



**NADA**  
network of alcohol & other drugs agencies

**WORKING WITH  
DIVERSITY IN  
ALCOHOL &  
OTHER DRUG  
SETTINGS**

# OVERVIEW

The resource has been developed to support non government alcohol and other drug services work with the diversity of clients that access our services and represent the NSW population. It contains examples of best practice approaches to working with different clients, as well as a range of useful resources for services providers.

The following populations have been included:

- > Aboriginal and Torres Strait Islander peoples
- > Culturally and Linguistically Diverse communities
- > Lesbian, Gay, Bisexual, Transgender and Intersex people
- > Older People

NADA recognises that there are other populations that have not been included such as young people, women, children, and those with a disability. NADA hope to update the guide as information is developed.

For best practice examples in working with young people, access the [\*Dovetail Youth Alcohol and Drug Good Practice Guide\*](#).

## ABOUT NADA

The Network of Alcohol and other Drug Agencies (NADA) is the peak organisation for the non government alcohol and other drug sector in NSW.

Our goal is to advance and support non government alcohol and other drug organisations in NSW to reduce alcohol and drug related harm to individuals, families and the community.

NADA provides a range of programs and services that focus on sector representation and advocacy, workforce development, information management and data collection, governance and management support plus a range of capacity development initiatives. NADA represents over 100 organisational members that provide a broad range of services in the alcohol and other drug sector including residential, community-based treatment and aftercare.

This resource is supported by funding from the Australian Government Department of Health.



**Network of Alcohol and other Drugs Agencies**

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# BEST PRACTICE WHEN WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES



**Adapted from 'Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples' by the National Indigenous Drug and Alcohol Committee - the leading voice in Indigenous drug and alcohol policy advice**

The following principles provide the underpinnings for effective alcohol and other drug (AOD) treatment for Aboriginal and Torres Strait Islander peoples.

## Evidence-based and evidence-informed

Evidence-informed treatment involves integrating existing evidence with professional expertise to develop optimal interventions, including new innovative approaches in a given situation. This allows room for clinical experience as well as the constructive and imaginative judgements of practitioners and clients, who are in constant interaction and dialogue with one another, to be considered (Ministerial Council on Drug Strategy, 2011).

Adaptations of evidence-based mainstream interventions that integrate culturally specific practices, including traditional values, spirituality and activities have been shown to be more effective than mainstream services. These elements increase the credibility and relevance to Aboriginal and Torres Strait Islander people (Terrell, 1993; Anderson, 1992; McCormick, 2000; Brady, 1995b; Gray et al., 2014).

The literature indicates a number of elements that are important in developing cultural adaptations of interventions. These include:

- Workers and services need to be flexible, open and culturally sensitive to the needs of people seeking treatment. For example, Aboriginal and Torres Strait Islander people often find it difficult disclosing information in group settings, so provision of one-to-one counselling options may be more effective. Likewise, aftercare is often best provided face to face with the person rather than over the phone. People should be offered the most effective approach for their circumstances.
- Interventions need to be delivered in culturally meaningful ways.
- Traditional healing practices should be utilised.
- Respect for cultural differences is important (Draguns in Smith et al., 2011).

## Cultural competency, safety and security

For workers and services, cultural competency can be understood to involve working within a framework that recognises and respects the central importance of culture and identity to Aboriginal and Torres Strait Islander people and communities, working in ways that safeguard the importance of culture, and supports Aboriginal and Torres Strait Islander people's capacity to strengthen the place of culture and identity in promoting social and emotional wellbeing. Mutual understanding, respect, collaboration and partnership between non-Indigenous community services and Aboriginal and Torres Strait Islander organisations and communities are the keys to a non-Indigenous organisation's capacity to develop its Aboriginal and Torres Strait Islander cultural competence (Secretariat of National Aboriginal and Islander Child Care Inc., 2010).

Cultural safety refers to an environment that is free from assault, challenge or denial of a person's identity of who they are and what they need. Shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening are key components (Williams, 1999). Access to culturally safe treatment interventions greatly influences Aboriginal and Torres Strait Islander people's decision to seek assistance (National Congress of Australia's First Peoples, 2013).

## Family and community involvement

In general, family and community relationships play an important role in the lives of Aboriginal and Torres Strait Islander people. Accordingly, when working with Aboriginal and Torres Strait Islander people, involvement of family and community members can be pivotal in achieving best outcomes for an individual (Nagel et al., 2009). Families and communities may also need assistance in their own right in responding to those with an AOD problem (Lee et al., 2012).

Family and community involvement should be discussed at the time of assessment and, depending on the wishes of the person being assessed and the needs of the family and community, incorporated into further treatment planning. Consideration of carers should also be given where they are involved.

