

PATHWAYS

A new way of working with clients in the Barkly who suffer the negative consequences of alcohol and other drug (AOD) use.

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1. EXECUTIVE SUMMARY

The impacts of harmful drinking dominate the lives of children, young people and adults across the Barkly region. Government and community services mandated to deal with the negative impacts of alcohol and other drug use need to do more and to do it better.

Taking its responsibility for this failure, BRADAAG is undergoing a process of renewal, including developing a New Pathways Model for working with clients who suffer from the negative consequences of alcohol and other drug (AOD) use.

Central to the New Pathways Model is **COMMUNITY AND CULTURALLY SAFE, EVIDENCE-BASED, PROFESSIONAL and INTEGRATED THERAPEUTIC CARE.**

The new Pathways model will enable BRADAAG to deliver a participatory, holistic, flexible and client-centred service across its four service areas:

- **Outreach**

Throughout the whole Barkly region the new Outreach team will deliver:

- community education and action as part of efforts to prevent problem drinking and its associated harms
- initial assessment and referral of individuals and families to other BRADAAG areas and to external specialist services
- screenings and brief interventions
- clinical treatment
- follow-up support
- co-ordination and integration of other agencies services.

- **Sobering Up Shelter (SUS)**

The SUS will be a safe and secure environment for clients to:

- avoid alcohol-related harm to themselves or others
- receive practical assistance (a place to sleep, clean, eat)
- access assessment, brief interventions and appropriate referral services – both within BRADAAG and to other services.

- **Resi Rehab**

A new, targeted 12–24 week residential therapeutic program will offer:

- therapeutic activities, including individual and group counselling
- case management
- life skills programs, including supported training, employment and other opportunities to engage in a range of activities
- time out from substances
- healing through healthy community and cultural connections

- **Ongoing Care**

The Ongoing Care component of BRADAAG will include workers and clinicians travelling across the Barkly to provide:

- formal and informal support, including screenings and brief interventions (SBIs), assessment and referrals, for clients exiting Resi Rehab
- ongoing clinical treatment
- medium term supported accommodation in Tennent Creek

Underpinning the delivery of BRADAAG's New Pathways Model is a significant shift in the organisation's governance, workforce development and partnerships with services in the Barkly, throughout the NT and across Australia. The model anticipates that clients will benefit from BRADAAG's continuity of care across the healing and treatment lifecycle – from crisis to reintegration into the community.

Over the past 13 months, BRADAAG has revitalised its board, including appointing a majority of indigenous directors and an independent AOD expert as an adviser. It has also initiated a series of reviews and begun recruitment of a specialist workforce.

Delivering evidence-based best practice therapeutic care requires skills and expertise that are difficult to access in regions like the Barkly. For this reason, BRADAAG will partner with clinical experts from throughout the Northern Territory and across Australia both to deliver direct services to BRADAAG's clients and to help raise the skills and expertise of BRADAAG's local staff through training and clinical supervision.

BRADAAG is developing its physical infrastructure to support its New Pathways Model. Its new Therapeutic Treatment and Residential Facility will offer fit-for-purpose accommodation for clients engaged in Resi Rehab. BRADAAG is renegotiating with NT Housing to repurpose its existing housing stock for medium-term supported accommodation for clients transitioning from Resi Rehab – thereby offering longer-term wrap-around support for individuals and families recovering from the impacts of AOD. Further, external clinical experts who fly-in-fly-out or drive-in-drive-out will require accommodation when they are in the region. Partnerships with service providers across the NT and beyond will provide options for clients to seek residential and other therapeutic services outside of the Barkly region.

Reflecting the understanding that effective AOD treatment is 'multimodal,' the New Pathways Model overtly situates BRADAAG within the service sector in the Barkly region and as part of a wider network of practice throughout the NT and more broadly. This approach is consistent with the Tennant Creek Alcohol Harm Minimisation Plan 2019–2024 which emphasises the need for collaborative approaches and co-ordinated pathways between government and non-government services across the region.

BRADAAG views its New Pathways Model as a practical opportunity to enhance the well-being of its clients and to contribute to building the service sector across the Barkly. It invites the NT government and other services to partner with it.

2. VISION

- Individuals, their families and communities in the Barkly Region live to their full potential, free from the impacts of AOD, violence, homelessness and other factors that undermine their well-being.
- BRADAAG has a model of evidence-based good practice in supporting its clients' well-being and is a leader in creating a service sector that operates at the highest level for the benefit of people in the Barkly Region.

3. PRINCIPLES¹

- Individual wellbeing is at the centre
- Shared responsibility, partnerships and local responses
- Evidence- and needs-based and outcomes-focussed
- Accessibility, equity and responsiveness
- Focus on long term social and cultural change
- Culture and cultural identity are valued, respected and critically considered
- Challenging systematic racism and inequality

4. PROBLEM

Alcohol and other drugs, including nicotine, have a profound impact across the Northern Territory. They are linked to poor health and premature deaths, increased crime rates, interpersonal violence and child abuse and neglect. Alcohol alone is a contributor to poor physical and mental health, disability and early death, with far-reaching consequences for individuals, families and communities.^{2 3} The harmful use of AOD undermines the capacity of those affected to maintain healthy relationships, safe and secure accommodation, to achieve educational and employment aspirations and to take advantage of cultural resources such as access to traditional lands, languages and ceremonial practices.

