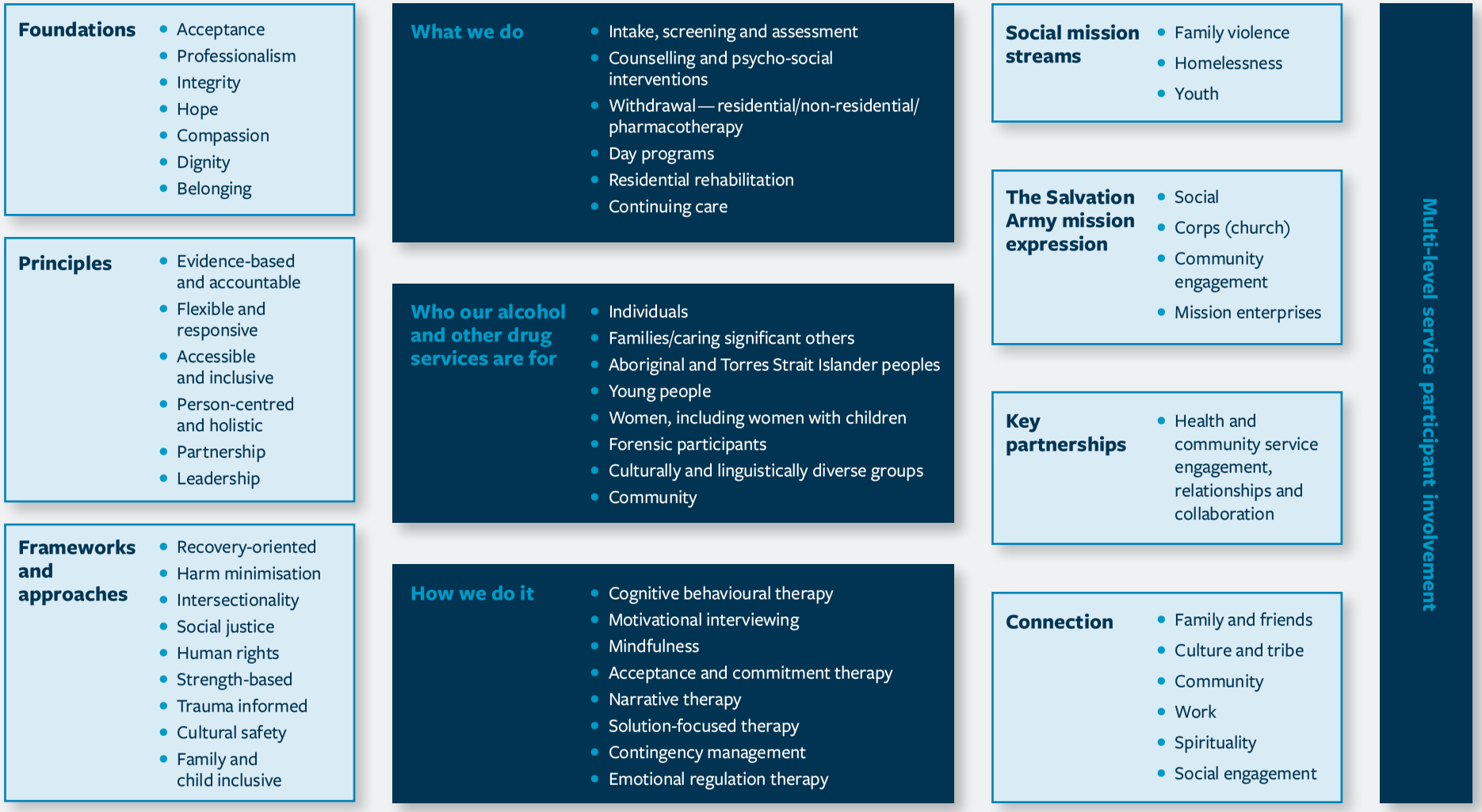


Figure 1

Focus of our care

Who our services are for

Our alcohol and other drug services target people experiencing problematic alcohol and other drug use and their caring significant others. There are a number of programs that also address problems with gambling. Using a stepped care approach, we aim to match people with a treatment that is right for them. There are a number of programs designed for specific populations, including young people, indigenous people, women including those with children and culturally and linguistically diverse groups.

Our services are suitable for people seeking support for problematic alcohol and other drug use, including long-term chronic use, mental health and other complex health and well-being issues. There are also a number of preventative and low-threshold services such as primary prevention and needle and syringe programs.

Aligned with our vision and principles, participants who access our services can expect to receive high quality, evidence-based care. They can anticipate a safe, welcoming environment free from discrimination. They can expect to be well-informed about their treatment and care options and empowered to make decisions based on their needs and life circumstances. We recognise that people's circumstances and experiences change over time and people may require different supports at different times. Participants can expect to be supported to access the services they need, both within and outside of The Salvation Army alcohol and other drug services, at the time that they need them whenever possible.

Embracing the fullness of life's possibilities

I came so that everyone would have life, and have it in its fullest. — Jesus, John 10:10b CEV

The Salvation Army often uses the phrase 'fullness of life' to describe our intentions for ourselves and those we support. This phrase encompasses the idea that people should be provided with opportunities not just to survive life's circumstances but to participate fully and thrive in life. We believe that connection, relationship and the health, well-being and development of every aspect of people is what makes us humans as we were created to be.

When we talk about holistic care, organisational partnerships, wrap-around service delivery, community engagement and so on, we view these as not merely add-ons to our core service function but the key mechanism to create genuine change and meaningful outcomes in people's lives.

The Salvation Army alcohol and other drug services have a strong focus on community participation and involvement ensuring participants are meaningfully connected with medical, psychological and social supports and community and peer networks. We invite anyone who wishes to consider personal faith in a supportive, non-judgemental environment.

The program has been supporting and assisting me to attend the Mosque every Friday; this has ensured my ongoing spiritual and cultural connection to my community. I have also been supported to return home to assist in the family business. I have also been assisted with legal matters and with transport to attend court. Being Muslim my diet is important, I was able to speak with the chef about this and my meals are now prepared in a manner consistent with my faith. — Sam, program participant

We support participants to determine their priorities and provide support to access services. Staff encourage people to become independent and make choices in their own lives. We understand that those who are able to integrate into social and community networks achieve better outcomes which in turn supports their recovery goals.[1]

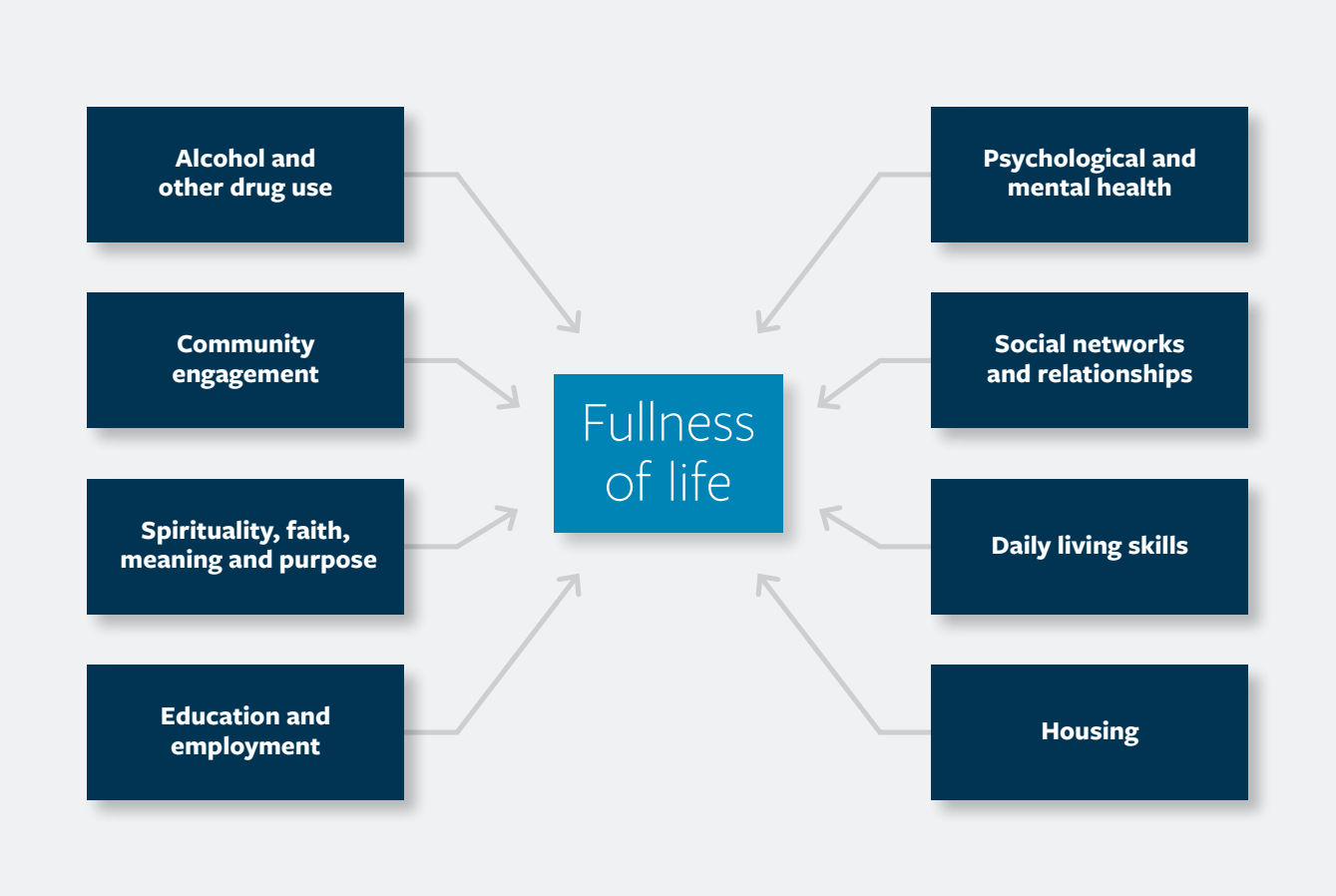


Figure 2: Fullness of life

1 Bath J., Wakerman J. 2013 Impact of community participation in primary health care: what is the evidence? Aust J Prim Health.

