

Working Together to Build Capacity

A Report on the Evolution of the Koori Alcohol & Other Drug
Diversion Worker Role at UnitingCare ReGen

UnitingCare ReGen, April 2015

INSPIRING ALCOHOL
& OTHER DRUGS
TREATMENT & EDUCATION



UnitingCare ReGen is located on the traditional lands of the Wurundjeri people of the Kulin nations and wishes to acknowledge them as the Traditional Owners. ReGen pays its respects to their Elders, past and present.

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Indigenous plants growing at Curran Place,
ReGen's adult withdrawal unit (above and cover image).

Introduction

This report tells the story of the KADDW role at ReGen and the journey that ReGen, VAHS, DHHS and individual workers have undertaken.

Alcohol and other drug abuse is a major contributing factor to the disparity between Indigenous and non-Indigenous life expectancy in Australia. The Australian Institute of Health and Welfare (2014) reported that in 2008 – 2012, the life expectancy of Indigenous Australians was approximately ten years less than that of non-Indigenous Australians, and that chronic diseases were the main contributors to this gap. The Koori Alcohol Action Plan 2010 – 2020 states that high levels of alcohol and other drug consumption increase the risk of chronic disease, but are also factors in the likelihood of injury, violence, suicide and self-harm, overdose, drowning and road trauma (p. 15). The plan acknowledges that improving alcohol-related responses and services is integral to addressing Indigenous health in Victoria. Ms Jill Gallagher, CEO of Victorian Aboriginal Community Controlled Health Organisation (VACCHO), writes that alcohol misuse ‘...adversely affects the social, emotional, spiritual wellbeing of our Aboriginal people and communities and it erodes the foundations of the material factors of a healthy life for our people today’ (p. 1). The need for improved drug treatment and access has also been recently highlighted by the growing concern in Victorian Aboriginal communities about harms related to methamphetamine use.

UnitingCare ReGen recognises that Aboriginal clients have specific needs to be addressed at all levels of engagement within an alcohol and other drugs (AOD) service. ReGen is committed to cultural competence training and is working towards developing an organisational Reconciliation Action Plan. Through ongoing relationships with Victorian Aboriginal Health Service (VAHS), the Ngwala Willumbong Cooperative and the Koori Court, as well as involvement in projects such as Wadamba Wilam (a Breaking-the-Cycle assertive outreach program for Aboriginal clients who are homeless and experiencing mental health and/or AOD issues), ReGen strives to provide culturally appropriate services which are accessible to Aboriginal people. These collaborations contribute to mutual learning and the ongoing development of cultural competence at ReGen.

ReGen has received funding from the Department of Health (DH/DHHS) for a Koori Alcohol and Drug Diversion Worker (KADDW) since 2003. The KADDW role was originally placed within Forensic Services at ReGen and was designed to link Koori offenders with Koori-specific and mainstream drug treatment services. The KADDW role has undergone many transitions and encountered numerous challenges as ReGen worked with DH

to create a sustainable position for individual KADDWs and the organisation, including appropriate support and supervision, reasonable workload and mutually beneficial education. Between 2004 and 2013 there was a high turnover of workers in this role and at times ReGen experienced difficulty in recruiting to the position. A new, collaborative approach was adopted in 2012 after consultation with VAHS and DH, in which VAHS and ReGen formed a partnership to facilitate the KADDW Pilot Project.

This report tells the story of the KADDW role at ReGen and the journey that ReGen, VAHS, DH/ DHHS and individual workers have undertaken. It seeks to explore challenges up to this point, evaluate factors contributing to the current success of the project and to highlight possible approaches for the future.



Artist Wade Williams displays his artwork with Helen Kennedy (VAHS) and Rose McCrohan (ReGen). The painting is now displayed at Curran Place, ReGen's adult withdrawal unit. Thanks to the artist for permission to use this image.

Interviews and sources

The following people were interviewed for this report (Nov 2014 – Jan 2015):

- Leonard Harrison – current KADDW at Curran Place, ReGen & VAHS
- Rose McCrohan – Manager, Curran Place, ReGen
- Helen Kennedy – Manager, Family Counselling Service, VAHS
- Karen Antrim – Senior Program and Service Advisor, DH/DHHS
- Donna Ribton-Turner – Director Clinical Services, ReGen
- Two previous KADDW incumbents
- Previous Forensic Services Team Leader, ReGen
- Previous Forensic AOD Counsellor and acting Linkage Worker, ReGen
- Activities and Education Officer, Curran Place, ReGen

Archived correspondence materials from ReGen and DH, exit interview documentation, SWITCH data, progress reports and project evaluations were also consulted in the writing of this report.

