

NADA
network of alcohol and
other drugs agencies



UNSW
SYDNEY

Measuring performance of AOD treatment services: what is important to Aboriginal clients

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About the presenters

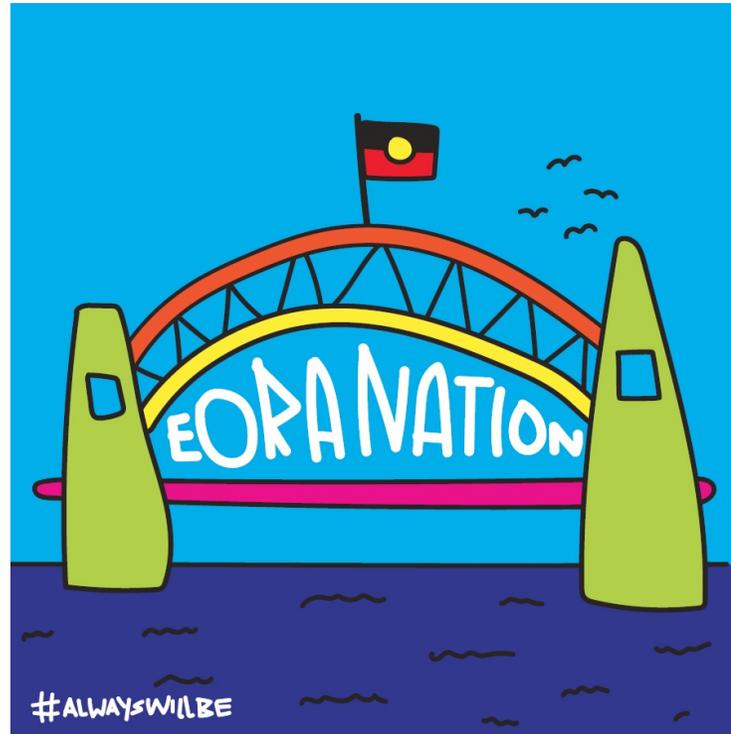


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Acknowledgement



Acknowledgements

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- Brad Freeburn, Redfern AMS
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- Joe Coyte and the team at The Glen

Tribal Warrior (Redfern): location of Aboriginal service user focus groups

To all the service users that gave their time to participate in the study

Overall study aim

To establish a list of performance measures that can be used by funders of NSW non government AOD treatment, that is acceptable to funders, treatment providers and service users.

Ethics

Approved by:

Aboriginal Health and Medical Research Council of NSW
HREC Project Number: 1585/19

University of New South Wales, Human Research Ethics Committee
HREC Project Number: HC:190321

Methodology

Study phase	Research questions	Method
Phase I * Complete	What are the current approaches to the measurement of performance in the NSW NGO AOD sector and how do they align with best practice?	Expert review and ranking of measures
Phase II Finalising paper	<p>What are the most important measures to stakeholders?</p> <p>How much concordance exists between the stakeholders?</p> <p>What are the challenges associated with the implementation of performance measures?</p>	Focus group discussions (Kitzinger, 1995)
Phase III To commence shortly	What are the priority performance measures for NSW NGO AOD treatment?	Delphi method (Linstone & Turoff, 1975)

*** Paper from phase 1:**

Stirling, R., Ritter, A., Rawstorne, P., & Nathan, S. (2020). Contracting treatment services in Australia: Do measures adhere to best practice? *International Journal of Drug Policy*, 86, 102947. doi.org/10.1016/j.drugpo.2020.102947