The Barkly Region is not immune from the impacts of AOD. The rates of alcohol related assaults in Tennant Creek, for example, are the highest of all police districts in the NT.⁴ Despite being more likely than non-Aboriginal people not to drink at all,³ nearly all Aboriginal people in the region are particularly negatively affected.⁵ This is because, of those Aboriginal people who do drink alcohol, a significant number have 'harmful drinking styles.'⁶ Despite AOD's obvious and intergenerational impacts – and the history of strong involvement of Aboriginal community members and organisations in addressing alcohol related problems in Tennant Creek^{7 8 9 10 11 12 13} – government and community services charged with addressing the region's AOD problems have, over many years, failed the people of the Barkly Region. The causes of this are layered, including:

- A lack of functional and responsive services to meet the needs of Aboriginal people in the Barkly affected by AOD⁵
- Dysfunction on the part of the Aboriginal AOD treatment organisation, BRADAAG¹⁴
- Poor skill levels across the service sector throughout the Barkly
- A lack of investment in the training and recruitment of local indigenous people to provide culturally relevant AOD services
- Inadequate co-ordination and oversight on the part of the Northern Territory Government. This is due, in part, to high staff turn-over and a corresponding lack of knowledge of the demographic, policy and legislative context of AOD in the region
- Needing a better understanding of drinking styles,⁶ including what enables these styles and what motivates people to change.

Recognising its part in the inadequate response to AOD problems in the Barkly, BRADAAG is in a process of significant reform and development. As part of its renewal, BRADAAG is inviting government, funders and other services – within the region, throughout the NT and across Australia – to partner with it as a means of delivering better outcomes for individuals, families and communities in the Barkly.

5. THE NEW MODEL OF CARE

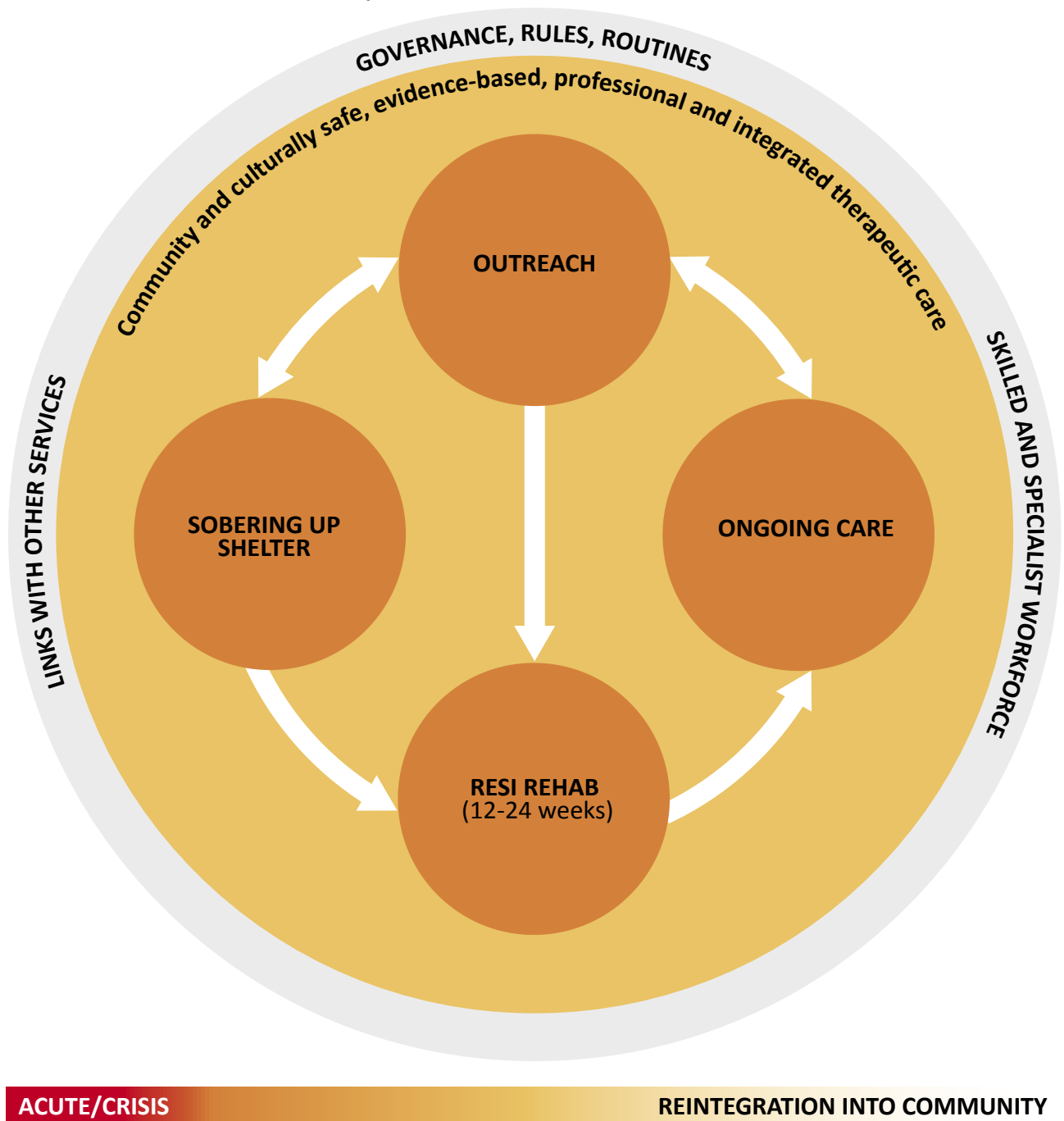
BRADAAG's holistic model of care reflects the need for its clients and their families to be supported on a pathway from crisis towards healing and well-being. It is a flexible and responsive approach, based on clients' and their families' needs and aspirations. It is also sensitive to opportunities and cultural levers that can help people to acknowledge the harms to others and to motivate change. Central to the model is **COMMUNITY AND CULTURALLY SAFE, EVIDENCE-BASED, PROFESSIONAL and INTEGRATED THERAPEUTIC CARE.**

The New Pathways Model is holistic in several ways:

- It focusses on the whole person and reflects an understanding that improving client well-being requires addressing multifaceted social, economic and health concerns
- It respects the cultural and gender concerns of individuals and embeds this respect across the whole organisation, promoting healthy, respectful and safe connections between clients and their families, culture, country and community¹⁴
- It integrates BRADAAG's four programs – Outreach, Sobering Up Shelter, Residential Rehabilitation and Ongoing Care
- It situates BRADAAG into the larger service sector, in the Barkly Region and beyond.

