A randomised stepped-wedge evaluation of the impact of a guideline-driven process for improving the cultural competence of non-Aboriginal drug and alcohol treatment services – Phase 2.

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Acknowledgement of Country

The Evaluation Team would like to acknowledge and pay respects to the traditional custodians of the lands where this Project was completed.

Position statement regarding alcohol and other drugs treatment funding dedicated for Aboriginal and Torres Strait Islander people

The NSW Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) and Network of Alcohol and other Drugs Agencies (NADA) believe that alcohol and other drugs treatment specific funding for Aboriginal and Torres Strait Islander people should be prioritised for Aboriginal Community Controlled Treatment Services. These services are best placed to respond to the needs of Aboriginal and Torres Strait Islander people in reducing alcohol and other drugs related harms.

Mainstream alcohol and other drugs services should only be funded where there is a gap in the ability of an Aboriginal Community Controlled Treatment Services provider to lead. In this instance we believe that there should be an appropriate assessment of cultural competence undertaken and that the mainstream service has endorsement by an Aboriginal community to provide alcohol and other drugs treatment to Aboriginal and Torres Strait Islander people.

Executive summary

This report presents the findings from Phase 2 of a project (the Project) that in Phase 1 devised, implemented, and evaluated a process to enhance the cultural competence of non-Aboriginal Alcohol and Other Drugs (AOD) treatment services delivered by Non-Government Organisations (NGOs) in NSW. Cultural competence refers to practices that reflect ethical and effective participation in personal and professional intercultural settings. The aim of the Project is to optimise the experiences of the Aboriginal and Torres Strait Islander (hereafter, Aboriginal) clients of participating services.

Phase 1

The following process was completed in Phase 1:

i) Develop best-practice guidelines (the *Alcohol and Other Drugs Treatment Guidelines for Working with Aboriginal and Torres Strait Islander people in a non-Aboriginal setting*), which describe key elements of culturally competent service delivery in non-Aboriginal NGO services.

ii) Use the Guidelines to design and implement a structured baseline audit (baseline) of current practice.

iii) Provide written feedback to services on the results of their audit.

iv) Undertake a workshop with key staff from service providers to review the written feedback, set goals for improvement and identify activities to operationalise their goals (an action plan).

v) Conduct a re-audit (audit 2) of services to assess change.

Step (i) was completed once during the project, and steps (ii-v) were undertaken once with each participating service.

Phase 2

Phase 2 of the project was completed after step (v) and involved conducting a third audit (audit 3) of services to assess practice change over a longer timeframe. Phase 2 was planned after Phase 1 was completed.

Project Oversight

Phases 1 and 2 of the Project were overseen by the Network of Alcohol and other Drugs Agencies (NADA). They were implemented by a Project Team (Raechel Wallace was Project Lead and Julaine Allan). An Aboriginal Project Advisory Group was established to develop the Guideline. The evaluation of the Project was done by the National Drug and Alcohol Research Centre (NDARC), led by Dr Sara Farnbach, Ms Alexandra Aiken and Professor Anthony Shakeshaft. NADA, the Project Team, the Aboriginal Project Advisory Group and the Evaluation Team all worked closely to implement and evaluate the process, reporting to the coalition of Primary Health Networks (PHNs) who funded the Project.

Summary of findings

- ➢ Six Aboriginal people were trained as auditors for the Project and to support the third auditing process.

- ➢ 11 of the 15 original participating services completed audit 3. There were delays in obtaining the audit ratings for 3 services, resulting in the preliminary report containing data for 8 of those 11 services. Data for all eleven services have now been included in the analysis and presented in this updated report.

- ➢ Of the 11 services that audit data are available for:

  - o All had improvements to cultural competence that were sustained after two years.

  - o The amount of change observed across services varied. All services achieved a rating higher than at baseline, however there were some declines in ratings for some action areas for some services from audit 2 to audit 3.

  - o Most change occurred in the first three months after implementation at each service, though there were continued improvements for ten of the eleven services from audit 2 to audit 3.