Focus groups

#	When	Who	Facilitators
1	Feb-20	Service users: adults, mixed gender (n=11)	Robert Stirling, Annie Madden
2	Feb-20	Service users: adults, mixed gender (n=9)	Robert Stirling, Annie Madden
3	Feb-20	Service users: young people, mixed gender (n=4)	Robert Stirling, Annie Madden
4	Feb-20	Service users: adults, Aboriginal men (n=9)	Robert Stirling, Doug James
5	Feb-20	Service users: adults, Aboriginal women (n=9)	Raechel Wallace, Sally Nathan
6	Mar-20	Aboriginal CC AOD services (n=6)	Robert Stirling, Raechel Wallace
7	May-20	Youth services (n=5)	Robert Stirling, Sally Nathan
8	May-20	Community-based services (n=8)	Robert Stirling, Sally Nathan
9	May-20	Residential services (n=6)	Robert Stirling, Sally Nathan
10	Mar-20	Funders of AOD treatment (n=7)	Robert Stirling, Sally Nathan

42 service users, 25 providers, 7 funders participated

Aims of today's presentation

To explore what measures of performance are important to service users, and if the views of participants in Aboriginal service users focus groups differed to service users in wider-community focus groups.

Rationale

- A priority area in the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy is to 'establish meaningful performance measures with effective data systems that support community-led monitoring and evaluation'.
- The strategy suggests that performance measures should reflect meaningful outcomes aimed at the individual, family and community level.
- Development of data and reporting frameworks should involve community knowledge, be endorsed by, and outcomes shared back with the community
(Intergovernmental Committee on Drugs, 2014)

Rationale

- A recent systematic review on the evidence for Aboriginal AOD residential rehabilitation services found no studies “on the development or evaluation of measures for Indigenous residential rehabilitation services”. The authors report the need for standardising data collection systems using culturally appropriate measures that align with performance indicators.

(James et al, 2017)

- NADA’s Aboriginal Community Controlled AOD treatment provider members have sought support to address the burden of reporting across multiple funders.
- There have been no Australian studies that have reported on engaging Aboriginal people in the development of service-level performance measures for treatment.

Method

1. Qualitative focus groups
2. Quantitative dotmocracy process

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1	Feb-20	Service users: adults, mixed gender (n=11)	Robert Stirling, Annie Madden
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3	Feb-20	Service users: young people, mixed gender (n=4)	Robert Stirling, Annie Madden
4	Feb-20	Service users: adults, Aboriginal men (n=9)	Robert Stirling, Doug James
5	Feb-20	Service users: adults, Aboriginal women (n=9)	Raechel Wallace, Sally Nathan

The data analysis process followed the Framework Method for applied policy research, encompassing both an inductive and deductive approach.

(Gale, Heath, Cameron, Rashid, & Redwood, 2013; Ritchie & Spencer, 2002).

Demographics

Focus Group	Location	Example
FG 1 (11)	Sydney Residential rehabilitation program	Female: 3 Male: 8 Age: 18-25: 8 26-30: 4 40-60: 5 60+: 0 Aboriginal and/or Torres Strait Islander: 3 Urban: 10 Non-urban: 1 Currently in treatment: 11 Treatment experience: Resi: 10 Counselling: 8 Detox: 6 OTP: 4
FG 2 (9)	Sydney NSW Drug User Organisation	Female: 2 Male: 6 Age: 18-25: 1 26-30: 1 40-60: 5 60+: 1 Aboriginal and/or Torres Strait Islander: 3 Urban: 4 Non-urban: 3 Currently in treatment: 2 Treatment experience: Resi: 5 Counselling: 5 Detox: 4 OTP: 6
FG 3 (4)	Sydney Youth treatment program	Female: 1 Male: 3 Age: 18-25: 4 26-30: 0 40-60: 0 60+: 0 Aboriginal and/or Torres Strait Islander: 2 Urban: 3 Non-urban: 1 Currently in treatment: 0 Treatment experience: Resi: 2 Counselling: 4 Detox: 4 OTP: 0
FG 4 (9)	Sydney Tribal Warrior	Male: 9 Age: 18-25: 1 26-30: 4 40-60: 4 60+: 0 Aboriginal and/or Torres Strait Islander: 9 Urban: 8 Non-urban: 1 Currently in treatment: 8 Treatment experience: Resi: 6 Counselling: 3 Detox: 3 OTP: 0
FG 5 (9)	Sydney Tribal Warrior	Female: 9 Age: 18-25: 0 26-30: 4 40-60: 5 60+: 0 Aboriginal and/or Torres Strait Islander: 9 Urban: 8 Non-urban: 1 Currently in treatment: 7 Treatment experience: Resi: 6 Counselling: 5 Detox: 2 OTP: 6

