Enhancing the management of alcohol-related problems among Indigenous Australians

IMPLEMENTATION PLAN

NDRI
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Preventing harmful drug use in Australia

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Enhancing the management of alcohol-related problems among Indigenous Australians: Implementation Plan

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Introduction

The evidence shows clearly that Aboriginal and Torres Strait Islander people experience significantly higher levels of alcohol and other drug related harm than do other Australians. This, and the need for action to address it, is recognised in: the *National Drug Strategy 2010–2015,*[1] previous iterations of the *National Drug Strategy;* the *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003–2009*;[2] and as a basis for the *National Aboriginal and Torres Strait Islander Peoples Drug Strategy* that is being developed at the time of writing. The *National Drug Strategy 2010–2015*, aims to build safe and healthy communities by minimising alcohol, tobacco and other drug-related health, social and economic harms among individuals, families and communities.

In order to achieve the aims of the *National Drug Strategy* it has been recognised that it is necessary to build upon the evidence base for effective intervention. To this end, the Australian Government Department of Health and Ageing funded the National Drug Research Institute (NDRI) to conduct a modest research project to *Enhance the Management of Alcohol Related Problems Among Indigenous Australians* (the *Enhancement Project*). As part of the *Enhancement Project*, NDRI funded five sub-projects – each of which was conducted within, or in conjunction with, Aboriginal community controlled organisations. As recommended by a Project Advisory Committee and consistent with the evidence that demonstrates that primary health care services are particularly active in this area and provide considerable opportunity for the effective management of alcohol-related problems, the sub-projects had a largely primary health care focus.[3–5] The sub-projects resulted in a number of papers which have been published,[6–16] are currently in press[17] or are in the process of submission.[18–19]

On the 1st and 2nd August 2012, NDRI convened a National Workshop in Canberra to discuss and make a series of recommendations based on the lessons learned from the *Enhancement Project* and the practical experience of participants. Participants included NDRI project staff, two representatives from each of the sub-project teams and key stakeholders, including observers from the Department of Health and Ageing and the Department of Families, Housing, Community Services and Indigenous Affairs (a list of attendees is included in Appendix A). The outcome of the workshop was the development of this Implementation Plan. The Plan has a strong emphasis on a collaborative approach to addressing key priorities and is consistent with the goals and the objectives of the *National Drug Strategy 2010–2015*.

Purpose of the Implementation Plan

The purpose of this document is to present a series of recommendations aimed at improving outcomes in the management of alcohol-related problems among Indigenous Australians. In accord with the overall objectives of the *Enhancement Project*, many of the recommendations are not new. Rather, they reflect identification of strategies that have been shown to be effective. While many of these strategies are already being implemented or partially implemented, their application is not universal and wider application of them is likely to result in more effective service management and client outcomes. As indicated above, the recommendations reflect the outcomes of the sub-projects of the *Enhancement Project*, the lessons learnt in conducting those projects, and the practical experience of those involved. The recommendations fall into seven priority areas:

1. Culturally appropriate services;
2. Project planning;
3. Communication, collaboration and integration;
4. Workforce and organisational development;
5. Information technology and data collection;
6. Monitoring and routine evaluation; and,
7. Resources and funding.

Under each of these Priority Areas, workshop participants identified specific objectives, suggested various strategies for their implementation and, where appropriate, provided comments relevant to the implementation strategies. It should be noted that these priority areas are not mutually exclusive and that there is some degree of overlap between them, as is to be expected when aiming to provide integrated service delivery. As indicated above, there was an emphasis in the sub-projects on the provision services to address alcohol-related problems in primary health care settings and the recommendations are also applicable to addressing a wider range of issues in those settings. In this regard, the recommendations reflect earlier work which highlighted the gains to be made by improving the operational aspects of service delivery.[20]

Alcohol significantly contributes to levels of ill-health that are higher among Indigenous than among non-Indigenous Australians, and the priority areas identified in the *Enhancement Project* Implementation Plan are consistent with the key result areas identified under the second *National Strategic Framework for Aboriginal and Torres Strait Islander Health: Australian Government Implementation Plan 2007–2013*.[21] This latter Plan has a strong emphasis on a whole-of-government approach and includes the following Key Result Areas:

1. Community controlled primary health care services;
2. Health system delivery framework;
3. A competent health workforce;
4. Social and emotional well-being;
5. Environmental health;
6. Wider strategies that impact on health;
7. Data, research and evidence;
8. Resources and finance; and
9. Accountability

The concordance between these Key Result Areas and the Priority Areas in the *Enhancement Project* Implementation Plan is presented in Table 1 (see over).