Local Mission Delivery Model

One of the distinguishing characteristics of Salvation Army services is that when someone engages a service, they do not only engage with that service but with the broader Salvation Army as well. Through participation in Area Leadership Teams, Salvation Army alcohol and other drug services are joined up to other Salvation Army mission expressions in the local area.

As a result, the program participant of an alcohol and other drug service may choose to have involvement with, and will be welcome at, several other mission expressions. For example, a participant in a residential alcohol and other drug service may choose to attend social activities or worship at a local Corps (faith community), volunteer at the nearby Salvos Store and access financial counselling through a nearby Salvation Army centre.

Chaplaincy

One of the unique resources available to both participants and staff of Salvation Army alcohol and other drug services is chaplaincy. In most, if not all Salvation Army alcohol and other drug services, chaplaincy is funded and provided directly by The Salvation Army, constituting a significant 'value add' to our service delivery. Our model recognises that in order to experience 'fullness of life', program participants will require varied supports in addition to a specialist alcohol and other drug service and in alignment with individual needs. These may involve mental health services, housing services, training and employment services, among others. When the participant recognises a need for spiritual support or pastoral care we will be there with a trained chaplain who is integrated with our service delivery model and understanding of the needs of our service participants.

Foundations of care

Salvation Army alcohol and other drug services fully subscribe to the values outlined at the commencement of this document. We recognise that out of our values flow behaviours and defining characteristics.

Figure 3: Foundations of care

Our principles

Our commitment to the principles we employ in service delivery grows out of our organisational values. Each principle helps us to demonstrate at least one of our values.

Evidence-based and accountable

Demonstrated value/s: integrity

We provide care that is informed by the best available evidence and practice recommendations. We are accountable through quality assurance measures and feedback from those who use our services.

Flexible and responsive

Demonstrated value/s: compassion, respect

We offer services that provide the right care, for the right person at the right time. We strive to create pathways for people to access the services that are right for them. We acknowledge the unique and diverse needs of every person.

Accessible and inclusive

Demonstrated value/s: diversity

We endeavour to offer care, respect and support to all people who enter our services. We understand and seek to overcome barriers that prevent people from getting the support they need. We use the best available knowledge to improve our service capacity to provide safe and inclusive care for all people who may benefit from our services.

Person-centred and holistic

Demonstrated value/s: collaboration, respect

We meet people where they are at. We understand that people have a range of needs and achieving their goals is limited by only addressing one aspect of a person's care needs. Our fundamental premise is that people are relational and create meaning, security and a sense of belonging through family, friends and social networks.

Partnership

Demonstrated value/s: collaboration

We work to sustain and develop partnerships to be effective and efficient in meeting the needs of people who use our services or may benefit from access to our services. In particular, we understand the importance of partnerships and engagement with Aboriginal and Torres Strait Islander health and community services. We strive to overcome the limitations of system fragmentation one partnership at a time.

Leadership

Demonstrated value/s: integrity

We demonstrate a commitment to sound, effective, evidence-based programs across our services. We work towards a capable, qualified, supported workforce who are provided opportunities to engage with current and new knowledge to support their practice. We respond to new issues as they emerge with enthusiasm and responsible innovation.

Innovation

Demonstrated value/s: diversity, compassion

We strive to develop new ways of working to meet the needs of our diverse and complex participants and caring significant others. We incorporate the best available evidence and practice knowledge. New ideas and approaches to care are evaluated to ensure they are effective in improving the lives of the participants who engage with our services.

Frameworks and approaches

The frameworks and approaches we employ further demonstrate our organisational values.

Recovery oriented

Demonstrated value/s: respect, compassion, collaboration

A recovery-oriented framework is an overarching philosophy that includes principles of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement.

Recovery means gaining and retaining hope, improved self-efficacy, engagement in family and community, personal autonomy, social identity, meaning and purpose in life, and a positive sense of self. Recovery in the context of substance use refers to the person being able to successfully achieve relief from the distress or hardship caused by their use, as defined by them.

In our alcohol and other drug services, recovery-oriented practice means that our programs are designed to match people's aspirations, expectations, goals and needs. We are person-centered, trauma-informed and create holistic opportunities for health improvement, including physical health, exercise, recreation, nutrition and expressions of spirituality. We develop and maintain connections with referring agencies and explore new service partnerships.

Harm reduction focused

Demonstrated value/s: compassion, respect, diversity

A harm reduction framework does not condone substance use, but acknowledges that some people in society will use alcohol and other drugs. This approach supports programs, services and policies that aim to prevent or reduce drug related harms and help people to reduce or cease use. The approach is informed by a significant body of evidence and is the overarching approach of Australian drug policy.

Harm reduction aims to address alcohol and other drug issues by reducing the harmful effects of alcohol and other drugs on people and society. Harm reduction considers the health, social and economic consequences of alcohol and other drug use on both the individual and the community as a whole. This approach supports people wanting to reduce and cease use.

Community and family inclusive

Demonstrated value/s: collaboration, compassion

A community and family inclusive approach recognises that people exist in the context of their families, friends and broader social networks. Engagement with family and other supports should form part of routine service delivery. Although harm is sometimes caused in the context of family and social networks, we understand that these networks also have the capacity for healing and change. Relationships can be utilised as supports for the person in treatment. We recognise caring significant others can also experience challenges and distress in response to the person using substances and may need support for themselves to both improve their own well-being and coping, and to improve capacity to support the person in care.

Child inclusive

Demonstrated value/s: collaboration, compassion

A child inclusive approach acknowledges that many people who use alcohol and other drug services are also parents. Being a parent is often central to a person's sense of who they are. When we engage people as parents, we improve their capacity to become the kind of parent they want to be. We support people to process shame and guilt in instances where they feel they may not have been the kind of parent they believe their children deserve. Our inclusive approach provides people the opportunity to become the best parent they can be and support to overcome challenges in being able to achieve this.

Crucially, a child inclusive approach understands the vulnerability and invisibility of children in many alcohol and other drug services. We know that the needs of children must be considered in providing care for participants. Our alcohol and other drug services are uniquely placed to prevent harm to children and to ensure that intergenerational patterns of substance use and other factors that interfere with social and emotional health and well-being are interrupted.

Social justice

Demonstrated value/s: integrity, respect

A social justice framework actively works towards resisting discrimination and inequity to enhance opportunity for all. We recognise the structures of power and privilege that construct social engagement, government, policy and institutions and seek to overcome

barriers for those who do not have easy access to these mechanisms and systems. This framework is underpinned by the belief that all people should have equal access to health and well-being, financial security, justice and opportunity.

Human rights

Demonstrated value/s: collaboration, diversity

Taking a human rights approach means working towards achieving freedom and dignity for all people. They are underpinned by the PANEL principles; participation, accountability, non-discrimination and equality, empowerment and legality. The principles of human rights are demonstrated in our organisational structures, programs and practices.[1]

Strengths-based

Demonstrated value/s: respect, diversity

A strengths-based approach is person-centred and seeks to identify and enhance the capacity of people to recognise and utilise their existing resources and resilience. We do not focus on problems or pathology but rather create the conditions that allow people to work with constraints that prevent them from achieving their goals. Our alcohol and other drug services allow people to capitalise on the best version of themselves rather than focusing on negative characteristics.

Trauma informed

Demonstrated value/s: compassion, respect

A trauma informed approach relies on an understanding of the impact of trauma. We recognise that experiences of harm and betrayal can affect people's capacity to build trust and feel safe. We work to develop a service context that provides physical, psychological and emotional safety for all people. We seek to create opportunities for participants to rebuild a sense of control and empowerment.

Culturally safe

Demonstrated value/s: diversity, collaboration, respect

People seeking support from our services deserve to feel safe, respected and valued as individuals and for their cultural identity. Cultural safety recognises that the organisation, the program and service participants all exist in the context of culture. Our services strive to provide support that is aware, respectful and appropriate to the cultural values and norms of the person, their caring significant others and community.

