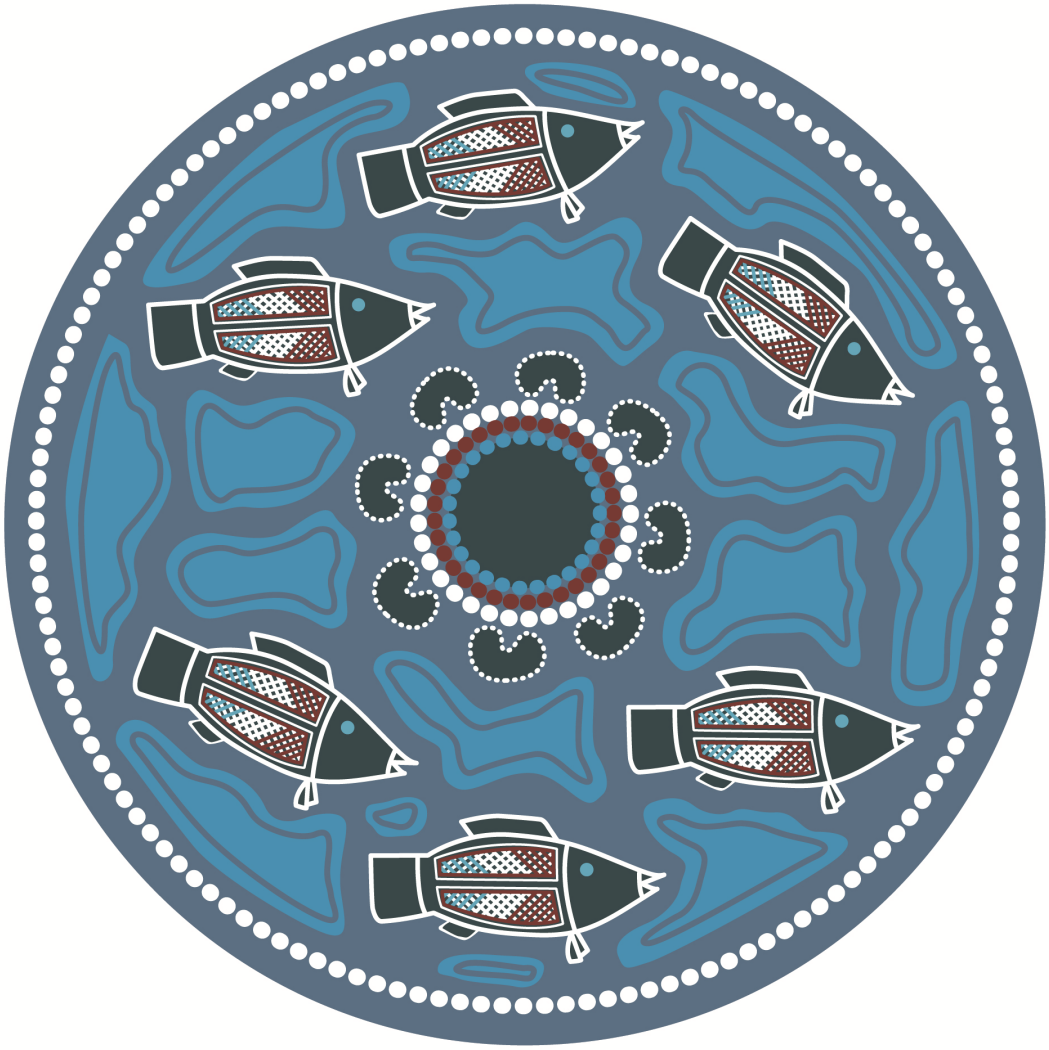
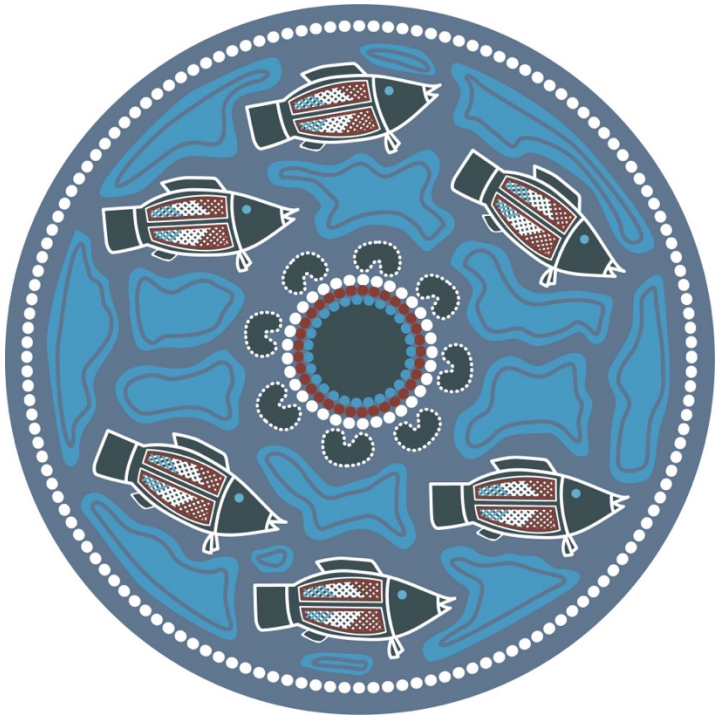


ABORIGINAL DRUG AND ALCOHOL RESIDENTIAL REHABILITATION NETWORK

Model of care evaluation

2023



The ADARRN logo was designed by Lindon Dargin a proud Yorta Yorta man, father, and the artist. Lindon designed the ADARRN logo in 2019 because he believes in the hope and strength of rehabilitation, and the work of the ADARRN organisations. In his words "*Substance abuse has devastated my life, my family, and my community for generations. I put heart and soul into this painting because of what it represents".*

The centre of the logo represents the gathering of people at a meeting place (ADARRN) to discuss the topic of drug and alcohol rehabilitation in the Aboriginal residential rehabilitation setting. It is a yarning circle where Aboriginal people have done business for tens of thousands of years. There is no hierarchy or power within the circle everyone is equal with the right to speak and be listened to. The colours represent the blue from the oceans and waterways on the coast and the red for the mother earth from inland Australia.