Accountabilities and Responsibilities

As with the *National Drug Strategy* and *National Strategic Framework for Aboriginal and Torres Strait Islander Health*, achievement of the objectives and execution of the strategies proposed in this Implementation Plan requires a whole-of-government approach in partnership with Indigenous community controlled health and AOD organisations/agencies. It is also important to engage with non-Indigenous service providers, as well as various national and state/territory peak bodies. Under each of the recommendations, and proposed implementation strategies, we have nominated organisations which have or share prime responsibility for them. It should be noted, however, that the list of agencies is not exhaustive and that a wider range of organisations may also be involved. Importantly, in offering this integrated set of recommendations and strategies it is acknowledged that they constitute an ideal and that agencies working to improve outcomes in the management of alcohol-related problems among Indigenous Australians can, of necessity, only address as many of them as are practically achievable at any given time.

Table 1: National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003-2013: Australian Government Implementation Plan 2007–2013 Key Result Areas and Specific Priority Actions and concordance with *Enhancement Project* Priority Areas.

No.	Key Result Area	No.	Specific Priority Actions	Concordance with *Enhancement Project* Priority Areas
1.	Community controlled primary health care service.	1	Enhancing service provision by continuing to support Aboriginal and Torres Strait Islander community controlled primary health and health related services through the Aboriginal and Torres Strait Islander Health Program.	4
		3	Establish linkages and partnerships with existing healthcare infrastructure for efficient and cost effective delivery of health services.	1
		6	Develop procedures and mechanisms to support the provision of capacity building to local people as a component of tenders for services to Aboriginal communities and for local knowledge to be a condition of the awarding of the tender.	4
2.	Health system delivery framework	15	Implement the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health 2004–2009 to ensure that cultural protocols and bi-cultural competencies are implemented for mainstream health professionals.	2
		16	Work with the Divisions of General Practice to: ▪ Support general practice and other primary care providers to improve health outcomes for Aboriginal and Torres Strait Islander peoples; and ▪ Develop mechanisms to improve timely and appropriate access to primary care services.	8
		18	Encourage Aboriginal Community Controlled Health Services (ACCHSs) to participate in the Practice Incentives program (PIP).	1
		21	Enhance and promote the Medicare measures for allied health workers and Aboriginal and Torres Strait Islander health workers.	3
		28	Work through whole-of-government mechanisms such as ICCs to address transport needs of Aboriginal and Torres Strait Islander communities.	2

No.	Key Result Area	No.	Specific Priority Actions	Concordance with *Enhancement Project* Priority Areas
3.	A competent health workforce	58	Develop and implement recruitment and retention strategies to address staff shortages within Aboriginal and Torres Strait Islander Primary Health Care Services.	3
4.	Social and emotional well-being			
5.	Environmental health			
6.	Wider strategies that impact on health	127	Consult with communities in planning and development of services in order to meet local and regional needs.	1
7.	Data, research and evidence	146	Increase Aboriginal and Torres Strait Islander participation in and control of research and research funding processes.	1, 4
8.	Resources and finance			
9.	Accountability	166	Improve accountability of mainstream services by: ▪ Investigating and introducing mechanisms to assess the availability, accessibility, affordability, appropriateness and acceptability of mainstream health services for Aboriginal and Torres Strait Islander peoples across all Australian government programs; ▪ Including in funding agreements for mainstream services (where applicable) an accountability requirement for improving outcomes for Indigenous Australians through mainstream and specific programs.	4

Priority Area 1: Culturally Appropriate Services

Objectives

- Improved Indigenous community decision-making, influence and control over the management and delivery of AOD and other health-related services to Indigenous Australians.
- Strong Indigenous community controlled primary health care and AOD services that can draw on mainstream services, where appropriate, to ensure that Indigenous people have access to the full range of appropriate AOD and other health-related services.

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
1.	On the basis of need, increase the availability of community controlled AOD services.	▪ Where non-Indigenous organisations tender for the provision of services to Aboriginal people, require them to have an Aboriginal partner organisation. ▪ When non-Indigenous organisations are contracted to provide Indigenous-specific services, include a 'sunset clause' specifying a timetable for transfer to Aboriginal community control.		DoHA, State Health, Peak body, Agency
2.	Improve physical access to services.	▪ Include staff and/or client travel costs when budgeting for AOD services. ▪ Provide transport to services where necessary.	Transport remains a significant impediment to access to health and AOD services.	Agency, funding body
3.	Improve access to culturally appropriate alcohol withdrawal management and residential AOD services.	▪ Provide multiple access points to AOD treatment. ▪ Facilitate low threshold entry.	Provide culturally appropriate treatment facilities, including: ▪ family and community support and involvement; ▪ cultural and religious/spiritual support.	DoHA, FaHCSIA, State Health, Agency