Intersectionality

Demonstrated value/s: diversity, collaboration, respect

Intersectionality is a term to describe the way different aspects of a person's identity can expose them to multiple levels and layers of discrimination and marginalisation. Human experiences cannot be accurately understood by a single factor related to a person's identity. Aspects of identity include gender, ethnicity and cultural background, language, socio-economic status, disability, sexual orientation, religion, age, geographic location or visa status, among others. Any of these identities may create barriers to services, increase the risk of social isolation and exacerbate social and economic disadvantage. When multiple, overlapping aspects are present, barriers are amplified. We recognise in our principles the importance of empowering people through person-led practice, accessible service and inclusive non-discriminatory practice environments.

A balancing act

Our alcohol and other drug services work to uphold all of these approaches and frameworks across our programs and for all our participants and staff. In our daily work we understand that this can sometimes be a balancing act where the needs of an individual and the needs of many need to be accounted for. We prioritise the safety, health and well-being of all service participants and look to our policies and procedures to guide our practice. We consult with others, including our peers and managers, and seek advice and secondary consult wherever necessary.

1 Australian Human Rights Commission. (2013). Human rights based approaches. https://www.humanrights.gov.au/our-work/rights-and-freedom/human-rights-based-approaches

What we do and how we do it

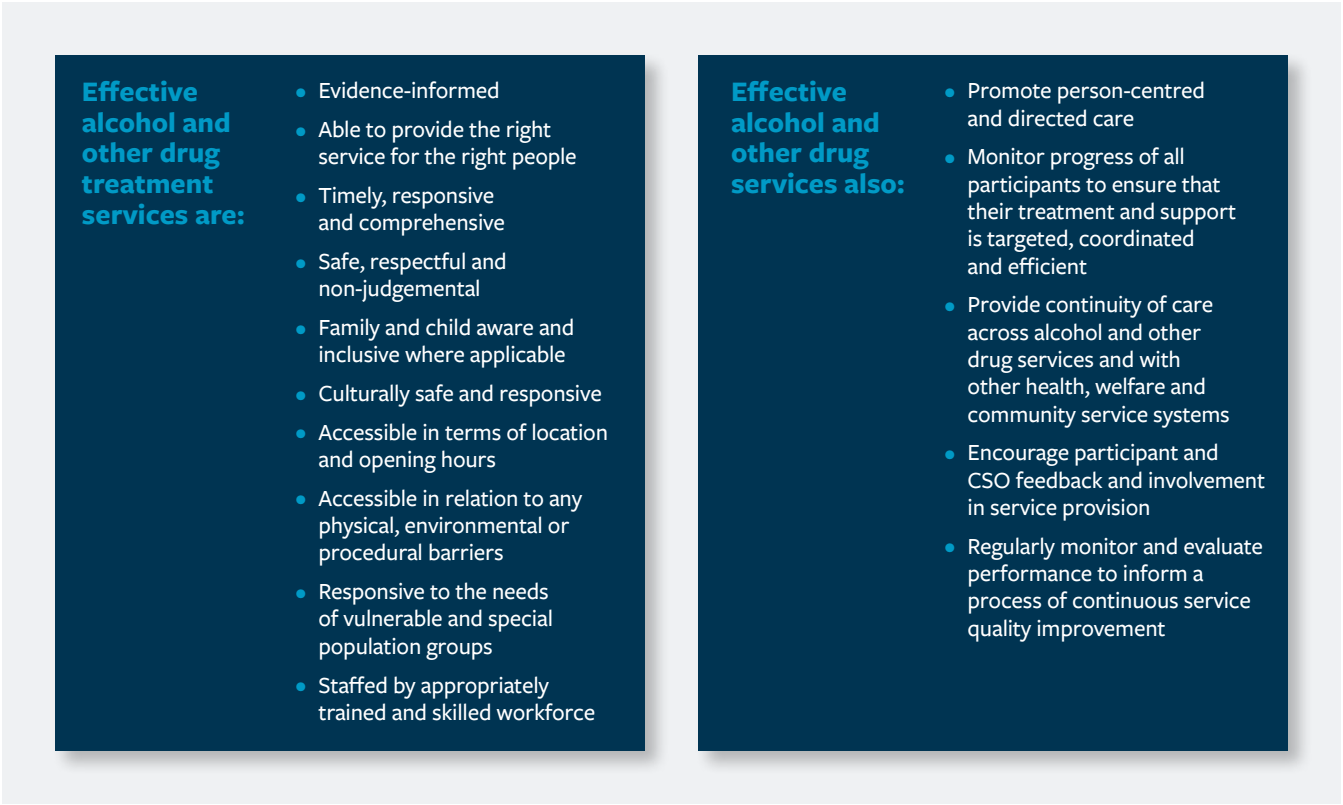


Figure 4: What we do and how we do it

Best practice in alcohol and other drug treatment

The following best practice recommendations are based on several best practice guidelines, recommendations and principles for alcohol and other drug services across Australia.[1,2,3]

1 Department of Health. (May 2013). Victorian alcohol and drug treatment principles. Victorian Government: Melbourne.

2 (Dec 2015). Key Features of effective alcohol and other drug treatment services (Draft V2). QLD Government.

3 Kay-Lambkin, F. (ed). Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines. NSW Department of Health: NSW.

Screening and assessment

What is the purpose of screening and assessment

Screening and assessment enables alcohol and other drug services to determine whether further engagement is appropriate based on the person's needs and service availability. It is an opportunity to identify if the person's needs are likely to be best met within available alcohol and drug services and to discuss alternative support options and provide referrals where appropriate.

Effective engagement and relationship building are essential to ensure the person feels safe and welcomed. Rights and responsibilities are explained, including confidentiality, privacy and complaint procedures. Treatment options within the service and other relevant treatment options are clearly outlined to ensure the person is able to make an informed choice of service. We provide relevant harm reduction strategies and a range of potential support options for all people, particularly for those who are unlikely to engage in services following intake or assessment.

In 2016, Turning Point updated the Victorian adult alcohol and drug screening and assessment tools

developed in 2013.[1] These changes sought to address the limitations of previous tools and to enhance the effectiveness of intake and assessment. There are a number of features that improve effectiveness:

Prioritisation

Intake and assessment help services to prioritise access to service based on need. This process considers the severity of alcohol and other drug use and broader life issues and identifies high-risk people who require an immediate response.

Where there are similar levels of clinical need, priority is given to those people who:

- Have dependent children who are reliant on them for their safety and wellbeing
- Are in contact with the justice system, particularly those referred to treatment by courts, corrections, police or parole boards
- Have a history of long-term homelessness

1 Turning Point. (June 2018). Clinician Guide to the Victorian alcohol and other drug Intake & Assessment Tools. Victoria.

- Identify as Aboriginal and/or Torres Strait Islander
- Have a co-existing intellectual disability or acquired brain injury
- Have a mental illness
- Are subject to or have been discharged from compulsory treatment under the relevant compulsory drug treatment Act in each state and territory
- Have identified issues relating to family violence
- Have child protection involvement
- Require treatment as a part of a court order to achieve reconciliation with their children
- Are exiting withdrawal services

Where there is more than one eligible person with a similar level of severity and need, priority of access can be determined by the length of time that someone has waited for treatment services.

Initial treatment planning

Intake and assessment processes form the basis of initial treatment planning.

Information collected at intake, assessment, the identified treatment needs and the participant's own preferences inform the development of the treatment plan.

Evidence-based

Intake and assessment tools need to be evidence-based. Best practice assessment tools use standardised measures that have high reliability, validity and program participant acceptance (e.g. ATOP, AUDIT, DUDIT, K10).

Further clinical screens and tools to assess for particular issues of concern where indicated (e.g. WHOQOL-BREF, Modified Mini Screen, PsyCheck, Problem Gambling Severity Index and others) may be included.

Intake and assessment tools should cover all the comprehensive assessment domains recommended in the national guidelines for the treatment of alcohol problems. These domains are consistent with the recommendations from the National Institute of Health and Clinical Excellence's guidelines on drug misuse interventions in the UK.

Accessible

Any tools or processes used in screening and assessment need to be accessible for the participant. They are able to be delivered by staff from different professional backgrounds and service contexts.

Intake is best provided in a brief, timely manner in a way that is friendly and open. It needs to gather essential information to guide service or program suitability, without being onerous or intrusive, using open-ended, conversational style questions.

Strengths based

Many participants will not progress into treatment following intake and assessment and therefore assessment as intervention is recommended. Incorporating strengths-based and motivational enhancement brief intervention type processes during assessment takes advantage of opportunistic encounters with people, enhancing capacity for change and future treatment engagement.

Flexibility to be used in a range of settings

When using a standardised intake and assessment format across programs, in a range of treatment delivery settings by workers with different roles and capacities, the tool needs to have opt-in and opt-out sections. These allow for details that are not relevant for the program or for the person wanting to access the program to be excluded. This avoids duplication or participants having to provide the same information repeatedly.

Comprehensive and holistic

Assessment tools need to incorporate a holistic view. Questions should explore psycho-social issues, mental health, physical health and other relevant life factors.

Alignment with relevant policy and outcome reporting requirements

Intake and assessment tools need to incorporate information gathering capacity to ensure services can accurately collect required data. Tools need to align with policy and expectations for alcohol and other drug services.

