Women's AOD Services Network

Gender Responsive Model of Care

November 2016

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BACKGROUND

Women's AOD Services Network

The Women's Alcohol and other Drug (AOD) Services Network (from here on referred to as 'the network') was established in January 2013 to improve pathways and connections for services working with women. The full membership comprises of representatives of women's only specialist non government services in NSW that provide services to substance using women, including those providing services to pregnant women and women with children.

The network is intended to facilitate collaboration, knowledge and information sharing on an ongoing basis, with the view to strengthen and improve services provided to women with AOD use issues. The aims of the network are to:

- Build effective relationships between network members and stakeholders.
- Respond to opportunities where collaboration adds value to the network purpose.
- Promote shared solutions to common issues.

The network is supported by NADA's Women's AOD Services Development Program (SDP) through the Australian Government Department of Health. The SDP aims to build the capacity of AOD NGOs to better meet the needs of substance using women and their children across NSW. The initial program commenced in July 2013 and concluded at the end of June 2015. An additional two, one year extensions to the program have been granted with the current contract due to expire on 30 June 2017.

Since 2013 the network have identified and contributed to a range of activities to better support the women they work with. This has included:

- The development of a practice guide to support those working with women engaged in AOD treatment.
- Hosting information and networking events highlighting the need for gender responsive practice.
- Reviewing and enhancing how women's AOD services identify and respond to domestic violence.

In addition, the network have worked together with NADA to promote a better understanding of the importance, diversity and validity of women's only service provision for those with AOD use issues. One strategy to meet this aim has been to work together to identify a Model of Care which bridges all full network members.

This process began in December 2015, when members of the network engaged in a facilitated workshop on Enhanced Performance Management. Through this workshop each service engaged in a process of articulating a model of care for their individual service/program, and this resulted in common themes being identified across the network. This collective model of care informs individual network member models of care and provides a comprehensive description of the nature and approach of the specialist women's AOD services provided in NSW.

This model of care has been developed with the support of funding from the NSW Ministry of Health.

DEVELOPMENT OF THE MODEL OF CARE

What is a model of care?

A model of care is the map that describes the core elements of a service intervention and suggests the intended outcomes—it provides a picture of how change will be enacted. Incorporated into the model of care is the theoretical framework that serves as the foundation which informs and guides policy, practice, research/evaluation and future aspirations.

As background it is helpful to outline here what is understood by a theoretical framework. Firstly, a theoretical framework provides a broad explanation of relationships that exist between concepts— where aspects of clinical work such as theory, clinical perspectives and understandings of how people experience their world, and move within it—are understood conceptually.

A theoretical framework is the conceptual basis for understanding, analysing, and designing ways to investigate relationships within social systems—'a frame of reference that is a basis for observations, definitions of concepts, research designs, interpretations, and generalizations, much as the frame that rests on a foundation defines the overall design of a house' (LoBiondo-Wood & Haber 1998). The network strives to combine a number of key theoretical constructs that underpin the perception of the unique issues women experience, the way the work is carried out by each service, and what approaches might facilitate improved outcomes. Identifying and articulating a theoretical framework provides the foundation from which to inform service policy, to guide future directions and evaluation and provide insights into staff recruitment and ongoing professional development.

The theoretical framework also informs the model of care instituted by a service, which is understood here to be 'a multi-faceted concept that broadly describes the way health services are delivered' (Queensland Health 2000). A model of care encapsulates the key elements and processes of a service or intervention by providing a simplified snapshot of the specific focus areas for staff and clients. In essence a model of care assists in communicating to the outside world the priorities and intended outcomes of the intervention in an accessible form.

