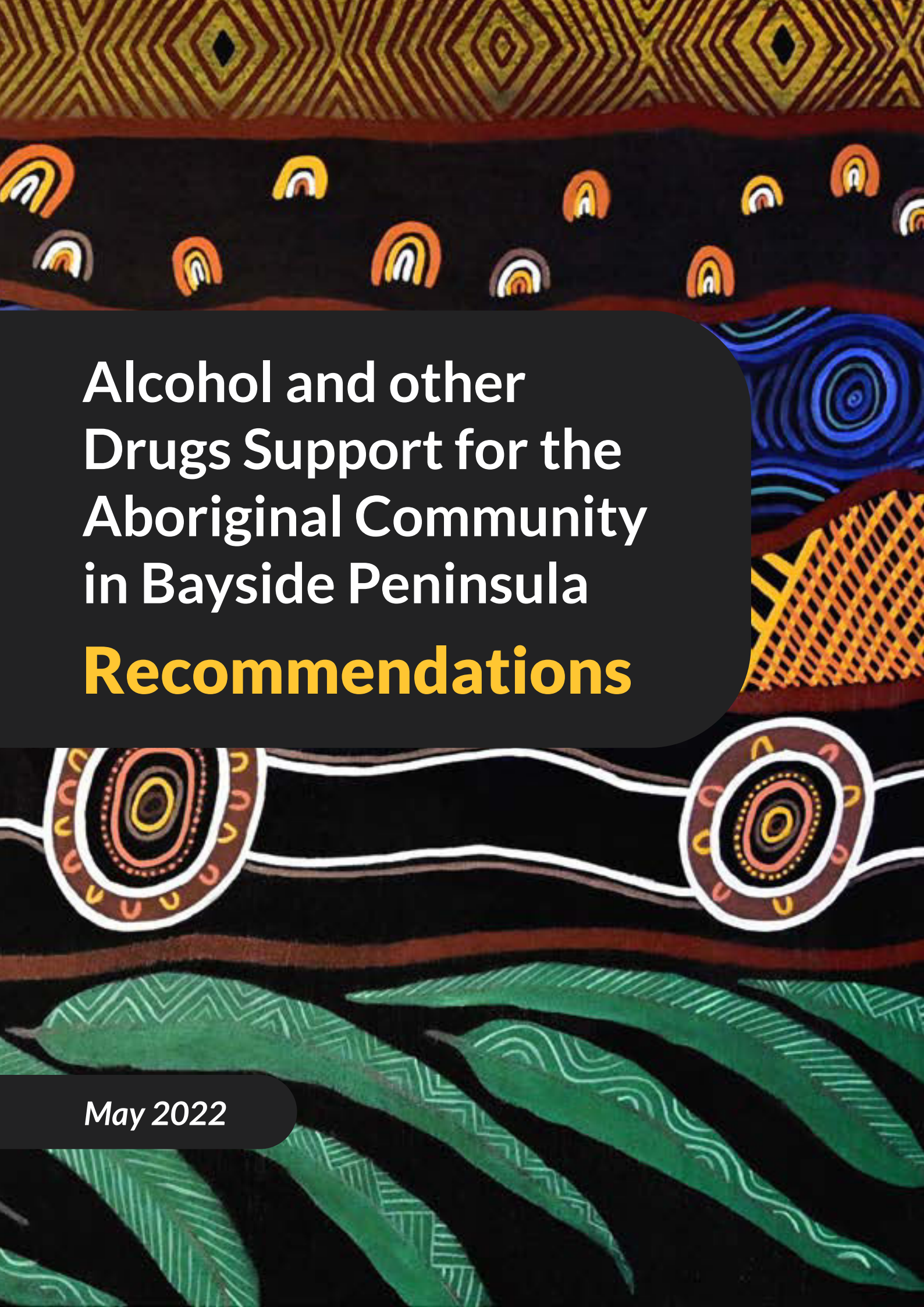

Alcohol and other Drugs Support for the Aboriginal Community in Bayside Peninsula

Recommendations

May 2022

Terminology

We acknowledge the diverse and distinct cultures of Aboriginal people and Torres Strait Islanders. This report is intended for both Aboriginal people and Torres Strait Islanders living in Victoria or accessing Victorian Alcohol and Other Drug (AOD) services. In this report, 'Aboriginal' refers to both Aboriginal and Torres Strait Islander people. 'Indigenous' or 'Koorie' is retained when part of a program name or quotation.

Prepared by Nick Jones
Melbourne Primary Health

Acknowledgements

The project has been guided by a project control group consisting of representatives from:

- Access Health, The Salvation Army AOD Victoria
- Bunjilwarra Koori Youth Alcohol & Drug Healing Service
- Dandenong & District Aborigines Co-operative
- DFFH – Aboriginal Engagement Unit
- DFFH – Agency Performance & System Support
- First People's Health & Wellbeing
- Ngwala Willumbong Aboriginal Corporation
- Orange Door
- Peninsula Health
- Star Health
- Windana

We have also been guided by feedback from the following committees:

- Bayside Peninsula Area Aboriginal Governance Committee
- Bayside Peninsula Area Alcohol and Other Drug Planning Committee

A large number of community members were consulted during the project and shared their stories. The people who chose to be acknowledge are:

- Stacey Morton
- Kenneth Drew
- CLENZ

Artwork

Layers of Country by Sammy Trist

Sammy is a Taungurung woman of the Kulin Nation and is the Cultural Lead (arts and projects) at Willum Warrain gathering place in Hastings.

- First layer - symbols to represent Kulin totems (Waahn and Bunjil)
- Second layer - community/families
- Third layer - waterways, pun pun, turtle pond, Westernport, Port Phillip Bay
- Fourth layer - Kulin line art, diamond or hatch represent fishing/weaving
- The five lines represent the eastern Kulin nations (5 clans)
- Fifth layer - different Aboriginal groups that come and connect and share culture and knowledge
- Sixth layer - gum leaves represent the country that Willum is located on

Service user interviews and thematic analysis by Nyuka Wara consulting.

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List of figures

Executive summary

Project background

Objective

The Alcohol and other Drugs (AOD) Strategic Planning Project for the Aboriginal Community in the Bayside Peninsula was tasked by the Victorian Department of Families, Fairness and Housing to recommend a service model for the delivery of AOD services to Aboriginal people in the Bayside Peninsula Area.

Deliverables

- A needs analysis of the Aboriginal community in relation to AOD service demand (including consultation with stakeholders) that includes:
  - Prevalence of AOD use amongst Aboriginal people across the Bayside Peninsula Area
  - Existing and emerging social determinants of health, impacting AOD use amongst Aboriginal people, across the Bayside Peninsula Area
  - Current demand and AOD service utilisation amongst Aboriginal people across the Bayside Peninsula Area
  - Current funding of Aboriginal-specific AOD services across the Bayside Peninsula Area
  - Identify existing culturally appropriate evidence-based frameworks for delivery of Aboriginal-specific AOD services
  - Identify gaps in available AOD programs and services appropriate to respond to the needs of Aboriginal people, families and communities across the Bayside Peninsula Area
  - Organisational and workforce development needs amongst Community Controlled organisations and mainstream AOD providers
- Development of an evidence based contemporary alcohol and other drugs strategy and service model for the Bayside Peninsula Area Aboriginal community that identifies a full range of culturally responsive and appropriate programs, including prevention and interventions.

Project team

The project was funded by the Department of Families Fairness and Housing and overseen by the Frankston Mornington Peninsula Primary Care Partnership, with project coordination and data analysis provided by Nick Jones of Melbourne Primary Health.

Eddie Moore from Nyuka Wara conducted the interviews and thematic analysis of the interviews was done by Eddie Moore and Dr Ginny Monteiro.

Overview

What is the challenge?

In the Bayside Peninsula Area, despite Aboriginal people accessing drug and alcohol services (AOD) at 10 times the rate of the general community, only a small number of Aboriginal people are accessing drug and alcohol services that incorporate best practice support for Aboriginal people.

How many people are impacted?