The fish represent the philosophy that a school of fish can survive and flourish better than individual fish. Again, the red represents the muddy water fish from inland Australia and the blue is for the coastal fish from the ocean and estuaries.

Citation

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Introduction

Improving the health and wellbeing of Aboriginal and Torres Strait Islander communities across NSW is a long-identified commitment of NSW Health (NSW Ministry of Health, 2012). There are many published documents from the NSW Ministry and beyond recognising the importance of self-determination, authentic and culturally relevant healthcare. National and international documents also articulate this, including the National Safety and Quality Health Service Standards User Guide for Aboriginal and Torres Strait Islander Health (Australian Commission on Safety and Quality in Healthcare, 2017), United Nations Declaration of the Rights of Indigenous Peoples (United Nations, 2007), Special Commission of Inquiry into Crystal Methamphetamine and Other Amphetamine-type Stimulants (Howard, 2020) and the National Scheme's Aboriginal and Torres Strait Islander Health and Cultural Safety Strategy 2020-25 (AHPRA, 2020). The challenge is identifying and measuring implementation, action and outcomes that these documents have identified as integral to healthcare approaches for Indigenous peoples.

Aboriginal health

Aboriginal and Torres Strait Islander health requires significant links to culture, Country, community and family. Health encompasses all aspects of wellbeing, not only the physical and psychological dimensions. Healing in Aboriginal health moves past the physical healing of cells, bones and wounds to encompass healing spirit, healing families and healing communities (Mackean, 2009).

Aboriginal health is defined as:

> *Not just the physical wellbeing of an individual but refers to the social, emotional and cultural wellbeing of the whole community in which each individual is able to achieve their full potential as a human being, thereby bringing about the total wellbeing of their community. It is a whole-of-life view and includes the cyclical concept of life-death-life [National Aboriginal Health Strategy Working Party, 1989. p.ix).*

Aboriginal Community Controlled Health Organisations (ACCHOs) are health organisations instigated and controlled by Aboriginal community. Members are elected from the local community to the board, ensuring Aboriginal leadership (National Aboriginal Community Controlled Health Organisation, 2023). ACCHOs provide primary health care services that reflects the Aboriginal definition of health, including holistic care, that is culturally, psychologically, spiritually and emotionally safe. In addition to primary health care services, ACCHOs recognise the important health impact of belonging, utilising and facilitating shared community spaces and events, recognising significant cultural dates in the year, facilitating men's, women's, children's and Elders' groups and other opportunities to engage, connect and belong in community.

Culture

Culture is complex, with interwoven intricacies that cannot be defined simply. Culture is relationships and connections, connection to Country, spiritual connections, family and community connections (Salmon, Doery, Dance, Chapman, Gilbert, Williams, & Lovett, 2019).

Culture is a determinant of wellness, as connection to culture influences positive health outcomes for Aboriginal and Torres Strait Islander peoples (Verbunt, Luke, Paradies, Bamblett, Salamone, Jones, & Kelaher, 2021). Sustaining a strong cultural identity is a crucial component of the social and emotional wellbeing of Indigenous peoples. Culture and the relationships embedded within the connection to culture provides a layer of protection and coping mechanisms, strength and resilience for individuals, families and communities to draw from, despite negative life experiences (Rowan. Poole, Shea, Gone, Mykota, Farag, Hopkins, Hall, Mushquash & Dell, 2014; Balla, Jackson, Quayle, Sonn, & Price, 2022).

The social and emotional framework development by Gee et al. (2014) reflects the influence of external factors such as historical, political and social determinants, while recognising the protective factors within various aspects of connection to culture, Country and family (Lovett, Brinckley, Phillips, Chapman, Thurber, Jones, Banks, Dunbar, Olsen, & Wenitong, 2020; Kelly, Dudgeon, Gee, Glaskin, 2009). Cultural loss is profound within Indigenous communities, and opportunities for cultural healing and connection are a fundamental component of any therapeutic approach (Dudgeon, Bray, Smallwood, Walker, & Dalton, 2020; Healing Foundation, 2009; Healing Foundation, 2021).

Addiction

Addiction is considered as a persistent need to consume substances that have adverse consequences in all aspects of life. Addiction is a brain disorder as the use and reliance on substances change the brain circuits in relation to reward, stress and self-control. The individual loses the ability to stop using substances and break the cycle of dependency, irrespective of harm (LaVallie & JoLee Sasakamoose, 2021).