The future of intake and assessment in our alcohol and other drug services

Our leadership team will work with our alcohol and other drug services and programs to review existing intake and assessment tools and evaluate if they meet best-practice requirements. We will support managers and staff to look for opportunities to improve and implement new or adapted tools where appropriate.

Who is suitable

Suitable for all people interested in treatment who have not already been deemed ineligible or referred elsewhere through initial screening processes.

How long is treatment

Screening can take between 10–30 minutes although this may vary. Assessment takes between 1–2 hours.

Counselling and psychosocial interventions

Counselling and other psychosocial interventions involve activities such as specialist alcohol and other drug counselling, brief intervention, harm reduction, relapse prevention and referral.

These interventions operate as stand-alone treatment types or may form part of other treatment delivery, such as residential rehabilitation programs.

Brief interventions

A brief intervention is a one-off structured intervention that typically lasts between five and thirty minutes, but may be as long as an hour. It usually involves a brief basic assessment and provision of information and feedback. There is a large body of good quality evidence for the effectiveness of brief interventions.

Who is suitable

Brief interventions are most effective for people with less severe alcohol and other drug problems but have been shown to be effective in facilitating entry to treatment for those with more severe alcohol and other drug use and as an opportunity to provide information to reduce harms.

How long is treatment

5–60 minutes depending on the context and type of intervention.

Counselling

Counselling services include face-to-face, online and telephone services for participants and, in some instances caring significant others, as well as group counselling and day rehabilitation programs.

Counselling can range from a brief intervention or single session to extended periods of one-to-one engagement or group work.

Counselling is the most common treatment type after intake and assessment in Australian alcohol and other drug services.

Counselling involves establishing a professional therapeutic relationship utilising a structured, intentional conversational method to assist people to identify and work towards resolving personal, social or psychological difficulties.

Evidence-based interventions for alcohol and other drug counselling include:

- Cognitive behavioural therapy (relapse prevention)
- Motivational interviewing
- Mindfulness
- Acceptance and commitment therapy
- Narrative therapy
- Solution focused therapy
- Contingency management
- Emotional regulation therapy

Who is suitable

Counselling is appropriate for people with low to moderate alcohol and other drug use. It is also appropriate for caring significant others. It may also be used to support people with more severe or complex issues to consider entry into more intensive treatment options.

How long is treatment

A usual counselling session is approximately 50 minutes to one hour. Family counselling sessions may be longer, up to 90 minutes to account for the need to hear from more people. Some cultural groups also require longer sessions, particularly in initial sessions to include more time to develop relationships. Sessions may also be shorter in the context of people with cognitive impairment or where attention span might be limited, such as in the case of someone in withdrawal.

The future of our counselling and psychosocial interventions

We understand that after intake and assessment, counselling is the most common alcohol and other drug treatment type delivered in Australia. We recognise that brief interventions are effective interventions that prevent over servicing, provide harm minimisation and treatment information to people who may not otherwise access services. Brief interventions improve access for people who may find longer treatment onerous and enhance referral opportunities. We will look for opportunities to increase brief interventions in existing programs and explore possibilities to expand our counselling services.

We will ensure key treatment modalities are used in our counselling and psychosocial interventions and use recommended evidence-based interventions across all services. We will provide workforce professional development options for staff to improve and expand their skills. We will look for further opportunities to provide brief family interventions and enhance family inclusive practice in these services.

Withdrawal

Non-residential withdrawal

Non-residential withdrawal services support people to safely withdraw from alcohol and other drug dependence in community settings, in coordination with medical services such as hospitals, general practitioners, nurse practitioners and specialist alcohol and other drug nurses. There are limited options for non-residential withdrawal services in our alcohol and other drug services. Continuing and strengthening relationships with local services who provide this option is essential.

Who is suitable

Non-residential withdrawal is most suitable for people with substance dependence who have a level of use that does not require intensive medical support. It is most appropriate for those with stable living conditions and adequate supports or where appropriate for those in rural areas in collaboration with local primary care services.

How long is treatment

The average length of withdrawal support is seven days but there may be additional pre and post-support options.

Residential withdrawal

Residential withdrawal services support people to safely withdraw from alcohol and other drug dependence in a supervised residential or hospital facility. These services support people with complex needs or those whose family and accommodation circumstances are less stable and unsuited to non-residential withdrawal.

Our residential withdrawal options are available in most states. Where this option is unavailable or where other factors, such as geographical distance or wait-times are prohibitive, we will continue to work with other service providers to ensure people access this type of support when needed.

Who is suitable

Residential withdrawal is suitable for those with moderate to severe dependence who cannot safely withdraw from use in a non-residential setting. It is also appropriate for those who feel unable to successfully complete withdrawal outside of a structured, specialist residential environment.

How long is treatment

Treatment is normally seven days but may be adjusted to meet individual care requirements. This is referred to as extended stay. Some programs utilise a step-up, step-down approach or extended stay for substances, such as methamphetamine.

This allows participants to be in treatment during the time they will be able to receive the most benefit from it.

Pharmacotherapy

Pharmacotherapy is the use of medication to assist in the treatment of opioid, alcohol and nicotine dependence. The pharmacotherapy system consists of community-based pharmacotherapy providers and specialist pharmacotherapy services. Specialist pharmacotherapy services provide secondary consultation for complex presentations.

Opioid substitution therapy (OST) is the first line treatment for people who are dependent on opioids. It is an effective maintenance intervention that retains people in treatment and decreases heroin use when compared with people not on OST. In our residential programs people can be supported to stabilise, reduce and cease pharmacotherapy in consultation with medical specialists.

Nicotine-replacement therapy has been shown to be effective in supporting the cessation of smoking, and ceasing use of tobacco during treatment improves outcomes. Medication support for reducing and ceasing alcohol use have proven effectiveness particularly in combination with psychosocial interventions. Pharmacotherapy for alcohol is generally under-utilised in alcohol and other drug services.

> We will continue to seek to overcome obstacles to participants' access to pharmacotherapy both in the community and in our residential programs. We will review our existing services for examples of where access has been improved to inform our efforts to further facilitate this option for our service participants.

Who is suitable

In Australia, pharmacotherapy is available for people using opiates, alcohol and nicotine to stabilise reduce or cease use.

How long is treatment

Pharmacotherapy treatments can be short term but are generally long-term interventions. People should not be prematurely encouraged to reduce or cease pharmacotherapy.

Day rehabilitation

Day rehabilitation programs are a non-residential treatment option that offers an intensive structured program over a period of weeks, which includes both counselling and a range of other elements designed to build life skills and promote general wellbeing, such as financial management and nutrition. Day rehabilitation programs that deliver evidence-based interventions to participants have been associated with reductions in alcohol and other drug use, as well as improvements in mental health, social functioning and employment status.

Who is suitable

Participants are usually required to have completed withdrawal and to abstain from substance use while attending the program to get the most out of the program and to ensure a safe environment for all participants. This program may be suitable for people with moderate use who and for whom residential rehabilitation is impractical, unsuitable or not desired.

How long is treatment

Program length varies from four to twelve weeks. Some programs include aftercare treatment options, such as group support or counselling programs.

Residential rehabilitation

Residential rehabilitation programs offer structured therapeutic interventions and activities in an inpatient accommodation setting. Residential rehabilitation is a longer-term option for people with alcohol and other drug problems (usually three months to one year) and the goal is usually abstinence. Outcomes from residential rehabilitation treatment are strongly related to treatment duration. An average of about 90 days in treatment appears to be effective.[1]

Residential programmes are divided into three categories:

- Long-stay programs that are usually six months or longer for people with long-term, entrenched patterns of substance use and other complex social and economic needs
- Short-stay programs that are approximately four to twelve weeks and are either intensive for those with higher needs or lower intensity for those with less entrenched patterns of use and greater resources
- Supportive programs are accommodation options with low support often provided as an aftercare option with a view to return people to independent living

Residential rehabilitation programs operate using a range of models or combination of models. These include cognitive-behavioural and social learning, personal and skill development, therapeutic communities, 12-step and faith-based models.

A therapeutic community is a specialised form of residential rehabilitation based on a philosophy that the community itself, through self-help and mutual support, is the principal means for promoting change. According to a Cochrane Review, therapeutic communities offer similar benefits to other residential treatment and one type of therapeutic community is no better than another.[2]

Best-practice indicates that the inclusion of participants on pharmacotherapies[3,4] and programs that utilise evidence-based treatment modalities to deliver care are the way forward.

The future of our residential rehabilitation programs

We intend to establish a modern, evidence-based, best practice model of care for all our Australian residential rehabilitation services. We aim to deliver the most up-to-date treatment in an environment that is founded on our values and principles. We will examine the practical and geographical limitations to access pharmacotherapy in our services and work to improve access wherever possible to this treatment for our residential participants. We respect our participants' preferences and will continue to provide referral and pathway opportunities for people who are looking for a therapeutic community-style residential environment.

1 Turner, B. & Deane, F. P. (2016). Length of stay as a predictor of reliable change in psychological recovery and well being following residential substance abuse treatment. Therapeutic Communities: the international journal for therapeutic communities, 37 (3).