- ➢ Service use does not appear to have changed as shown by analysis of data from the NSW Minimum Data Set for drug and alcohol treatment services (MDS). However, this project demonstrates that methods to regularly extract and analyse service lever data are feasible as a low impact and low resource way to monitor changes to service use over time by funders, service providers and researchers.

Recommendations

Report 1 provided seven recommendations from Phase 1 of this project. The following five recommendations have arisen specifically from Phase 2.

1. The six Aboriginal AOD workers being trained in completing audits on cultural competence constitutes a substantial workforce development outcome from Phase 2 of this project. Aboriginal auditors should be engaged in the ongoing, or further uptake, of this intervention to improve the cultural competence of health services.

2. A better mechanism is needed to ensure the auditors have adequate time to complete audits and audit ratings. An online database to document discussions during audits and record audit ratings may assist in facilitating data collection and rating allocation. Data could be stored centrally in a secure database that the evaluation team can access to complete the independent second ratings.

3. Report 1 showed that a 3-month time-frame between baseline and audit 2 was sufficient to achieve some improvements in cultural competence, but that those improvements may have been limited by the relatively short time available to staff to identify and implement changes. This report demonstrates that improvements in culturally competent practice are able to be sustained, or even further improved, over a two-year time frame. These improvements are likely to be further enhanced over time as more difficult organisational-level changes are implemented, such as hiring Aboriginal staff, ensuring Aboriginal representation on Advisory Boards and communicating improvements to local Aboriginal communities. To ensure this intervention is able to be sustained over time, it should be integrated into routine practice.

4. Eleven of the 12 services that completed Phase 1 of this project also completed Phase 2. This demonstrates participating services' continued interest in the project over two years, their commitment to improving the quality of their AOD services for their Aboriginal clients and that the improvement process is sustainable over time. The high level of acceptability of this intervention should be highlighted to other services to encourage their participation in improving their cultural competence.

5. Ongoing analysis of MDS data with participating services is merited to establish whether potentially emerging trends become entrenched. The routine collection of additional measures should also be considered, especially where those measures would have benefit for assessing client outcomes generally and have low resource implications. Current examples of such measures include Patient Reported Experience Measures (PREMs) or Patient Reported Outcome Measures (PROMs).

Glossary

AH&MRC   Aboriginal Health and Medical Research Council

AOD   Alcohol and Other Drugs

MDS   NSW Minimum Data Set for drug and alcohol treatment services

NADA   Network of Alcohol and other Drugs Agencies

ADARRN   NSW Aboriginal Drug and Alcohol Residential Rehabilitation Network

NDARC   National Drug and Alcohol Research Centre, UNSW

NGO   Non-Government Organisation

PHN   Primary Health Networks

Terminology used in this report

In this report the term Aboriginal will be used when referring to Aboriginal and Torres Strait Islander peoples. This term is used because it is inclusive of different language groups and areas in NSW where the Guidelines are being implemented and is also the preferred term identified by the Aboriginal Health and Medical Research Council (AH&MRC) when referring to the First Nations people of NSW.

1. Introduction

1.1. Orientation to the evaluation and team structure

The *Alcohol and Other Drugs Treatment Guidelines for Working with Aboriginal and Torres Strait Islander people in a non-Aboriginal setting project* (hereafter referred to as the Project) was initiated by six Primary Health Networks (PHNs) in New South Wales (NSW).

The Project arose from the intention by the six PHNs to enhance and standardise culturally competent practices at NGO AOD treatment services. The primary aim is to optimise the experiences of the Aboriginal clients of participating services. The Project devised, implemented and evaluated an implementation process to inform staff working at these services about ways non-Aboriginal NGO AOD Treatment services can enhance practices that are culturally competent and subsequently improve the experiences of Aboriginal people, and assist them in starting an effective process of change.

The Network of Alcohol and other Drugs Agencies (NADA) was engaged to coordinate the Project and its evaluation. The Project Team (RW, JA) led the development of the Guideline, auditor training, audits (baseline and follow-up) and implementation workshops. The Evaluation Team (SF, AA, AS) led the evaluation planning, data collection, analysis and reporting. The Project and Evaluation Teams worked closely during the Project so that input from the Project Team was incorporated into evaluation, particularly around Project planning and implementation, and to provide opportunities for evaluation findings to be fed-back into the Project to improve implementation.