## Aboriginal and Torres Strait Islander ownership of solutions

Aboriginal and Torres Strait Islander ownership of solutions was overwhelmingly identified as being an important principle in the consultations held by NIDAC to inform the development of the National Aboriginal and Torres Strait Islander People's Drug Strategy. Aboriginal and Torres Strait Islander people have a right to self-determination and to determine their own pathways out of poverty. An added dimension was the importance of this ownership being community-focused and -led (commonly referred to as community-controlled) rather than just being left to individuals. Indigenous ownership of solutions was identified as needing to occur from inception and planning, through to implementation and provision, and then monitoring and evaluation of any solutions. This understanding is consistent with international research (see Marmot, 2011) and the United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007).

## Integrated services and partnerships

Given the complex, multiple needs of people with AOD issues, it is important for specialist AOD treatment services and other services to be well integrated to ensure that people receive all of the services and support they need in a timely fashion and in a way that is easy to access. No one organisation is generally able to provide all of the required services. People accessing specialist AOD treatment services may come via many different pathways. They generally have had a lot of contact with other services, particularly primary health care services, which are extremely important as they play a key role in the prevention, screening, treatment and management of a range of health and social issues and help prevent the need for more complex and expensive specialist services.

Partnerships between these services are essential in removing barriers to accessing the range of services required for improving the health and social and emotional wellbeing of Aboriginal and Torres Strait Islander people (Ministerial Council on Drug Strategy, 2006), as are partnerships between mainstream and Aboriginal and Torres Strait Islander AOD workers.

## REFERENCE

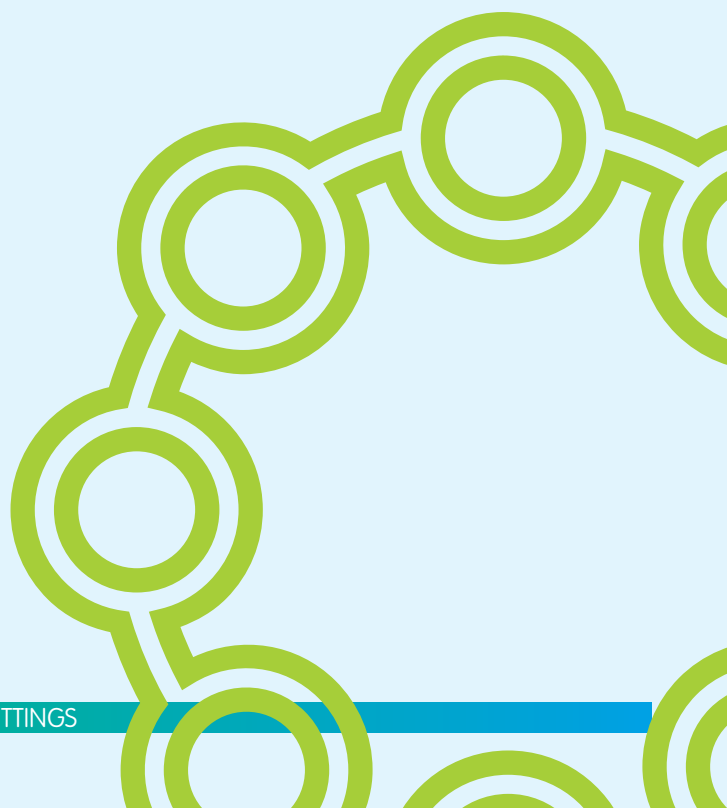
Australian National Council on Drugs (2014). *Alcohol and other drug treatment for Aboriginal and Torres Strait Islander peoples*. National Indigenous Drug and Alcohol Committee

The National Indigenous Drug and Alcohol Committee (NIDAC), a committee of the Australian National Council on Drugs (ANCD), provides advice to government on Indigenous alcohol and other drug issues.

References contained in this section can be accessed via the full paper located at:

<http://www.nidac.org.au/images/PDFs/NIDACpublications/AOD-Treatment-report.pdf>

National Indigenous Drug and Alcohol Committee  
Phone: 02 6166 9600  
Web: [www.nidac.org.au](http://www.nidac.org.au)



## RESOURCES TO SUPPORT BEST PRACTICE WHEN WORKING WITH ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

### Handbook for Aboriginal Alcohol and Drug Work

A handbook written with and for Aboriginal and Torres Strait Islander health professionals is a comprehensive resource to help clinicians address alcohol and drug issues. The Handbook for Aboriginal Alcohol and Drug Work' is written specifically for Aboriginal and Torres Strait Islander health professionals. To download the handbook, click [here](#).