The Bayside Peninsula Area (based on Department of Families Fairness and Housing boundaries) has the:

- largest number of Aboriginal people in Victoria (5,977 people in 2020)[1]
- highest projected number of Aboriginal people in Victoria by 2028 (8,324 people)[2]
- highest estimated number of Aboriginal people with risky AOD usage (594 people)[2]
- highest estimated number of Aboriginal people accessing AOD services (291 people)[2]

What is the imbalance?

Impact of social determinants of health:

- Negative social determinants of health are correlated with higher risk AOD usage[2,3]
- All Aboriginal communities are impacted more negatively by social determinants of health than the mainstream community
- Aboriginal people in the Frankston and Mornington Peninsula Local Government Areas and the suburb of St Kilda have the highest negative social determinants of health in the catchment[5]

Most AOD services for Aboriginal people are being provided by mainstream services:

- Based on the activity data of state funded AOD services[6], only 15 of 253 (6%) Aboriginal people accessing AOD services were supported by Aboriginal Community Controlled Organisations in 2020/21

AOD services for Aboriginal people are not evenly distributed:

- The only Aboriginal Community Controlled Organisation providing state-funded AOD services, Ngwala Willumbong, is a 50 minute drive from the area with the largest need for AOD services (Frankston) and a 1.5 hour drive from the area with the fourth highest need (Hastings)

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[1] Australian Bureau of Statistics. 2016 Census of Population and Housing. Accessed using TableBuilder. https://www.abs.gov.au/statistics/microdata-tablebuilder/tablebuilder. <accessed 20/8/2021>

[2] SVA. Demand for services for Aboriginal and Torres Strait Islander people in Victoria https://www.parliament.vic.gov.au/images/stories/committees/paec/COVID-19_Inquiry/Submissions/76b._Aboriginal_Executive_Council_AEC.pdf

[3] Commonwealth of Australia. National strategic framework for Aboriginal and Torres Strait Islander Peoples' mental health and social and emotional wellbeing 2017-2023. Canberra: Department of the Prime Minister and Cabinet; February 2017. https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf <accessed 22/2/2022>

[4] Australian Institute of Health and Welfare. The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015. Cat. no. IHW 147. Canberra: AIHW; 2015. https://www.aihw.gov.au/reports/indigenous-australians/indigenous-health-welfare-2015/contents/table-of-contents <accessed 22/2/2022>.

[5] Intergovernmental Committee on Drugs. National Aboriginal and Torres Strait Islander peoples' drug strategy 2014 - 2019. A sub-strategy of the National Drug Strategy 2010 - 2015. Canberra: Commonwealth of Australia. https://www.health.gov.au/resources/publications/national-aboriginal-and-torres-strait-islander-peoples-drug-strategy-2014-2019. <accessed 22/2/2022>

[6] Department of Health and Human Services. Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027. Melbourne: State Government of Victoria; October 2017. https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027 <accessed 22/2/2022>

Proposed service model

The proposed service model builds on the existing guidelines that AOD Aboriginal Community Controlled Organisations (ACCOs) already aim to align with:

- Balit Murrup social and emotional wellbeing framework[7]
- Victorian Department of Health AOD program guidelines[8] (where they don't conflict with Balit Murrup recommendations)

The core components of the AOD service model are:

- Promotion of AOD services provided by ACCOs to the community and service providers
- Proactive discussion with Aboriginal people about accessing ACCO AOD services
- More time for yarning
- Culture as treatment
- Focus on the therapeutic relationship between participants and the same small support team
- Active handover within the service and to external services

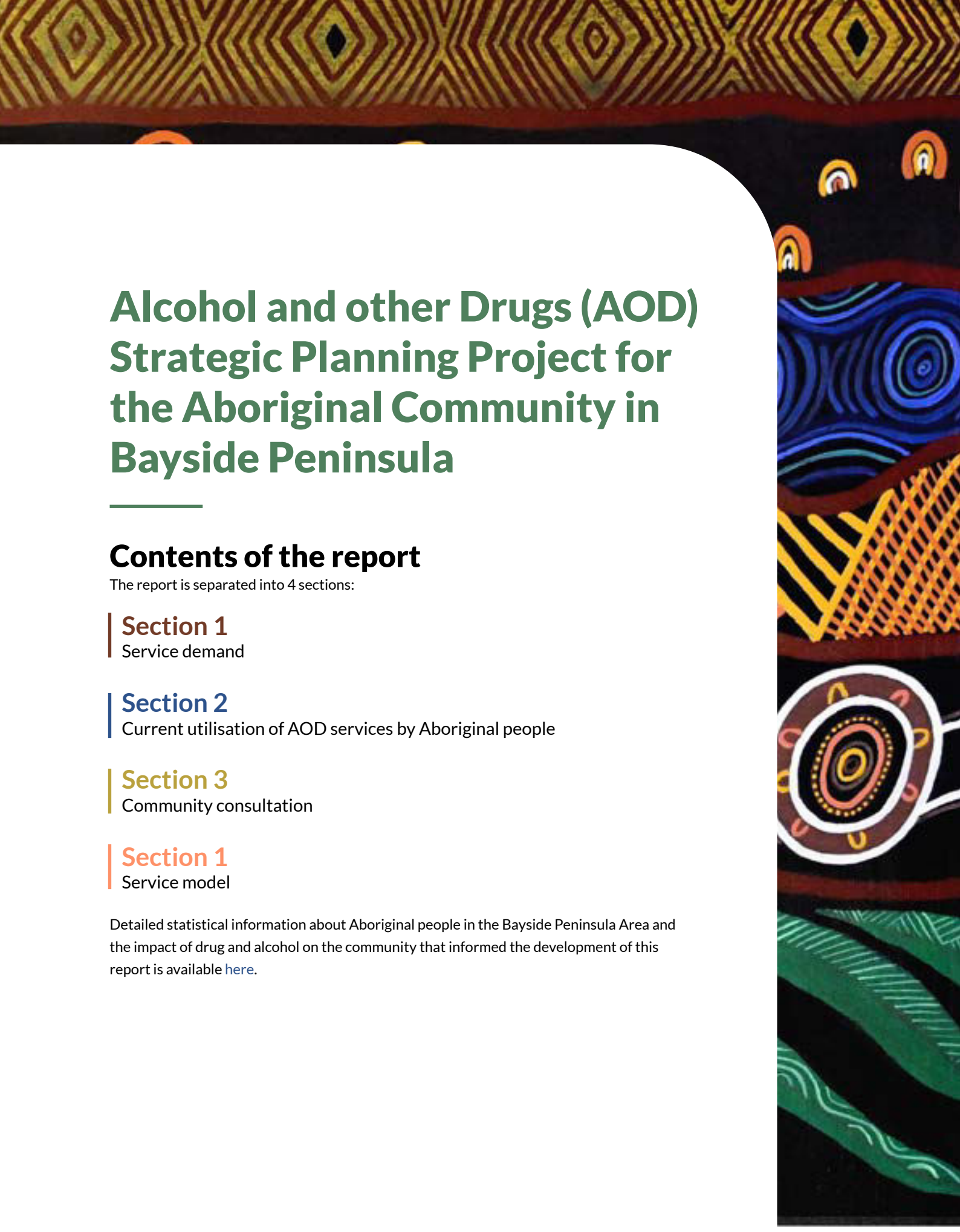
Out of scope

Changes that are needed but are outside the scope of this AOD treatment services project are:

- Social and health supports
- AOD detoxification
- AOD residential rehabilitation
- Pharmacotherapy

[7] Department of Health. Alcohol and Other Drug Program Guidelines. https://www.health.vic.gov.au/aod-service-standards-guidelines/alcohol-and-other-drug-program-guidelines <accessed 22/2/2022>

[8] Department of Health. Victorian Alcohol and Drug Collection (VADC). https://www.health.vic.gov.au/funding-and-reporting-aod-services/victorian-alcohol-and-drug-collection-vadc



Alcohol and other Drugs (AOD) Strategic Planning Project for the Aboriginal Community in Bayside Peninsula

Contents of the report

The report is separated into 4 sections:

Section 1
Service demand

Section 2
Current utilisation of AOD services by Aboriginal people

Section 3
Community consultation

Section 1
Service model

Detailed statistical information about Aboriginal people in the Bayside Peninsula Area and the impact of drug and alcohol on the community that informed the development of this report is available here.