Diagram 1 and Table 1 (below) reflect BRADAAG's four organisational components and the diagram also indicates the direction of a client's pathway into and through BRADAAG. These are an adaptation of the core treatment and organisational components developed by the NSW Aboriginal Residential Healing Drug and Alcohol Network and Orana Haven.¹⁵

DIAGRAM 1: BRADAAG services and model of care



Across the bottom of the diagram is a continuum representing the movement from acute/crisis situations towards reintegration into the community. This reflects how, as individuals and families move through BRADAAG, their wellbeing improves and they shift from the acute/crisis phase.

The four central dark orange circles represent the different components of BRADAAG. The circle on the left represents the **Sobering Up Shelter**. It corresponds to the acute end of need, reflecting that clients who attend the SUS are often at a point of crisis.

In the lower middle of the diagram is the **Resi Rehab** circle. The arrow from the SUS to Resi Rehab indicates a potential referral pathway from the SUS to Resi Rehab. To the right, towards the 'reintegration' end of the continuum, is **Ongoing Care**. Again, the arrow signifies a potential pathway from Resi Rehab into Ongoing Care.

At the top is the circle representing the **Outreach** service. BRADAAG's Outreach service occurs along the whole crisis-integration continuum. There are a number of arrows leading to and from the Outreach service. These suggest that Outreach Workers may refer clients into the SUS and/or into Resi Rehab for specific forms of support. Ongoing Care clients may be referred to the Outreach service for additional support as they transition away from more intensive BRADAAG contact.

The four components of BRADAAG are positioned within a wider, yellow circle which indicates that **COMMUNITY AND CULTURALLY SAFE, EVIDENCE-BASED, PROFESSIONAL and INTEGRATED THERAPEUTIC CARE** underpins the whole model of care and each of BRADAAG's connected services.

The outside of the diagram is encompassed by grey ring representing the core organisational components.¹⁴ These govern the New Pathways Model and are applicable across all the elements of BRADAAG's service.

Table 1 details particular activities provided as part of the New Pathways Model across BRADAAG's four services as well as specific elements of the core organisational components. These are discussed below.

TABLE 1: BRADAAG services and model of care - Detail of services provided

<p>SKILLED AND SPECIALIST WORKFORCE</p> <ul style="list-style-type: none"> Engage external specialist services Regular staff training Client centred staff Regular clinical and cultural supervision 	<p>OUTREACH</p> <ul style="list-style-type: none"> Community education Screenings and Brief Interventions Motivational interviews Clinical treatment e.g. Cognitive Behavioural Therapy (CBT) Follow up support Assessment and referral Coordinate and integrate outreach services Healing through positive and active connections with family, culture and country 			<p>LINKS WITH OTHER SERVICES</p> <ul style="list-style-type: none"> Partnerships with local services Networks across the field (within NT and across Australia) Continuous quality improvement cycles and capacity building
	<p>SOBERING UP SHELTER</p> <p>Strategic assessments and brief interventions to understand clients' immediate needs</p> <ul style="list-style-type: none"> Provide screenings and brief interventions and motivational interviews Attend to immediate needs Timely and appropriate referrals within BRADAAG and to other services Client information and data collection <p>Safe, high quality care</p> <ul style="list-style-type: none"> Nutrition Culturally safe space and practice Hygiene Gender and sexual safety Infrastructure 	<p>RESI REHAB (12-24 weeks)</p> <p>Therapeutic activities</p> <ul style="list-style-type: none"> One-on-one counselling using evidence-based approaches (e.g. motivational interviewing, community reinforcement approach, CBT) Psychoeducational groups, including an awareness of gender and sexuality on wellbeing and safety Informal counselling (yarning) <p>Time out from substances</p> <ul style="list-style-type: none"> Improve physical wellbeing Improve mental/spiritual wellbeing Smoking cessation <p>Healing through positive and active connections</p> <ul style="list-style-type: none"> with family with culture being active on country <p>Deliver safe, high quality interventions and care</p> <ul style="list-style-type: none"> Nutrition Culturally safe space and practice Hygiene Gender and sexual safety Infrastructure <p>Case management</p> <ul style="list-style-type: none"> Referrals to local health services, including ACCHOs, and visiting specialists Regular client assessments Case reviews <p>Life skills</p> <ul style="list-style-type: none"> Develop daily routine Positive role modelling Redevelop personal responsibility Work readiness activities Literacy/communication skills 	<p>ONGOING CARE</p> <p>Follow-up support after discharge</p> <ul style="list-style-type: none"> Timely and appropriate referrals to services post discharge (e.g. ACCHOs) Safe, supported community accommodation for individuals of different genders/sexualities and for families Follow up assessment and brief counselling Follow up support Ongoing clinical treatment Healing through positive and active connections with family, culture and country 	
	<p>GOVERNANCE, RULES, ROUTINES</p> <ul style="list-style-type: none"> Annual review strategic intent to meet ongoing accreditation standards Consistent program rules/routine for clients and staff Strong regional advocacy Ensure adequate resources and ongoing capital works as needed Regular feedback of program outcomes to staff, Board, community/stakeholders via reporting systems 			

a. Governance, workforce, evaluation

Underpinning and surrounding BRADAAG's New Pathways Model are three core organisational components including good governance, a skilled and specialist workforce, and engagement with other services.

• Good governance

Good governance includes:

- regularly reviewing service delivery against funding requirements and accreditation standards
- clear and consistent policies, rules and routines for staff and clients
- strong feedback protocols and practices for clients, their families and partner services so that program deliverables are regularly reviewed and reported to stakeholders.