Notes about names

Terminology

The terms 'Koori' (can also be spelt 'Koorie'), 'Aboriginal', 'Indigenous' and 'Aboriginal and Torres Strait Islander' are used throughout this report, respectfully reflecting differing usage of terminology across and within communities. ReGen acknowledges that Aboriginal peoples in Victoria may come from different areas of Australia or Victoria and may belong to more than one Aboriginal community.

KADDW

The KADDW position (and its equivalents) has been known by several titles since its inception in 2003 including 'Koori Linkage Worker', 'Koori Drug and Alcohol Support Worker', 'Koori Community Alcohol and Drug Worker' and 'Koori Alcohol and Drug Worker'. For clarity, this report will refer to the position as 'Koori Alcohol and Drug Diversion Worker' or KADDW.

ReGen

UnitingCare ReGen was known as UnitingCare Moreland Hall until June 2012. This report will use the name ReGen for consistency. Likewise, the adult withdrawal unit at ReGen was previously known as Lesley Anne Curran Place and is now known as Curran Place.

DH/DHHS

The Department of Health (DH) has been known as the Department of Health & Human Services (DHHS) since January 2015. The report will refer to the Department as either DH or DHHS, as appropriate to the date.

Timeline – in Brief

The Story So Far

2000	National Illicit Drug Strategy (NIDS) funds a partnership between ReGen and Ngwala Willumbong Aboriginal Cooperative with the aim of increasing access to drug treatment services for Indigenous Australians.
2001	Victorian Government allocates \$1m over two years for the development of a Koori Alcohol and Drug Strategy. The Advisory Committee approves a range of projects as the first phase of the strategy, The Koori Alcohol and Drug Plan 2003-2004, including 16 Koori Drug and Alcohol Workers in rural and metropolitan locations.
Sept 2003	As part of Phase Two of the NIDS Diversion Initiative, ReGen receives a prepaid funding component from DH for a 1.0 EFT KADDW to work with Broadmeadow Koori Court.
Feb 2004	ReGen advertises for a KADDW and employs the first worker who commences in July 2004. The KADDW has experience working in Koori health services but as yet no experience in the AOD field.
2004 – 2005	Discussions between ReGen, DoH, Melbourne Magistrates' Court and Koori Court about what the new role should actually encompass – outreach, linkage, assessment, counselling. The role is titled 'Koori Linkage Worker'.
May 2005	Due to several issues having a negative impact on the project, ReGen seeks mentoring for the KADDW but it is irregular and soon discontinues.
June 2004 – Sept 2005	As part of the Koori Action Research Project, funded by Dept. Human Services, three rounds of site visits to the 16 Koori Drug and Alcohol Workers are completed, including interviews and evaluation.
2005	At the KADDW's initiative, ReGen implements two weekly priority counselling appointments for Koori Court clients, allowing direct referrals with little waiting time.
Aug 2006	The first KADDW resigns.
2007 – 2011	Two ReGen Forensic staff work closely with the KADDW, attending Koori Court and making referrals. ReGen staff report that this was a period of generally good outcomes and strong relationships with the court system.
July – Oct 2007	New KADDW employed. The worker is trained in Social Work but resigns because the work is not suited to their qualifications and experience.
Oct 2007 – Jan 2008	New incumbent is employed in the KADDW role and resigns three months later, opting to return to the Aboriginal service with which they had previously been employed.
April 2008 – July 2009	New incumbent is employed in the KADDW role. Worker commences an educational role with ReGen until mid 2010.
Sept 2009 – Jan 2010	New incumbent is employed in the KADDW role.