Measurement type	What it measures	Example
Access	Whether a person who needs care is able to access it	<p>Average waiting time i.e. How long did most people wait to get into treatment?</p> <p>Number of times person has entered the service after exiting / repeat presentations i.e. How many times has a person been provided with treatment more than once?</p>
Experience	Persons views of the treatment they received	<p>% of people who report being satisfied with the service they received</p> <p>% of people who report that they were treated with respect / felt safe</p>
Input	The resources required to deliver treatment (funds, staff, etc.)	<p>Actual expenditure against annual budget i.e. Did they spend all the money they were given to deliver the service?</p> <p>Average cost of treatment per person</p>
Output	The services delivered in treatment	<p>Number of treatment episodes in the reporting period</p> <p>Number of people with a treatment plan</p>
Outcome	The results of treatment	<p>% of people with reduced days of drug or alcohol use at 4 weeks after leaving treatment</p> <p>% of people with improved mental health</p>
Process	What a treatment provider does to deliver on an outcome	<p>Number of referrals to another service to address co-existing mental health needs</p> <p>% of people who complete an outcome measure at admission, 30 days and 90 days</p>
Structural	The capacity required to deliver services (e.g. qualified staff, program)	<p>% of staff trained in overdose management</p> <p>Number of Aboriginal staff and the total number of staff</p>

Men's Group

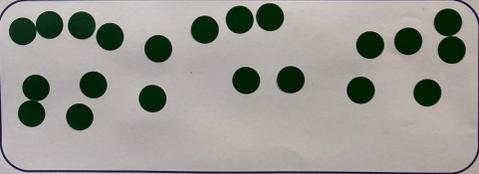
DO NOT RE

Access Measures

Whether a person who needs care is able to access it

Average waiting time
For example. How long did most people wait to get into treatment?

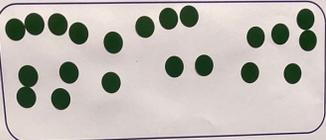
Number of times person has entered the service after exiting / repeat presentations
For example. How many times has a person been provided with treatment more than once?



Reduce wait time



- Community Controlled board
- Aboriginal workers - filters down
- Workers/Board with lived experience
- therapeutic relationship
- ^{Community} Activities (outside) other than treatment that are healing



- Reduce wait time
- Let other agencies know that you're on a waiting list
- More for young people
- Access to detox
- Eligibility requirements (charges)
- Access to Aboriginal treatment (Information, encourage them to access)
- Pathways to

Women's Group

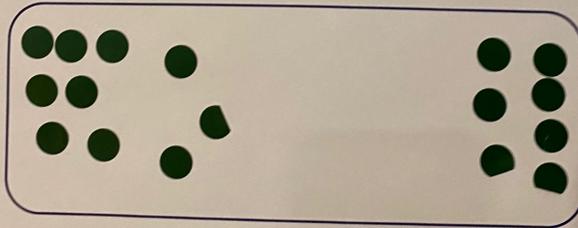
Structural Measures

 The capacity required to deliver services (e.g. qualified staff, program)

% of staff trained in overdose management

Number of Aboriginal staff and the total number of staff

cultural confidence/safety



Structural

- Flexibility of program.
- Nos. of staff Aboriginal (at least one)
- Medication & detox services.
- Cultural competence/safety measured
- Employ people for cultural skills NOT just degree. *Connecting.*
- Community members/peers
- Lived experience
- Culture as part of program