Over the past 13 months, consistent with its commitment to improve its governance, BRADAAG has commissioned a number of reviews into its service delivery, management and financial systems. As a consequence of these reviews, the organisation has revitalised its Board, including appointing a majority of Indigenous directors and an independent AOD specialist as an adviser. It has conducted an organisational restructure, creating new positions for a General Manager, a Wellbeing Manager and a Workforce Development Manager. It has also engaged an external agency in the short term to manage the organisation's transition.

• A skilled and specialist workforce

The New Pathways Model will require skilled and client-centred staff who receive regular practice and cultural training, debriefing and supervision. The importance of a culturally competent workforce cannot be overstated. Given that the vast majority of BRADAAG clients are Aboriginal,¹⁴ a culturally safe and secure framework and practice are critical across all the practice areas for good therapeutic outcomes. BRADAAG will foster and support a professional environment where culture and cultural identity is valued, respected and critically considered – acknowledging how some cultural norms such as sharing and relatedness can be manipulated by drinkers and be part of the problem.⁶ This will require a commitment to meet the needs of clients with limited schooling and whose preferred language is not English – a need identified by women clients at BRADAAG.

The creation of the Workforce Development Manager position reflects BRADAAG's commitment to improving the skills and expertise of the workforce as well as recognising the employment needs and desires of clients. Women clients from BRADAAG's residential program, for example, have suggested that time in residential rehab away from negative community distractions can provide them with an opportunity for sustained employment and that paid employment alone is unlikely to deter problem or harmful drinking.

“Work keeps you busy so you don't go back to square one.”

Female BRADAAG client

Engagement with external specialist services is fundamental to BRADAAG's delivery of its best practice, evidence-based model of care. This includes therapeutic clinicians and services based in the NT and beyond. External specialist clinicians will provide direct clinical services (e.g. cognitive behavioural therapy),¹⁴ to clients in both residential and non-residential contexts.

External specialist clinicians and services will contribute to improving the skill-base of BRADAAG staff, including local Aboriginal staff, through the provision of clinical supervision and training. For example, training and clinical supervision by external specialist clinicians can improve the capacity of workers across BRADAAG's four components to be able to undertake screenings and brief interventions (SBIs) and motivational interviews (MIs) – both of which are important, evidence-based ways of assisting clients to improve their relationship with AOD.⁶ Despite the challenges, there is no option but to invest in training and recruiting local Aboriginal people to sustain the delivery the New Pathways Model into the future.

An important element of building a skilled and specialist workforce is the development of networks and a community of practice where staff can engage with and learn from colleagues and other experts. The NT government has recognised sector development, including the importance of communities of practice, as key to developing the Domestic, Family and Sexual Violence (DFSV) workforce and sector¹⁶ and should do so in the AOD sector.

- **Engagement with other services**

BRADAAG operates within a service sector in the Barkly Region and within a broader field of AOD services across the NT and nationally. According to Stephens and others:

88% of treatment services in the NT (based on episodes of care/encounters) are currently delivered by non-specialist service providers. This means an NT Alcohol Treatment Services Plan needs to value and accommodate the multimodal delivery of treatment to people with mild, moderate and severe alcohol dependence.⁵

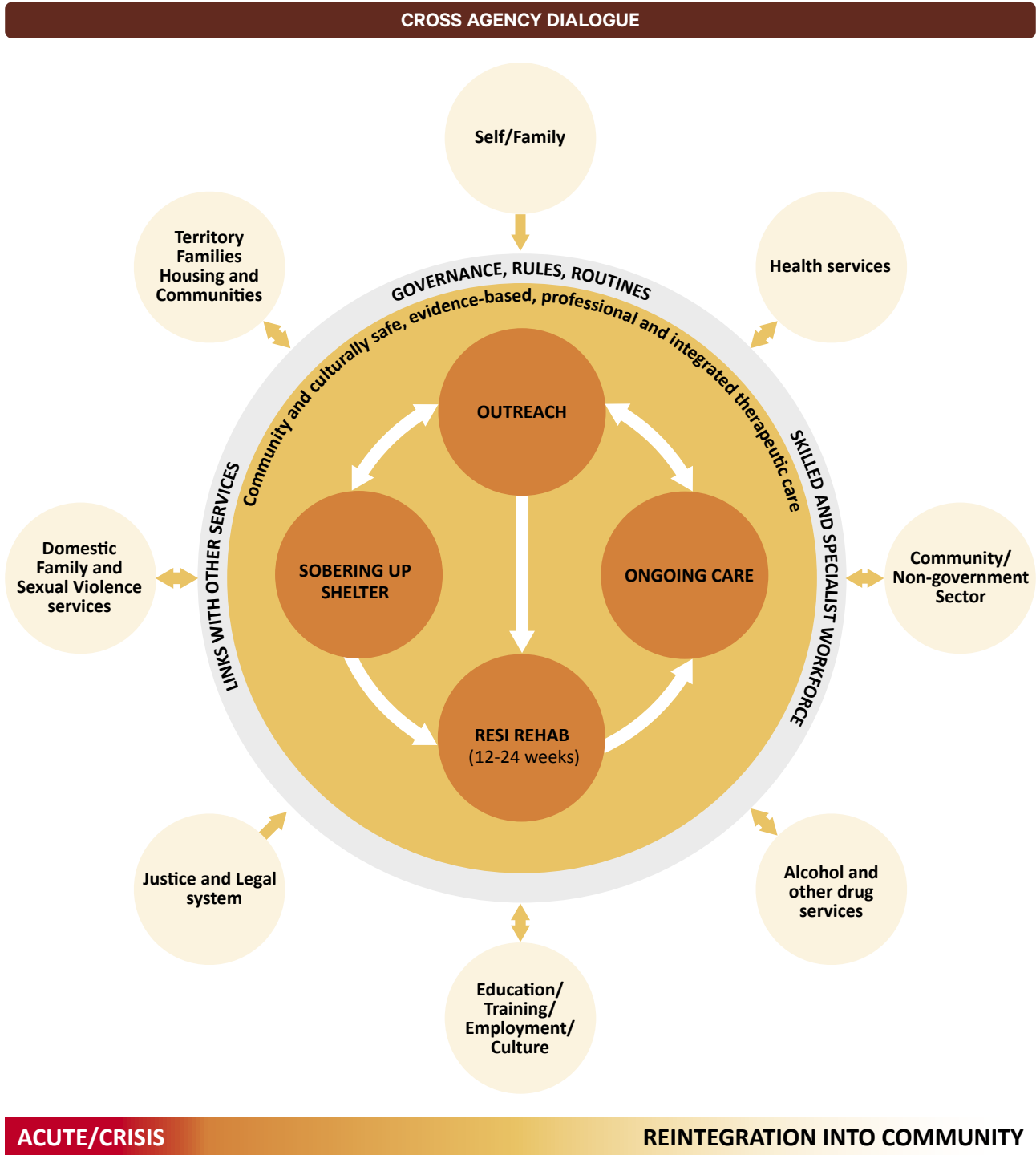
Diagram 2, below, places BRADAAG's new Pathways model within the Barkly Region's service ecosystem. The outer circles represent the different sectors with whom BRADAAG engages and the arrows point in different directions indicating the direction of client referral and engagement.