Section 1. Service demand

Service demand can be estimated by understanding:

- The number of Aboriginal people in the catchment
- Social determinants of health
- Current utilisation of AOD services by Aboriginal people
- Number of Aboriginal people experiencing harm related to AOD use

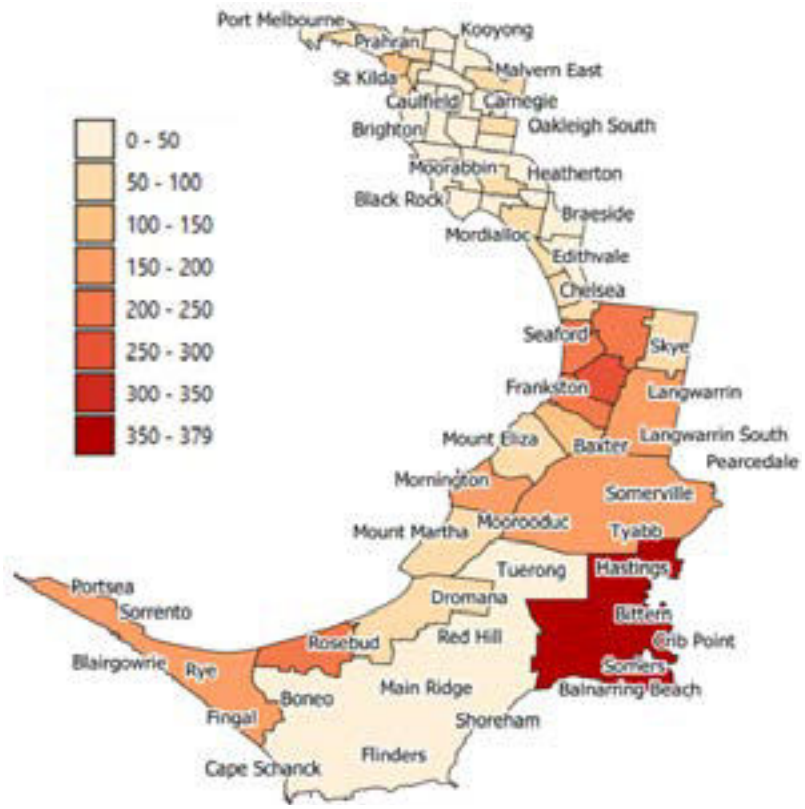
1.1 Bayside Peninsula Demographic Profile

The Bayside Peninsula Area (BPA) includes the local government areas of Frankston, Kingston, Bayside, Stonnington, Glen Eira and Port Phillip, and the Mornington Peninsula.

Figure 1 shows the number of Aboriginal people counted in the 2016 Census. Frankston and the Mornington Peninsula have the top 10 SA2 (suburb sized) areas with the highest Aboriginal populations.

Despite only comprising 16% of the total population, Aboriginal people in the Frankston and Mornington Peninsula Local Government Areas comprise 61% of the BPA Aboriginal population.

St Kilda is the focus of many AOD services supporting Aboriginal people but has fewer Aboriginal people (identified in the 2016 Census) than most suburbs in the Frankston and Mornington Peninsula area. However, this is complicated by evidence that the Census may underestimate the number of Aboriginal people by at least 15%2.



Source: ABS Census 20161

Figure 1. Number of Aboriginal people in BPA 2016

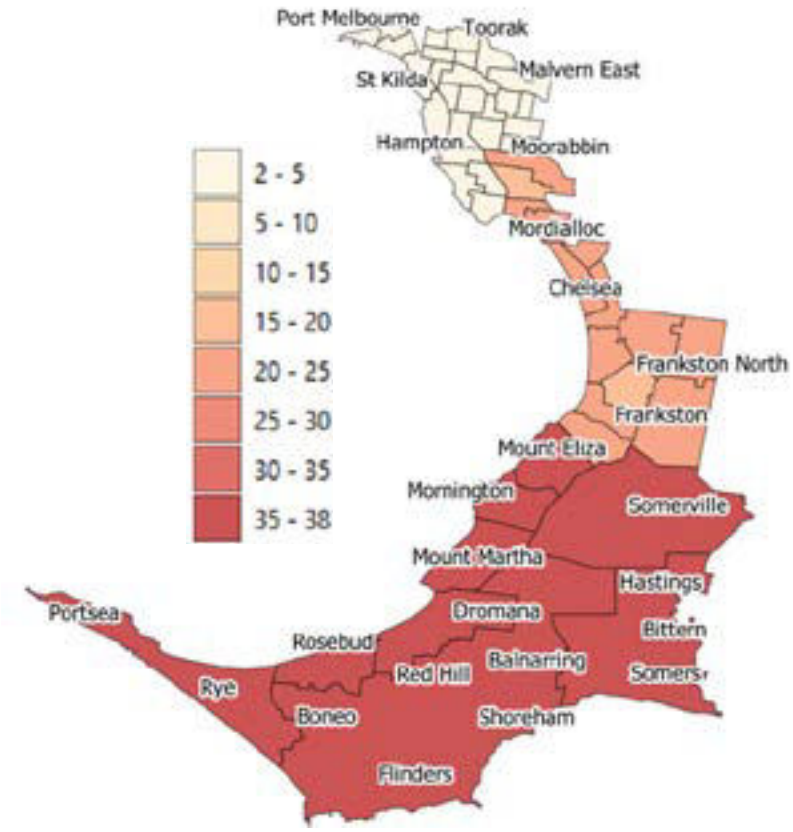
1 .2 Existing and emerging social determinants of health impacting AOD use

Many Aboriginal people in the BPA experience good or excellent health. However, as a group, Aboriginal people continue to experience a greater burden of disease and social and economic disadvantage, compared to non-Aboriginal people.

Figure 2 shows Aboriginal Relative Socioeconomic Outcomes by Aboriginal Areas and highlights the higher disadvantage in the southern part of BPA compared to the northern part.

Aboriginal people in Frankston and the Mornington Peninsula have similar overall socioeconomic outcomes as Aboriginal people in the rest of Greater Melbourne[9].

However, Aboriginal people in all areas of Greater Melbourne are significantly more disadvantaged compared to non-Aboriginal people.



Source: Public Health Information Development Unit9

Figure 2. Aboriginal Relative Socioeconomic Outcomes 2016

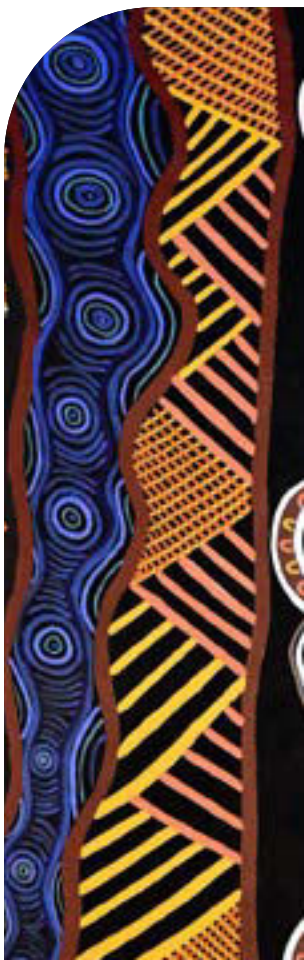
1.3 AOD service demand

Bayside Peninsula has the largest number of Aboriginal people in Victoria by Department of Health region and over 8% of all Aboriginal people receiving state funded AOD services live in the BPA.

By 2028, it is expected that there will be over 8000 Aboriginal people living in the BPA region, which is nearly 1000 more people than in the next largest area2.

In a 2017 review, Bayside Peninsula area was identified in the top 3 Melbourne metropolitan areas with the highest current and future demand for social services in 8 priority sectors2.