**Planq. dhr conditions*

for all. x separate

Results

Comparison of votes on measurement types by service user focus groups

Measurement type	FG1		FG2		FG3		FG4		FG5	
	% (n)	Rank	% (n)	Rank	% (n)	Rank	% (n)	Rank	% (n)	Rank
Access	25.5 (28)	1	23.5 (19)	1	40.0 (16)	1	23.9 (21)	2	29.2 (26)	1
Experience	16.4 (18)	3	17.3 (14)	3	10.0 (4)	3	17.0 (15)	3	11.2 (10)	5
Outcomes	20.0 (22)	2	19.8 (16)	2	10.0 (4)	3	4.5 (4)	6	7.9 (7)	6
Structural	15.5 (17)	4	12.3 (10)	5	15.0 (6)	2	27.3 (24)	1	20.2 (18)	2
Process	11.8 (13)	5	16.0 (13)	4	10.0 (4)	3	10.2 (9)	5	12.4 (11)	3
Input	6.4 (7)	6	4.9 (4)	7	5.0 (2)	7	12.5 (11)	4	12.4 (11)	3
Output	4.5 (5)	7	6.2 (5)	6	10.0 (4)	3	4.5 (4)	6	6.7 (6)	7
Total	100.0 (110)		100.0 (81) ^a		100.0 (40)		100.0 (88) ^b		100.0 (89) ^c	

a 9 votes missing
b 2 votes missing
c 1 vote missing

Results

Overview of measurement types predominantly discussed in detail by service user focus

Activity 2	Service users				
	FG1	FG2	FG3	FG4	FG5
Access measures	Yes	Yes	Yes	Yes	Yes
Outcomes Measures	Yes	Yes	No	No	No
Experience Measures	Yes	Yes	No	No	No
Structural Measures	Yes	Yes	Yes	Yes	Yes
Process Measures	No	Yes	Yes	No	No
Input Measures	No	No	Yes	No	No
Output Measures	No	No	No	No	No

Results: Access measures

Themes

- measuring access to information and choice
- measuring the availability of treatment
- measuring access across the continuum of care
- measuring equity in access to treatment

Results: Access measures

Measuring access to information and choice

There were a lot of misconceptions about what treatment entailed, and a general lack of access to information about treatment options to enable choice.

Aboriginal women's group (FG5)

P1: So isn't it like a place, one place you can ring and they'll have all the info? It's..

P2: There's a couple of different pages you have to click on. I remember like three years ago they had a whole list.

P3: There is a directory. There is a directory.

P4: I feel like there is.

P3: A full directory of the ... I've got it ... of the detoxes, of all the rehabs, whether they're adults, men, women, children, youth, yeah.

P2: I was desperate to go anywhere. I even rang [treatment provider] and applied but they said sorry; they don't take people on Methadone.

Results: Access measures

Measuring access to information and choice

Having access to information on the structure of the program was important across all service user groups.

Aboriginal men's group (FG4)

What type of program that you're gonna run through...Cultural or whatever they say. They, you know, they can research the programs about what, you know, are they going in the culture way first, then like triggering or work period, or 12 Steps, or whatever it is, the program they run. How they run the programs and like parent, triple-P program too, you know. Yeah. Grief counselling too, you know. Like they don't have one-on-one counsellors as well with the treatment, with that program. Yeah, it's about all those things you know. What type of program that you're gonna run through that rehab.

Results: Access measures

Measuring access to information and choice

Whilst all service user groups talked about the information that they would want to make an informed decision, it was acknowledged that choice was rarely an option.

Aboriginal women's group (FG5)

For me, like those aren't things I've ever thought about. Like going to treatment I was desperate enough so I went to whatever would take me, you know, in the end. So it wasn't like, "Oh." It wasn't, I didn't have the luxury of choosing, you know. I, I took the, the bed that could, the first bed available because, you know, I got clean from my first rehab at [treatment provider].

Results: Access measures

Measuring the availability of treatment: “It took me forever and a day to get into this place”

The most discussed area was the wait time to access treatment. For service user groups this was discussed in terms of the risk that the wait placed on people, the lack of information and support they received whilst waiting, and the missed opportunity to engage people in treatment when they need it.