### Indigenous Worker Wellbeing Resource Kit

The Indigenous Worker Wellbeing Resource Kit, developed by the National Centre for Education and Training on Addiction (NCETA) addresses the very specific needs of Indigenous workers in the sector. The resource provides practical strategies to improve Indigenous worker wellbeing at the individual, group, organisational, and community levels. To view the resource kit, click [here](#).

### Australian Indigenous Alcohol and Other Drugs Knowledge Centre

The Knowledge Centre provides a dedicated web resource for reducing harms from alcohol and other drug use in Aboriginal and Torres Strait Islander communities. Click [here](#) to access the resource centre.

### Australian Indigenous Social and Emotional Wellbeing Workers' Web Resource

The resource aims to provide the Indigenous SEWB workforce and related workers with access to quality information about the SEWB of Aboriginal and Torres Strait Islander peoples, including key facts, publications, health promotion resources, assessment tools, and practice resources. To view the site, click [here](#).

### Our Healing Ways Resources: Supporting the Healing Of People with Both Mental Health and Drug and Alcohol Issues from an Aboriginal Perspective

The Our Healing Ways project aimed to discover what skilled, experienced Aboriginal workers do to support the healing of people with both mental health and drug and alcohol issues, develop culturally appropriate resources that are based on the experiences, successful strategies, processes, skills and qualities of Aboriginal workers.

#### [Our Healing Ways manual: Putting wisdom into practice](#)

This manual explores working with co-existing mental health and drug and alcohol issues from an Aboriginal best practice perspective. The manual takes into account the complexities involved with working with community - often with dual relationships with clients. It is a celebration and validation of the enormous skill set required for this work.

#### [A resource book for Aboriginal Workers on the relationship between alcohol and drugs and mental health](#)

This resource includes background information, holistic assessment, setting up a recovery plan together, stages of change, interventions, resources and services.

#### [Supervision: A culturally appropriate model for Aboriginal workers](#)

This model has been developed to help meet the need for culturally appropriate supervision models for workers. It has been based on the needs of the Aboriginal AOD, Mental Health and SEWB workforce and recognises that people are working

To download the resources, click [here](#).

# BEST PRACTICE WHEN WORKING WITH CULTURALLY AND LINGUISTICALLY DIVERSE COMMUNITIES



DAMEC's 25 years of research and health promotion has consistently found that AOD practitioners are capable and willing to respond with client-centred approaches that recognise the significance of culture, community and migration. However, people from CALD backgrounds who have substance use issues are underrepresented in AOD treatment, and when in treatment, are less likely to be networked with professional support services. To work better with clients from CALD backgrounds, AOD service providers not only need to acknowledge that Western approaches to AOD treatment in Australia may be unfamiliar to many culturally diverse communities; but we must also take a proactive stance against barriers, such as discrimination. Discrimination undermines service uptake, retention and positive client outcomes. Here are some concrete strategies that AOD practitioners can implement to make services more accessible, effective and appropriate for clients:

## Service access: how to encourage CALD clients to engage with your service

- CALD communities, particularly newly arrived groups may be unfamiliar with health services in Australia. Make time to patiently explain treatment options, rationale and processes to your client on more than one occasion. Explanations using metaphors or stories may be useful.
- Whilst access to interpreters may not always be easy and may require more resources, using trained interpreters is particularly important when explaining confidential or sensitive issues, when clients and/or caregivers are distressed, at discharge, when providing referral information, and when working with children and young people. Asking family to interpret for clients or vice-versa is very often inappropriate and ineffective.
- In some cultures, talking about certain subjects with a member of the opposite sex or a younger person might be inappropriate. You might let your client know that you understand that they may have concerns about appropriate gender and age relations, and try to offer your client some options.
- Try and be flexible about how intake and assessment are done. Prioritise addressing your client's concerns and earning trust. Explain what intake and assessment processes involve, what information will be recorded and what duty of care means. Your client might be particularly

concerned about confidentiality. You can assure them that their information will be kept safe by explaining the service's protocols for securely storing information.

- Make your service more welcoming for CALD clients by using signage that reflects culturally diverse clients, and recruiting a diverse workforce.

## FURTHER RESOURCES

### Working With Young People from Refugee and Migrant Backgrounds

The Centre for Multicultural Youth has developed a series of guides that offer organisations and workers tips and strategies on a issues including: Culturally-Competent Intake and Assessment; Culturally-Competent Youth Work; Working with Interpreters; Youth Work in the Family Context and Youth work with Young People from Migrant and Refugee Backgrounds. For more information and to download resources, click [here](#).

### Promoting Refugee Health: A guide for doctors, nurses and other health care providers caring for people from refugee backgrounds

This is a comprehensive guide to working with clients from refugee backgrounds. The guide includes an introduction to refugee health and why it's important, torture and trauma, clinical issues and models of care. This guide also includes information on asylum seeker health and the service eligibility of asylum seekers. Click [here](#).