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
4.	Improve cultural awareness among service providers.	▪ Require all staff – Indigenous and non-Indigenous – to undertake cultural awareness training. ▪ Provide cultural awareness training as part of staff induction.	Cultural Awareness Training provides an opportunity for both Indigenous and non-Indigenous staff to develop greater mutual understanding and increases communication within an organisation.	Agency, Peak Bodies
5.	Non-Indigenous Agencies providing AOD services to Indigenous clients should aim to employ at least one trained Indigenous health promotion worker.	▪ Assure on-the-job training. ▪ Provide career pathways. ▪ assure equitable pay scales. ▪ Implement increased recruitment.		State Health and Training Departments, Agency
6.	Improve mainstream and Indigenous service and treatment partnerships.	▪ Increase communication and collaboration between organisations. ▪ Provide incentives for cooperation.		DoHA, State Health, Peak body, Agency

Priority Area 2: Project Planning

Objectives

- Long-term sustainability of AOD services beyond the lifespan of particular projects.
- Inclusion of recruitment, development and provision of career pathways for Indigenous staff in AOD service project planning.
- Better integration of AOD services into the broader community context.

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
1.	Improve project planning.	▪ Project proposals should be developed with consideration of realistic timeframes including planning time, as well as clearly defined responsibilities. ▪ Project planning should include the provision of career pathways for Indigenous staff involved in projects.		Agency, Peak body
2.	Move away from short-term projects.	▪ Suggested minimum project length of two years.		Funder Commonwealth/State
3.	Facilitate better, targeted collaboration between other industry and community organisations.	▪ In project plans, include KPIs focused on improved collaboration and associated outcomes.	Key Performance Indicators (KPIs) are quantifiable measurements that reflect the critical success factors of an organisation.	Agency, Peak body
4.	Facilitate development of positive relationships between organisations entering into involuntary partnerships.	▪ Where partnerships are not initiated voluntarily, allocate extra resources to initial relationship development. ▪ Include relationship development in project plans. ▪ Clearly specify partner roles and responsibilities in project plans.	In some instances Indigenous community controlled organisations have been forced into involuntary partnership by the requirements of funding agencies.	Funder Commonwealth/State, Agency

Priority Area 3: Communication, Collaboration and Integration

Objectives

- Better outcomes for patients through improved communication and collaboration.
- Enhanced provision of comprehensive primary health care and AOD services through partnerships and collaborative linkages between Aboriginal community controlled and mainstream services.
- More effectively incorporate general practitioners into multi-disciplinary, Indigenous-specific service teams.

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
1.	Improve communication and feedback between health care staff.	▪ Conduct regular case conferences between health care providers and document decisions and outcomes. ▪ Define and document what each health practitioner and the service expects from multi-disciplinary partnerships.		Agency
2.	Develop mechanisms and initiatives to foster and promote open communication.	▪ Utilise inter-organisation committees'. ▪ Mount noticeboard's within workplaces. ▪ Utilise topic or region relevant newsletters.		Agency, Peak Body
3.	Improve continuity of care.	▪ Establish senior level case manager positions across the community controlled sector. ▪ Conduct formal hand-overs if staff leave or are transferred internally. ▪ Create formal feedback systems and referral processes.		Agency, DoHA
4.	Commit funds to enable services to meet more frequently to exchange information and plan coordinated activities.	▪ Commit additional and/or re-direct existing funds.		DoHA, FaHCSIA, State

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
5.	Develop standardized position descriptions for those staff performing similar roles within and between agencies within regions.	▪ Include specific roles and responsibilities and reflect organisational structure. ▪ Involve the workforce in this process. ▪ Review documentation regularly and revise where necessary.	The purpose of standardizing position descriptions is to identify and define common roles within and between agencies, facilitate greater understanding of them and to ensure similar rates of pay for similar work. Position description templates should include: ▪ Position summary/purpose ▪ Essential duties/functions ▪ Competencies ▪ Minimum requirements ▪ Working conditions ▪ Physical requirements and ▪ Work standards.	Agency, Peak Body
6.	Improve broader community understanding of partnerships and their implications for service provision.	▪ Staff to actively inform client of partnership arrangements and their implications for improved client care. ▪ Inform communities of activities and how to access services. ▪ Build community consultation into service planning and delivery.	Strengthen partnerships between local, state and Commonwealth governments and ACCHS's and/or mainstream health services.	Agency, Peak Body
7.	Provide feedback to relevant staff on client progress and pathways.	▪ Conduct regular case conferences between practitioners responsible for the care of particular clients. ▪ In organisations with a multi-disciplinary workforce, during the induction process, provide a summary of each discipline's role and responsibilities.		Agency
8.	Improve dissemination of accurate information on the success rates and benefits of screening, prevention and brief intervention methods.	▪ Email blasts with accurate and relevant information.		Agency

Priority Area 4: Workforce and Organisational Development

Objective

- Development of a competent health workforce with appropriate clinical, managerial, community development and cultural skills to address the health needs of Indigenous Australians.