2 Smith, Gates, Foxcroft. (2006) Therapeutic communities for substance related disorder. The Cochrane Database of Systematic Reviews. 2006; Jan 25(1).

3 Vanderplasschen et al. Therapeutic Communities for Addictions: A Review of Their Effectiveness from a Recovery-Oriented Perspective. The Scientific World Journal. 2013.

4 NSW Department of Health. (February 2007). Drug and Alcohol Treatment Guidelines for Residential Settings. North Sydney: NSW.

Who is suitable

Generally residential settings are most appropriate for people who have been unsuccessful in maintaining treatment goals in non-residential treatment, have a long history of dependence or a severe dependence or have unstable housing and other factors that put them at risk of relapse in the community.

How long is treatment

3–12 months. Many programs incorporate preparation programs and aftercare.

Case management

Case management is a holistic approach to providing service coordination for participants to overcome obstacles in service access and improve continuity of care. There is some evidence suggesting case management is effective for improving mental health outcomes and enhancing treatment retention.

Who is suitable

Participants who experience complex or multiple concerns that impact their substance use or capacity to engage in services.

How long is treatment

Case management can be provided in an ongoing way when used as part of other service settings in cases where participants have multiple service involvement. It is also effective as a brief intervention.

Case management is used across a range of our programs including our residential programs and utilise different case management models and practices.

We recognise the need for diversity and flexibility in our case management approaches across different states and services. However, under a national model we are committed to developing consistency in our practice including, policies and procedures to guide practice and worker knowledge and skill requirements.

Primary health services and needle and syringe programs

We provide a number of needle and syringe programs around Australia. These services are a cost-effective, valuable harm reduction service that reduce rates of blood-borne viruses for individuals and subsequently the wider community. They are also a valuable access point for hard to reach populations and for people who may not otherwise access alcohol and other drug treatment services.

In Victoria, Access Health in St Kilda enables access to primary health services including GPs, psychologists, pharmacotherapy prescribing, peer education, naloxone program, sexual health service, hepatitis C testing and treatment and a needle and syringe program.

Who is suitable

All injecting drug users. Young people are encouraged to make linkages with alcohol and other drug, youth, health and other related services.

How long is treatment

Treatment is usually brief ranging between 5–30 minutes.

Aboriginal and Torres Strait Islander peoples

Services that provide culturally responsive care for Aboriginal and Torres Strait Islander peoples offer holistic, culturally-appropriate care, support and treatment to Indigenous people, families and communities to help reduce the harms associated with alcohol and other drug use.

The National Aboriginal and Torres Strait Islander People's Drug Strategy, a sub-strategy of the National Drug Strategy 2010–2015,[1] outlines the key goals, principles and priorities to respond to harms associated with alcohol and other drug use for Aboriginal and Torres Strait Islander people, their families and communities.

Our alcohol and other drug services recognise that Aboriginal and Torres Strait Islander peoples have different cultural and support needs depending on their location. We have positive working relationships with local community groups to support this population. We understand the need to be well-informed by local knowledge and endeavour to continue to strengthen relationships and partnerships with Aboriginal and Torres Strait Islander health and community supports to holistically address the care needs of this group. We respond to specialist knowledge to improve access to our services.

The staff and participants made me feel really welcomed. It was just a smiling face, shake of a hand and buddying me up with another participant who encouraged me. I have time to now reflect on my Aboriginal background and would like to connect and learn more. — Johnny, program participant

1 Intergovernmental Committee on Drugs, National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 (2015) 3. The Drug Strategy is a sub-strategy of the National Drug Strategy 2010–2015.

Overview of the National Aboriginal and Torres Strait Islander People's Drug Strategy

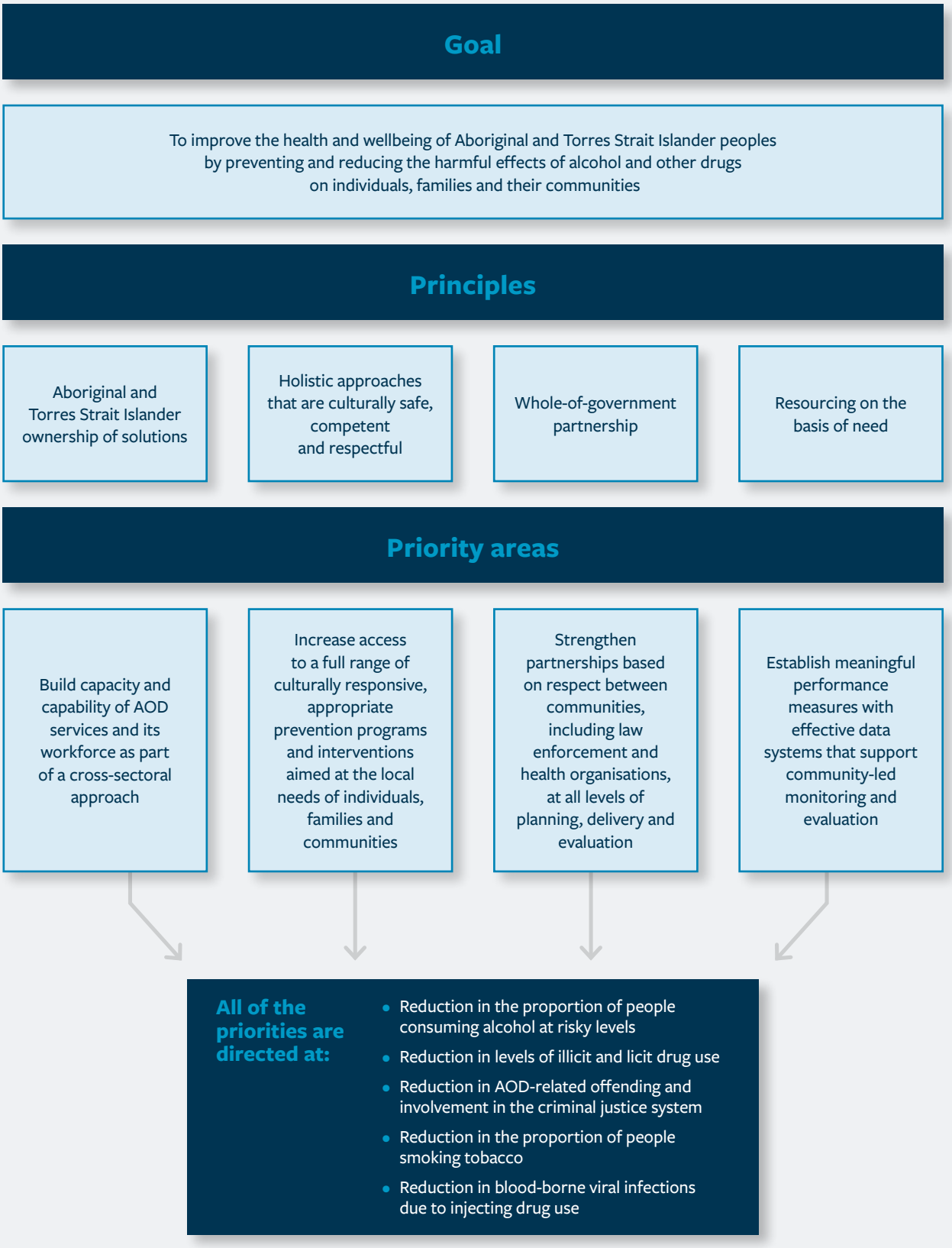


Figure 5

Best practice when working with Aboriginal and Torres Strait Islander peoples

A report on Indigenous Drug and Alcohol Projects identified the key themes that exemplify best practice. It was acknowledged that the unique history and context of a particular service makes it unfeasible to identify a national best practice. The six key themes are:

1. Sound structures of management and governance
2. The ability to attract and maintain quality staff
3. Good collaboration with other agencies
4. The presence of a committed and skilful manager or leader
5. Adequate and continuing funding
6. Above all else, it is the Indigenous perspective that is crucial to good practice for Indigenous alcohol and other drug services[1]

NSW Health Practice guidelines recommend the following when working with Aboriginal and Torres Strait Islander peoples:

1. Be proactive in establishing relationships with Aboriginal and Torres Strait Islander service
2. Be proactive in engaging with the local community, rather than waiting for them to access the drug and alcohol service
3. Understand people need to be treated in the context of their community
4. Community views of health professionals will likely be judged according to the community's experience with an individual drug and alcohol professional
5. Work with local languages for alcohol and other drugs
6. Avoid using technical or medical jargon
7. Reinforce key treatment messages with suitable documentation
8. Understand that relationships (including therapeutic relationships) will take time to develop and that this is often a necessary precursor to engaging in treatment and learning culturally appropriate ways of interacting with Aboriginal and Torres Strait Islander peoples[2]

We also recognise the National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023,[3] which supports improved recruitment, capability development and career pathways across health and related services.

1 Australian National Council on Drugs. (2004). Indigenous drug and alcohol projects: elements of best practice. Canberra: ACT.