Methodology

In proposing a theoretical framework and model of care it is useful to articulate the process undertaken in arriving at the theories that have best fit for the network. The methodology applied here was a two level process that occurred with a simultaneous feedback loop of review and reappraisal (see Figure 1):
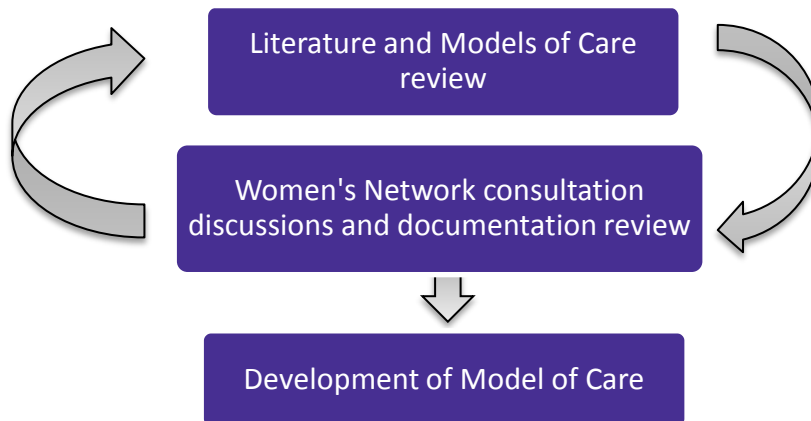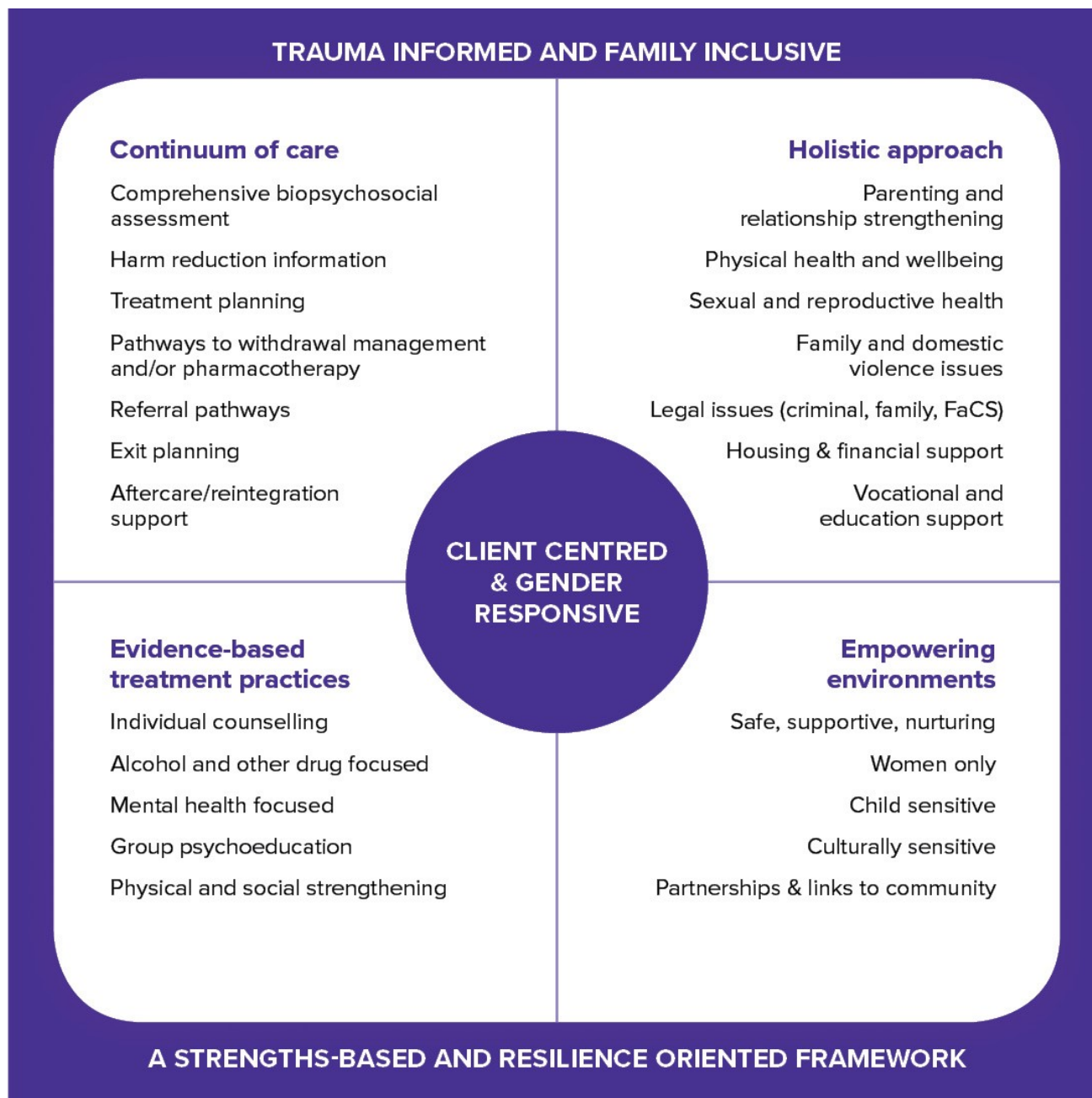