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
1.	Improve training systems.	▪ Establish standard Training Calendars within organisations. ▪ Where appropriate, specify minimum training requirements for each position within an organisation (Training Matrix). ▪ Include any Training Matrix developed in an employee's personal development plan.	Training may include (depending on role): • Brief Intervention • Assessment Training • Narrative Therapy • Mental Health Assessment of Indigenous Clients: Indigenous Psychological Services • First aid training • Introduction to Art Therapy workshop • Shared care after separation workshop • Working with Families & Significant Others • Early Identification of Psychosis in Young People • Diabetes Care at the Centre • AOD Motivational Interviewing • Sexual Assault Awareness and • First Aid refresher Training may be standardised by comparing the performance criteria needed to obtain a Certificate III or IV in Community Services Work or by analysing the performance criteria of a particular position.	Agency, Peak body

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
2.	Improve training and performance.	▪ Develop and implement training/induction feedback survey forms to identify whether training was useful, effective, areas of improvement and to assign, implement and close out actions. ▪ Provide GP training in screening and brief intervention.	Provide new employees with a local workplace induction during the first weeks of employment, covering: ▪ Position requirements ▪ Health and safety ▪ Workstation, email and communication system ▪ Office layout ▪ Local workplace issues/customs ▪ Working conditions, processes and procedures and ▪ Performance Development Framework	Agency, State Workforce Development
3.	Introduce reflective practices.	▪ Relevant staff should undergo Reflective Practice training and quality clinical supervision.	Reflective practice is an important tool in practice-based professional learning settings where individuals learn from their own professional experiences. Consider using Health Workforce Australia's National Clinical Supervision Support Framework to guide and support clinical education and training activity, and encourage a commitment by health service organisations to promote a learning environment.	Agency
4.	Retain and expand the Indigenous AOD workforce.	▪ Implement Recommendations 1–3 (above) ▪ Establish career development pathways that encourage skilled Indigenous staff to stay in the AOD field. ▪ Adequately resource the sector to reward training and skill attainment and to implement best practice.		Funder Commonwealth/State, Agency

Priority Area 5: Information Technology and Data Collection

Objectives

- Improved quality of information and information management systems, appropriate to the management of AOD-related issues among Indigenous Australians.
- Improved collection information on effective strategies for the provision of AOD and other health care to Indigenous Australians.

No.	General Recommendations	Suggested Implementation Strategies	Definitions	Accountability
1.	Improve preventative healthcare delivery	▪ Examine the utility, capabilities, and economic costs of existing Patient Information Recall Systems (PIRS). ▪ Determine which PIRS offers the greatest potential for improving preventive healthcare delivery in routine practice across multiple ACCHSs. ▪ Disseminate information among key stakeholders on PIRS and their effectiveness. ▪ Standardize use of PIRS software across partner organisations where possible.		Agency, Peak body
2.	Improve use of Patient Information Recall Systems	▪ Develop clear policies and procedures on use of PIRS. ▪ Hold regular meetings to discuss any issues arising in using the PIRS and the consistency of its use.		Agency
3.	Increase staff training in use of organisational software systems.	▪ Develop internal, organisation-specific user guides. ▪ Provide training and refresher courses on use of relevant software.		Agency, Peak body

Priority Area 6: Monitoring and Evaluation

Objective

- Improved client outcomes through sustainable, long-term organisational, program and service improvement.

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
1.	Adopt continuous quality improvement programs.	▪ Develop and monitor meaningful organisational goals. ▪ Develop organisation-specific performance plans. ▪ Monitor performance against KPIs on a quarterly basis. ▪ Develop systems for the collection and implementation of client feedback. ▪ Regularly review program and staff outputs.	See various state and peak body standard for quality framework standards.	Agency, Peak Body, Funder
2.	Make more effective use of medical records and patient information systems as evaluation tools.	▪ Develop systems for the extraction of data on KPIs from patient information systems. ▪ Provide training in the accurate recording of patient information and its importance for improved care.		Agency, Funder

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
3.	Improve reflective practices	▪ Develop capacity of staff to reflect on, and learn from, their own practice in order to develop a culture of continuous learning ▪ Build quality assurance and reflective practice into regular support and supervision ▪ Conduct staff workshops on monitoring and evaluation and its importance for their work. ▪ Establish a system to enable staff to report on, and consider, trends in service activity. ▪ Build reflective practice into agency reviews.		Agency
4.	Facilitate the development of dual internal and external evaluation of programs	▪ Commission regular external reviews of projects.		Funder, Agency

Priority Area 7: Resources and Funding

Objective

- Allocation of financial resources to the provision of Indigenous Australian AOD services based on need, real cost of services and consideration of the capacity to deliver sustainable improved outcomes.