2 NSW Ministry of Health. (2018). Aboriginal Health Worker Guidelines for NSW Health. North Sydney: NSW.

3 National Aboriginal and Torres Strait Islander Health Workforce Strategic Framework 2016–2023, Department of Health, Canberra, 2016.

There are a number of alcohol and other drug services in particular areas who have been successful in improving access for Aboriginal and Torres Strait Islander peoples, particularly through improved relationships with local services and communities. Sobering up units, for example, have been effective in establishing strong working relationships with local police, paramedics and related services. Relying on local Aboriginal and Torres Strait Islander workers and building community relationships has improved treatment pathways for more intensive treatment options for this population group.

Who is suitable

People who identify as Aboriginal or Torres Strait Islander. Sobering up units are available for both Aboriginal and Torres Strait Islander peoples and non-Aboriginal and Torres Strait Islander people.

How long is treatment

Treatment length is determined by the program that the person is participating in.

Culturally responsive treatment

Alcohol and other drug services work with people from diverse cultural backgrounds. People of diverse racial, ethnic and cultural backgrounds vary in risk factors, patterns, rates and consequences of alcohol and other drug use and may also vary in how they respond to alcohol and other drug treatment.

There is strong evidence for the use of culturally responsive approaches for alcohol and other drug treatment that indicate significantly larger reductions in post-treatment alcohol and other drug use levels relative to programs where these practices did not occur.

People from culturally and linguistically diverse communities, particularly those newly arrived, may be unfamiliar with health services in Australia. Our alcohol and other drug services understand this and these participants can expect that the service options available will be explained and that staff will describe the interventions we use and how and why they work.

We discuss intake and assessment processes as well as things like wait times for programs. Services utilise interpreters where required. We understand that this is preferable to relying on family members, particularly where confidential or sensitive issues are being discussed or where there are risk concerns. We are aware of Australian norms about sex and age.

We understand that some cultural groups may find it inappropriate to speak with a member of the opposite sex or someone who is much younger than them. Many of our services use signage to create a welcoming and safe space for culturally and linguistically diverse people as a representation of cultural inclusivity.[1]

We believe this basic consideration in creating a welcoming and safe space is important and continue to work in all service locations to improve our spaces.

Our alcohol and other drug services recognise the importance of building and maintaining relationships with local cultural community groups and service providers. We continue to recognise the inherent cultural barriers in services and seek opportunities to overcome them.

1 Network of Alcohol and Other Drug Agencies. (2014). Working with diversity in alcohol and other drug settings. Department of Health: NSW.

Who is suitable

People who identify as from a culturally and linguistically diverse background.

How long is treatment

Treatment length is determined by the program that the person is participating in.

The program has helped in many ways including, health support, education, linking in with Job Networks (training) and training around volunteer employment. Activities to improve lifestyle and spiritual awareness and involvement in activities that have improved my physical health, such as touch football and the gym, also healthy eating. Being able to spend time with family and friends has helped me stay connected with my culture and religion. I am from Myanmar and am Buddhist. — Thant, program participant

Young people

Youth services generally offer support to people who are aged 12 to 25 years (although some services have capacity for flexibility in relation to this criteria), and their caring significant others, to help address issues associated with substance use.

Youth programs in alcohol and other drugs are most effective when they take a systems approach. A systems approach recognises that behaviour occurs in a context. Effective interventions for young people consider the participant, their family, the wider community and society as a whole, as well as how they interact with each other.

The approach integrates a range of other services, including mental health, youth justice, education, health, housing and child protection and family services.

Effective supports for young people involve identifying risk and protective factors that can influence health and wellbeing. Risk factors may negatively impact on young people's development and limit coping abilities increasing the likelihood of social, behavioural and health problems. Protective factors enhance social networks and coping abilities, and improve positive outcomes, including decreased substance use.

Youth alcohol and other drug programs need to be appealing, accessible and responsive to the developmental needs of young people. The needs of special population groups, including those involved in youth justice, experiencing homelessness, those from a culturally and linguistically diverse or Aboriginal and Torres Strait Islander background, those in out-of-home care arrangements and so on need to be considered.[1]

Our alcohol and other drug services have limited options specifically for young people. However, we work in close partnership with The Salvation Army youth services stream to address the needs of this group.

We have partnerships and similar arrangements with services such as headspace who provide specialist care for young people with alcohol and other drug and mental health issues. We look for opportunities to improve access for young people through the use of apps and other technology-based interventions.

Who is suitable

Young people aged 12–25.

How long is treatment

Varies depending on treatment type.

1 Brunn, A. (2018). Youth Alcohol and Other Drug (alcohol and other drug) Treatment in Victoria: A ten point plan for improving the lives of Victorian young people and families experiencing alcohol and other drug-related harm. Melbourne. Australia.

Family programs

In alcohol and other drug services 'family' is the overarching term used to describe caring supports and significant others involved in the lives of people accessing services to address their substance use. The term 'caring significant other' is also commonly used. Some alcohol and other drug programs and services also have the capacity to provide support and intervention to caring significant others in their own right. That is those people who are experiencing difficulty or distress in relation to someone they care about experiencing issues with their substance use. Service provision is available regardless of whether the person using substances is engaged in treatment within the service in these instances.

Services for caring significant others can operate as stand-alone programs or may be incorporated into other program types. Brief interventions or one-off sessions may be delivered in counselling programs. Many residential and non-residential rehabilitation programs offer family information sessions or groups as part of the program. There are a range of commonly used interventions for working with caring significant others. These include family sensitive practice, brief intervention or counselling, psychoeducation and support group programs as well as intensive family counselling.

Family therapy using a family systems approach can positively impact substance use patterns. Family interventions are particularly indicated for working with young people.

Who is suitable

Family members, children and caring significant others of participants. Family members who do not have a family member currently in treatment. Programs that target young people need to include interventions for caring significant others.

How long is treatment

Interventions for caring significant others are usually one-off or brief interventions. Group programs for caring significant others offer longer-term engagement. Intensive family therapy may be offered for families with more entrenched problems. This may be accessed within the service where available or through appropriate referral pathways.

The future of programs for caring significant others in alcohol and other drug services

Our alcohol and other drug services are built on the belief that problematic substance use is often symptomatic of a range of other issues, including trauma, social and economic disenfranchisement, mental health and so on. We also recognise the power of community relational connection and a sense of belonging as key elements of rebuilding a meaningful life free from the harms associated with substance use.

The opposite of addiction is not sobriety. The opposite of addiction is connection. — Johann Hari

Caring significant others who contact our services are profoundly impacted by the problematic substance use of those they care about. There is good evidence that involving families in treatment can reduce harms for families and the person using substances, and can increase the likelihood of treatment engagement, retention and outcomes.[1]

Working with families involves respectful, accessible engagement with families (family inclusive practice) and specific interventions for working with families. There are three categories of family intervention in alcohol and other drug work: working with the family to promote treatment engagement, involving families in the alcohol and other drug treatment for the individual and interventions for families in their own right.[2]

There are effective, evidence-based treatments in all of these categories including the community reinforcement and family training intervention[3], conjoint couples' therapy[4] and the Stress Strain Coping Support model.[5]

The Stress Strain Coping Support model shows promising results and is similar to the evidence-based family psychoeducation approach used for schizophrenia in mental health settings.[6]

> We are committed to enhancing family inclusive practices across all services. We will review our services and identify those who may be best placed to provide specific family interventions. We will rely on the evidence and best-practice recommendations to guide options for selected family intervention models.

Continuing care

Continuing care is a broad term that describes the processes, services and supports that are made available to participants as they transition out of treatment. It is a process of identifying and documenting people's needs post treatment. Relapse prevention and harm reduction information and strategies are paramount. It may include other interventions, such as supported accommodation during the initial transition stage from residential or non-residential rehabilitation programs or from withdrawal programs. Continuing care improves outcomes for service participants and represents a valuing of the commitment to holistic and continuous care.

Who is suitable

Some form of continuing care, such as harm reduction information, is appropriate for most participants in alcohol and other drug services. More intensive continuing care supports may be available for people exiting medium to long-term residential or non-residential services, particularly for those service participants with complex and high-care needs.

How long is treatment

Treatment length will vary depending on the type of aftercare provided.

1 Edwards ME, Steinglass P. Family therapy treatment outcomes for alcoholism. J Marital Fam Ther1995;21:475–509. 10.1111/j.1752-0606.1995.tb00176.x

2 Copello AG, Velleman RD, Templeton LJ. Family interventions in the treatment of alcohol and drug problems. Drug Alcohol Rev 2005;24:369–85. 10.1080/09595230500302356

3 Bischof G, Iwen J, Freyer-Adam J, et al. Efficacy of the community reinforcement and family training for concerned significant others of treatment-refusing individuals with alcohol dependence: A randomized controlled trial. Drug Alcohol Depend 2016;163:179–85. 10.1016/j.drugalcdep.2016.04.015

4 McCrady BS, Epstein EE. Overcoming alcohol problems: a couples-focused program workbook. New York: Oxford University Press, 2009.