### Guidelines for Working with Interpreters for Counselling and Health Care Staff Working with Refugees

Click [here](#).

## Retention: how to support CALD clients to maintain or complete treatment

- Culture shapes the way in which we see the world, our environments, the opportunities open to us, and our preferences. Finding out about your client's cultural background, migration and settlement experiences (including refugee experiences), and the expectations that their family and community may have of them, can help you to assess complex needs and provide trauma-informed, client centred treatment.

- A good place to begin thinking and talking about culture can be reflecting on your own cultural background, values, beliefs and expectations. Consider how your culture informs what you might consider to be 'normal' or 'natural'.
- Aim to provide AOD resources (including your service's principles and treatments offered) in major community languages or in easy-read formats. Where no appropriate language resources can be found, consider reading English language materials with your client. The best resources are a good match in terms of age and gender, not just language.
- The 'teach back' method can be helpful in ensuring shared understanding, where you ask your client to describe how they understand the treatment process or particular terms integral to their therapy.
- Keep in mind that your client may have had negative experiences when accessing health and welfare agencies in the past. You might find it useful to make space to discuss prior experiences. This can help you to build trust with your client and their caregivers, as well as learn from mistakes others have made.

## FURTHER RESOURCES

### **Multicultural Health Communication Service, Video Demonstration of Teach Back**

Click [here](#).

### **Talking Therapies, Best and Promising Practice Guides for Mental Health and Addiction Services**

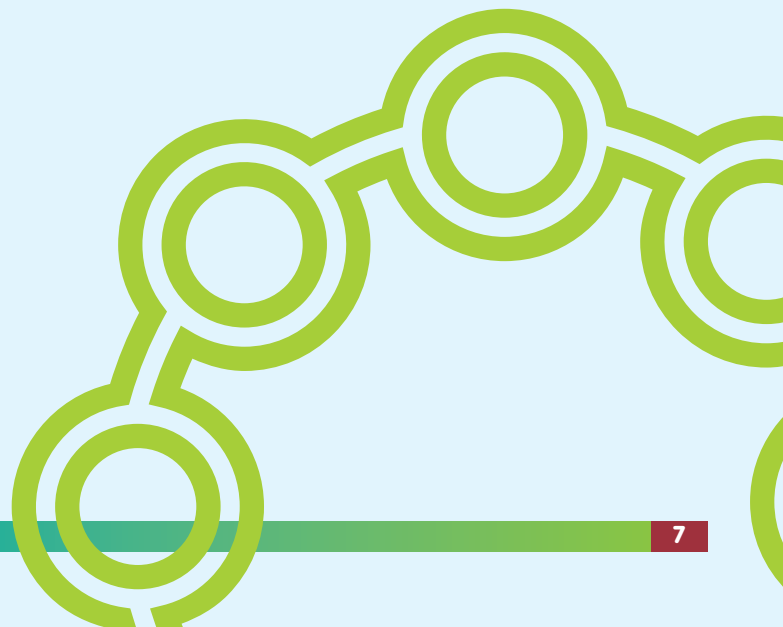
Guides developed by Te Pou o Te Whakaaro Nui in New Zealand are available for people from Maori, Pasifika and Asian backgrounds and refugees, asylum seekers and new migrants. Click [here](#).

### **Toolkit for Staff Working in a Culturally and Linguistically Diverse Health Environment**

Developed in New Zealand, this toolkit offers some guidance for staff and managers who work in primary and secondary health care environments. Click [here](#).

## **Outcomes: how to support CALD clients, their families and communities to reduce harms associated with substance use**

- Drugs are understood in many ways across cultures. You can enhance outcomes in treatment by learning about the way your client understands drugs, pleasure and addiction.
- Caregivers can play a positive role in your client's treatment process, and you can support them by explaining the treatment you are providing. Be aware that your client's family might view some harm reduction measures, such as pharmacotherapy, as ongoing drug dependence.
- Collecting more detailed information on cultural background (such as ancestry, length of time in Australia) better enables your service to plan for the needs of potential future clients, as well as identify service gaps. High-level standard data collection also enhances the capacity of the AOD sector to assess state-wide needs.
- Offer to connect your client with additional support services, including specialist agencies such as the Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS), Transcultural Mental Health Centre, culturally specific agencies (if available), women's or LGBTI services. If your client accepts, consider making the referral in the presence of your client.



## FURTHER RESOURCES

### **Bilingual AOD and Mental Health Professionals and CALD-Specialised Programs Directory**

Drug and Alcohol Multicultural Education Centre (DAMEC) provides this online directory. Click [here](#).