No.	General Recommendations	Suggested Implementation Strategies	Comments & Definitions	Accountability
1.	Provide more secure, long-term funding for AOD services.	▪ Commit funding or re-direct funds to alcohol-specific treatment programs.		DoHA, State funding body
2.	Provide funding for both regional and urban AOD services on the basis of need.	▪ Establish systems for the on-going analysis of need for AOD services at the regional level. ▪ Allocate existing and/or additional funds on this basis.		DoHA, State funding body
3.	Pool AOD and mental health funds.	▪ Key representatives and stakeholders should investigate the potential of pooling funds for improved outcomes.		DoHA, State funding body
4.	Encourage collaboration not competition in the provision of services.	▪ Include incentives for collaboration in tendering processes.		DoHA, State funding body
5.	Create incentives for services and practitioners to include case management, screening and brief intervention for all clients with AOD-related problems.	▪ Increase awareness of practice incentive payments in relation to screening. ▪ Ascertain whether practice meets the criteria for the Practice Incentives Program (PIP).	PIP payments support practices to purchase new equipment, upgrade facilities or increase remuneration for GPs.	Agency, Funding body
6.	Improve on-going care for AOD clients.	▪ Develop strategies for more effective follow-up care and re-allocation of resources to support greater care.	All services should provide clients with an exit package or safety kit containing support information, such as free-call telephone numbers and internet sites.	Agency, Local Services, Peak Bodies

Appendix A: Workshop Participants

Participants	Organisation	Project
Steve Allsop Dennis Gray Jennifer Low Coralie Ober	National Drug Research Institute Queensland Alcohol and Drug Research and Education Centre	Enhancing the management of alcohol-related problems among Indigenous Australians
Catherine Wilson Daniel Morrison	Aboriginal Alcohol and Drug Service	Aboriginal-mainstream partnerships: exploring the challenges and enhancers of a collaborative service arrangement for Aboriginal clients with substance use issues
John Boffa Leshay Maidment Peter d'Abbs	Central Australian Aboriginal Congress Menzies School of Health Research	Multidisciplinary, self-management rehabilitation care plans and case management to improve alcohol treatment for Aboriginal people in Alice Springs
Ray Lovett, Phyll Dance	National Centre for Epidemiology and Population Health and National Centre for Indigenous Studies, The Australian National University.	'Can I have a Walan Girri?': Developing an Indigenous-led model of service development and delivery for problematic alcohol use amongst urban Indigenous people
Anton Clifford Anthony Shakeshaft	School of Population Health, University of Queensland. National Drug & Alcohol Research Centre, UNSW	Indigenous alcohol screening and brief intervention
Katherine Conigrave Steve Ella	Sydney South West Area Health Service Northern Sydney Central Coast Area Health Service and Aboriginal Drug and Alcohol Network of NSW	The Alcohol Awareness Project: community education and brief intervention in an urban Aboriginal setting
Colleen Krestensen Leanne Parkinson Alan Philp Jake Matthews Ann Frizzell Leigh Westcott Rebecca Drew	Department of Health and Ageing	

Appendix B: List of Acronyms and Abbreviations

ADAN	Aboriginal Drug and Alcohol Network of New South Wales
ADCA	Alcohol and other Drugs Council of Australia
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drugs
ATDC	Alcohol, Tobacco and Other Drugs Council of Tasmania
ATSIS	Aboriginal and Torres Strait Islander Services
DoHA	Australian Government Department of Health and Ageing
FaHCSIA	Australian Government Department of Families, Housing, Community Services and Indigenous Affairs
GPs	General Practitioners
KRA	Key Result Area
LCP	Local Community Partnership
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NADA	Network of Alcohol and Drug Agencies (New South Wales)
OATSIH	Office for Aboriginal and Torres Strait Islander Health
QNADA	Queensland Network of Alcohol and other Drug Agencies
SANDAS	South Australian Network for Drug and Alcohol Services
VAADA	Victorian Alcohol and Drug Association
WANADA	Western Australian Network of Alcohol and Other Drug Agencies

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