Figure 1: Women's AOD Services Network model of care development methodology

Themes distilled from discussions and documentation provided by members of the network were integral in considering the types of theory, approaches and perspectives that would support the work and outcomes of the network member organisations.

WOMEN'S AOD NETWORK GENDER RESPONSIVE MODEL OF CARE

The Women's AOD Network Gender Responsive Model of Care is illustrated below (figure 2). At its core it promotes client centred and gender responsive practice, this is the basic component of all services provided. The theoretical framework of trauma informed, family inclusive, strength based and resilience orientated practice also provide the foundations for the range of comprehensive services provided. These comprehensive services deliver a holistic approach, empowering environments, evidence based treatment practices and a continuum of care. A full description of the key elements of the model are presented overleaf.

TRAUMA INFORMED AND FAMILY INCLUSIVE

Continuum of care

Comprehensive biopsychosocial assessment

Harm reduction information

Treatment planning

Pathways to withdrawal management and/or pharmacotherapy

Referral pathways

Exit planning

Aftercare/reintegration support

Holistic approach

Parenting and relationship strengthening

Physical health and wellbeing

Sexual and reproductive health

Family and domestic violence issues

Legal issues (criminal, family, FaCS)

Housing & financial support

Vocational and education support

CLIENT CENTRED & GENDER RESPONSIVE

Evidence-based treatment practices

Individual counselling

Alcohol and other drug focused

Mental health focused

Group psychoeducation

Physical and social strengthening

Empowering environments

Safe, supportive, nurturing

Women only

Child sensitive

Culturally sensitive

Partnerships & links to community

A STRENGTHS-BASED AND RESILIENCE ORIENTED FRAMEWORK

Figure 2: Women's AOD Services Network model of care

Theoretical Framework

The theoretical framework proposed here has evolved from extensive literature review, discussions and documentation provided by network members. The key elements were distilled into the following key theoretical approaches:

1. **A client-centred, gender responsive approach**
2. **Trauma informed practice**
3. **Family inclusive practice**
4. **A Strengths-based and resilience oriented framework**

Across the services within the network these core theoretical understandings were common—irrespective of the service setting, length of treatment or therapeutic orientation. The theoretical framework when articulated in this way serves as the foundation on which the model of care sits. The model of care core elements are consequently informed by these theoretical perspectives, guiding new practices and shaping expected client outcomes.

Model of Care Core Elements

The network model of care has captured core elements of practice to inform and guide policy, practice, research/evaluation and future aspirations. These elements are as follows.

Client centred and gender responsive

A client-centred approach focuses on an individual's interests, strengths and the range of issues impacting on their lives. Identifying client preferences and goals whilst harnessing creative and sustainable supports, an emphasis on social inclusion and community participation are integral to this way of working. A client-centred approach invests in '…ways of commissioning, providing and organising services rooted in listening to what people want, to help them live in their communities as they choose' (Sanderson 2000). People are not simply placed in pre-existing services and expected to adjust, rather the service strives to adjust to the person. Elements identified by a client-centred or person-centred approach include:

- The person is at the centre.
- Their wider social network is involved as full partners.
- There is a sense of partnership involved in service provision.
- The whole of life is considered.
- There is continued listening, learning, action and review.