Aboriginal men’s group (FG4)

Most people have gotta wait for three months nearly. Can we reduce that? You know what I mean? 'Cause it’s a three-months waiting list. Three to six months or so, you know. And there’s people like dying, really dying out there, and desperate enough.

Aboriginal women’s group (FG5)

Facilitator: *What would you wanna know to know they were doing a good job so that you continued giving them dollars and funding?*

FG5 (SU): *How long does it take for the client to come into the service from that first phone call. Because that is a big deterrent ... We lose a lot of people.*

Results: Access measures

Measuring the availability of treatment

The process to get into treatment because of the lack of availability was an issue for participants in most service user groups.

Aboriginal women's group (FG5)

P1: Yeah. I can call at certain days. I have about six places. You have to call between this time, that time, this day, that day ... Every day. Maybe three times a week. It was ... yeah. I had, my mirror was just filled with all these numbers. You know what I mean? Ticking it off. I thought that one today.

P2: And when you're using it's hard to manage that, you know...And, if you don't ring, you've lost your place in the queue.

Results: Access measures

Measuring the availability of treatment

Aboriginal women's group (FG5)

P1: There's fifty other women waiting to get a bed. Unfortunately, that's the biggest issue: there's not enough services. They take especially mothers and children, you know. 'Cause that's the hard, that's another thing, making the decision to leave your kids to seek treatment, not knowing if it's gonna help you at all is another step. Or continue to use and stay with what's familiar, you know. It's just -

P2: And, when you're ready to go, they don't have a bed and then you change your mind.

P3: I was gonna bring that up because that happens nine times out of 10, from the first (contact) to you going in - it could be a month. If you don't get them in the first week, first few days, you've lost them. They're back in addiction or they're back doing ... yeah. Huge, absolutely huge.

Results: Access measures

Measuring access across the continuum of care

Facilitating access between withdrawal management (detox) and residential rehabilitation and other support (incl. housing, child protection) was raised across most service user groups.

All groups spoke about the treatment journey, acknowledging that people will generally need more than one episode of care and ongoing support to achieve positive treatment outcomes. All service user groups discussed their experiences of accessing treatment for multiple episodes.

Aboriginal male (FG2)

I've had a few different goes over the years. Like I went to that [Treatment provider 1]. I successfully completed that. I stayed clean for a couple of years. Fell off the wagon again. Got into a bit of trouble. I actually did that [Treatment provider 2]. I completed that as well. ... Like [Treatment provider 2] was good 'cause that was an Indigenous one. You know, that was, that was good. I quite enjoyed that. Like everyone there has spent a similar life like I've had and, you know, it was, yeah, no ...

Results: Access measures

Measuring access across the continuum of care

Ongoing engagement with a service was viewed as important for maintaining treatment outcomes.

Aboriginal men's group (FG4)

*P1: Yeah, rehab's been good for me. It's not the first time I've been in rehab or the first time I've been at [treatment service] so it's good that, you know, you can come back and people, the workers there they don't look down on you for relapsing, eh? You know, they support ya ... But also when they're going back, you get a lot of fellas that go back, that they're just going back to, you know, they just go back for a refresher ... Go back, maybe go back, join in for a day or whatever programs they're doing that day and then go, you know. **It's not like you're just going back because you're busted. It's only you just go back to also give back.***

P2: It's a safety net. Like ...

P3: You've gotta go back. It's part of the recovery. Keep you connected.

Results: Access measures

Measuring access across the continuum of care

Access to post treatment support was discussed by all service user groups.

Aboriginal women's group (FG5)

Keeping them on track because quite often they, they've completed treatment. They know it all. They go back to the same area, same people and bang! They're back on the merry-go-round. So they need that support.

There were differing views of what post-treatment support could entail. For Aboriginal women service users this included being linked with peers.

Aboriginal women's group (FG5)

P1: The real journey is after rehab and there should be more like stuff out there, you know, for women. Like, you know, like-minded people that can relate.