1.2. Overview of the Cultural Competence Project and its implementation – Phase 1

The Project and evaluation were structured around the *Alcohol and Other Drugs Treatment Guidelines for Working with Aboriginal and Torres Strait Islander people in a non-Aboriginal setting* (hereafter referred to as the Guideline). The Guideline development was led by RW and an Aboriginal Advisory Group during 2018 and 2019. The Guideline includes six themes and 16 action areas. Information on the Guideline development process is presented in the Guideline document (online at https://nada.org.au/resources/alcohol-and-other-drugs-treatment-guidelines-for-working-with-aboriginal-and-torres-strait-islander-people-in-a-non-aboriginal-setting/).

Implementation of the Project involved the participating services undertaking the four service-specific components:

    A. Baseline audit (baseline) to identify the extent to which services are culturally competent relative to the Guideline and identify opportunities for improvement.

B. The provision of written feedback to each service on their audit results.

C. Convening Guideline implementation workshops for staff from services to identify three areas from their audit that they could feasibly address in the time available for the implementation phase of the Project (approximately three months) and develop a detailed action plan with specific activities that services can implement to operationalise their action plan.

D. Follow-up audit (audit 2) to assess if there have been improvements in the extent to which services are culturally competent relative to the Guideline.

1.3. Overview of Phase 2

After Phase 1 was completed, the PHNs and NADA reviewed the Phase 1 report presented by NDARC and Phase 2 was planned. The purpose of Phase 2 was to assess change in cultural competence over a longer timeframe by completing a third audit (audit 3) at the 12 services that completed Phase 1 and completing longer term analysis of service use data. In addition, Phase 2 involved training six Aboriginal people across NSW to become auditors and support the third auditing process.

1.4. Stakeholders for the Project

The following stakeholders were involved in the Project:

- PHNs that initiated and funded the project: Central and Eastern Sydney PHN, Coordinare (South Eastern NSW PHN), WentWest (Western Sydney PHN), South Western Sydney PHN, Hunter New England, Central Coast PHN, and Western NSW PHN.

- Project and evaluation coordination: Network of Alcohol and other Drugs Agencies (NADA).

- Project Team: (Raechel Wallace was Project Lead and Julaine Allan).

- Aboriginal Advisory Group (membership is listed in the Guideline).

- Participating services: Non-Aboriginal, non-government AOD Treatment Services in NSW identified by the PHNs to take part in the Project. The contact details of the services were provided to the Project Team who made contact and informed them of the Project activities and scheduled audits and implementation workshops.

- Evaluation Team: National Drug and Alcohol Research Centre (led by Sara Farnbach, Alexandra Aiken and Anthony Shakeshaft).

1.5. Evaluation aims

Phase 2 of the evaluation had three aims:

1. Establish the fidelity with which the components of Phase 2 of the Project were implemented in the participating services.

2. Describe the extent to which the six Aboriginal people were trained as auditors for the project and to support the third auditing process.

3. Identify the impact of the project on the cultural competence of services in two ways: i) audits of culturally competent service delivery (baseline, audit 2 and audit 3); and ii) analysis of administrative data collected routinely by the services to determine their level of engagement with Aboriginal clients. Aim 3 includes the following primary and secondary outcomes:

Primary outcomes

1. Change in cultural competence of services in *three key* Action Areas from the Guideline. This outcome compares baseline, audit 2 and audit 3 scores on the three key Action Areas identified by staff from each participating service during Implementation Workshops.

2. Change in cultural competence of services in *all other activities* from the Guideline (compares baseline, audit 2 and audit 3 scores on all activities other than the three selected by each service).

3. Extent of change across all services for each theme in the guidelines.

Secondary outcomes

4. Change in the proportion of episodes of care provided to Aboriginal clients in each service from pre- to post-intervention.

5. Change in the number of episodes of care provided to Aboriginal clients in each service from pre- to post-intervention.