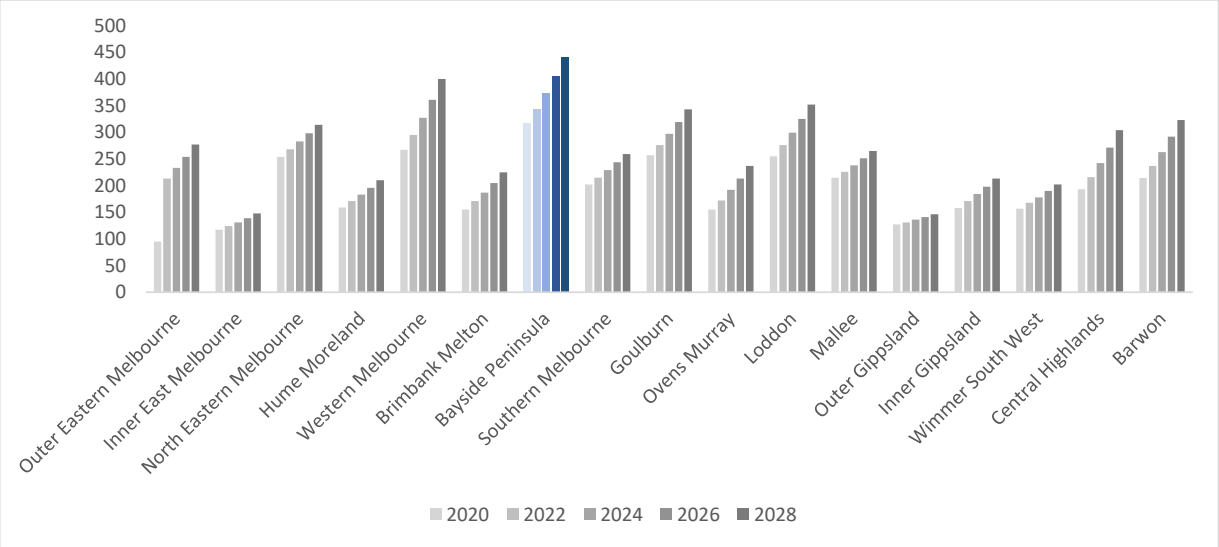
- Education
- Child and family
- Family violence
- Homelessness
- Justice
- Mental health
- Alcohol and other drugs
- Youth



[9] Public Health Information Development Unit. Aboriginal and Torres Strait Islander social health atlas of Australia. Adelaide: Torrens University Australia; 2020 [updated 2020 accessed 14/1/2021]. Available from: http://phidu.torrens.edu.au/

Figure 4, adapted from the SVA Consulting report on service demand2, shows the projected demand for Aboriginal people accessing AOD services across Victoria. The estimates of demand for AOD services are calculated by multiplying the proportion of Aboriginal people in Victoria that exceed lifetime risks guidelines for alcohol usage (from previous studies), with the number of Aboriginal people in each area.

The BPA catchment has the highest current and future demand for AOD services for Aboriginal people.



Source: SVA. Demand for services for Aboriginal and Torres Strait Islander people in Victoria2

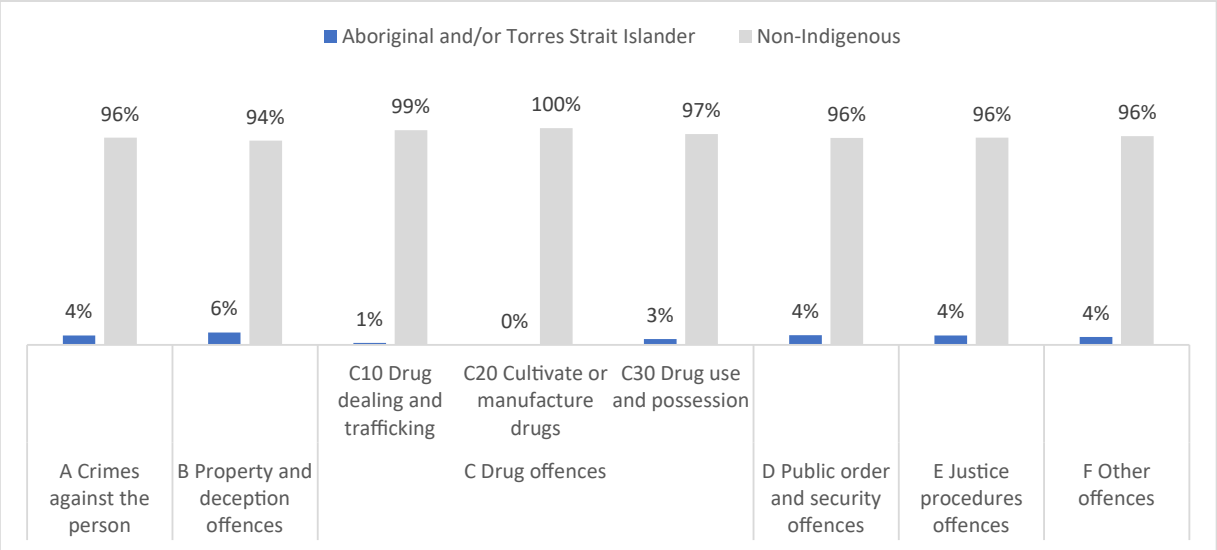
Figure 3. AOD Projected Demand (Individuals) – Community Organisation Support Services, by DHHS Region (2020-2028)

1.3 AOD Harm

There are a variety of sources of harm data linked to AOD use, including hospitalisations and deaths. However, the only publicly available harm data that currently includes Aboriginal status is Victoria Police crime data.

Victoria Police data for 2020/21[10] indicates that the proportion of alleged offences in the BPA involving Aboriginal people is nearly 4%, which is approximately 5 times higher than their proportion in the community.

Figure 3 below shows alleged offender incidents in the Bayside Peninsula Area by type. Of note is that Aboriginal people are very rarely arrested for drug-related crime.



Source: Victoria Police. Crime Statistics Agency[10]

Figure 4. Alleged offender incidents, BPA 2020/21

[10] Victoria Police. Crime Statistics Agency. https://www.crimestatistics.vic.gov.au/ <Accessed 19/11/2021>

Section 2. Current utilisation of AOD services

The Victorian Alcohol and Drug Collection (VADC) records activity for Department of Health Victoria funded AOD treatment providers. In the last financial year, 253 individual Aboriginal people accessed drug and alcohol services.

Aboriginal AOD service users by area

The local government areas with the highest number of Aboriginal people accessing AOD services were Frankston, Mornington Peninsula and Port Philip.

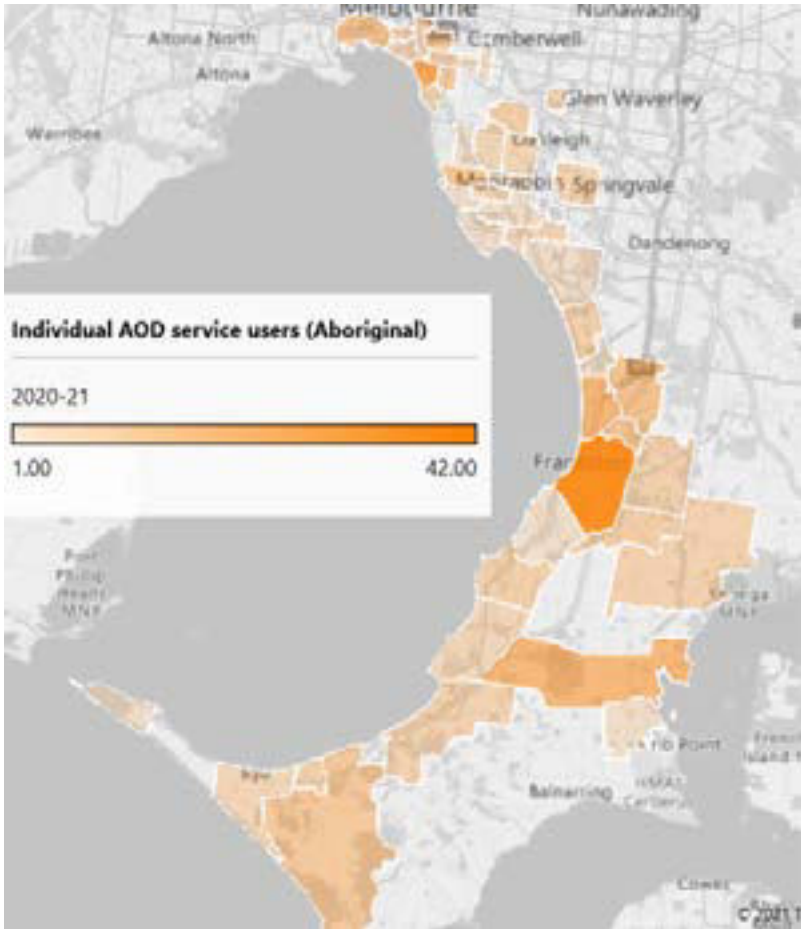
This roughly aligns with the SVA projections cited in section 1 of this report (316 people in 2020).