Aboriginal and Torres Strait Islander populations throughout Australia experience disproportionately high rates of substance abuse regarding alcohol and other drugs. However, it is critical to understand the social and historical context of colonisation, economic exclusion, the dispossession of land and culture and dislocation of family (Gray, Cartwright, Stearne, Saggers, Wilkes, & Wilson, 2018), influencing the use of alcohol and other drugs within Aboriginal populations. Trauma is linked to substance use. To reduce the rate of substance abuse and associated harms, providing access to comprehensive, effective and culturally safe residential rehabilitation service, adapted to the specific needs of

Indigenous Australians, is required (James, Shakeshaft, Munro, & Courtney, 2017; Munro, Shakeshaft, & Clifford, 2017), which can be achieved through the utilisation of a culturally centred model of care underpinning the organisation's services.

Models of care

A model of care broadly defines the way health services and programs are delivered. It provides an outline of the best-practice care and services, ensuring the services' relevance and suitability for a specific person, population or patient cohort (WA Health Networks, 2014, p. 4). Models of care generally consist of defined core elements and principles, with the inclusion of a framework to provide the structure for the implementation of services and care (Davidson, Halcomb, Hickman, Philips, & Graham, 2006, p. 49). Utilising a model of care establishes the design and implementation of efficient and effective health care services (Bendaoud & Callens, 2017, p. 21), and through providing holistic, comprehensive care respecting gender and cultural preferences throughout the frameworks, the patient and population's needs can be met while ensuring the enhancement of care and delivery of services.

About this evaluation

This evaluation was conducted by Danielle Manton, Indigenous scholar and advocate for Aboriginal residential rehabilitation services, with the support and guidance of Dr Mark Ragg, an experienced consultant in Indigenous evaluation.

The evaluation was commissioned by the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) Board of directors at the request of NSW Ministry of Health. The evaluation is tasked to identify the process and appropriateness of the development of the ADARRN Model of Care. The evaluation is also focused on the operationalisation of the ADARRN Model of Care and how implementing the elements of the ADARRN Model of Care is of benefit to Aboriginal drug and alcohol residential rehabilitation services.

Aboriginal Drug and Alcohol Residential Rehabilitation Network

The Aboriginal Drug and Alcohol Residential Rehabilitation Network is a network of residential rehabilitation services in Australia that specifically targets the needs of Aboriginal people who require residential treatment interventions and healing for alcohol and other drugs (AOD).

As at October 2022, ADAARN was comprised of six independent services that provide a forum and place for Aboriginal residential rehabilitations services to share knowledge and information. Five services are in New South Wales and one is in the Northern Territory. The network aims to support Aboriginal residential rehabilitation services, offering professional development training opportunities and establishing a community of practice.

ADARRN has established a community that meets regularly to enable members to support each other and advocate for issues, to share and develop culturally sound best-practice principals. ADARRN aims to be the key consultative group at state, territory and national levels regarding Aboriginal residential alcohol and other drug services.

Aboriginal governance and Aboriginal people's involvement in program delivery is critical to ADARRN members. At the local level, ADARRN services consult with and are governed by the local Aboriginal community, including Elders and local Aboriginal leaders.

ADARRN Model of Care

This ADARRN Model of Care represents the result of many years of working with member services. The ADARRN Model of Care was developed by the CEO and senior staff of the founding members, which included The Glen (Central Coast), Orana Haven (Brewarrina), Weigeli (Cowra) and Forwaard (Darwin). To develop the model of care, ADARRN conducted direct consultations and workshops with its member services and their clients and families, reviewed strategies (state and federal) and relevant frameworks, completed a detailed literature review and assessed current referral pathways and client cohort presentations. Once the elements were drafted, the ADARRN Model of Care was presented in various locations in NSW to staff, families and community members for feedback, including all Aboriginal community controlled rehabilitation services not involved in the initial drafting.

The ADARRN Model of Care is comprised of nine core elements, with the main goal of supporting those who experience harms relating to the use of alcohol and other drugs. The model of care provides an overarching framework that can be implemented within the local context of the residential rehabilitation service. The ADARRN Model of Care does not provide specific treatment and healing approached – these need to be developed at a local

level to ensure that holistic and appropriate care is delivered to Aboriginal people and their respective communities.

The model of care is intended to provide a succinct description of the approaches to care provided by ADARRN member services; to demonstrate the need for culturally-informed and culturally appropriate practices. The model of care assists the network to cohesively demonstrate the evidence-based under which ADARRN member services operate; and to inform funding decisions, workforce developments and policy discussions specifically relating to Aboriginal residential rehabilitation services.

The ADARRN Model of Care reflects a cohesive and culturally specific care model. Fundamental to the ADARRN service ethos and in line with the principles of community-control and self-determination, the model of care reflects the NSW Aboriginal Health & Medical Research Council's vision that *"Aboriginal Community Controlled Health Services are sustainable and are driving holistic and culturally strong approaches to redressing health inequities for Aboriginal peoples in NSW"* (AHMRC, 2023), along with the National Aboriginal Community Controlled Health Organisation's vision "*Aboriginal people enjoy quality of life through whole-of-community self-determination and individual spiritual, cultural, physical, social and emotional wellbeing. Aboriginal health in Aboriginal hands*" (NACCHO, 2023).

Figure 1: ADARRN Model of Care overview

The nine components within the model of care were written to reflect the needs of clients and the work of the ADARRN services in providing residential rehabilitation interventions, treatment and healing for alcohol and other drug addictions.

Elements of the ADARRN Model of Care

Culture is at the core of healing

Services provide supportive and individualised pathway for clients to connect, deepen or discover their culture, cultural identity and the connections and reliance this affords.