July 2010	KADDW Discussion Paper prepared by previous Manager of Forensic Services at ReGen. Among others issues, highlights 'isolations within a mainstream organisation' as the most consistent challenge reported by ReGen KADDWs.
July 2010	New incumbent is employed in the KADDW role.
Sept 2010	DH releases the Koori Alcohol Action Plan 2010 – 2020. The plan addresses four key themes: 1) Strengthening Communities 2) Responsible Access to Alcohol, 3) Improved information and understanding, 4) Improved responses and services. The aim is listed under this theme is 'To improve responses and services with a focus on proactive and partnership approaches' (p. 43).
2011	New magistrates, elders and a new clerk replace previous incumbents at the Broadmeadows Koori Court. The Ballieu Government cuts funding for suspended sentences.
Oct 2011	Key Forensic AOD Counsellor resigns.
Nov 2011	KADDW worker resigns.
May 2012	ReGen requests funding for KADDW is reconsidered. In a letter to DH Laurence Alvis, CEO of ReGen, suggests that the role would be better undertaken by an Aboriginal Service.
June/July 2012	DH, ReGen and VAHS collaborate and agree to pilot a revised model for KADDW project which is a partnership between ReGen and VAHS.
Sept 2012	First KADDW pilot project meeting. Project Control Group includes: representatives from ReGen, DH, VAHS, Primary Care, and MHDR.
Oct-Nov 2012	First incumbent is employed in the new VAHS/ReGen KADDW role. The worker resigns early, but gives ReGen suggestions as to how to make the service more welcoming to Aboriginal people, which ReGen acts upon.
Dec 2012	Representatives from ReGen, VAHS and DH meet to discuss future approach. Agreed that employment through VAHS is essential but time needs to be spent across both services so KADDW will spend two days at VAHS and three days at ReGen per week. DH will provide funding for this project to cover brokerage, admin, other fees and an increased salary to attract a skilled worker.
Dec 2012	Project Brief released for KADDW Pilot Project between VAHS and ReGen.
Feb 2014	In response to distress from Koori community about difficulty accessing withdrawal beds, ReGen reserves two priority beds for Koori clients at Curran Place. ReGen also reinstates priority assessments for Aboriginal clients.
2014	Arising from the AOD Reforms, DH funds an 18-month pilot program to respond to methamphetamine use in Aboriginal communities. It has a strong partnership approach between mainstream AOD services and Aboriginal services. VAHS and ReGen are involved in the pilot.
April 2014	Leonard Harrison commenced the KADDW role at Curran Place, ReGen.

KADDW as a Forensic Program



Graham & Ron Briggs help Children’s Protection Society and ReGen staff in Thomastown commemorate the anniversary of the Apology to Australia’s Indigenous Peoples and the long term impacts on the Stolen Generations. Photograph courtesy of Children’s Protection Society.

The KADDW role operated within the Forensic Services team at ReGen from 2004 – 2012. The worker attended Broadmeadows Koori Court and primarily acted as a linkage worker for Aboriginal clients to access treatment and services at ReGen. Six workers filled the KADDW position during this time. The KADDW worked closely with the Forensic team, often pairing with the Forensic Services team leader or AOD counsellor to attend court and provide outreach. There were many positive outcomes of this period, both for clients and for the KADDW project more broadly; however, the turnover of workers and the recruiting difficulties experienced by ReGen indicated that there were issues with the position and its implementation.

Positive outcomes of this period

- The program was **built on the NIDS funded partnership** with Ngwala Willumbong Aboriginal Cooperative, furthering the aim of the partnership which was to increase access to and support for Aboriginal and Torres Strait Islanders at ReGen.
- Previous ReGen Forensic Services staff report that **2007 – 2010 was a period of strong relationships** with the Broadmeadows Koori Court and generally good outcomes for clients: including referral to ReGen, suspended sentences and diversion. The Koori Court Magistrates were familiar with ReGen and willing to adjourn matters while clients undertook treatment or education. The Forensic Services team leader or AOD counsellor would attend court with the KADDW to provide clinical advocacy and support, while the KADDW provided personal advocacy for the client.
- At the KADDW's initiative, **ReGen implemented two weekly priority assessments for Koori clients** to allow direct referrals from Koori Court. This was effective in minimising waiting time, streamlining the diversion process and meeting community expectations without placing undue pressure on the KADDW to provide treatment personally. After a period of inactivity, priority assessments were re-implemented at ReGen in 2014, supported by two ongoing priority beds for Aboriginal clients at Curran Place. Williams House (youth withdrawal) has consistently prioritised Aboriginal clients.
- Several of the KADDWs reported feeling generally well-supported by their team and having **a particularly strong working relationship with one of the previous Forensic Services AOD counsellors**. In some cases, the counsellor provided support with paperwork and clinical knowledge, whilst the KADDW provided community knowledge and linkage, introducing her to the community so that she could network or provide outreach independently where needed.
- All KADDWs contributed to **increased understanding of Aboriginal cultures** and the specific needs of Aboriginal clients at ReGen.
- **ReGen experienced an increase in Aboriginal or Torres Strait clients accessing treatment** possibly due to **increased knowledge about ReGen within the Koori community**. Although referrals were inconsistent, depending on the status of the KADDW role at ReGen, there was a general upwards trend since the inception of the KADDW role. In 2000, only 19 Aboriginal or Torres Strait Islander clients accessed treatment at ReGen, compared with 83 in 2005, 112 in the 2011 – 12 financial year and 93 in 2013 – 14.
- **ReGen established ongoing relationships with some of the KADDWs**. For instance, one previous KADDW returned to collaborate with ReGen on the educational Yarnin' about Yarndi project in 2009 and another continued to work with ReGen in an educational role after resigning as the KADDW.
- **Feedback received from previous KADDWs** (informally and through exit interviews) and consultations with VAHS, The Brosnan Centre, the Koori Court and Ngwala Willumbong Aboriginal Cooperative allowed ReGen to reflect on the conditions and expectations of the KADDW position and to continue to seek to create a sustainable position.