P2: Yeah. Like a drop-in centre where you can go and get support or just have a yarn and a coffee. And we lack that. That's so needed.

Results: Access measures

Measuring equity in access to treatment

The most common group that experienced challenges accessing treatment were those on the Opioid Treatment Program (Methadone, Buprenorphine, etc). This was primarily about the lack of other treatment and support options whilst on the program, but also getting on to the program itself. This was particularly problematic for women, and those with children. Women on OTP also talked more about experiences of stigma and discrimination being a barrier to accessing treatment.

Aboriginal women's group (FG5)

Well, with my experience, I'm on the Methadone program. Only certain places take people. And, if you've got children ... So I've had to go all the way up to [regional town], which was a very good program.

Aboriginal women's group (FG5)

So I think there's stigma attached to being a drug addict and it's seen as a, like a moral deficiency, not an illness. So that stops people from wanting to seek treatment as well. So I didn't find it hard. Once I was given an option, then it took me a couple of goes, you know. Clean today and doing my best.

Results: Access measures

Measuring equity in access to treatment

Have access to cultural programs were important across both Aboriginal service user groups, as well as other service user groups (FG1, FG3).

Aboriginal women's group (FG5)

P1: But I feel like, yeah, there should be more, you know, rehabs out there for, you know, for our culture. Not just our culture but ... You know what I mean?

P2: Like you said, holistic. It's more than just the, you know, just the medicine or just ...

P1: Yeah, well, I find these workers just a lot more different compared to [treatment provider]. You know what I mean? Like I can't express myself to ... you know... It's just they don't understand ... You know what I mean? Our culture and our ways.

P3: Yeah, [support worker] runs a group there for us called [program name]. Yeah. And we have two hours - no, two blocks I should say - each week. And then we go on outings and ... yeah. She looks after us.

Results: Access measures

Measuring equity in access to treatment

Having a connection to culture was important for Aboriginal people in mainstream services. Having an Aboriginal worker supported this.

Aboriginal women's group (FG5)

Support worker: And I take them out into the Aboriginal community and meet the elders, hear stories... See, I introduce our fellas to all of that. So I'm always worried someone's gonna fall through the cracks. And you need to know what Aboriginal, Aboriginal services are available to you. So I connect them to that. Whether it's mums and bubs, whether it's legal, whether it's ... but always get the Aboriginal worker in these fields to connect with them.

Results: Access measures

Measuring equity in access to treatment

Participants in the Aboriginal men's group compared experiences between accessing Aboriginal community-controlled AOD treatment and mainstream AOD treatment. For one participant, it was important for Aboriginal people to access Aboriginal community-controlled AOD treatment.

Aboriginal men's group (FG4)

P1: Access ... I reckon tell the boys about, you know, about, about the Indigenous rehabs. Let them know that access means using them to, you know, and utilise them. You know, I'm not ... you know, I'm not gonna rubbish on the, on the boys to go to white rehabs or [treatment provider] and that but, but -

Facilitator: So make sure that people know that they exist?

P1 : Make sure that they know this and encouraging them, utilising ... Encourage them to go, you know. 'Cause I, just thinking, I've heard the boys are cutting themselves short, you know, in culture. Yeah. And they cut themselves short being around and recovering, you know, with your cousins and that.

Results: Access measures

Measuring equity in access to treatment

Both groups with Aboriginal service users talked about the about the lack of options to access treatment with children.

Aboriginal men's group (FG4)

What about a fathers' program rehab like where the fathers can take kids with them too, you know? Because they've got mothers' rehabs. What about something to do with the fathers?

Aboriginal women's group (FG5)

P1: Like I, I've got my daughter there with me now, you know. If I could go back to [treatment provider], I would, but I'd rather just have my daughter with me.

P2: When I was using, I didn't know that there was many available (women's AOD treatment providers), you know. Like until this time my daughter was removed from my care. And the [child protection agency] then suggested I go to rehab, you know.

Results: Access measures

Measuring equity in access to treatment

Service user groups also talked about money being a barrier to accessing treatment.