Compared to mainstream AOD service users, Aboriginal people:

- have similar service contacts per person
- live in similar areas of disadvantage

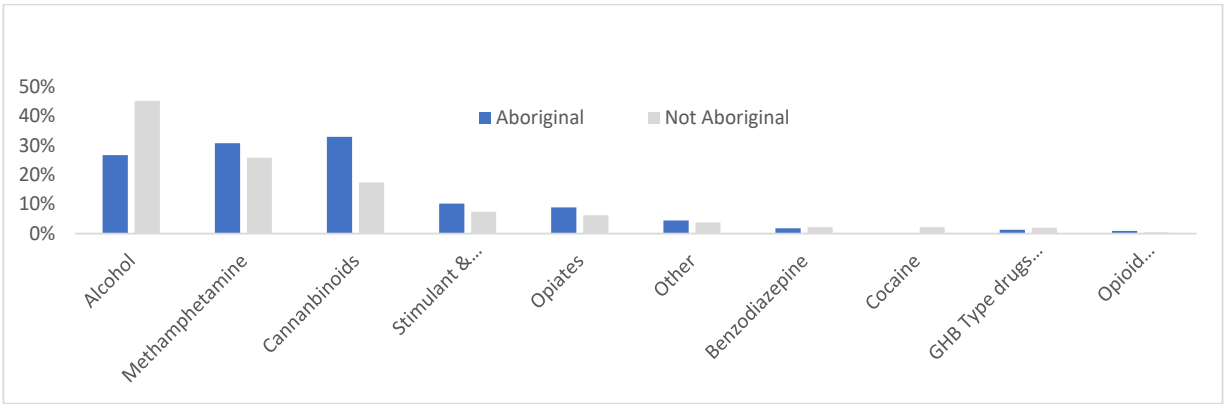
Primary drugs of concern

The Primary Drugs of Concern for Aboriginal people in the BPA are evenly spread between alcohol, cannabis and methamphetamine. This is a different profile to mainstream service users who are more likely to need support for alcohol.



Source: Department of Health. Victorian Alcohol and Drug Collection (VADC)[6].

Figure 5. Aboriginal AOD service users



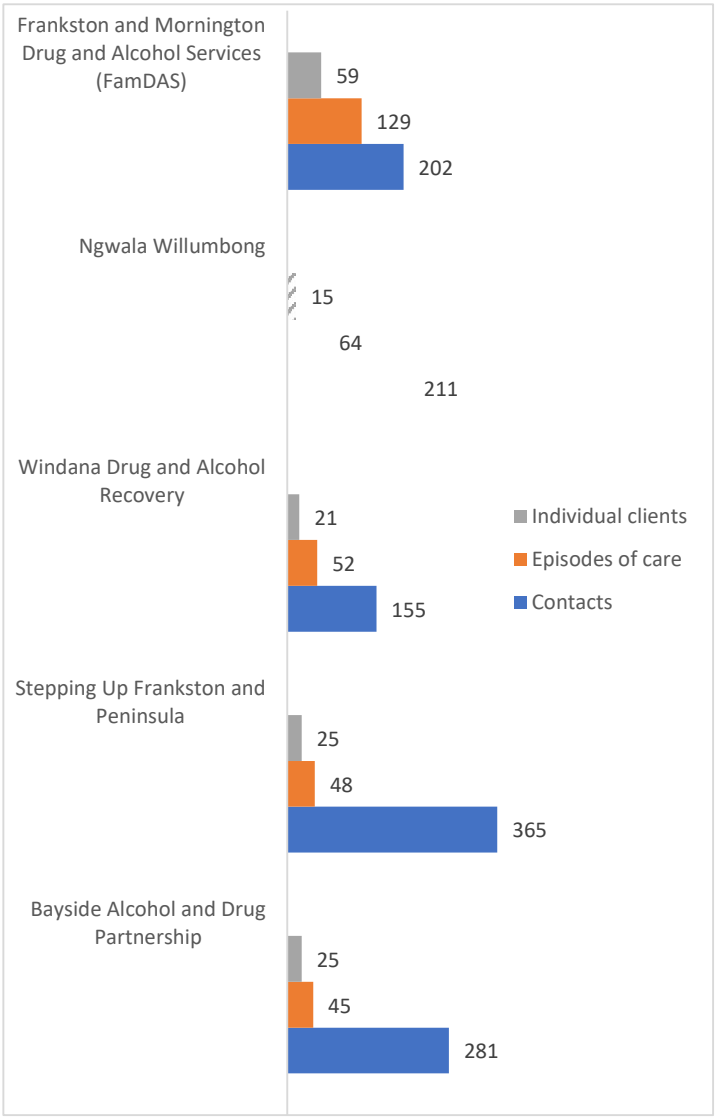
Organisations providing AOD services to Aboriginal people

In 2020/21, most AOD services for Aboriginal people were provided by mainstream services.

Based on the activity data of state funded AOD services[11], only 15 of 253 (6%) Aboriginal people accessing AOD services were supported by the AOD ACCO for the catchment, Ngwala Willumbong.

Figure 6 below shows that most Aboriginal people were supported by mainstream AOD services based in the Frankston Mornington Peninsula (FamDAS and Stepping Up).

The AOD ACCO for the catchment, Ngwala Willumbong, had fewer individual clients than FamDAS but more service contacts.



Source: Department of Health. Victorian Alcohol and Drug Collection (VADC)[11].

Figure 7. Number of Aboriginal AOD episodes of care by service (top 5)

[11] Department of Health. Victorian Alcohol and Drug Collection (VADC). https://www.health.vic.gov.au/funding-and-reporting-aod-services/victorian-alcohol-and-drug-collection-vadc

Section 3. Service user consultation

Overview of methodology

This study was conducted with Aboriginal people who had used or are currently using AOD services within the Bayside Peninsula Area. A total of 20 participants completed the interviews between August and October 2021.

To ensure cultural safety, a combination of yarning and semi-structured interviews was used.

A Victorian Aboriginal researcher with expertise in health and social research reviewed the research methodology, interview guide and questions for appropriateness of language/terminology, cultural safety, comprehension of questions, and appropriateness of the questionnaire design.

The Aboriginal researcher conducted the yarning semi-structured interviews with the clients. Due to COVID-19 restrictions, all interviews were conducted by video conference or telephone.

The research study adheres to:

- the guiding principles for Aboriginal Evaluation Strategy[12]
- the six core values important to all Aboriginal and Torres Strait Islander Peoples[13]
- the four principles of Australian Institute of Aboriginal and Torres Strait Islander Studies research ethics framework[14]

Ethics approval for the study was obtained from the Peninsula Health Human Research Ethics Committee.

Conventional content thematic analysis was used to analyse the transcripts. Each transcript was independently and sequentially coded by a researcher with over 15 years of Aboriginal health work experience. After completion of coding, discussion and comparison took place with the Aboriginal researcher, and themes were grouped into categories.