Challenges of this period

- **High turnover of workers in the KADDW position.** Over eight years, six different workers filled the role. This contributed to difficulty in recruiting to the position, as word spread in Koori communities that ReGen had not retained a KADDW. At times, the position was unfilled for six months. During these periods, the Forensic Services team leader or AOD counsellor would informally act in the role.
- The KADDWs consistently reported that **isolation within a mainstream organisation** was challenging. Lack of connection to other Aboriginal workers or organisations exacerbated the cultural difference experienced by the workers at ReGen. One previous KADDW reflected in an interview that 'it's hard being the cultural point for everything in the agency' and that it was 'exhausting' (interview, 17 December). Echoing this, the previous manager of Forensic Services in the KADDW Discussion Paper (2010) reported that workers identified being seen as the 'expert' for all Indigenous clients was onerous. Workers also felt the burden of needing to educate other staff about Indigenous culture.
- **Clarification of responsibilities of the role.** Throughout this period, there were discussions between ReGen, the Koori Court, DH and the KADDW about which of the following responsibilities the role should encompass: linkage, assessment, outreach, counselling. A letter to ReGen from a member of the Magistrates Court (2004, pers. comm., 20 October) suggested that the role

...would require some flexibility to outreach ... not of a treatment nature but that of locating the client, conducting an assessment of needs and referral... linking into treatment possibly involving transporting clients to initial appointments to assist engaging into treatment... [The KADDW] role is that of assessment and referral not treatment.

In 2005, following a series of site visits and interviews, the Action Research Project (funded by DH and conducted by Successworks) stated that the process had

...successfully clarified the role [of the KADDW at ReGen] but in so doing [had] narrowed the focus from what was originally hoped for, by the courts at least, in terms of the position providing general access to drug and alcohol treatment programs. The role is now the gateway to services at [ReGen] which, in turn, has made other changes so that it is able to provide immediate service to the court (p. 5).

However, the role was adapted with each new worker and, in 2010, ReGen's progress paper noted that the most recent KADDW felt they were expected to do two different roles: '...one being linkage and support work to assist clients into treatment and the other counselling'.

Boundaries of the role were further challenged by expectations from the Koori community to provide immediate response to arising issues. In 2012, the KADDW Project Control Group agreed that the original position description had been excessively broad in the responsibilities listed, particularly for the salary offered. The salary was subsequently increased and the role refined.



Indigenous Garden at Curran Place, UnitingCare ReGen

- **High expectation from the Koori community to resolve complex issues** in the broader Aboriginal community and provide immediate responses. Some KADDWs identified that they were ‘pushed and pulled’ from several directions: ReGen, Broadmeadows Magistrates, Koori Court Elders and different groups within the Koori community. This sometimes manifested as expectations about assertive outreach, including after-hours, and were at times contradictory to ReGen’s policies and OH&S safety practices.
- **Problematic relationship with management.** Several interviewees reported difficulty in relating to a previous ReGen staff member. It was felt that the staff member lacked knowledge and sensitivity surrounding Aboriginal cultural issues. Culturally inappropriate comments were deeply felt and had lasting impact on the comfort felt by various KADDWs within ReGen.
- **Paperwork, using databases, clinical assessments and ReGen’s expectation for workers to undergo training** were raised in interviews as significant barriers for some KADDWs. Some Koori workers favoured a verbal approach and a less formal mode of communication. In some cases the KADDW at ReGen also required support with literacy. Whilst these workers may have been skilful liaison workers and well connected to Koori communities, at times they felt the requirement for documentation impeded their ability to work effectively.
- **Adhering to some of ReGen’s policies and procedures** created tension for some of the KADDWs, personally or in terms of their responsibility to their community. For instance, working from 9:00am – 5:00pm limited the possibility for the outreach and community engagement which the community expected. Unaccounted time was a continuing challenge.