Culturally aware and appropriate

Aboriginal peoples and communities have unique perspectives, distinctive cultures, varying traditions and practices, embedded kinship and relationship protocols, and diverse histories. Respect for these elements is at the core of culturally competent practices and service delivery.

Holistic, strengths based, trauma informed

Aboriginal peoples and families cannot heal in isolation from their extended family, communities and the mental, physical, environmental, social and spiritual dimensions of their lives. Strengths are pivotal to healing and recovery, reframing how clients view the world and themselves. Trauma is a commonality within many addiction stories, addressing trauma is crucial to facilitate healing and success in recovery.

Person-centred approaches

The ADARRN Model of Care recognises that healing is complex, and a flexible approach is most appropriate. A person-centred approach involves appreciating the person's individual needs, preferences, beliefs, values and strengths. This approach facilitates self-determination, ensuring the client is empowered to lead their own healing and recovery.

Flexible healing and therapeutic options

The model of care recognisees there are many treatment and healing philosophies, and each of these approaches has value to support the diverse needs of clients seeking treatment. Flexible healing and therapeutic options offer clients options to find the best modality to support their recovery and meet their individual needs and circumstances.

Evidence-based approaches

Measure of success vary widely, but the ADARRN Model of Care draws on research and best-practice guidelines to implement that best treatment options for the clients. Often mainstream approaches are adapted to ensure cultural remains at the core. Defining success in development goals and healing measures

Skilled and diverse workforce

The model of care supports and values a diverse range of experience, qualifications, skills and connections in the workforce. It recognises the intrinsic value of staff with lived experience and is committed to building the capacity of staff to support their career aspirations. The nature of the work is complex, challenging and demanded – the model of care recognises the importance of supporting staff so they can fulfil their potential.

Partnership and collaboration

Treatment and recovery require multifaceted and nuanced approaches, and no single organisation can meet the diverse needs of the clients. Partnerships and collaborations are imperative to provide holistic, wrap-around services to all clients. The ADARRN Model of Care is focused in ensuring services are integrated with other services in all areas relevant to meeting the individual healing needs of the clients. This aspect also fosters relationships so the clients can continue to access services throughout their recovery, ensuring an ongoing quality of life.

Evaluation and continuous improvement

The model of care encourages transparency and accountability through comprehensive assessment, case management and review processes to ensure that all clients are provided with the appropriate healing and treatment options.

Setting up the evaluation

Objectives

This evaluation aimed to answer the following three questions.

1. Was the process followed in determining the model of care appropriate and culturally safe?
2. To what extent are the services operationalising each of the nine principles in the model of care?
3. Have the services seen any benefit from formalising the model of care?

Governance

This evaluation had oversight from the ADARRN board, and from the ADARRN Model of Care Specialist who has participated in and reviewed each stage of the evaluation.

Methodology

Qualitative methodology was used, in particular the method of yarning, which is a culturally safe validated/ evidence-based research method used to stimulate participants' sharing of knowledge and experiences through informal conversation and storytelling (Kennedy, Maddox, Booth, Maidment, Chamberlain, & Bessarab, 2022).

Ngaa-bi- nya Aboriginal and Torres Strait Islander evaluation framework

The Ngaa-bi-nya framework (Williams, 2018) is an evaluation tool designed to consider critical success factors with an Indigenous lens. The tool was designed by a Wiradjuri practitioner and scholar. The Ngaa-bi-nya evaluation framework has four domains to consider within all aspects of the evaluation process.

Landscape

In the Ngaa-bi-nya framework, *respecting the landscape* refers to system level contexts and influences.

Resources

Resources refer to human, material, non-material, in kind resources and relationships that support the services.

Ways of working

Ways of working refer to the delivery of programs.

Learnings

Learnings refer to the insights and the opportunity for each person involved in the process to reflect, identifying own learnings as well as how the objectives were met through the Aboriginal and Torres Strait Islander lens.

Data collection

Two face-to-face focus groups discussions were conducted involving 15 clients and nine staff in total. Client input is essential to ensure the integrity of the program. Each focus group was conducted on site at the residential rehabilitation centre the clients were attending, and the staff were working. Participation in the focus group discussion was voluntary, and not part of the participants' healing program. The focus group discussions lasted one hour.

Additionally, the research method of Kapati Time (Ober, 2017) was implemented to collect interview data from the CEO of each service and one staff representative from each service. Interviews took place face to face as well as over Zoom.

Analysis

Analysis was undertaken by the research lead, in consultation with the ADARRN Specialist and the oversight of the ADARRN board and stakeholders. The model of care was used to guide the data collection and analysis. Specific analysis occurred with each data set.

The interviews and focus group discussions were transcribed. The transcripts were reviewed, and themes were coded. Codes were compared and condensed and organised into themes related to each element of the ADARRN Model of Care.

Scope and limitations

The evaluation plan has been designed within the constraints imposed by the budget, the impact of Covid-19 on services and the timeframe.

Findings

Was the process appropriate and culturally safe?

The interviewees involved in the development of the model of care stated it was a safe process. The interview data demonstrates that all the people involved in the design felt they contributed and were heard. Further to this the model of care development included the leadership team of the services as well as the staff, clients and their families.

Prior to the operationalising of the model of care, a team presented the model at each of the ADARRN member service sites. This was an affirming experience as the staff and clients connected with the model of care as a framework to articulate what they were doing every day.