Sample characteristics

Seventeen of the 20 Aboriginal participants were from Victoria, and one was from the Northern Territory but living in Victoria. Two participants were from other states. Five of the participants identified as female and 15 as male.

The participants yarned with the interviewer about themselves (provided information about themselves that was important to them) at the commencement at the session. Participants reported working previously in the following occupations:

- cabinet maker
- carpenter
- bakery hand
- shearer
- car detailing
- roof tiler
- mental health peer worker

Results

The results have been divided into 3 major themes:

- Organisational factors
- Staff factors
- Cultural factors

Direct quotations from participants are displayed in blue text boxes

[12] Productivity Commission, Indigenous Evaluation Strategy October (2020), Commonwealth of Australia: Canberra. https://www.pc.gov.au/inquiries/completed/indigenous-evaluation#report <accessed 22/2/2022>

[13] National Health and Medical Research Council. Ethical conduct in research with Aboriginal and Torres Strait Islander Peoples and communities: Guidelines for researchers and stakeholders (2018), Commonwealth of Australia: Canberra. https://www.nhmrc.gov.au/about-us/resources/ethical-conduct-research-aboriginal-and-torres-strait-islander-peoples-and-communities <accessed 22/2/2022>.

[14] Australian Institute of Aboriginal and Torres Strait Islander Studies' (AIATSIS) 'Code of Ethics for Aboriginal and Torres Strait Islander Research (2020), Commonwealth of Australia: Canberra. https://aiatsis.gov.au/sites/default/files/2020-10/aiatsis-code-ethics.pdf <accessed 22/2/2022>.

Organisational themes

Holistic approach

Participants reported the need for AOD services that viewed the person as a whole and took the time to get to know them at a personal and cultural level rather than just discussing the addiction.

> *They were absolutely holistic approach to the addiction side of things, and it didn't just attack the addiction they attack everything.*

Insufficient AOD services and long waiting lists

Participants reported that they lost motivation while waiting to find a bed in rehabilitation or get access to support AOD services.

> *Quicker response with the AOD service to talk to someone, not just say, 'Oh hello … we've booked you an appointment for three months from now'.*

Alternative modes of AOD service delivery

Participants reported that they preferred when AOD services explored other service delivery methods to reach them during COVID such as using phone services. However, some participants noted that phone services were insufficiently motivating compared to 'in person' services.

> *I was getting phone calls on a regular basis. But that's not enough you know. Phone calls are nothing when you are in the midst of your addiction, you know, it's really not gonna do anything. Although it's great support, but it's really not physically gonna do anything for ya*

Workforce themes

Aboriginal staff

Participants requested an increase in Aboriginal staff, therapists, Elders and mentors to be a part of the AOD services.

> *Aboriginal worker, working there, it makes it more family orientated, and they just get how we speak and how we interact as people*

> *There's not enough … Indigenous help*

> *Everyone was trying to be sensitive and not say the wrong thing, but whilst doing that, nothing was getting done about what should have been getting done um, yeah and I just, I just I could see that whole situation would have been different if there was a black fella working there*

Staff retention

The high staff turnover within AOD services reduced the ability of Aboriginal clients to form meaningful bonds with their AOD worker. Aboriginal clients also reported a sense of frustration repeating their story whenever a new AOD worker was allocated to them.

> *You're always getting a new worker, 'cause someone leaves the job, it's just not very consistent.*

Acceptanc+e and trust

Participants reported that they felt like shutting down to staff who demonstrate a lack of understanding of their situation. Participants reported that they felt culturally unsafe when staff were inflexible in their perspectives and did not provide person centered care.

> *They've got their mindset on how to be with everyone, you know, they don't treat cases individually, sort of thing, and um, I found some of the workers a bit, like, um, ignorant*

Participants reported that they felt they were connected to the AOD service when they didn't feel like they were going to an appointment but to visit friends and get support rather get counselling. Participants also reported that they would not go back to the AOD service if they did not feel connected to the staff.

> *They make you feel really welcome when you walk in there. You feel like that you've gone to visit people that you know, and you don't feel like you're going to a AOD service. They are very welcoming.*

Cultural support

Cultural space

Participants requested for a designated area on the AOD service grounds where Aboriginal people could sit and yarn and have support sessions conducted with their AOD workers. Aboriginal culture emphasizes the importance of meeting with the mob and being able to have those supports.

> *A special place for Indigenous people to meet.*
>
> *Aboriginal people need sessions outdoors to connect to country and yarn together*

Lived experiences

Participants reported that culturally tailored programs would best be supported by Elders who have lived experiences to share with them and to be surrounded by Elders who are role models of change.

> *Having Elders who support like Aunty and Uncles who can guide the women and men with lived experiences. "*
>
> *These older fellas, they've been there and done it and lived it and survived it, and they're trying to teach me, like, you know, what I'm saying, that's why I listened to them, I really my, you know, sometimes I get a bit complacent and that and you know, drift off to the end of the world, but as soon as one of them old black fellas talk, man, my ears prick up and I'm all ears, I'm listening*

Section 4. Service provider consultation

Consultation occurred with representatives from the following organisations.

Mainstream AOD providers

- Access Health, The Salvation Army, AOD Victoria
- Peninsula Health
- Star Health
- Windana
- Bolton Clarke
- Headspace
- Odyssey House/Uniting Regen
- Wellways

Aboriginal Community Controlled Organisations

- Dandenong District Aborigines Corporation Limited
- First Peoples' Health & Wellbeing
- Ngwala Willumbong
- Bunjilwarra
- Victorian Aboriginal Child Care Agency
- Victorian Aboriginal Community Controlled Health Organisation
- Victorian Aboriginal Health Service/Metro Ice Initiative
- Dardi Munwurro

Support agencies

- Area 4 pharmacotherapy support
- Department of Families Fairness and Housing - Agency Performance & System Support
- Dhelk Dja Southern
- Regional Aboriginal Justice Advisory Committee
- South Eastern Melbourne Primary Health Network
- Southern Melbourne Primary Care Partnership

Intersectoral

- Koorie Education Support
- Chisholm TAFE

Themes from service providers

- Limitation of AOD funding model. No time to build rapport
- Greatest loss of clients from referral to intake
- Importance of 'drop in' service
- Importance of including family support
- Reluctance to engage due to justice or family services risk
- Challenges of recruiting Aboriginal workers
- New models for measuring change (more stories, less spreadsheets)
- Service gaps
  - Connection to appropriate mental health services
  - Intersection with family violence and family services

Cultural support agency consultation

Consultation occurred with representatives from the following organisations:

- Nairm Marr Djambana, gathering place, Frankston
- Willum Warrain – gathering place, Hastings
- Derrimut Weelam – gathering place, Mordialloc
- Bunurong Land Council

Themes from cultural support agencies

Cultural support is a crucial part of successful service delivery

Gathering places and Bunurong Land Council keen to connect people with cultural activities

In general, prefer not to have clinical services on site

Need to slowly build trust and relationships between organisations

Evidence of effective models from academic literature

The following evidence was used by the National Drug and Alcohol Research Centre's service planning model for Aboriginal people[15] and have been incorporated into the proposed model.

Culture as treatment

A qualitative study by Berry and co-workers in 2013 of five residential drug and alcohol rehabilitation services for Aboriginal men in New South Wales examined 'culture as treatment' through different cultural activities. The research involved asking participants what cultural activities they would most like to engage in during treatment. The responses included 'time on Country, learning about culture/heritage/land, traditional art/craft and time with Elders'. Previous research has indicated that re-establishing and promoting traditional culture is an important way of restoring social and emotional wellbeing for Aboriginal Australians.

Individual counselling, while not varied in terms of the time allocation for mainstream services, should be flexibly tailored to be culturally appropriate and to include 'culture as treatment'. This means the time allocated to individual counselling, group sessions and group activities may include taking part in different cultural activities during treatment such as time on country, learning about culture/heritage/land, making traditional items, learning about or making traditional foods and medicines, traditional art/craft, traditional language classes, time with Elders and education regarding history.