### **Drug and Alcohol Multicultural Education Centre (DAMEC) Quarterly Research Bulletin**

DAMEC provides free, quarterly research updates - keeping the sector up-to-date on the latest local and international research on treatment access and outcomes among CALD communities, cultural perspectives of drugs and mental health, and particular stressors experienced by people from CALD backgrounds. To subscribe click [here](#).

### **Consumer Participation and Culturally and Linguistically Diverse Communities**

This report from the Centre for Culture, Ethnicity and Health assists organisations to reflect on their current practice and build their capacity to implement culturally and linguistically inclusive consumer participation strategies. Click [here](#).

### **NSW Health Multicultural Communication Service**

Provides information in other languages to assist health professionals to communicate with CALD communities on a range of issues, including alcohol, illicit drugs and tobacco. Click [here](#).

### **Consumer Medication Brochures Project for CALD communities**

The brochures are available in English and 15 Community languages: Arabic, Chinese-simplified (Mandarin), Dari, Hindi, Korean, Chinese-Traditional (Cantonese), French, Greek, Indonesian, Italian, Punjabi, Spanish, Tamil, Turkish and Vietnamese. Click [here](#).

### **Multicultural HIV and Hepatitis Service (MHAHS)**

Provides information and support to HIV-positive people or people who are undergoing hepatitis C treatment. Click [here](#).

### **Respect: Best practice approaches for working with culturally diverse clients in AOD treatment settings**

Simple tips for working with clients from culturally and linguistically diverse (CALD) backgrounds in alcohol and other drug (AOD) treatment settings. This broadsheet draws on DAMEC's previous research, service evaluations and sector-wide consultation processes to draw together 10 key strategies for practitioners. To view the resource click [here](#).

Drug and Alcohol Multicultural Education Centre  
Telephone: 02 9699 3552  
Website: [www.damec.org.au](http://www.damec.org.au)





# BEST PRACTICE FOR A LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX (LGBTI) INCLUSIVE SERVICE



Many services and organisations report they have very few or no LGBTI clients, yet 12% of the Australian population, that's approximately 2.8 million Australians, are LGBTI. It may be because clients don't disclose or that clients are not accessing services because they are not perceived to be inclusive. It may also be that organisations are aware that they are not serving the needs of LGBTI people and want to make change but are unsure how to go about it.<sup>1</sup>

Clients accessing AOD services are doing so for their substance use as their primary presenting issue. This resource sets out ways in which AOD services can be inclusive when attending to a client's needs.

## What is an LGBTI inclusive service?

An LGBTI inclusive service is one that meets the specific needs of each client, taking into account their lived experience of gender identity, sexual orientation or intersex status. It challenges assumptions and stereotypes about gender and sexually diverse minorities. LGBTI people are welcomed and encouraged to seek support and where they will never experience judgement, discrimination, harassment or violence because of their gender identity, sexuality, or intersex status. Clients can expect that staff are educated on specific needs and experiences facing the LGBTI community and that they will be understood from a person-centred perspective.

## Training

Research has reported that LGBTI individuals use substances at significantly higher rates than the rest of the general population and they seek treatment at the same, if not slightly higher rates.<sup>2</sup> To best meet the needs of this client group it would be recommended that staff throughout the AOD sector be professionally developed to incorporate inclusive practice in their treatments for LGBTI clients.

This training should deliver the necessary information and resources for staff to feel confident in their understanding of the diversity of sexual orientation, gender identity and intersex status, and be able to comfortably explore the lived experience of LGBTI people in the community. This training should also give staff a broad overview of the specific socio-economic and cultural factors contributing to substance abuse and or substance abuse disorders within the LGBTI community.

## Intake and Assessment, Data Collection

Using inclusive language and adjusting paperwork so that it acknowledges diversity of identity and experience (using 'Male, Female, Other/Third Gender' to reflect new legislation in NSW, rather than just referring to the binary 'Male or Female') while also allowing for individuals to remain label free is an important step in communicating inclusivity to clients. It also allows for services to collect data that supports the need for resources to service specific client groups. Services might consider how a client's sexual health is assessed, given the high risk sexual activity associated with some substance use, and whether additional training and resources in this area might be necessary for staff and clients.<sup>3</sup>

Be aware there are specific issues within the LGBTI community such as a higher prevalence of mental health and homelessness for youth. An awareness of HIV and Hep C status is also essential to assess each client's specific health and well-being. Gay and bi sexual men continue to have the highest risk of HIV in Australia, with associated specific issues in relation to responses to diagnosis and living with HIV, including medication related side-effects and interactions.<sup>3</sup> If a sexual health history is taken, it is important to understand that sexual practices and how people choose to identify are not necessarily aligned and so it is important to use open ended questions and avoid assumptions.