Aboriginal women's group (FG5)

P1: You still have to pay for some of them.

P2: They take like 75 per cent of your pay. You're left with nothing.

P3: And, if you're a smoker and you've got a kid ...

P4: Finances. Because they take 75 per cent of your wages and, if you've got a child that you've gotta cater to and then you're smoking, you can't afford it.

P1: It's very expensive at [treatment provider].

Results: Structural measures

Themes

- measuring the workforce
- measuring the program being delivered
- measuring the quality of treatment

Results: Structural measures

Measuring the workforce

The importance of the need for workers with lived experience was second only to issues of access to treatment for all services users. Workers with lived experience were perceived as being non-judgemental, supporting engagement and retention in treatment, assisting to navigate the treatment system, and providing hope for the future.

Aboriginal men's group (FG4)

The workers there they don't look down on you for relapsing, eh? You know, they support ya. It's good that the, the counsellors are there as well. Like also like ex-addicts. And so they can walk us through where we're going through 'cause they've been through it themselves.

Results: Structural measures

The need for workers with lived experience was rated as most important to participants from the Aboriginal men's and women's group

Aboriginal men's group (FG4)

*And one thing they taught me was to love myself and forgive myself, you know, and the harm that I done to myself and to others, you know. And like [other participant name] said, you know, those counsellors done magical, you know. **It's not about the text books**, you know. They have the living experience and they know exactly how you feel, you know, and where you're coming from. And they know when you're down, and they pull you aside, you know.*

Aboriginal women's group (FG5)

P1: People that like ourselves, like go and do [Life experience] - yeah - lived experience. Go and do some TAFE course or something like that. So my, my thing is, when I wanna get out, I want to be a mentor or, you know, somewhere down those lines. Yeah. I think that'd a great, if there were more people like that out there, yeah.

P2: [treatment service name] is like that. The whole facility is run through ex-addicts.

P3: And you feel better about the accountability I think too, you know.

Results: Structural measures

Service users also talked about the need for a workforce profile that is representative of the treatment seeking population that was culturally, gender and sexuality diverse.

The need for Aboriginal workers was particularly important across both focus groups with Aboriginal service users, but not only limited to these two groups.

Aboriginal men's group (FG4)

More indigenous workers, you know, for the indigenous community. They have a better understanding and understanding where they're coming from 'cause the white man can't understand where the black man's coming from and what is going through his life.

Results: Structural measures

When asked what type of information participants would want to know to demonstrate that a treatment service was performing well, a participant from the Aboriginal men's group spoke about Aboriginal workers being important, not only to achieving positive treatment outcomes, but also to provide comfort to family.

Aboriginal men's group (FG4)

Like actual Aboriginal blackfellas have been through the program and actually run it ... So, if my family pop around, they knew that it was actually Aboriginal workers working there, running the program, they'd probably feel like, yeah, like more comfortable, you know. And so, so would yourselves. Like having an Aboriginal worker, run by Aboriginal, Aboriginal people itself, it'd be beneficial and good, you know.

Results: Structural measures

Measuring the program being delivered

Having a cultural component to the program was viewed as important for participants that identified as Aboriginal, whether this be at an Aboriginal community-controlled treatment service or mainstream service. This was important for 'connecting to culture' and the 'spiritual healing' that resulted from having a cultural component to the program.

Discussion focused on: having a traditional welcome and understanding the local culture where the service was located; having Aboriginal workers; having elders coming into the service; the availability of cultural activities (such as dance); being connected to local Aboriginal community-controlled services; and being able to connect with family.

Youth group (FG3)

Like with [treatment provider name] they really do focus on culture more than anything else. And that for, for an indigenous man, you know, (it) really does matter.