When counselling an Aboriginal person, workers should be aware that the concept of family in Aboriginal culture includes immediate and extended family and should include family members in the counselling as much as possible (Williams, Nasir, Smither, & Troon, 2006). The relationship between the Aboriginal social context and patterns of AOD use means that to be effective, programs need to target individuals and their wider family and kinship group (Alati, Madden, & Morton, 1996). Not all Aboriginal clients welcome the involvement of their family in treatment. Research has shown that while some prefer to be away from family influences, others find family separation has a negative effect (Nichols, 2002). The different needs of individual clients necessitate program choices.

[15] Gomez, M., Ritter, A., Gray, D., Gilchrist, D., Harrison, K., Freeburn, B., & Wilson, S., 2014. Adapting the Drug and Alcohol Service Planning Model for Aboriginal and Torres Strait Islander people receiving alcohol, tobacco and other drug services: Components of care and a resource estimation tool. Canberra: ACT Health. https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/DASPM%20Aboriginal%20care%20and%20resource%20estimation%20FINAL%20REPORT.pdf <accessed 1/11/2021>

Return to country or community

'Return to country or community' involves returning to a place where there is an attachment. This intervention would follow-on after some initial intervention. It needs to be flexible and tailored to the needs of the individual.

This intervention involves firstly establishing connections (where they are from), then co-ordinating and preparing the "return to country or community", which includes contacting the community, making arrangements for support and ongoing care at the specific location to which the person is returning. It may also involve liaising with an Aboriginal Community Controlled Organisation and other workers in the community to which the person is returning. All this needs to be in place before a person can return to their community.

The second step involves ongoing supervision/monitoring as well as counselling and will have been co-ordinated before the person returns to their community. The final step is assertive follow-up. This involves checking on a person's stability rather than provision of treatment and needs to be done weekly for the first month.

Transport

Transport is a structural barrier for Aboriginal people accessing health services. Not all Aboriginal people have access to transport - no license, no vehicle, and/or no cash for transport (Helps & Moller, 2007). Geographical distances and lack of transport (in both urban and non-urban regions) are significant barriers to accessing drug and alcohol treatment (Gray et al., 2010).

Many Aboriginal people require supported referral (that is facilitating / helping/ensuring their attendance) due to their complex needs. Compliance with treatment attendance is enhanced if transport is available or provided (Brett et al., 2014).

A pilot study of community-based education and brief intervention in an urban Aboriginal setting (Conigrave, Freeman, Caroll, Simpson, Lee, Wade, Kiel, Ella, Becker, & Freeburn, 2012) identified transport as the most common barrier stopping participants getting help for their alcohol or drug problem.

Not every client needs transport assistance. The National Drug and Alcohol Research Centre estimate that 70% of clients will require transportation for each element of care.

Section 4. Proposed service model

Background

The proposed service model specifically relates to Aboriginal Community Controlled Organisations providing AOD services to Aboriginal people in the Bayside Peninsula Area. It builds on the existing guidelines that AOD Aboriginal Community Controlled Organisations aim to align with:

- Balit Murrup social and emotional wellbeing framework
- Victorian Department of Health Alcohol and other drug program guidelines (where they don't conflict with Balit Murrup recommendations)

The model also strongly borrows from the work of the National Drug and Alcohol Research Centre's service planning model for Aboriginal people[16].

The proposed model does not recommend that AOD Aboriginal Community Controlled Organisations provide all of the service model's services and capacity building activity themselves. In particular, some services such as cultural support and mental health counselling may be more effectively provided by external agencies.

The core components of the AOD service model are:

- Promotion of AOD services provided by Aboriginal Community Controlled Organisations (ACCOs) to the community and service providers
- Proactive discussion with Aboriginal people about accessing ACCO AOD services
- More time for yarning
- Culture as treatment
- Focus on therapeutic relationship between participants and a small and stable support team
- Active handover within the service and to external services

[16] Gomez, M., Ritter, A., Gray, D., Gilchrist, D., Harrison, K., Freeburn, B., & Wilson, S., 2014. Adapting the Drug and Alcohol Service Planning Model for Aboriginal and Torres Strait Islander people receiving alcohol, tobacco and other drug services: Components of care and a resource estimation tool. Canberra: ACT Health. https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/DASPM%20Aboriginal%20care%20and%20resource%20estimation%20FINAL%20REPORT.pdf <Accessed 1/11/2021>

Service model recommendations and suggested activities

The service model recommendations are based on services operating within the existing Bayside Peninsula Area service system. There are already existing AOD guidelines for mainstream AOD services, as well as the Balit Murrup guidance for AOD services[17] and Aboriginal cultural safety in health services[18]. The recommendations below incorporate these guidelines and allow for services to identify areas that need additional activity.

The table below identifies recommended practice for each stage of AOD service provision and suggested activities to meet the recommendations. The categories align with the Department of Health AOD Guidelines.

Category	Recommendation	Activities to meet recommendations	Responsibility
Promotion of available services	Promotion of AOD services provided by Aboriginal Community Controlled Organisations (ACCOs) to the community and service providers **Source of recommendations:** BPA AOD service user engagement - wanted more information about available services Provider consultations with Koorie Education Support Officers, TAFEs and Monash University - low awareness of AOD Aboriginal Community Controlled Organisations and how to access them	Provide information to organisations that support Aboriginal people. Follow up visits at team meetings and social occasions. • Mainstream AOD services • TAFE, university, schools • Gathering places • General practices • Other support services – mental health, family violence, housing • Justice	AOD ACCOs BPA AOD catchment planner

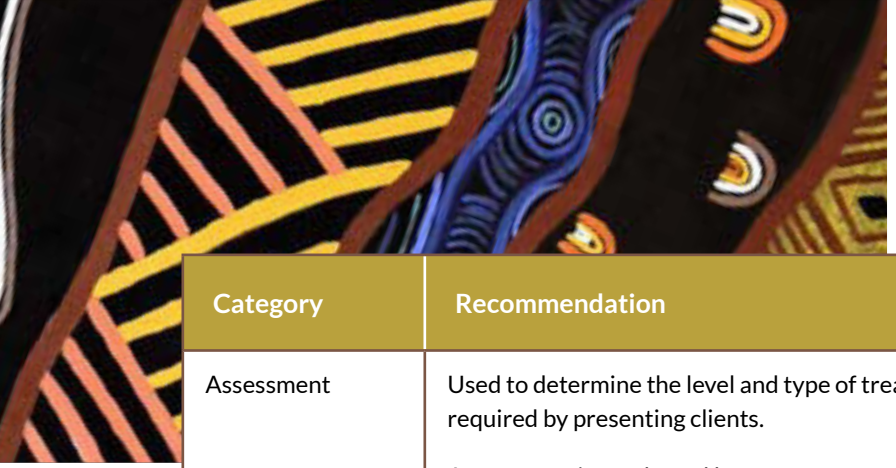
[17] Department of Health and Human Services. Balit Murrup: Aboriginal social and emotional wellbeing framework 2017–2027. Melbourne: State Government of Victoria; October 2017. https://www.health.vic.gov.au/publications/balit-murrup-aboriginal-social-emotional-wellbeing-framework-2017-2027 <accessed 22/2/2022>

[18] Department of Health, Victoria. Aboriginal cultural safety fixed grant guidelines Cultural safety planning and reporting 2021-22

Category	Recommendation	Activities to meet recommendations	Responsibility
Culturally responsive service	Specialist mental health services (including AOD services) are culturally responsive and supported by cultural safety frameworks with professional development that supports the use of trauma-informed social and emotional wellbeing models in their treatment of Aboriginal clients (Balit Murrup[7]) Utilise the Aboriginal governance and accountability framework structures and other engagement and co-design processes to enable Aboriginal mental health consumers, families and organisations to inform local, statewide and regional mental health programs, policy and planning (Balit Murrup[7]) BPA AOD service user engagement. **Service should:** • Be free of racism • Support ongoing contact with the same worker **Preference for:** • Aboriginal staff • Consistent worker • Access to culture	Recommendations from Network of Alcohol and Other Drug Agencies (NADA)[19] • Provide training and support in working with transgenerational trauma. • Attend local events such as Sorry Day, NAIDOC, community BBQs • Incorporate community engagement and consultation items on staff meeting agendas and internal communication • Ensure the agency is represented at Aboriginal network or interagency meetings regularly. • Provide training in local history and culture • Provide regular in person communication to community groups about what your organisation is doing • Recommendations from BPA Gathering Places: • Maintain regular connection through open days and shared activities	AOD ACCOs