## Confidentiality

LGBTI inclusive services recognises that some people may feel vulnerable and more reluctant to disclose e.g. rural and regional areas, indigenous, immigrants or people with disabilities.<sup>4</sup> Such services therefore take steps to convey safety, acceptance and upholding of confidentiality.

## Physical Environment, Materials and Resources

AOD treatment settings displaying posters, pictures and other resources, such as LGBTI literature, that reflect positive LGBTI images and narratives support the inclusivity of treatment practice and create a welcoming environment.

## Culture, Community and Family

The LGBTI community is as diverse as the general community. It includes mums and dads, grandparents, kids, aunts and uncles, the young and the ageing. It might also include different definitions of families made up of friends and lovers and adopted 'families' of various forms. Develop intake and assessment questions that allow for clients to describe their close and intimate relationships rather than just assuming traditional definitions fit everyone. Interventions involving support networks should be open to all relationships and forms of support, and every effort made to feel convey they are welcome and included.

## Communication

Ensure that your interactions with clients embrace inclusive language, using correct names and pronouns for transgender clients is essential. Become familiar with the words that your clients are most comfortable with in describing themselves and their worlds via training and then through regular client consultation.

## Consumer Consultation

Where and when possible, consult with your LGBTI clients and encourage feedback to allow you to improve communication and systems as well as the individual client services. If you don't know what you could be doing better for your trans\* clients for example, ask them. There are a variety of methods to ensure client feedback, an anonymous survey or consumer advisory group, to name two.

## Set Standards for Staff and Clients

Inclusive practice means setting standards of service delivery for staff and embedding accountability and performance reviews in order to maintain those standards. Entrench LGBTI friendly practices into organisational policy; this may include acknowledging LGBTI people as a distinct cultural group.<sup>1</sup> These standards of behaviour apply to other clients accessing the service – zero tolerance for gender or sexuality slurs - to ensure a safe physical environment and community culture for everyone accessing treatment.

## Audit and Accreditation

There are audit tools that organisations can use to assess their current level of LGBTI Inclusive practice.<sup>5,6</sup> These can identify strengths and areas for improvement.

Gay and Lesbian Health Victoria (GLHV) offer a new inclusive practice initiative 'The Rainbow Tick' accreditation process. Services that receive The Rainbow Tick will have the opportunity to be listed in a national register of LGBTI accredited organizations.<sup>7</sup> Organisations can learn from the experience of others.<sup>8</sup>

ACON's Safe Place Program provides registered services a charter of principles and materials to display that communicate to clients and service providers that they are a prejudice and discrimination free space.<sup>9</sup>

For further information and training needs please contact ACON 9206 2000 see website [www.acon.org.au/training](http://www.acon.org.au/training) or email [training@acon.org.au](mailto:training@acon.org.au)





## REFERENCES AND RESOURCES TO SUPPORT BEST PRACTICE FOR A LESBIAN, GAY, BISEXUAL, TRANSGENDER AND INTERSEX (LGBTI) INCLUSIVE SERVICE

### 1. Cultural Competency Implementation Framework. National LGBTI Health Alliance

This implementation document is designed as a tool to assist organisations to implement a cultural competency framework. It contains a set of principles, suggested strategies, and scenarios designed to increase knowledge and understanding of LGBTI people. Click [here](#) to download the tool.

### 2. NSW Health Drug and Alcohol Psychosocial Interventions Professional Practice Guidelines Page 60 of the Psychosocial Interventions Guidelines provide advice on working with LGBTI people.

Click [here](#) to view the guidelines.

### 3. LGBTI People Mental Health and Suicide Briefing paper

A briefing paper highlighting the increased risk of mental illness and suicide among LGBTI people. It recommends the need to prioritize inclusion, target initiatives, as well as prevention and partnerships. Click [here](#) to access the paper.

### 4. Prevalence of and Interventions for Mental Health and Alcohol and Other Drug Problems amongst the Gay, Lesbian, Bisexual and Transgender community: A Review of the Literature.

The report summarises a vast literature in relation to LGBTI people and both mental health and alcohol and other drug problems. The report focuses on the prevalence of mental health disorders, and alcohol and other drug problems; and the evidence regarding the effectiveness of interventions. Click [here](#) to access the monograph by DPMP, UNSW.

### 5. Self-Assessment Checklist: Providing Services & Support to LGBTQ Youth & their Families

The checklist is intended to heighten the awareness and sensitivity of staff to the importance of cultural diversity and cultural competence in human service settings. It provides concrete examples of the kinds of values and practices that foster such an environment. Click [here](#) to access the checklist.