In an exit interview (2011), one KADDW commented that cultural time difference needed to be respected: ‘...if you need to pick up a client at 11am, you leave at 9am to allow for a chin wag. You wouldn’t just turn up at 10:45am and say let’s go’.

- **Complex relationship issues within Koori communities.** This creates frequent conflict of interest for the KADDW, as presenting clients are often known to them prior to presentation. One KADDW avoided this complexity because he had no family ties in ReGen’s catchment. He believed that this made his job easier (interview, 18 January) and other staff members report that he still managed to be well connected in Koori communities.
- **The change of magistrates, Elders and clerk at Broadmeadows Koori Court** around 2011 adversely affected ReGen’s previously strong relationship with the Court. New magistrates were less like to suspend sentences as they did not know and trust ReGen. This coincided with a funding cut to suspended sentences under the Ballieu Government, and the resignation of a key AOD forensic counsellor from ReGen.

Request for KADDW Funding to be Reconsidered

In a letter on 21st May 2012, ReGen requested that DoH reconsider funding for the KADDW position. Laurence Alvis (CEO, ReGen) wrote:

...after much consultation and deliberation, we no longer believe we can with good conscience continue taking funding for this role which obviously isn’t working. We have reached the view that this important role would be best undertaken by an Aboriginal service, which is better placed to recruit and support a Koori AOD worker.

Shift to Partnership Approach with VAHS & Community

Setting

Rather than relinquish the project, DH NWMR, ReGen and VAHS entered discussions to create a position which would benefit all parties. An innovative pilot project was agreed upon, in which ReGen and VAHS would work in partnership to employ a DH-funded KADDW. DH stipulated that, although the worker would be employed by VAHS and receive supervision there, they would spend the majority of their time (three of five days) at Curran Place, ReGen's adult withdrawal service. This signalled a funding move from Forensic Services to Withdrawal Services within ReGen. Strong leadership and commitment to shared values from VAHS and ReGen, supported by flexibility from DH were essential to the remodelling of the KADDW role to meet organisational and community needs. In the Project Brief (2012) between VAHS and ReGen, the project goals were listed as:

1. To ensure the most effective utilisation of the KADDW resources to meet the needs of the Aboriginal community who require support related to AOD issues.
2. Develop an innovative, culturally sensitive approach to support Aboriginal people who have AOD issues and who are involved in the criminal justice system.
3. To develop an integrated approach to AOD Care Coordination to facilitate access by members of the local Aboriginal community to a broader range of services. (p.3)

A successful recruitment process followed and a new incumbent was employed: Leonard Harrison, Elder of the Yorta Yorta people, commenced in April 2014 and continues to work in the role.

Current model – is it working?

Stakeholder satisfaction

Interviews with key stakeholders (2014 – 15) including Leonard Harrison (KADDW, ReGen/VAHS), Karen Antrim, (Senior Program and Service Advisor, DHHS), Helen Kennedy (Manager, Family Counselling Service, VAHS), Donna Ribton-Turner (Director Clinical Services, ReGen) and Rose McCrohan (Manager, Curran Place, ReGen) revealed a high level of satisfaction with the progress of the partnership project. Leonard Harrison commented that he was extremely happy in the role and enjoyed working with ReGen and VAHS. Karen Antrim stated that this was the most successful incarnation of the KADDW project at ReGen thus far. Helen Kennedy was satisfied that Leonard Harrison felt supported in his role and had managed to be effective in a short space of time, implementing an Indigenous garden and artworks at Curran Place as well as increasing the numbers of Aboriginal people accessing treatment at ReGen. She acknowledged there were still operational areas to be worked through between ReGen and VAHS. Donna Ribton-Turner was pleased at the partnership built between ReGen and VAHS and commented that Leonard Harrison was an important addition to the ReGen staff team. Rose McCrohan agreed that Leonard Harrison's contribution to Curran Place was invaluable, that Aboriginal clients were more at ease and generally behaved more respectfully in his presence, and that the partnership was successful but, in the broader sense of accommodating Indigenous workers at ReGen, still a work in progress.