The arrows from the Self/Family and Justice and Legal system circles go in one direction, indicating that an individual and/or family may self-refer to BRADAAG and that BRADAAG clients may be referred through NT Police, Community Corrections or the Barkly Work Camp, for example.

The arrows between BRADAAG and the other sectors indicate two-way referrals: from BRADAAG into other services and to BRADAAG from those other services. The referrals may also be into and from specific elements of BRADAAG. For example, the Community Development Program (CDP) could be a place from which clients may be referred into BRADAAG's Resi Rehab program or, alternatively, clients within the Resi Rehab program may be referred to CDP as part of developing Life Skills (daily routine, work readiness etc.). A client who has gone through Resi Rehab and is now in Ongoing Care may also be referred into CDP as part of moving further away from the acute/crisis end of the continuum towards greater wellbeing and integration into the community.

Some organisations may have a particularly important relationship with BRADAAG. For example, Anyinginyi Aboriginal Health Corporation, an Aboriginal Community Controlled Health Organisation (ACCHO), and NT Health, both may have multiple connections into and out of the different elements of BRADAAG. ACCHO's and other health and front-line professionals should be involved across the whole service model of care because medical and anthropological research indicates their potential role in providing Aboriginal drinkers with opportunities to give up drinking and the associated harmful drinking lifestyle.¹⁷

DIAGRAM 2: BRADAAG model of care, services and community partnerships



- **Regional Cross Agency Dialogue**

Diagram 2 includes a rectangle across the top indicating a new Regional Cross Agency Dialogue that BRADAAG is proposing to facilitate. The Regional Cross Agency Dialogue will focus on:

- existing and emerging issues connected with AOD that impact on the wellbeing of people across the Barkly
- gaps in knowledge and service delivery (within government agencies and the community service sector and between these sectors)
- strategic and structural responses to issues and gaps, including ways of improving the whole service system in the Barkly region (such as referral pathways)
- accountability between services for addressing the gaps identified by the Dialogue, and
- addressing workforce issues including changing workforce culture, improving skills, developing networks and a community of practice.

This new body will meet quarterly and include NT Government agencies such as NT Health, NT Police, Community Corrections, Territory Families, Housing and Communities (TFHC), and Aboriginal community controlled organisations and non-government community-based services such as Anyinginyi Aboriginal Health Corporation, Julalikari Council Aboriginal Corporation, Catholic Care and the Tennant Creek Women’s Refuge. The Regional Cross Agency Dialogue would formally connect with the Northern Territory’s peak AOD body, the Association of Alcohol and other Drug Agencies NT (AADANT).

b. Outreach

Given that the vast majority of alcohol treatment (96.8% of episodes) in the NT are non-residential,⁵ the Outreach program offers rich potential for the promotion of health and wellbeing. BRADAAG’s expanded Outreach program will deliver a range of integrated services to individuals, families and communities with support from local community health services and other community organisations. Outreach workers will go out to the Barkly community; including homelands as well as towns and urban living areas in Tennant Creek. Given the state of the Barkly workforce, as discussed, this represents a huge workforce challenge.

The Outreach program includes:

- **Community education and action**

Providing ideas and strategies using evidence-based resources to strengthen community action, promoting well-being and raising awareness of the different choices people can make and what services are available to support well-being in schools and community groups.^{18 19}

- **Initial assessment and referral**

Offering initial assessment of individuals and families in order to refer them, where appropriate, into SUS or Resi Rehab or to other services for ongoing support. For example, Outreach workers may assess that a female client is at risk of family violence and offer her the option of being referred to the Tennant Creek Women’s Refuge. Similarly, the Women’s Refuge or Territory Families, Housing and Communities may refer their clients to the BRADAAG outreach program for education, assessment and brief therapeutic interventions. Such referral processes will require a well-established and monitored referral system.

- **Screenings and Brief Interventions (SBIs)**

Delivering SBIs, including motivational interviews (MIs), to individuals and families impacted by AOD as well as other social factors that impact negatively on their well-being. SBI’s are one strategy that can be used to motivate people to think about the impacts of AOD on their own and their families’ wellbeing, and to think about change.¹⁷

- **Clinical Treatment**

Providing non-residential clinical treatment delivered by external specialists as part of regular fly-in-fly-out/ drive-in-drive-out (FIFO/DIDO) and/or telephone/online counselling.

- **Follow-up support**

Supporting clients who have or are transitioning out of Ongoing Care and who may need low-intensity support to maintain the gains to their well-being, including support to continue training, employment, or managing their AOD usage.