A gender-responsive approach attends to the experiences of women and, in the context of AOD treatment, focuses on how substance use and dependence is shaped by gender. It also explores how the socialisation process can impact treatment experiences. Being gender-responsive means that the planning of AOD interventions, the language used, how it is delivered and by who, is explored and developed according to the experiences of women. In this context gender is understood to be 'what a society believes about the appropriate roles, duties, rights, responsibilities, accepted behaviours, opportunities and status of women and men in relation to one another' (Australian Human Rights Commission 2011).

Trauma informed

Trauma informed care and practice is a way of working with people that acknowledges the lasting impact of trauma. Trauma informed care and practice also emphasises physical, psychological and emotional safety for both consumers and providers, and helps survivors regain a sense of control and empowerment over their lives. Central to an organisation becoming trauma informed is particular attention being paid to; safety, trustworthiness, choice, collaboration and empowerment. It involves not only changing assumptions about how we organise and provide services but creates organisational cultures that are personal, holistic, creative, open and therapeutic.

Family inclusive

An approach that recognises that interventions are more effective when they include family members, where the term family is inclusive of all personal supports and significant others. It supports the view that individuals influence other members in their environment, especially family, and that family members, in turn, have an impact on these individuals.

Strengths-based and resilience oriented

A strengths-based approach focuses on identifying strengths within the individual, their networks and community. Examples of strengths might be personal competencies, resources, motivations, personal characteristics and positive relationships (McCashen 2005; Saleeby 1996). Working from a strengths perspective in practice begins from the position of recognising strength within the individual and building on their network/environmental strengths, as opposed to the traditional deficits and/or pathology perspective. The strengths-based approach is compatible with resilience theory—where the central principle is that in spite of facing adversity people often do well and thrive (Masten 2001) and also encompasses other theories and broader ideas such as empowerment and wellness (Saleeby 1996).

Resilience is a protective process which enables individuals to reach good outcomes even though they have endured significant adversities. Resilience is a common phenomenon arising from ordinary human adaptation and strength. It is a dynamic process that can change across time, developmental stage, and life domain. Being resilience oriented means that an organisation seeks to engage and grow the resilience apparent in their clients and consumers as opposed to becoming focused on the multiple challenges they may face in their lives.

Continuum of care

All services in the Women's AOD Services Network approach working with women along a continuum of care that begins with a **comprehensive biopsychosocial assessment** that takes into account the social determinants of health, this assessment process contributes to **treatment planning** that attends to all facets of a woman's life and wellbeing —where necessary appropriate **referral pathways** may be identified early in the care and via ongoing case review, which may include exploring **pathways to withdrawal management**. **Harm reduction** information is provided throughout the treatment journey in recognition of the fact that clients in treatment may decide to

continue substance use. **Exit planning** is invested in as part of the care, where consideration is made throughout the service engagement about linkages into community to support the transition from treatment. **Aftercare and reintegration support** may occur in varying degrees across the multitude of services, however it is the consideration to life after treatment that is key to this element of continuing care.

Evidence-based treatment practices

All services in the network commit to providing evidence-based treatment practices, which are identified in the best practice literature for working with women. These best practice approaches may include **individual counselling and group psychoeducation** that attends to relationships and the management of strong emotions and where specific attention is paid to the development of a strong therapeutic alliance. Specific attention is given to the intersecting of **alcohol and other drug issues** and co-occurring **mental health issues**, shaped by trauma informed practices. All services in the network also engage with **physical and social strengthening** approaches such as yoga, meditation, mindfulness and support groups.

Examples of specific practices utilised include, but are not restricted to:
- Brief interventions
- Dialectical behavioural therapy
- Narrative therapy
- Acceptance and commitment therapy
- Motivational interviewing
- Cognitive behavioural therapy

Empowering environments

A key aspect of Women's Network services is attention given to the environment in which the treatment is delivered—specifically as part of a trauma informed and family inclusive practice framework. Emphasis is placed on environments that serve to empower women who engaged in treatment, ensuring women feel **safe, supported and nurtured.** Furthermore, the environments are **women only, child sensitive**—and in some cases provide the opportunity for women to have their children with them. There is also an emphasis on the environments being **culturally sensitive** and responsive to diversity. **Partnerships and links** are a focus of the services within the network to ensure that where specific elements of an empowered environment are not able to be provided, there are pathways to support outside of the services—such as childcare access, withdrawal management, support groups and housing support.