Painting of goannas by Matthew Singleton from the Gunai/Kurnai Nation (2012). The artwork is dedicated to staff and clients at ReGen and is displayed at Curran Place. Thanks to the artist's family for permission to use this image. Artist's Statement is Appendix A.

Increase in Indigenous clients accessing treatment at ReGen

Leonard Harrison (KADDW, ReGen/VAHS), is yet to complete official figures for the past quarters at ReGen, but reports that approximately 45 Aboriginal or Torres Strait Islander clients have entered withdrawal at Curran Place in the past ten months. In comparison with the year 2012 – 13, when 20 Aboriginal or Torres Strait Islander client withdrawal episodes were undertaken at ReGen, this is a sizeable increase. (It should be noted that these figures include incomplete withdrawals.) Leonard Harrison and Rose McCrohan (Manager, Curran Place, ReGen) reported that his presence at ReGen creates a sense of safety for Koori people and to an extent ‘vouches’ for the organisation. Leonard Harrison also commented that there is a flow-on effect in some communities; people will see their friend or family member accessing AOD treatment and consider doing the same (interview, 16 January).

Factors contributing to the effectiveness of the current model

Partnership with VAHS is essential

In order to counteract the issue of isolation for Indigenous workers at a mainstream organisation, supervision with an Aboriginal organisation is essential. Supervision at VAHS provides an opportunity for the KADDW to debrief with workers from his/her own culture, to discuss any incidences of racism and perceived racism experienced at the mainstream organisation and to ‘recharge’, as one of the previous KADDWs described it (interview, 17 December). Helen Kennedy (Manager, Family Counselling Service, VAHS)

commented that Aboriginal workers are microcosms of the greater Aboriginal community and are exposed to similar stressors as clients, including a higher level of cultural and other responsibilities in relation to family support and community expectations. It is also not uncommon for workers to have close family members impacted by AOD issues – including being a client of the service that the worker is employed by. In this sense, it is vital that KADDWs have Aboriginal supervision, not only for their personal support but because a mainstream organisation will not always know where there may be challenges associated with navigating boundaries and ensuring appropriate support (interview, 17 December).

Employment through VAHS reduces the tension of the KADDW needing to adhere to ReGen’s policies and procedures. This allows for greater flexibility in specific hours worked, duties undertaken and working styles adopted.

Leonard Harrison (KADDW, ReGen/VAHS) discussed the importance of the partnership between VAHS and ReGen in terms of better client outcomes. He gave the example of a young man who completed the Widamba Wilam program (a Breaking-the-Cycle assertive outreach program for Aboriginal clients who are homeless and experiencing mental health and/or AOD issues) and at the time of writing was 35 weeks sober and undertaking peer helper training at APSU (interview, 16 January).

Karen Antrim (Senior Program and Service Advisor, DHHS) emphasised that the partnership between ReGen and VAHS is intended to be reciprocal. ReGen highly values the relationship with VAHS and is grateful for the opportunities for consultation, education and collaboration it offers.

Relationships are paramount

Leonard Harrison (KADDW ReGen/VAHS) identified his relationships with other staff at Curran Place and VAHS as being essential to the effectiveness of the KADDW project. At Curran Place, his relationships with Rose McCrohan (Manager) and the Education and Activities Officer are particularly strong. Leonard Harrison described these relationships as being like family and used the words 'connection' and 'flexibility' to explain their efficacy. He values Rose McCrohan's open communication style and the Education Officer frequently attends mens' group with him on Thursdays, often bringing clients from Curran Place (interview, 16 January). At the beginning of the year, Leonard Harrison organised a tour of the mission where he grew up, between Shepparton and Mooroopna, for several staff members and their families. He arranged for them to visit the Aboriginal Health Service, the Art Centre and the Football Club and to meet key people in the area and from his own life. Rose McCrohan described this event as being particularly moving as members of the community shared their personal stories.