5 Copello A, Templeton L, Orford J, et al. The relative efficacy of two levels of a primary care intervention for family members affected by the addiction problem of a close relative: a randomized trial. Addiction 2009;104:49–58. 10.1111/j.1360-0443.2008.02417.x

6 Lucksted A, McFarlane W, Downing D, et al. Recent developments in family psychoeducation as an evidence-based practice. J Marital Fam Ther 2012;38:101–21. 10.1111/j.1752-0606.2011.00256.x

Sustainability

Culture

Our organisational culture

Culture plays a crucial role in shaping behaviours and practice in an organisation. Managers and other leaders in the organisation can set the tone for culture. Culture goes beyond beliefs and principles but is observable in the behaviour of staff and service participants.

We believe a positive workplace culture demonstrates and lives our values, principles and frameworks at every level of service. Staff feel safe and supported. Organisational and program structures and supports are transparent and clearly communicated. Participants understand the culture of the service through their experience of care or through direct involvement in the organisation's operations.

We strive to achieve and maintain a positive culture where employees enjoy safety, respect, well-being, support and overall job-satisfaction. Staff enjoy opportunities for growth and development and to develop leadership capacity if this is desired. This is demonstrated through a high level of commitment to the service, low-levels of burnout, positive collegial relationships and strong and resilient teams led by skilled, capable managers.

Our culture is best described as welcoming, connected and inclusive of all. Everyone involved in our services deserves the powerful experience of belonging. At its best, our organisational culture creates the environment where all people have the opportunity for growth, meaning and purpose in all areas of their lives.

Responding to challenges

We understand that alcohol and other drug work is complex and stressful at times. Burnout and anxiety are common across the caring professions. They are particularly acute in times of organisational and system change. We are committed to being proactive in putting in place mechanisms to support the workforce and avoid burnout. We believe that management staff need to be provided with appropriate training and supports to deliver a capable, effective and responsive management style that creates a sense of safety for staff. We believe that positive, caring relationships combined with clear structures, policies and processes allow workers to feel capable to conduct their practice independently and to seek support and work through challenges as they arise.

We believe in personal responsibility and encourage workers to reflect on and develop concrete self-care plans.

We encourage open, respectful communication between all staff managers. We encourage discussion of service participant issues in a manner that always respects their dignity and personhood. We discourage the use of jargon, slang and negative or limiting labelling of participants even in jest or in private conversations. We understand the power of negative language to cause harm and maintain stigma.

A positive culture doesn't just happen on its own. Good will and best intentions alone will not ensure a sustainable workforce culture that is congruent with our vision, principles and frameworks. We support our culture with policies and procedures that support staff when there are challenges and manage breaches in cultural expectations.

We understand that clear, transparent change management processes are integral for supporting staff and participants to integrate new practice or to be resilient and engaged in times of significant systematic changes.

Maintaining and evolving our culture

The new national Model of Care for alcohol and other drug services is one lever in maintaining a shared culture. Through the model we intend to communicate beliefs, practices and intentions across all services in Australia. The implementation plan will focus on a communication strategy for embedding the model across services and evaluation framework will assess the success in doing this, as well as provide opportunities to overcome unforeseen obstacles.

We see our culture as a collaborative process. We understand the unique culture of different programs in our alcohol and other drug services and look to bring together the best, richest and most effective cultural learnings from all around Australia. We understand the importance of leaders and champions at every level of service. We will continue to participate in the cultural rituals and celebrations of our alcohol and other drug services and the larger Salvation Army services, understanding their important role in maintaining our culture.

Governance and leadership

An effective system of clinical governance ensures that we are accountable to the commitment to continuous improvements in the standard and quality of treatment delivery and care. Accountability is an essential ingredient in creating a culture that is transparent, responsible and accountable at all levels of service and importantly to the people that access the service. Participants are a central tenant in both the development of and improvement in levels of safety and care. There are a number of principles that deliver a foundation for good governance.

Governance principles

This document uses governance principles from the Victorian Clinical Governance Framework.[1]

- The focus is on the service participant experience throughout the continuum of care
- Priorities and strategic direction are communicated clearly to support quality and safety systems
- Planning and resource allocation supports achievement of goals
- Strong clinical leadership and ownership
- Organisational culture supports service participant safety and quality improvement initiatives and is supported through committee structures, systems and processes
- Compliance with legislative and policy requirements
- Rigorous measurement of performance and progress, including reporting and review
- Continuous improvement of quality and safety
- Clearly defined roles and responsibilities are understood by all participants in the system

1 Victorian Government: (2008) Victorian clinical governance policy framework: Enhancing clinical care. State of Victoria: Melbourne.

Participant involvement in our services

Participant involvement in organisations is associated with a number of positive outcomes, including increased participant confidence and satisfaction, treatment retention and links to education, training and employment. Fundamental principles for participation in services include respect, openness, equal opportunity, advocacy, responsiveness, shared ownership, dissemination and evaluation.

Genuine participant engagement requires organisational buy-in at the level of governance and management, staff and participants themselves. There are a number of types and levels of participant engagement:[1]

- **Low level engagement:** designed to inform participants of an issue through newsletters, websites, social media, reports and presentations
- **Low/medium level engagement:** designed to consult with participants and receive feedback through surveys, focus groups, suggestion boxes and complaints processes
- **Medium level engagement:** intended to involve participants in addressing issues and concerns, including those directly related to service provision through workshops, service planning, paid participation and invitations to events
- **High level of engagement:** structured to collaborate in partnership with participants by participating in expert advisory groups, research committees, staff-selection, working groups and co-facilitation
- **Very high-level engagement:** creating opportunities to empower participants in genuine decision-making in the organisation through participation on the Board of Directors, speeches and presentations, peer support and participant staff positions and participant-driven research

While recognising that organisational change to include participation takes time it is fundamental that this is not tokenistic. The Salvation Army alcohol and other drug services estimate the current level of participant involvement as low/medium with some services demonstrating much more intensive participant engagement. We will use the knowledge of where this has been effective in existing services to expand and embed participation in the medium, short and longer term.

1 Fiona Poedar. (March 2019). Consumer Participation in AOD Services. Advocate. Issue 1: March 2019: Network of Alcohol and Other Drugs Agencies: NSW.

In accordance with our values and principles, we strongly value genuine participant engagement in alcohol and drug services. We will endeavour to achieve high levels of involvement across services in the longer term but will eagerly embrace meaningful participation opportunities across alcohol and other drug services in the immediate and short term.

Workforce development

Workforce development ensures that our alcohol and other drug services attract and retain a qualified, capable, robust and diverse workforce to deliver quality care to participants. Workforce development enables workers to be confident in delivering evidence-based, best practice interventions and provides training and support to maintain a high level of treatment delivery.

Workforce development is not only education and training but includes recruitment and retention, workforce planning, professional and career development, supervision and worker well-being. The overarching aim of effective workforce development is to increase the capacity to effectively prevent and respond to alcohol and other drug issues and to reduce harms to the individual and the community.

Management, (in particular centre manager and program supervisor) is the most supportive management I've ever had the pleasure to work with. The team at the Bridge are valued and respected and as a result work really effectively together.
— Emily, staff member

Workforce development needs to be responsive to future service challenges. Examples include being able to identify changes in alcohol and other drug use in particular population groups such as older people in the context of Australia's ageing population and alcohol use by women. The alcohol and other drug workforce needs to respond to emerging trends in drug use types and patterns of use, such as the increase in misuse of prescription opioid and other medication and the emergence of so called 'smart drugs' used by healthy people to improve cognitive function.

Other challenges faced by alcohol and other drug service providers include being able to respond to social issues and policy directives. For example, in Victoria and some other states around Australia there are government directed expectations for services to be able to identify and respond to the complex issue of family violence. In the provision of holistic care, services are increasingly required to be responsive to multiple-morbidities that consider the mental and physical health needs of people.

There's not too many organisations that support the staff the way you all do and we appreciate the extra effort you all put in. Thanks to you guys this is now a great place to work where staff and clients feel supported and we can come to work feeling like we can do our jobs and have a bit of fun with each other at the same time! — Alex, staff member

We recognise the workforce as integral to our mission to deliver quality services that provide hope, courage and dignity for all people. We look to recognise the talents, strengths and aspirations of the workforce and provide opportunities for them to develop and grow both personally and professionally.

We encourage staff to cultivate behaviours that promote resilience to be able to respond to the demands of the work and overcome challenges. Our workforce recognises that exhibiting these qualities both maintains a healthy workplace and models to our participants the capacity to overcome and manage difficult situations. Our staff embody the organisational culture and must be supported to provide the excellence in service delivery service participants deserve.

Cultural competency

The Salvation Army alcohol and other drug services are committed to improving the cultural competency of our staff. The overarching framework for supporting services to develop cultural capability is found in the Aboriginal and Torres Strait Islander Cultural Capability framework. The core features identified to develop capacity for cultural competence are:

- **Knowing:** Knowing and understanding history, culture, customs and beliefs
- **Doing:** Culturally appropriate action and behaviour
- **Being:** Awareness, authenticity and openness to examining own values and beliefs[1]

> Our drug and alcohol services are committed to improving staff and service capacity to respond appropriately and effectively to the needs of Aboriginal and Torres Strait Islander participants. Cultural capacity training will be made available regularly to current and future staff as part of this process.