- **Coordinating and integrating outreach services**

Actively working with other regional services such as Anyinginyi Aboriginal Health Corporation, NT Health, Community Corrections, Tennant Creek Women’s Refuge, the Northern Australian Aboriginal Justice Agency (NAAJA) and other legal services with offices in Tennant Creek – the Central Australian Aboriginal Family Legal Unit (CAAFLU), Central Australian Women’s Legal Service (CAWLS) and Northern Territory Legal Aid Commission (NTLAC).

c. Sobering up shelter

BRADAAG’s Sobering Up Shelter (SUS) is ‘a safe, secure environment for those seeking to avoid alcohol related harm, whether it be from themselves or others.’²⁰ Consistent with the central tenet of BRADAAG’s model of care – community and culturally safe, evidence-based, professional and integrated therapeutic care – the SUS provides both practical assistance to clients (a place to sleep, launder clothes, shower and eat) as well as assessment, brief interventions and referrals.

In a relaxed, non-judgemental and caring environment, SUS workers are aware that individual ‘therapeutic moments’ may occur in unexpected and unpredictable ways and that these moments should be seized upon because they may be key to a journey towards more positive well-being.

In practice, this means that SUS workers must be:

- attuned to the needs and experiences of clients and their families and able to develop sound assessments
- informed about and supported to implement effective, situational, evidence-based brief interventions¹⁸ to assist clients to reflect upon and be proactive about addressing harmful AOD use. This includes an awareness of how motivation to address harmful AOD use may differ according to intersectional identifiers such as gender, sexuality and age.

SUS workers must be skilled to conduct screenings and brief interventions, consistent with evidence that indicates that such interventions can be important in shifting attitudes and behaviours associated with problematic alcohol use.

Significantly, alcohol is not the ‘cause’ of violence. However, given that it is a ‘contributing factor and often a trigger’ for Domestic, Family and Sexual Violence (DFSV),^{21 22} SUS workers must be skilled in assessing whether their clients, or their families, are at risk of DFSV and, if so, to be capable of appropriate and timely referrals, including to police, Territory Families, Housing and Communities, the Tennant Creek Women’s Refuge (TCWR), the specialist women’s legal services, and the Family Safety Framework.²³

Clients of the SUS may self-refer or may be referred from a range of other services in the community. The SUS may be the entry point of clients into the BRADAAG services. These referral pathways point to the need for formalised agency agreements and monitoring to enable and support appropriate referrals.

d. Resi rehab

Under the New Pathways Model, the Resi Rehab program will become a flexible 12–24 week, client-centred, residential program informed by the principle of culturally and community safe, evidence-based, professional and integrated therapeutic care. It will focus on the whole person and, where appropriate, their families, recognising that well-being is enhanced when people are connected to their families, communities, culture and country and when they are engaged in activities they find meaningful. Like the SUS, Resi Rehab workers need to have the capacity to conduct SBI and MI and to determine whether clients are at risk of DFSV and be able to refer as appropriate.

The Resi Rehab program includes:

- **Therapeutic activities**

Therapeutic activities include formal and informal individual and group counselling and educational sessions with external expert clinicians and well-trained and qualified staff. Therapeutic interventions explore the underlying issues behind clients' harmful behaviours – including addiction, trauma, violence (DFS and community/intersectional), for example. Informal therapeutic activities include what is sometimes referred to as 'yarning' which 'is not simply casual conversation but is targeted to informally exploring issues around alcohol and other drug related issues.'¹⁴ Importantly, informal therapeutic activities can be well integrated into activities designed to reconnect clients to healthy community, culture and country, as discussed below.

The culture of Resi Rehab will promote constant attention to 'therapeutic moments' and staff will be skilled to use these moments informally and strategically to promote healing and well-being.

- **Case management**

Case management includes case assessment, planning, review and referral to external services for health, employment, training, social or family support, for example. Clients will be able choose to use services based in the Barkly region or they may choose services located in other parts of the NT or in other states.

- **Life skills**

Life skills programs include those which help to develop a positive daily routine, improve literacy and communications skills, help with engaging in training and/or employment or other activities. External agencies (e.g. We Ali and Literacy for life) will be responsible for providing a range of evidence-based, sequential programs and BRADAAG workers will reinforce the positive life-skills gained through these programs as part of their day-to-day care.

- **Time out from substances**

Resi Rehab is an opportunity for clients to spend time away from substance use and engage in meaningful activities. This alone can have significant well-being benefits, including better physical and mental health. The location of the Resi Rehab facility needs to support this – see below.

- **Healing through healthy community and cultural connections**

95% of people receiving alcohol treatment in the Barkly are Aboriginal and Torres Strait Islanders.⁵ Connection to culture and country, according to the NSW Aboriginal Residential Healing Drug and Alcohol Network (NARHDAN), is a 'central component' in the treatment of Aboriginal people with AOD problems. According to NARHDAN:

healing, and therefore reduced substance misuse, is not just related to the improved health of the individual, but also the improved wellbeing of the broader community, which acknowledges the interconnectedness between the social, cultural, spiritual and environmental influences of health.¹⁵

In practice, this means promoting healthy and safe connections – between clients and their families, culture, country and community, including Traditional Owners. This might include activities such as making art and artefacts, trips to country, collecting bush tucker, gardening – all activities that are accompanied by therapeutic and culturally based conversations that help people to express and reflect on their emotions and feelings.^{24 25}

The New Pathways Model also recognises that clients may wish to take time out from family and community pressures and expectations which can undermine or interfere with their therapeutic engagement. The Model, and the partnerships BRADAAG develops with AOD services in the NT and other states (e.g. Mission Australia, Anglicare, Aboriginal Drug and Alcohol Residential Rehabilitation Network [ADARRN – formerly NARHDAN]), will provide options for clients to undertake residential rehabilitation outside of Tennant Creek and the Barkly, a considerable distance from individuals' home communities (see below, including Diagram 3).^{5 18}