Results: Structural measures

Measuring the program being delivered

Aboriginal men's group (FG4)

*Even like when we go to a different place, you know, like things like smoking ceremony also welcoming yourself to that country where, you know, that's a different country to ours but we still feel welcome ... that's important too because you're acknowledging the, the spirits and that are there, you know. And we're spiritual people, we know what that stuff means something. That's inside of all of us... So even that like the ties to that land specifically of where, like rehab, you know; it doesn't matter. But **getting somebody that's, that's from that land to come in and say, "This is the history of our people. You are welcome,"** you know, and straight away you feel welcome.*

Results: Structural measures

Measuring the program being delivered

In mainstream services, it was viewed as important to have an opportunity for a separate group for Aboriginal people to connect and talk about culture. There was also a need to educate non-Aboriginal people about why these groups are an important part of treatment for Aboriginal people.

Aboriginal women's group (FG5)

Maybe like add the like culture as a part of the program. So support like [other participant name] mentioned, you know. Like she's feeling separate to the girls that are in there 'cause they don't understand. They think she's getting special treatment for being Koori, you know. Having a ... Don't wanna make it a white-people thing, but it is, you know. They're the only people that seem to have a problem with it, you know, because there's a lack of education, their ignorance, racism.

Results: Experience measures

Themes

- measuring the persons overall experience of treatment
- measuring the persons experience of navigating the treatment system
- measuring if people felt safe and respected
- measuring support and engagement with the workforce
- measuring if people felt that treatment was person centred
- measuring the experience of the workforce in provide treatment and support

Results: Outcome measures

Themes

- measuring the social determinants of health
- measuring substance use and associated risk
- measuring person centred outcomes
- measuring improvement in mental health
- measuring outcomes for specific populations

Results: Outcome measures

Measuring outcomes for specific populations

Measuring outcomes related to connection with culture were important for service users in the Aboriginal men and women's groups. As a participant from the Aboriginal men's group explained:

Aboriginal men's group (FG4)

And I just put new things in my life, you know, from that program what it provided, what it gave, you know. And then it gave me back my life, saved my life, you know. And, and it give me, it taught me back my culture, you know, and the spirit of it, you know. I'm proud of my culture, you know, and spiritually-indigenous man, and, and, yeah, just get involved with the, the dances and stuff like that with the boys, you know. And, yeah, and I stuck it out, completed the program. And, yeah, just, it just taught me just the basic things in life, you know, to, just how to love myself, get myself, you know get up doing the main little things, you know.

Next steps

- Reporting back results to:
 - Participants that nominated on the consent form to receive results
 - Study Advisory Group
- Delphi process to reach consensus on measures
 - Method adapted to be inclusive of Aboriginal service users
- Advocate to funders for inclusion of measures in NSW NGO contracts, and ultimately the establishment of an Australian AOD Performance Measurement Framework

Considerations

- Measurement development
 - What will future measures look like? e.g. measuring access to information and choice, availability; measuring the workforce
- Service level versus system level measures
- Links across measurements types: access, structural, experience
 - E.g. access to culturally appropriate treatment
- Implementing performance measures

Conclusions

Access and structural measures should be prioritised as measures of AOD treatment performance to ensure that the monitoring of treatment seeks to improve treatment outcomes for Aboriginal people.

Questions

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Results: Outcome measures

Measuring the social determinants of health

The most important of these factors, was supporting access to housing, which was discussed in most groups. However, specifically linking this to achieving successful treatment outcomes was most evident in the service user group with Aboriginal men. The group agreed that treatment providers should assist people to have access to housing when they leave treatment.

Aboriginal men's group (FG4)

See, people are coming off the streets, right. Like Uncle said, he was homeless, you know. And people are coming off the streets, going in detox for seven days, going into the rehabs. And then they doing a 12-week program, short-term rehab, and then after that they probably can go to transition or like the levels they're doing and that. But, once they do all that, they've got nowhere to go. So that's, that's a classified: they could go back on the streets and then they've got nothing, nowhere to go, nothing to do, who to talk to, you know. And then they've wasted money on going back into relapse, you know. That's gonna lead into relapse, you know. How are you gonna get these people who come off the streets into housing, you know? Because they're the number one at the moment.