### 6. GLBTI-inclusive practice audit for health and human services GLHV

Gay and Lesbian Health Victoria has developed this GLBTI-inclusive practice audit to assist services to check how inclusive their service is of GLBTI consumers. The audit checks organisational performance against the National Standards for GLBTI-inclusive practice. Click [here](#) for the audit.

### 7. GLHV Rainbow Tick

The Rainbow Tick consists of six standards against which services can be formally accredited to demonstrate LGBTI inclusive practice and service delivery. Services can include the six standards as part of their cycle of service accreditation or can apply to do the Rainbow Tick as a stand-alone assessment subject to ongoing reassessment and quality review. Click [here](#) for more information.

### 8. Beyond: We Treat Everyone the Same. A report on the 2010-2011 program: How2 create a gay, lesbian, bisexual, transgender and intersex inclusive service GLHV

Gay and Lesbian Health Victoria (GLHV) ran a program aimed at assisting health and human services organisations develop practices and protocols that are inclusive of LGBTI clients. The report documents the achievements of the program and the wonderful work done by some of the program participants in effecting change within their respective organisations. Click [here](#) to read the report.

### 9. ACON Safe Place

The Safe Place Program is a Gay and Lesbian community response to street-based homophobic violence. It is more likely that LGBTI people will feel more comfortable and safe in an area that publically demonstrates support. Safe Place members: welcome sexuality, gender diverse, and intersex people; publically demonstrate support for LGBTI communities; and actively promote a prejudice and discrimination free space. Click [here](#) for more information.

# BEST PRACTICE WHEN WORKING WITH OLDER PEOPLE



Working with older people in drug and alcohol settings is an emerging area of practice, with an aging population of drug users, and the population more generally. There are some specific and different areas of practice, such as the health needs of those on opioid treatment programs, use of pain and other medication, as well as the combination of medication with alcohol and other drugs.

The following is taken from *Talking Therapies for Older Adults: Best and promising practice guide for mental health and addiction services* by Te Pou o Te Whakaaro Nui. Auckland, New Zealand. Developed to guide staff working therapeutically with older adults in mental health and addiction services.

## Rapport building

Building/establishing rapport includes education about therapy and awareness of cohort or generational influences on the therapeutic relationship.

## Family support

Involving family or other support people in the process is essential, particularly where they have a carer role. This may challenge accepted views of what constitutes a therapeutic relationship.

## Pace and repetition

It's important to pay attention to each session's pace – within and across sessions (such as shorter timeframes, more repetition, more sessions, follow up and booster sessions).

## Person centred care

Person-centred care is essential. The role of the therapist is to facilitate the resourcefulness of the person accessing therapy and to assist them to live well in the presence or absence of health difficulties.

## Cognitive style

Consider factors such as cognitive style (such as cohort influences and life-stage development) and cognitive change (such as dementia). Therapy may need to be adapted accordingly.

## Cultural factors

Consider cultural factors. You may be from a different cultural background to the person accessing therapy. Remember that beliefs and attitudes can vary widely within a cultural group.

## Challenging ageism

Ageism, both on the part of the person accessing therapy and the practitioner, is a barrier to a good therapeutic outcome. Ageist beliefs should be explored and challenged.

## Changing social structures

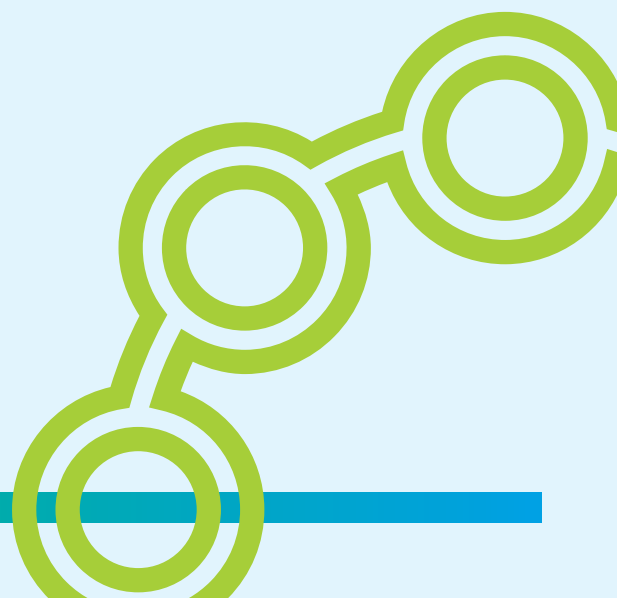
Social challenges can be drastic and include changes in networks/social supports, loss of familiar roles, changes in family structure, relocation and mobility issues. These mean older adults are more vulnerable to loneliness and social isolation.

## Taking time

Older adults may be uncomfortable discussing psychosocial issues, due to perceived stigma or shame. Health professionals can inadvertently create barriers through factors such as seeming to rush or not taking the time to listen.