Resi Rehab is deeply embedded in the service sector of the Barkly Region. Through partnerships with clinical experts, ACCHOs, education and employment services and government agencies, Resi Rehab clients will be provided with a tailored, wrap-around service to assist them to make positive choices towards better long-term well-being.

e. Ongoing Care

Ongoing Care is key to sustaining the well-being gains made by BRADAAG clients over the 12–24 weeks they invest in Resi Rehab. Ongoing Care will include formal and informal support provided by BRADAAG and external service providers to clients and their families. Ongoing Care workers will provide brief assessments and interventions as well as referral services. As part of the holistic model of care, the Ongoing Care service will provide healthcare support (e.g. nursing, referral to ACCHOs) as well as broader well-being assistance, such as with training and employment. Further, like Outreach, Ongoing Care will provide continuing clinical treatment with external specialists as part of BRADAAGs fly-in-fly-out/drive-in-drive-out and/or telephone/online counselling arrangements.

Ongoing Care will include an 'off-site' component i.e. workers go to where their clients are. For example, some Resi Rehab clients may choose to return to their families and communities in Tennant Creek or beyond. Ongoing Care workers will meet with them where they chose to live.

Some Resi Rehab clients, however, may choose to make use of BRADAAG's new transitional housing model which will be fully operational after the construction of the Therapeutic Treatment and Residential Facility (TTRF).

Therapeutic Treatment and Residential Facility

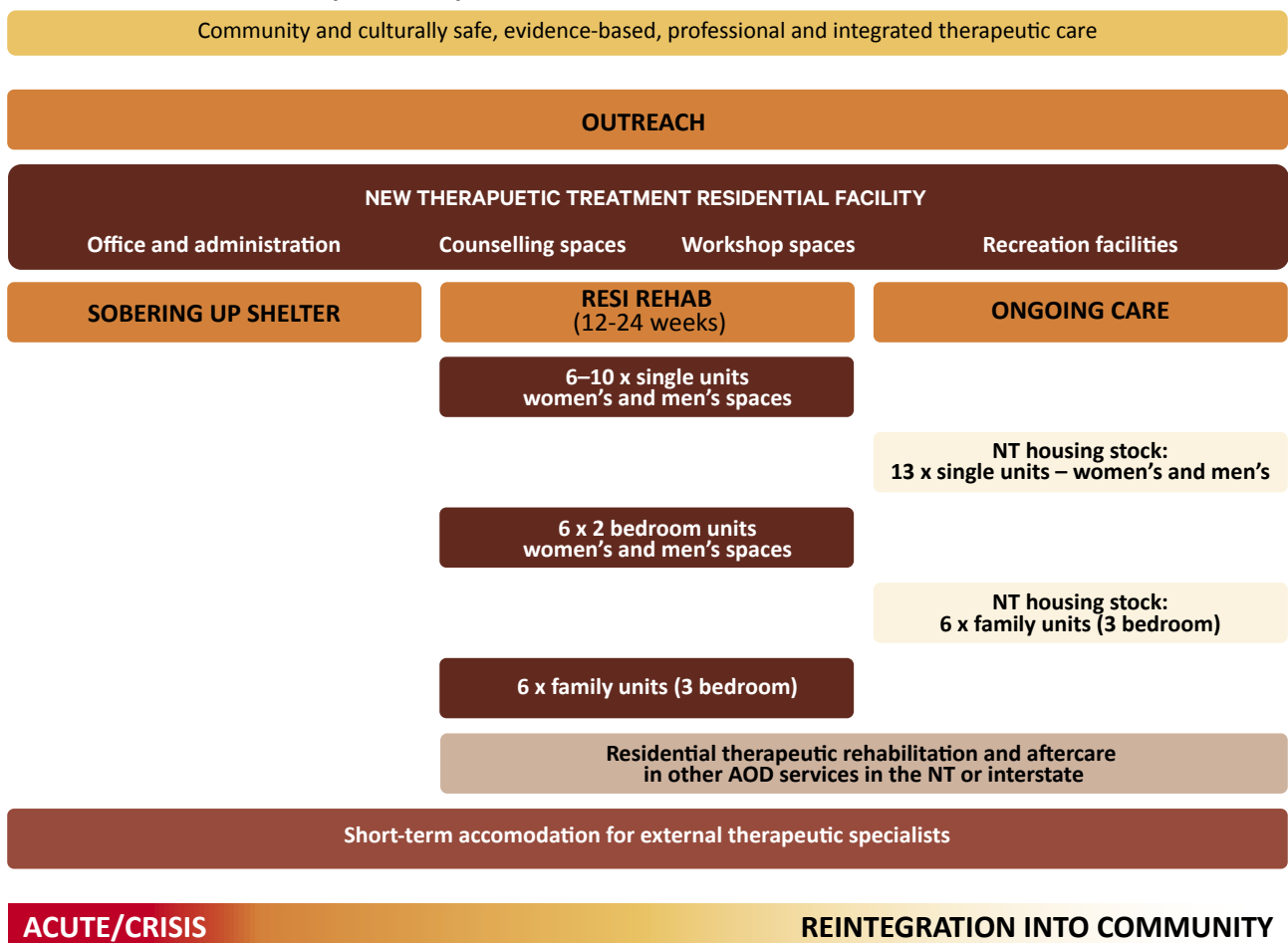
Over the next three years, BRADAAG will build its new Therapeutic Treatment and Residential Facility and transition to the New Pathways Model. The TTRF should be located out of town (and therefore further from the temptations and humbug associated with town), but not so far that families cannot visit.¹⁴

Diagram 3 shows the relationship between BRADAAG’s New Pathways Model and its infrastructure, including:

- the proposed TTRF,
- existing NT Housing stock under BRADAAG’s management, and
- proposed accommodation for external clinical experts

The diagram also implies potential pathways that clients could take through BRADAAG, including its housing infrastructure, as they transition from an acute/crisis stage towards reintegration into the community.