Peer workforce

Our services recognise the valuable contribution of employees with a lived experience. We acknowledge the Strategy for the Alcohol and Other Drug Peer Workforce in Victoria[2] and support the vision for an inclusive, respected peer workforce wholeheartedly. In accordance with the actions to deliver the vision we will look for future opportunities to expand this workforce in our services.

Partnerships

The Local Mission Delivery Model of The Salvation Army ensures that a range of internal partnerships are the usual way of operating our services. This means that participants of alcohol and other drug services have access to a range of Salvation Army expressions and all the associated benefits.

Additionally, Salvation Army alcohol and other drug services recognises that partnering with other agencies offers a number or advantages. We work collaboratively with other organisations to increase capacity to offer a wider range of services and to address the holistic care needs of service participants. Through partnerships we pool knowledge, expertise and resources to ultimately provide more coordinated and integrated care pathways for people.

We understand that partnerships also have economic benefits and can enhance capacity to diversify funding streams, create economies of scale, share expertise and specialist knowledge and be more effective in attracting tenders and other funding sources.

Our services acknowledge that developing and strengthening respectful partnerships between Aboriginal and Torres Strait Islander peoples and mainstream health services is a priority area of the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy.[3] We seek to continue our work to ensure that we are vigilant in making these partnerships a priority.

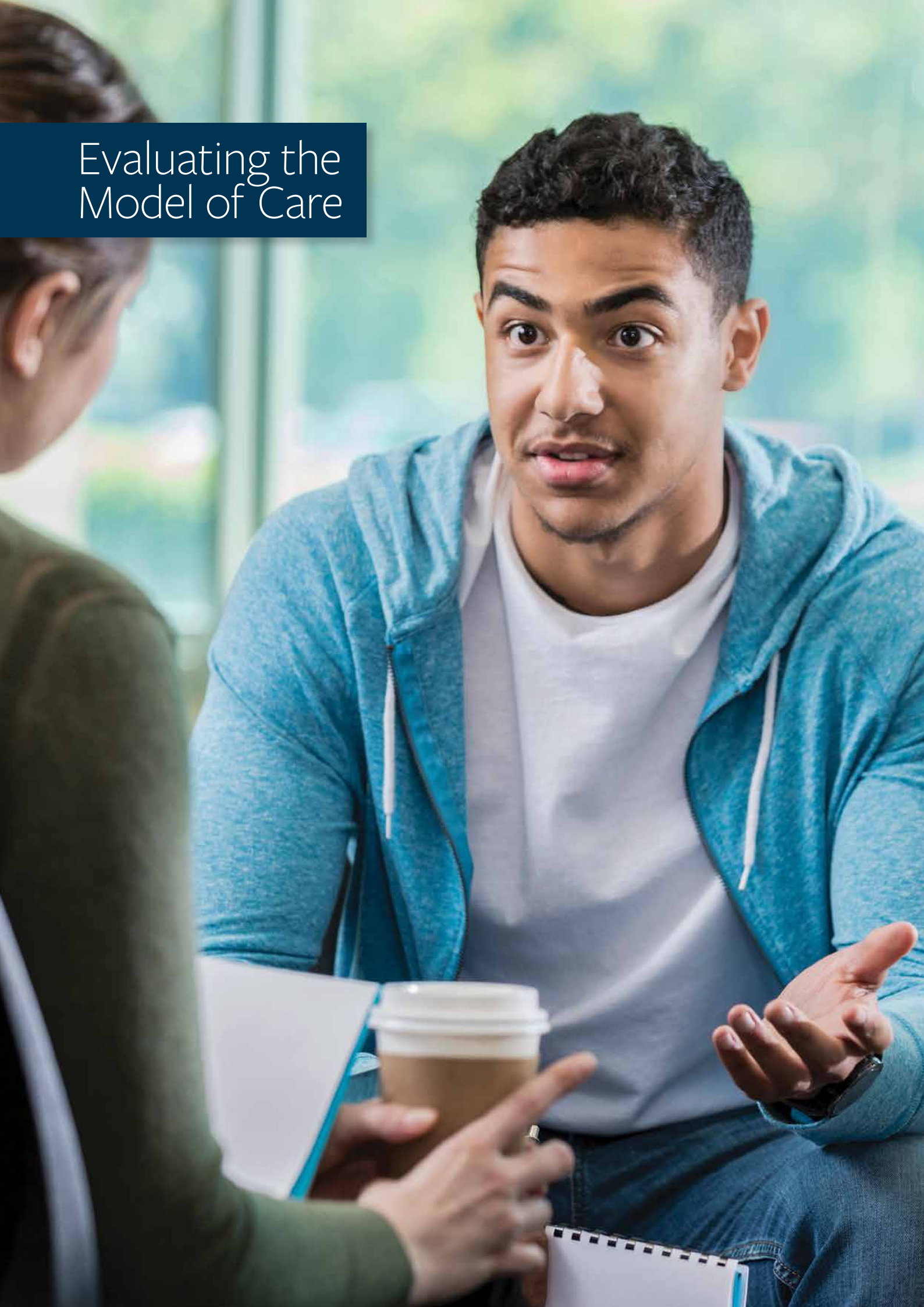
Alcohol and drug services works in formal partnerships with a range of organisations throughout Australia. For example, we have partnerships with Headspace to provide support for young people and with Goulburn Valley Health to support regional participants. However, we also place enormous value on informal partnership arrangements with health and community groups and are continuously working towards building and strengthening these relationships.

1 Queensland Health. (2010). Aboriginal and Torres Strait Islander cultural capability framework 2010–2033. Brisbane, Qld : Queensland Health, http://www.health.gov.au/internet/main/publishing.nsf/Content/health-oatsih-pubs-healthstrategy.htm

2 Lived Experience Workforce Strategies Stewardship Group (2019). Strategy for the Alcohol and Other Drug Peer Workforce in Victoria. Self Help Addiction Resource Centre (SHARC): Melbourne.

3 Intergovernmental Committee on Drugs, National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014–2019 (2015) 3. The Drug Strategy is a sub-strategy of the National Drug Strategy 2010–2015.

Evaluating the Model of Care



A process evaluation framework

The purpose of this evaluation is to determine the extent to which the new Model of Care is being implemented and to provide feedback on the quality of implementation.

Title

Evaluating a new Model of Care for The Salvation Army national alcohol and other drug services.

Background and rationale

The Salvation Army alcohol and other drug service response to a restructuring of its national operations through the Australia One strategy. The alcohol and other drug service has most recently operated as two distinct territories: the Southern Territory and Eastern Territory. Each territory was responsible for its own governance structures and alcohol and other drug service delivery, including programs, frameworks and modalities used across services. The new Model of Care is designed to establish a national model for all alcohol and other drug services to ensure consistency, efficiency and best practice across the alcohol and other drug services.

Goals and objectives

To successfully implement a new national Model of Care for The Salvation Army alcohol and other drug services that is based on evidence and best-practice and is underpinned by a shared vision, set of principles and agreed upon frameworks. The new model aims to position alcohol and other drug services to be able to support a capable, competent and robust workforce and be able to respond to changes and challenges in alcohol and other drug services delivery as they occur.

Purpose of the evaluation

To determine:

- If staff have been made aware of the new Model of Care. Have the expectations of the Model of Care been clearly communicated and understood by staff?
- If a change management strategy has been effectively developed, implemented and communicated. Are there adequate supports for service staff and participants to implement the Model of Care?
- To what extent the new Model of Care has been implemented
- If all the relevant key components of the model have been effectively implemented across all services
- If the model is effective in addressing identified gaps and opportunities for change
- If the model can be improved to enhance efficiency and effectiveness
- If staff and service participants are satisfied with the model

Parameters of the evaluation

The evaluation is to assess the successful implementation of the new Model of Care and understand where there are challenges in adherence to the new model.

Figure 6: Evaluation design

Outputs

- Clear understanding across the alcohol and other drug service of features and expectations of the Model of Care
- Improvement in policies and processes to align with the Model of Care
- Practice change where relevant to enhance services' capacity to deliver best practice, evidence-based modalities
- Training, supervision and other workforce development supports are in place
- Processes to identify and overcome service and system fragmentation

Outcomes

- New alcohol and other drug services Model of Care effectively implemented at a national level
- Improved staff capacity and satisfaction
- Improved access and experience for participants
- More efficient service delivery
- Improvements in local partnerships and increased collaboration with other health and community services

Communication of findings

The findings of the evaluation will be communicated to The Salvation Army senior leadership team, managers, staff and participants, as well as other key stakeholders. This communication will occur through a number of mechanisms, including regular meetings with the national alcohol and other drug services leadership team, email, newsletter and other internal and external communications, program and team meetings and on The Salvation Army website.

Evaluation timeframe

Evaluation will occur at six, 12 and 24 months following the formal commencement of implementation of the Model of Care. The initial six-month evaluation will be primarily focused on identifying any challenges or constraints in the implementation of the model. Subsequent evaluations will focus on successful implementation of the model.

Incorporating evaluation findings

Findings from the evaluation will be used to amend and improve the model and respond to challenges and constraints that may emerge.

Figure 7: Evaluation framework