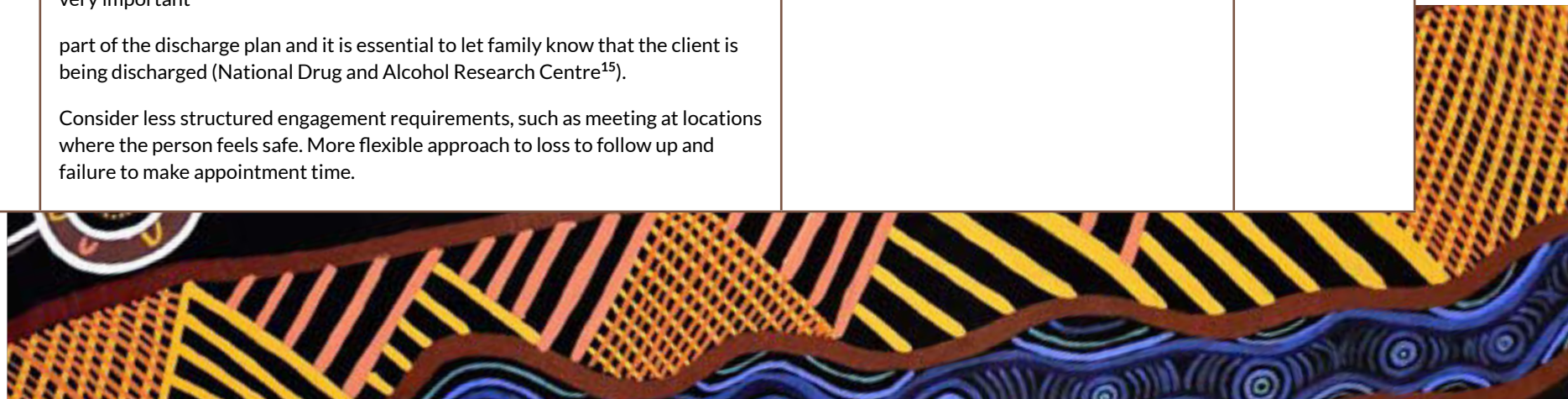
[19] Raechel Wallace and Julaine Allan (2019). NADA Practice Resource: Alcohol & other Drugs Treatment Guidelines for Working with Aboriginal & Torres Strait Islander People in a Non-Aboriginal Setting. Sydney: Network of Alcohol and other Drugs Agencies. <Accessed 22/2/2022>. https://nada.org.au/wp-content/uploads/2021/01/NADA-Aboriginal-Guidelines-Web-2.pdf >

Category	Recommendation	Activities to meet recommendations	Responsibility
Referral in	Self referrals and direct referrals from any agency, including DirectLine, catchment-based intake and Community Offenders Advice and Treatment Services (Department of Health AOD program guidelines[8])	Ensure clear referral pathway for all referrals. Implement electronic system for confidentially receiving and monitoring referrals. No wrong door approach.	AOD ACCO
Screening and brief intervention	• Provide brief interventions in the form of education and advice that aims to achieve a short-term reduction in harm associated with AOD use. • Provide bridging support in the form of regular contact which aims to support client engagement, retention, motivation and stability while clients wait for assessment and treatment. (Department of Health AOD program guidelines[8]) Greater time is required for Aboriginal service users as this first intervention should be seen as a pathway into treatment. More time is also consistent with the complex needs and with the potential need to engage family and kinship members in the process. Brief interventions require the establishment of some level of rapport, it takes time to develop rapport and trust, and this process involves listening to the individual's issues and story as the client wants to tell it. (National Drug and Alcohol Research Centre model[15])	Recommended time allocations (National Drug and Alcohol Research Centre15) • 3 x 30 min screening and brief intervention • 1 x 30 min consultation with primary carer or other family member • 4 x 15 min referral by phone Use screening tools that are suitable for Aboriginal people, including: • Indigenous Risk Impact Screen (IRIS) • AUDIT C • standard drinks charts • Kessler 5 • GEM Implement these tools into client record systems and train staff in their use	



Category	Recommendation	Activities to meet recommendations	Responsibility
Assessment	Used to determine the level and type of treatment and support required by presenting clients. Assessment is conducted by treatment providers to enable therapeutic treatment relationships to begin at the point of assessment. Where possible, the assessment should be conducted by a clinician who is appropriate for the client's ongoing treatment to reduce 'extra steps' in a client's treatment journey and reduce having to retell story/ rebuild rapport/relationship etc and to recognise the importance of relationship and trust. Assessments, combined with clinical judgement is used to identify and respond to a client's treatment and support needs. This work should occur with the support of clinical supervision. (Department of Health AOD program guidelines[8])	Where possible, the assessment should be conducted by a worker who is appropriate for the client's ongoing treatment to reduce 'extra steps' in a client's treatment journey. Use of validated assessment tool appropriate for Aboriginal people. • Average allocation of 3.5 hours for assessment 2 x 75 min assessment • 2 x 30 min case conference Total 3.5 hours (without care coordination) (National Drug and Alcohol Research Centre[15])	

Category	Recommendation	Activities to meet recommendations	Responsibility
Care and recovery coordination Case management and support	Care and recovery coordination seeks to support integrated treatment and care pathways for the highest-need clients within AOD treatment services, who require a coordinated care response by, at a minimum: • coordinating treatment planning and care in accordance with recovery goals • supporting clients' access to other health, human and support services • supporting meaningful involvement by the client and their family in care coordination and goal setting to maximise opportunities for meaningful social and economic participation. • deliver care coordination throughout a client's AOD treatment pathway, and post-exit for up to 12 months from commencement of treatment. • create and sustain strong interagency connections and more integrated service responses to meet the holistic needs of clients. • use peer support • coordinate homeless-specific service responses (Department of Health AOD program guidelines[8]) For Aboriginal and Torres Strait Islander clients there is a need for case coordination across and between multiple services due to the complex needs of clients. More coordination time required, case conferencing, case management time is required due to complex presentations and the need for family involvement. Discharge planning should involve supported referral for Aboriginal clients and more time on transfer of care. Engagement with family is a very important part of the discharge plan and it is essential to let family know that the client is being discharged (National Drug and Alcohol Research Centre[15]). Consider less structured engagement requirements, such as meeting at locations where the person feels safe. More flexible approach to loss to follow up and failure to make appointment time.	Average of 20 hours per client • Investigate options for Peer support • Encourage family and supporter engagement • Strong focus on supported referrals and removal of barriers such as transport and co-payments. • Longer discharge meeting	



Category	Recommendation	Activities to meet recommendations	Responsibility
Assertive follow up	Ongoing assertive follow-up should occur for every client monthly after treatment has concluded. Given the importance of keeping the rapport that has been built with Aboriginal clients, face-to-face appointments (outreach visits) are recommended. This could also involve communicating with the family (rather than the client) and providing them with support. Assertive follow-up should commence immediately after treatment is finished. 12 sessions have been suggested to cover a tapered schedule – where it may be weekly for the first month, then moving to monthly thereafter. Importantly, this clinical time allocation can be flexibly deployed: in some cases, it may involve telephone contact with the client, in others contact with family members. In some cases it is a face-to-face outreach support opportunity, in others a more formal counselling session (National Drug and Alcohol Research Centre[15]).	12 sessions of assertive follow-up after engagement with the AOD Aboriginal Community Controlled Organisations or other AOD treatment service	AOD ACCO

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