Rose McCrohan reflected on how different her relationship with Leonard Harrison is from that with her non-Indigenous staff. With other staff members, despite a good rapport, she may know little of their personal lives outside work and this is acceptable to both parties. With Leonard Harrison, she notes, there is not such a clear separation between work and personal life; as a Yorta Yorta Elder, his responsibilities to his community are vast and do not 'switch off' outside work hours. (Rose McCrohan's reflections on this are described in greater detail in the section 'Flexible and adaptable management approach'.) She also commented that visits like the

one described in the previous paragraph not only foster strong relationships with individuals but introduce ReGen to the greater Koori community, making treatment and services more accessible. Rose McCrohan commented that 'It's a white thinking error that a stranger would call up or refer' (interview, 7 November).

As Leonard Harrison's ReGen site manager, Rose McCrohan is aware that in dealing with him, she is dealing with multiple layers of the Koori community. The experience of the KADDW at ReGen directly affects the accessibility of the service to Aboriginal people, as exemplified in ReGen's difficulty recruiting to the position following several short-term tenures. In order to provide effective AOD treatment and education for Koori communities, mainstream organisations like ReGen need to be aware of managing their reputations within the communities. Obviously, positive relationships cannot be forced, but making efforts to have clear, respectful communication channels and remain consultative in the process are steps towards this.

Reflecting on the history of the position at ReGen, it is clear that when staff relationships were strong and functioning, the project was effective but when they were strained or lacking sensitivity, the workers resigned and the project stalled. Anecdotally, it is interesting to note, that some of the strongest relationships reported were with other workers who were also from other cultural groups. One of the KADDWs reported that working and debriefing with the previous forensic AOD counsellor was helpful and, although she wasn't Indigenous, her not being 'white' meant she could relate to his experience as a minority in a mainstream organisation (interview, 17 December).

Flexible and adaptable management approach

Rose McCrohan (Manager, Curran Place, ReGen) reports that the commencement of the KADDW position at Curran Place has been extremely educational and 'a journey for management'. In an interview on 7 November, she describes it as a positive and challenging experience, commenting that team leaders may be entering a relationship they are not necessarily prepared for. At times it has been confronting from her own or other staff members' perspective due to lack of awareness about Koori culture. Rose McCrohan's approach has been to remain open-minded and negotiate boundaries as issues arise.

Curran Place is a unit which generally operates under strict behavioural guidelines. Rose McCrohan explained that in accommodating Leonard Harrison (KADDW, ReGen/VAHS) and the work he does '...we have had to shift a lot', but that these shifts are not inappropriate. When asked whether it is difficult to know when to shift and when to ask the KADDW to shift, Rose McCrohan responded that she has seen Leonard Harrison at work in the community and felt that asking him to shift on certain things (communication styles, work hours, sharing food with clients) would be like asking him not to be Aboriginal. She explained that although this kind of flexibility can take a manager out of their comfort zone, a different set of rules is sometimes needed for Aboriginal staff. She remarked that this 'makes you reflect on the whiteness of our thinking and our employment standards' and that 'inclusion means including in the way an Aboriginal person needs to be included'.

Rose McCrohan and the Education and Activities Officer interviewed were both aware that the different treatment may concern other staff members at Curran Place, and that open communication and education for all staff was essential.

At times, with various KADDWs, this flexibility may need to extend to the completion of paperwork. This can be provided in terms of pairing the KADDW with another willing worker or being adaptable with the form of response required e.g. accepting a verbal progress report where possible instead of a written one. Mainstream organisations need to be mindful of not being patronising when making these concessions as some KADDWs will be happy to complete the standard paperwork.

DHHS continues to be flexible and collaborative with ReGen and VAHS in the way the funding is used, allowing the partnership to strive to find effective conditions and an environment for this role to function best within the two organisations.

Essential skills and qualities of key staff

Rose McCrohan (Manager, Curran Place, ReGen) suggested that Leonard Harrison's (KADDW, ReGen/VAHS) particular personal qualities contribute to the role's success: he is an excellent communicator, which includes reporting to ReGen where he is when off-site; he is available when needed; he is very embracing of all people and upholds clear boundaries with clients (interview, 7 November).

If the efficacy of the current arrangement is partly due to the personalities of the key staff involved, the sustainability of the program is not guaranteed.