Holistic approach

The nature of the services within the Women's Network is that of a holistic approach, which attends to the multi-faceted lives of the women that attend their services. Specific needs may be related to positive **parenting and relationship strengthening**, and the important role of **physical health and wellbeing** – through links with primary health care and engaging women in physical activities that

focus on improving wellbeing. More specifically **sexual and reproductive health** needs may be attended to by links with sexual health clinics, and with support for testing and contraceptive provision as well as pregnancy support. In recognition of a number of women attending for treatment with experience of **domestic and family violence,** support may include safety planning, court support and counselling. It is a common experience for women attending AOD treatment to have involvement in the **criminal justice system and/or have child protection (FaCS) and family court matters** that require support, referral and tailored program provision. Similarly, access to supported **accommodation and housing pathways, as well as financial support** is an important aspect of the care planning in the Women's Network services. Meeting **education and vocational training** needs is a recognised pathways out of treatment, and this can support effective and sustainable transition back into the community. A consistent emphasis on building the strengths and resilience of women and supporting them in their future goals beyond treatment are indicative of a holistic approach.

SUMMARY

Models and frameworks assist in making complex phenomena more understandable by isolating and exploring significant elements, relationships and processes. However it is important we appreciate that models and frameworks are not 'reality'. A useful framework is one which has application and utility to improve the situations of people in a particular practice context.

It is proposed here that the Women's AOD Services Network model of care not only informs individual network member models of care, the development of their service specific client journeys and data collection strategies, but that it also provides an overarching picture of best practice in working with women in the AOD sector.

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WOMEN'S AOD SERVICES NETWORK MEMBERS

There are 11 full network members comprising specialist AOD services providers and women's services which provide AOD treatment or support. The 14 regular network representatives are noted below.

Name	Role	Service/Organisation
Kerri Betteridge	General Manager	Detour House Inc.
Antonia Ravesi	Service Manager	Dianella Cottage, The Lyndon Community
Jude Sayers	Case manager/Group Worker	Dianella Cottage, The Lyndon Community
Glenda Milne	Manager	Guthrie House
Alice Hanna	Clinical Manager	Jarrah House, Women's Alcohol and Drug Advisory Centre
Sandy Kervin	General Manager	Jarrah House, Women's Alcohol and Drug Advisory Centre
Kate Hewett	CEO	Kamira
Liz Pearce	Clinical Director	Kamira
Latha Nithyanandam	General Manager	Kathleen York House, Alcohol and Drug Foundation NSW
Roxanne McMurray	Manager	Leichhardt Women's Community Health Centre Inc.
Lindsay Langlands	CEO	Phoebe House Inc.
Margherita Basile	Manager	Sydney Women's Counselling centre
Sarah Etter	Manager	WHOS, New Beginnings
Katie Young	Service Manager	Women and Girls Emergency Centre

These members reflect the diversity of non government service types available to substance using women (including to pregnant women and those with children). They include:
- Residential treatment programs providing intensive support
- General counselling and case management services
- Structured day centre/programs and treatment services
- After-care and transitional programs.

In addition, an associate membership category, established in August 2016, comprises other individuals and services who share an interest in the network aims. For more information email womensnetwork@nada.org.au.

ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. Our vision is a connected and sustainable sector providing quality evidence based programs to reduce alcohol and drug related harms to NSW communities.

NADA represents approximately 100 organisational members that provide a broad range of services including health promotion and harm reduction, early intervention, treatment and after-care programs. Our members comprise of services that are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

NADA provides a range of programs and services that focus on sector and workforce development, information management, governance and management support, sector representation and advocacy, as well as actively contributing to public health policy.

For more information, visit www.nada.org.au.