> *The model of care brought staff, residents, and management along the journey together. There was no one mob that had more say then another, which reflects how things are done in communities.*

Are the services operationalising each principles in the model of care?

Culture is at the core of healing

Culture is defined by the participants as broad and expansive; culture is something that is learned and nurtured.

> *Everything we do in support of our clients must be based on Aboriginal cultural knowledge, understanding, safety and security. (CEO)*

The services operationalise culture within every aspect of their program.

> *The whole program from morning to evening incorporates culture. (CEO)*

This includes the activities that comprise the weekly routine, to environmental factors such as the location of the groups, language, and body language, Aboriginal staff, the use of humour, facilitating connection, belonging and identity, involvement of Elders and community, culturally based activities, principles of mutual understanding and respect, creating relationships that connect each other and facilitate healing.

Within this element it is important to note that many participants commented on the allusivity of culture, it is not something that occurs at a certain time within the schedule and it is difficult to explain succinctly.

Culture doesn't need a label. (Client)

It's deeper, you can't explain it. I understand it, I see it, I know it. I see how it works with other people, but then to try to explain it to somebody that's even more limited in knowledge… its beyond me. (CEO)

It's good to share our cultural knowledge, we've always been, not ashamed to be black, but they told us it wasn't good to be black… it's good to be slowly learning generation after generation, because we share culture. (Client)

The challenge within implementing this element is the conflicting knowledge systems, as culture is not present in most mainstream models and is difficult to measure and report.

Client success story

I'm a proud Aboriginal man from Worimi and Birpi Nations. The didgeridoo I have made in treatment represents my story.

The black handprints represent the didge being hand-made. The red, black, and yellow circles represent the pride and joy of making the didge and reconnecting to my culture. Under the last circle is Biaime. Biaime is my creator of all my countries land, waters and animals etc.

Under that is the travelling signs with the white dots representing the points in my life of happiness and struggles. Under that is a simple image of a man with a spear and a women which represents me and my girlfriend.

Then under that is a shield with an Aboriginal flag with the words Biripi and Worimi with my own personal totem. Biripi - Kangaroo meaning strong and Worimi meaning mini bat which can mean stubborn. The shield represents family, country and strength and the postcode from where I live.

I love being able to share my story with you and I am grateful for this place for allowing me this opportunity.

Culturally aware and appropriate

Culturally aware and appropriate refers to the approach to recovery and treatment. This is different to the biomedical model, instead identifying connections and contexts and respecting diversity of people and approaches.

> *Every part of our program considers and respects culture. All staff are aware of the cultural elements and why we do what we do. (CEO)*

The services recognises the importance of family, family connections in healing, which draw strength and address trauma, and creating a place clients feel safe and connected, especially when off Country. Respect is a key reoccurring theme in this principle. Clients feeling peaceful in a program that is culturally appropriate and authentic, not forced.

> *We know everyone here and were all blackfellas and then everyone feels comfortable as soon as they come in. (Client)*

The challenge within this element is harnesses and embedding culturally values within the workplace and staff. Indigenous cultural values and world views are difficult to teach to staff from other cultural backgrounds that may be a different worldview. Further is the challenge to resource the professional development and cultural supervision required to develop staff's experiences and perspectives in this element.

Client success story

I am from Awabakal Country

My life was hell on earth and once I arrived at rehab, I felt safe.

I learned that there is more to life than drugs and alcohol – now my life is amazing, and I still sometimes pinch myself to make sure I'm not dreaming.

Thank you to the rehab and the amazing work they do. Thanks to the love I was shown I am now 5 years clean and sober!!!!

Holistic, strengths-based, trauma-informed

Holistic, strengths-based and trauma-informed are defined separately.

Holistic means addressing everything from nutrition and housing to legal and family restoration and everything in between. Strengths-based means focusing on positive actions in a client's life, understanding who they are and their traits, and building on those strengths. Trauma-informed means recognising how the past influences who we are today.

The misconception in residential rehabilitation circles is:

Oh we'll get them off the grog and the rest will sort itself out- not addressing the trauma. (Senior AOD specialist)

The services are operationalising this element through a range of approaches. Clients are supported to learn life skills such as cooking, cleaning and financial management, which may all be required to support recovery. It also involves recognising that clients are experts in themselves, so supporting the clients to find their own strengths, with opportunities to use and share their strengths, is important.

According to the Healing Foundation, trauma-aware and healing-informed practice requires organisations to understand the influence of past and current trauma, and be active in advocating and facilitating healing. Being culturally aware is simply not enough (Healing Foundation, 2015). Trauma-aware and healing-informed practice is operationalised within ADARRN services by ensuring clients have access to the people they require to work through their trauma. A safe space is created to facilitate healing of trauma, and all clients and staff are trauma-informed to create and facilitate the safety of the space for the individual needs of the clients.

The challenge within this element is developing and maintaining relationships, this requires dedicated time to form and maintain relationships. Additionally, there are fewer services and more burden on services in regional and remote areas which limit the amount of services offered to clients as well as the quality and quantity of time available for clients to engage with services. Often the burden then falls on staff to fill the gaps.

Client success story

I am a proud Wiradjuri woman.

I entered rehab a very hurt sad lost and broken woman.

I'd lost control of my life and lost the most important people in my life; I was left with myself and I had to do something to change that.

Believing in my culture more than I did myself, I decided that rehab was going to be the way forward for me to gain recovery and myself back.

In which I did I spent six challenging amazing months at rehab.