DIAGRAM 3: BRADAAG’s model of care and infrastructure



The new TTRF (represented in dark brown in the diagram) will become the administrative and management hub for BRADAAG. As well as an office/administration area, the TTRF will include dedicated counselling rooms, specific men's and women's areas, workshop spaces and recreation facilities. These areas will be used across the whole of BRADAAG's services – SUS, Resi Rehab, Ongoing Care and Outreach.

The new facility will include three different accommodation options for Resi Rehab clients including:

- 6-10 x single units
- 6 x 2 bedroom units
- 6 x 3 bedroom family units

Residents of the program will be streamed into one of these accommodation options depending on their circumstances and preferences.

The establishment of partnerships with other AOD services in the NT and around the country (e.g. Mission Australia, Anglicare, Central Australian Aboriginal Alcohol Programmes Unit, Aboriginal Drug and Alcohol Residential Rehabilitation Network, etc) will allow BRADAAG clients to be referred to other residential rehabilitation services if they prefer to undertake such a program outside of Tennant Creek or the Barkly region. Clients who chose this option may also want to participate in an ongoing care arrangement with a partner organisation outside the Barkly.

Clients who receive ongoing support within the Barkly region will be able to access one of the existing NT Housing units managed by BRADAAG. BRADAAG is currently negotiating with NT Housing to maintain this stock. BRADAAG will re-purpose this housing stock from its current use within the Resi Rehab program to medium-term accommodation within the Ongoing Care program. This would allow single men and women to live in separate spaces in one of thirteen single units and up to six families to live in a three-bedroom unit.

Finally, BRADAAG would need to acquire accommodation for FIFI/DIDO external clinicians from outside the region to be able to stay while providing primary clinical interventions to BRADAAG clients and staff/sector workforce development.

6. WHAT DO WE NEED TO MAKE THIS HAPPEN?

a. Workforce expertise and development

While Australia is currently experiencing significant workforce shortages, remote locations such as the Barkly region have long faced particular workforce challenges due to their demographics, location and lower educational levels.²⁶ This impacts BRADAAG and the service sector more generally. Addressing these issues involves multiple strategies, including:

- i. Immediately accessing (buying in) a skilled/specialist workforce, including engaging external therapeutic expertise and trainers from across Australia
- ii. BRADAAG workforce development, with particular emphasis on local Indigenous staff, via:
 - training and mentoring, including with external therapeutic specialists, off- and on-site training
 - staff partnerships and exchanges with regional and national organisations and experts, including, but not only, those who specialise in AOD interventions. BRADAAG staff could go to other NT and national organisations and staff from those organisations could come to BRADAAG for periods of exchange, knowledge-sharing and skills development
- iii. Whole of Barkly region workforce development, including changing workforce culture, improving skills and developing networks and a NT government supported, territory-wide, community of practice for information sharing and collaboration between services and workers in the field.

b. Facilities

BRADAAG's New Pathways Model requires access to specific infrastructure, including:

- i. Accommodation for external FIFO/DIDO practitioners/expertise
- ii. NT Housing units to be re-allocated for use as part of the Ongoing Care program
- iii. Construction of the new BRADAAG Therapeutic Treatment Residential Facility

c. Governance

Leadership, both within BRADAAG and throughout the Barkly region, is key to the success of the New Pathways Model. This includes:

- i. Securing BRADAAG's governance, evaluation, accountability processes
- ii. High level agreements between BRADAAG and other agencies and organisations regarding referral protocols and pathways, skills and knowledge sharing, information gathering regarding emerging drinking, violence and other community trends/patterns
- iii. A Regional Cross Agency Dialogue led by BRADAAG and including government agencies, key service organisations and the Tennant Creek Alcohol Reference Group
- iv. An organisational strategic plan that builds on the New Pathways Model to provide specific details of objectives, outcomes, resource allocation etc.

d. Funding

The New Pathways Model builds upon existing BRADAAG services and requires additional resources, including to 'buy in' external expertise and a more rigorous system of support in remote communities.

7. TIMEFRAME

Commencement date	Action
March 2023	Employment of Workforce Development Manager
April 2023	Consultations with BRADAAG staff regarding New Pathways Model
April 2023	Consultations with Barkly service sector regarding New Pathways Model
April 2023	Consultations with external AOD providers regarding New Pathways Model
April 2023	Discussion with local, NT and national external AOD providers and other therapeutic specialists regarding provision of clinical services, training and supervision, staff exchange, referral protocols
April 2023	Negotiation with NT Housing regarding repurposing of housing stock to be used as part of new Ongoing Care
April 2023	Assess workforce needs and develop plan
April 2023	Development of detailed clinical, education, training, lifeskills etc programs in consultation with local, NT and national providers
April 2023	Development of internal referral protocols across BRADAAG services
April 2023	Development of data collection processes and monitoring and evaluation program
April 2023	Development of skills development program for local BRADAAG staff
April 2023	Consultations with community and other stakeholders, including Traditional Owners, regarding the site and design of the new Therapeutic Treatment Residential Facility (TTRF)
April 2023	Negotiation with NT government regarding location of new TTRF
May 2023	Discussion with NT Government regarding New Pathways Model funding and accountability
May 2023	Formal invitations to NT govt and other services to participate in Barkly Region Cross Agency Dialogue
May 2023	Engagement with all communities across the Barkly regarding the development and rollout of the New Pathways Model
May 2023	Recruitment of the Wellbeing Manager
May 2023	Recruitment of the General Manager
July 2023	Development of external referral agreements and protocols with services across the Barkly Region
September 2023	Barkly Region Cross Agency Dialogue begins
March 2024	Construction of new TTRF
March 2025	Therapeutic Treatment Residential Facility completed

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