Interviewees for this report suggested skills and qualities which were important both in a KADDW and in non-Indigenous staff members working closely with the KADDW. It is expected that all positions will adapt to the individual and skills vary depending on roles and responsibilities. These are general, collated suggestions:

Skills and qualities helpful in non-Indigenous staff members working closely with the KADDW:

- Willingness to learn
- Open-minded and flexible
- Balance between respectful and assertive
- Mature attitude and no-nonsense communication style
- Networking skills (if collaborating in outreach or education)
- Knowledge (or willing to learn) about Koori culture, including names of large Koori families etc
- Knowledge (or willing to learn) about how to work with Aboriginal organisations
- Education in understanding trauma, Aboriginal cultural training and Aboriginal mental health
- Undertake VACCHO training (2015) for managers and supervisors

Skills and qualities helpful in the KADDW:

- Willingness to learn
- Desire to work in AOD and background knowledge of AOD issues
- Well-connected in Koori communities and to Aboriginal services
- Open to reciprocal relationship with the agency
- Good verbal communication skills
- Clear boundaries with clients and willingness to uphold them (e.g. not buying cigarettes or facilitating home visits against program rules)

Commitment to cultural competence

ReGen is committed to providing culturally-appropriate and welcoming employment and services for Aboriginal people. In collaboration with VAHS and DHHS, ReGen will continue to accommodate Leonard Harrison or a subsequent KADDW and the immensely valuable work they do. In addition to efforts to sustain the KADDW program, ReGen continues to offer priority assessments and withdrawal beds to Aboriginal clients; to be involved in the Widamba Wilam program; is working towards creating an organisational Reconciliation Action Plan and engaging a cultural consultant to work with ReGen, Odyssey and Children's Protection Service. In 2014, Clinical Services staff undertook Aboriginal Cultural Training at ReGen and Widamba Wilam

staff including the ReGen manager participated in a two-day workshop. This year, managers across several departments will attend VACCHO training for non-Indigenous managers and supervisors. As an outcome of the AOD Reforms, DHHS has funded an 18-month methamphetamine program, which will be developed in a partnership approach between mainstream AOD services and Aboriginal services including ReGen and VAHS. ReGen highly values its relationships with VAHS and other Aboriginal health services, and will continue to work towards cultural competence.



Appendix A

Artist's Statement

Matthew Singleton (2012) wrote the following statement regarding his painting on p. 16. This statement hangs alongside his artwork at Curran Place, Regen.

This painting is dedicated to all the staff and clients of the Moreland Hall/ ReGen Detox Centre.

In the painting there are two goannas. The goanna on the left hand side points down which represents all the suffering of the people with ADDICTION. It also represents that it is leading a downward path of addiction .It is looking at the tail of the goanna on the right hand side, which is pointing in an upwards direction to remind ones self that there is HOPE.

The goanna pointing in the upward direction is moving upwards and looking at the tail of the goanna suffering on the downward direction of addiction, It is also a constant reminder to ones self of RELAPSE and why we should hold on to hope, look forward and move in an upwards direction.

In essence both goannas are addicts but it is the choice of direction that each chooses that impacts its life and the lives of all those around them.

So stay POSITIVE , never give up on hope and climb in the upward direction one step at a time. In reality the downward direction leads to pain. The goannas represent a reflection of life without substance abuse . So be the goanna on the right side, climbing up and moving forward in the tree of life.

There are 7 watering holes in the painting.

The 3 watering holes in the centre of the painting are connected to each other with flowing streams. They represent human pure spirit being the mind, body and soul which are connected in each human being.

The 4 watering holes in the corner of the painting represent LIFE, LOVE , LIGHT and HOPE.

MATHEW SINGLETON

GUNNAI / KURNAI NATION

01/09/2012



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Glossary

AOD: Alcohol and Other Drugs

APSU: Association of Participating Service Users

Breaking-the-Cycle: An assertive mental health outreach support program including care coordination/case management for people experiencing entrenched homelessness as a result of severe and enduring mental illness and co-morbid conditions.

CPS: Children's Protection Society

Curran Place: UnitingCare ReGen's adult withdrawal unit

DH/DHHS: Department of Health/ Department of Health & Human Services

KADDW: Koori Alcohol and Other Drugs Diversion Worker

NIDS: National Illicit Drug Strategy

MHDR: Mental Health, Drugs & Regions

NWMMR: North & West Metropolitan Region

VACCHO: Victorian Aboriginal Community Controlled Health Organisation

VAHS: Victorian Aboriginal Health Service

Wadamba Wilam: A Breaking-the Cycle program specifically for Aboriginal clients

Williams House: UnitingCare ReGen's youth withdrawal unit



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