I gave my all to the program because if I didn't, I wasn't going back to much of a life. It was all or nothing for me.

I learned who I was!

I gained confidence and amazing friends. I now study, I have my business back up and running, my family are back in my life and I'm going home to Country a better, healthier, stronger mother, friend and woman.

Rehab reminded me that yes, maybe I carry trauma, maybe I made mistakes, but I also carry the strength of my ancestors and sisters on this journey with me. That strength was always there on the inside and now nothing on the outside has a chance to stop me.

I am the ancestor that changes everything for my bloodline!

Person-centred approaches

Person-centred approaches require the knowledge that every client approaches recovery differently and the service needs to adapt to that person's needs and journey.

> *It's a windy road often with unexpected twists and turns.*

Person-centred approaches offer clients self-determination and some autonomy in their recovery journey, with:

> *Clients telling us what they want and where they want to be. (CEO)*

The services operationalise person-centred approaches through working with the whole person, addressing the various needs of the clients not solely focused on substance use. It involves listening to the person's story and having flexibility within the program to reflect and engage that person and their story. Ensuring the clients feels a sense of belonging and understanding where they fit in the service and then in the world.

> *We can't run away from being connected. (CEO)*

Aboriginal residential rehabilitation services are small, creating a personal connection.

> *If you say a name of a resident, I can tell you whether they have kids – we're working alongside them. (Senior AOD specialist)*

The challenge within this element is access to various programs and services to meet individual client needs. This approach also adds burden to staff as clients will always compare their treatment to that of their peers, therefore clear communication is required, adding additional burden to staff expectations and day-to-day interactions with clients. Working closely with clients individually inadvertently adds an emotional layer and connection, which is a benefit for the client, but can cause strain and vicarious trauma to staff.

Client success story

I am from La Perouse.

Before I came to rehab my life was not how I wanted it to be at 29 years of old. My addiction stopped me from progressing forward in my life. Little by little everything was stripped from my life – my job, my family, my friends, everything that is important ……

Once I arrived at the rehab I felt overwhelmed with emotions. I understood that change was inevitable for the good or the bad, and now was the time to make the decision. I was accepted with open arms by a group of strangers and like-minded people, and within a week or two they turned into family.

Over my time at rehab I learned accountability, responsibility and the importance of healthy relationships. I learned that I wasn't alone with the struggle I am dealing with. I grew immensely in such a short period of time. I understood the importance of being able to communicate properly and live a holistic and balanced lifestyle, and most of all I learned the tools to be able to deal with my addiction properly.

Now my life is a lot better in every way. After leaving The Glen I got myself a job which I very much love. My life has changed dramatically for the better and I couldn't be more grateful to the rehab.

Flexible healing and therapeutic options

Flexible healing and therapeutic options are defined simply.

> *We don't have a one size fits all approach.*

Flexible healing and therapeutic options are operationalised by offering clients the opportunity to engage different clinical and cultural therapeutic options to find the therapies that most resonate with them. Clients have access to psychologists, counsellors and trauma counsellors, along with stakeholder groups such as Relationships Australia and Anglicare. There are also opportunities to engage in community group therapies such as Narcotics Anonymous, Alcoholics Anonymous and Smart Recovery.

Implementing flexible healing and therapeutic options is challenging for organisations, who need time to develop and maintain relationships, maintain access to resources and partnerships, and ensure clients participate in the program as well as scheduled

appointments. They also need to ensure staff are available to manage clients onsite, as well as ensure clients have transport and support for appointments.

Client success story

Before arriving at rehab my life was unmanageable, and I was battling with myself every day.

Coming to rehab has been the best decision in my life, and it has helped me identify issues and trauma that was holding me back and given me the tools to move forward healthily, and I have got me back again.

It has given me hope. I have been given opportunities and dreams I would have never imagined could be possible. It has changed my life for a better future – without rehab I could have never accomplished what I have accomplished today like my singing. Now I'm singing every day and I got to sing with my idol and that was a dream come true.

I've picked up again in my running, and even ran in the five-kilometre marathon which I never thought I would have ever achieved, and even got back into touch footy. My sport that I always loved … I never thought that I'd be doing it again but I am now dedicated in ways I never thought possible. I could never have done it without the support of the rehab.

Evidence-based approaches

Evidence-based approaches are defined as approaches that have proven successful in the past, this may include evidence-based research but also lived experience of staff and leadership.

> *We see boys thriving – to me that's evidence. (CEO)*

Evidence-based approaches are operationalised in ADARRN services by blending research evidence with the lived experience of the staff.

> *Sometimes there is not researched evidence but from our experience we know it works and that's the evidence we use.*

Utilising this approach, services try new approaches, but adapt the often mainstream evidence-based approaches to be the nuanced needs of an Aboriginal residential rehabilitation setting.

> *We take what works well in action, and leave what doesn't. (Case worker)*

Academic evidence is minimal in relation to Aboriginal Community Controlled residential rehabilitation, as the work has not been funded. It is another layer and burden to feel responsible to build this evidence base, when not resourced to do so.

Skilled and diverse workforce

Skilled and diverse workforce is defined as having diverse, qualified staff, that clients resonate with. It is operationalised by creating a workforce with diversity: diversity in age, experience, cultural background, qualifications and lived experience. Aboriginal staff are critical to Aboriginal residential rehabilitation services.