## REFERENCE

Te Pou. (2010). *Talking Therapies for Older Adults: Best and promising practice guide for mental health and addiction services*. Auckland, New Zealand: Te Pou o Te Whakaaro Nui.



## RESOURCES TO SUPPORT BEST PRACTICE WHEN WORKING SERVICE WITH OLDER PEOPLE

### Older people and alcohol and other drugs

The Australian Drug Foundation paper provides an overview of current research into alcohol and other drug (AOD) misuse in older people. The discussion draws together some professional opinion and advice on how to identify and manage late onset AOD misuse in people aged over 60. Click [here](#) to access the paper. A newsletter with additional information is also available [here](#).

### Double Jeopardy: Older Injecting Opioid Users in Australia

Discussion paper from the Australian Injecting and Illicit Drug Users League (AIVL). The paper primarily sets out to document the existence of a cohort of injecting drug users aged 40 years or more in Australia and to estimate the possible size of this group. It also aims to explore the experience of advancing age from a drug user perspective and to examine the interrelationship between ageing and illicit drug use. Click [here](#) to access the report.

### Wise Drinking Survey for Older People

This survey is designed for older Australians by Peninsula Health. It will tell you whether the amount of alcohol being drunk is healthy with the medications being taken. It will also tell you if any current health conditions could be affected by alcohol. Click [here](#) to access the survey.

### Working with older Aboriginal and Torres Strait Islander people

Overview of the literature on providing culturally appropriate services to older Aboriginal and Torres Strait Islander people. Prepared in partnership with The Benevolent Society and Neuroscience Research Australia. Click [here](#) for the paper.

### Supporting older people from culturally and linguistically diverse backgrounds

A review of the current literature focusing on community care workers in their day to day work with older people from culturally and linguistically diverse (CALD) backgrounds. Prepared in partnership with The Benevolent Society and the Social Policy Research Centre. Click [here](#) for the paper.

### Supporting older people experiencing mental distress or illness

Overview of the literature on how those who work in the community aged care sector can support people who show signs of mental illness. Prepared in partnership with The Benevolent Society and the National Ageing Research Institute. Click [here](#) for the paper.

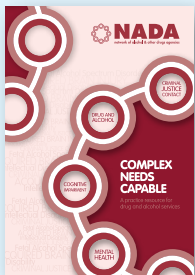
### Caring for Older Australians

The Productivity Commission has commissioned a report on caring for older Australians. Click [here](#) for the report.

# RESOURCES

NADA has a suite of other resources to support the non government alcohol and other drug sector.

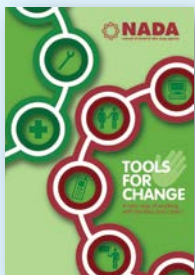
## CLIENT SERVICES TOOLS



### [Complex Needs Capable: A Practice Resource for Drug and Alcohol Services](#)

The resource provides a range of information, practice tips, tools and templates that can support drug and alcohol staff and organisations working with clients with complex needs such as acquired brain injury, intellectual disability, fetal alcohol

spectrum disorders and contact with the criminal justice system.  
[www.complexneedscapable.org.au](http://www.complexneedscapable.org.au)



### [Tools for Change: A new way of working with families and carers](#)

Tools for change provides a range of interventions, practice tips, service models, resources and training organisations to assist services in working with families.



### [No Bars](#)

A web based resource providing information on criminal justice clients, the criminal justice system and information and resources to support drug and alcohol services working with criminal justice clients.

[www.nobars.org.au](http://www.nobars.org.au)

### [Supporting your clients in court: Quick tips for alcohol and drug workers](#)

This resource Includes tips on writing court reports, letters of support and highlights considerations for you you're your client when attending Court.

## ORGANISATIONAL DEVELOPMENT TOOLS



### [NADA Benchmarking Guide](#)

This benchmarking guide gives drug and alcohol organisations an introduction to what benchmarking is and how to use benchmarking as a simple quality improvement tool.



### [NADA Governance toolkit](#)

The Governance Toolkit aims to improve governance knowledge and practice in the sector. Content includes: Board responsibilities, governance processes and characteristics of an effective Board.



### [NADA Policy Toolkit](#)

The NADA Policy Toolkit is a resource designed to guide non government drug and alcohol services to develop and review operational policy documents and support their formal quality improvement program. Version 2 coming soon.

### [Quality Improvement Resource Tool for Non Government Drug and Alcohol Organisations - Version 2](#)

The Resource Tool provides explanations for EQUIP5's Standards, Criterion and Elements; and suggests evidence that may assist in developing your organisation's quality improvement program and attaining accreditation.

[www.nada.org.au](http://www.nada.org.au)