The challenges within the implementation of this element include difficulties in rural areas due to family connections, community relationships and expectations – there is value for staff and clients to be able to work with staff from other cultural backgrounds. Further, working in the residential rehabilitation sector can be stressful and lead to burnout, so staff need to be supported with access to clinical and/or cultural supervision and other staff within the network. Ongoing training, regular supervision and the opportunity to connect with other staff in similar roles is vital, as working in the space can create a trauma of its own through vicarious trauma. Staff with lived experience can very easily be triggered through a clients' recovery struggle and experience.

Client success story

I'm 43 years old and have lived most of my life with darkness and depression.

After spending a few months incarcerated, I was given the amazing opportunity to come to rehab. I was absolutely petrified but was ready to try and change my life. I was determined to turn over a new leaf and give it all I had.

I was tired of struggling and living in self-pity, I had definitely hit my rock bottom and knew it was time to seek some help and begin to heal.

And healing is exactly what I have been doing during my time at rehab.

I have begun my journey in this amazing place, working through lots of emotional, mental and physical issues and learning to manage and deal with it using the skills and knowledge I have learnt here.

In the last three months, with awesome staff, fabulous counsellors, love, care and understanding, rehab has truly loved me back to life.

They have shown me the importance of self-worth and honesty, and I can never express how truly grateful I am.

Partnerships and collaborations

Partnerships and collaborations are defined as connection to community and facilitating clients to develop support networks for long term recovery. It is a care-based approach which integrates several services to facilitate positive outcomes for clients and a wrap-around service.

Aboriginal residential rehabilitation services are small with limited resources, so to ensure clients are offered the best possible care, partnerships and collaborations are developed with services that specialise in specific aspects of healing.

> *We utilise services that have expertise in areas we lack.*

The larger the stakeholder network, the more sustainable the service. Stakeholders include Aboriginal Medical Services, local health districts, community groups, businesses, churches, NGOs and more. This connection to community is part of the healing process.

The challenges within the implementation of this element include recognising collaborations and partnerships are more difficult in regional, rural and remote areas, because there are limited services and often the relationship is reliant on the local health district and the residential rehab staff. Collaborations and partnerships in regional, rural and remote areas can also be difficult due to the ongoing impact of colonisation and the history of the area – clients have trauma associated with places and buildings such as hospital and mental health services, and limited choices to access alternative services.

Client success story

I'm a proud Yuin man from South Coast NSW. I came to rehab eight months ago lost, confused, broken and had lost my connection to culture.

Through the program I not only worked on my addiction and alcohol problem, I was also able to work on my mental health with therapists and the counsellors here, which I have never done before. After 12 weeks in the program, my life started to get clearly better and then I was accepted into the transition program.

The transition program has allowed me to really think about life outside rehab. I was supported in transition to eliminate some of my debts, save money, get a car and through the help of the rehab and WISE employment, I was successful in gaining employment.

Through my recovery I realised I needed to relocate for a better chance at continuing to better my life and get my daughter back in my life.

Once I identified this, the rehab and the Aboriginal health service linked me with their *Together Home* program, where I was successful in gaining my own house.

The staff from the AMS supported me with the rehab, and I'm so happy to be moving into my new house next week with a job, a car and to begin a life I could only dream of.

I have my culture back, my sanity and a peace of mind that I'm going to be ok. I am so thankful for the rehab and all the other services for saving my life.

I'm loving the life I live today.

Evaluation and continuous improvement

Evaluation and continuous improvement are defined as the opportunity to monitor, reflect, review and revise. Evaluation and continuous improvement were an element highlighted for refinement and development within the services.

> *The internal and external environment is always changing – evaluation and continuous improvement is an opportunity to stay on top of it, and more importantly ahead of it. (CEO)*

Evaluation and continuous improvement is operationalised through a multifaceted approach implementing and reviewing client surveys, stakeholder surveys, listening to community feedback, care plans and quarterly reports. The evaluation approach and process must focus on what matters to Aboriginal peoples and within that the story is essential.

The benefit of evaluation and continuous improvement is simple.

> *It's us getting better is helping clients get better, that's why we can never stand still. (Senior AOD specialist)*

The challenge within the implementation of this element is time and expertise. Management staff are often promoted based on knowledge and expertise in addiction, not management skills or data management. Knowing what is good data, knowing how to collect the right data and knowing what to measure in terms of critical success factors are all areas requiring training and capacity building across the sector.

Have the services seen any benefit from formalising the model of care?

The benefit of formalising the model of care is best reflected/depicted in the ADARRN logo, in which six fish swimmig together in the same direction. Aboriginal community controlled rehabilitation services are generally small services, with few staff, few resources, often very isolated and almost no voice or capacity to influence change.

The ADARRN Model of Care is providing Aboriginal community controlled residential rehabilitation services a practical framework to work together, use the same language, and share commonalities in service delivery approaches. It is facilitating a network of shared experiences and shared solutions, increasing individual services' connections to each other and amplifying their voice through shared language, experiences and collective outcomes, allowing for stronger advocacy.

Culture is at the Core of Healing

The benefits are demonstrated in the clients' engagement in the program, and were reflected indirectly through the evaluation process in that the clients all voluntarily participated in the focus groups discussions. The benefit of culture at the core of healing for one client are clear.

> *I didn't understand what culture meant before coming to rehab – now it means connections – feel connected in recovery, reflect our own spirituality, where we connect.*

Culturally aware and appropriate

The benefits demonstrated by the clients include the opportunity for connection to family and healing, the use of Aboriginal words and the opportunity to share story. The benefits also included being supported to leave Country to break the cycle but recognising "that something goes wrong" if away from Country too long.

Holistic, strengths based, trauma informed

The benefit of holistic, strengths-based and trauma-informed care are in the client's success and outcomes.

Person-centred approaches

The benefits of this approach is in the client engagement in the program. One client noted the importance of:

> *… recognising different abilities and capabilities such as literacy levels, and how that can effect engagement in the program.*

Further is the importance of family, community and connections and building the program to incorporate that.

Flexible healing and therapeutic options

As clients move through recovery, their therapeutic needs also change. Providing clients with an opportunity to engage in various therapeutic options provides an informed position to self-advocate for their individual recovery needs.

Evidence-based approaches

The benefit of this approach is in continuous quality improvement, refining approaches that have worked and implementing new elements.

Skilled and diverse workforce

The benefit is demonstrated in the programs, programs are tailored to the strengths of the staff providing clients with opportunities to develop new skills, share passions and engage in cultural exchange “we learn a lot from one another, getting along and having a laugh”.

The data highlighted the benefit of the diversity within the staff as a client recognised the importance of:

> *... learning to manage ourselves when we don’t get along with someone and be respectful but knowing we have other staff we connect with.*

The clients also found the benefit of having staff with lived experience

> *… having recovering drug addicts and drunks helps us relate to each other.*

Partnerships and collaborations

The benefit of partnerships and collaborations is demonstrated in recovery the clients recognising

> *… you can just give up in recovery if you have a bad experience with one of these services, especially triggers like Department of Communities and Justice, Centrelink and Justice/Corrections. Having a good relationship helps us navigate these spaces*

Another client agreed to the benefit of

> *… having connections to use outside of treatment to carry through recovery.*

Evaluation and continuous improvement

The benefit of evaluation and continuous improvement is simple.

> *Us getting better is helping clients get better, that’s why we can never stand still.*

Discussion

Each service and site are unique, with different systems. The history of the program sites, the Country the programs are on and how the programs started often brings strength and healing to the service and program. The ongoing impact of colonisation, and the trauma created and perpetuated, fuels substance use as a coping mechanism for many clients. The ongoing impact of colonisation also includes funding requirements and restrictions which control and minimise the potential for self-determination in addiction treatment and supporting recovery. Many ADARRN members are located in rural and remote areas and have limited access to major health and social support services.

ADARRN resourcing is complicated with many layers. Resourcing requirements and the identification of critical success factors are often different outcomes and targets for funding bodies and service delivery. Resourcing also needs to account for the local context and the functionality of that community, as it cannot be assumed that cultural knowledge or access to Country is accessible and in kind. Also the burden on staff to navigate the relationships within the community and their expectations of the service and staff is often not considered in workplans or training opportunities.

ADARRN is designed to facilitate knowledge exchange and support within the member services as an internal accountability mechanism and support to each other. Aboriginal community controlled residential rehabilitation are to some extent an anomaly, as they don't quite fit into Aboriginal medical service delivery model, and they definitely do not fit into mainstream Aboriginal residential rehabilitation centres models. This results in very little external knowledge and support to draw from, therefore it is critical that Aboriginal residential rehabilitation centres support each other and continue to improve and grow to be able to provide treatment for clients and break the cycle.

ADARRN's principles include self-determination and advocacy for Aboriginal community controlled residential rehabilitation services, which have important and nuanced approaches to healing. The values of the network are reflected in the ADARRN Model of Care, which creates safety within member services through the understanding that services are supported, and that there is a collective wisdom to draw from in challenging times and to celebrate with in better times. The strength of ADARRN is in the relationships, and the model of care is the framework or tool used to connect services. Each service is provided the platform to share, showcase and celebrate their approaches within each of the nine elements. This method then generates new thinking, new ideas, new collaborations and many new opportunities for healing.

Recommendations

1. Update elements of the model

    a. Culture should be at the core and encompass all of the eight other elements, as the data revealed culture was foundational to all aspects of the ADARRN Model of Care. The image needs to be updated to reflect this.
    b. The terminology for element 'Holistic, strengths-based and trauma-informed' should be updated to 'Holistic, strengths-based and healing-informed-trauma-aware' as this promotes a holistic and strength-based view that focus on trauma with a view to healing from traumatic experiences and environments.
    c. Update element 'skilled and diverse workforce' to be updated 'skilled, diverse and supported workforce'. The literature and data collected recognise the emotional and psychology burden of working with people to address their addiction and support their recovery. In this sector it is also important to consider the workforce is comprised of majority of staff in recovery themselves therefore appropriate and transparent support is essential.
2. Build capacity of staff
    a. Programs and resources are needed to develop skills and capacity within management at each service, including leadership as well as data management, reporting and funding
    b. Develop resources to assist services embed the model of care into staff professional development and workplans within staff's own context and daily interactions
    c. Strengthen networks and partnerships of ADARRN to be able to assist services access resources that may be minimal in their region, specifically mental health services, detox programs and clinical supervision.
3. Focus 'on-site' at each service
    a. ADARRN needs to be a resource for each site to support the management and staff at each site to develop their individual needs. Each site needs to be at its best before management are able to consider secondments, conferences and other opportunities.
    b. ADARRN can be a conduit between services to facilitate collaboration and advocacy.

Conclusion

The ADARRN Model of Care has united services through the implementation of a consistent and uniform approached to service delivery. There is still work required to refine the implementation, staff training and capacity in the area and strengthen the network through relationships and connections.

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