6. Change in the number of completed episodes of care by Aboriginal clients in each service from pre- to post-intervention.

2. Methods – Phase 2

2.1. Evaluation summary

This evaluation used a mixed-method approach to address the evaluation aims (section 1.5). It was framed around a program logic which identifies how the Project was intended to work and to link activities with process and impact outcomes (Appendix A). The Project was reviewed and approved by the Aboriginal Health and Medical Research Council of NSW [#1487/19] and UNSW Human Research Ethics Committee [REC/16/CIPHS/46] (Appendix B). A summary of the data collection and analysis methods is presented in Table 1 (next page).

2.2. Randomised stepped-wedge design

A randomised, stepped-wedge evaluation design was used. This design involved delivering the program to services at different time points, with each service providing baseline data (pre-intervention) and follow-up data (audit 2 and 3; post-intervention), meaning each service acts as its own control. For logistical reasons (primarily to make the workshops feasible), the services were clustered into similar geographical groups (n=6 clusters), and the same process and timeline was applied to each service within each cluster. Each cluster of services was randomised to an intervention starting time between June and October 2019. A stepped-wedge design is useful in demonstrating whether any changes in outcomes are attributable to the intervention/project rather than other external causes and is also useful for situations where the intervention is likely to continue beyond the period of the formal evaluation.

2.3. Developing the audit tools

On-site audits are a precise and effective way to establish the extent to which practices at services reflect the principles described in the Guideline. To guide audit discussions, baseline and follow-up audit tools that reflected the six themes in the Guideline were jointly developed by the Project and Evaluation Teams at the beginning of the Project. The audit tools included 21 audit criteria, which were framed as questions and used by the Project Team to collect information from staff at participating services at the time of audit.

Table 1: Summary of the aims, data collection and analysis methods used in Phase 2 of the Project evaluation

Aim	Data collection method	Analysis method
1. Establish the fidelity with which Phase 2 of the Project components was implemented in the participating services.	Implementation and Evaluation Log (jointly maintained by Project and Evaluation Teams)	Number of services that completed project components was calculated
2. Describe the extent to which the six Aboriginal people were trained as auditors for the project and to support the third auditing process.	Training documentation and Implementation Log (jointly maintained by Project and Evaluation Teams)	Number of Aboriginal people who were trained as auditors and who completed audits was calculated.
3. Identify the impact of the Project on:		
i) Cultural competence of services (according to the audits of cultural competence, based on the Guideline)	i) Audit outcomes (collected by the Project team during audits) to identify if changes to cultural competence occurred during the Project	After audits were completed, audit outcomes were independently rated using pre-determined rules by the Project and Evaluation Teams. The two sets of ratings were compared and any disagreement around ratings were resolved by discussion between the Teams until a consensus was reached. Change in average audit score from baseline to audit 2 and baseline to audit 3 was estimated using Mixed Effect Restricted Maximum Likelihood (REML) regression. The relative change in audit ratings for each Theme from the guideline was calculated by dividing the average change in ratings across all services by the total possible rating for that Theme.
ii) Proportion of Aboriginal people who used the participating services and completed treatments	ii) NSW NGO AOD Minimum Dataset Data to identify service use patterns	The effect of the intervention on MDS outcomes was estimated using: • Negative binomial regression for count variables (number of episodes of care provided to Aboriginal clients) • Logistic regression for binary variables (proportion of episodes provided to Aboriginal people, relative to non-Aboriginal; proportion of completed episodes by Aboriginal people, relative to non-completed episodes).

2.4. Determining cultural competence using the audit tools

During the audits, the Project Team asked the staff the audit questions in person or via videoconferencing. Audits were conducted in person where possible, or via videoconferencing when travel was not possible due to Covid-19 restrictions. The responses provided by staff were recorded into the audit tool. After each audit was completed, ratings were allocated to each of the 21-audit criterion on a scale of 0 to 3 (indicating limited, some, good or excellent evidence of the criteria being met, with a total possible score of 63) and using the following process:

1. The Project Team rated the 21 audit criteria according to the pre-specified set of rating rules.

2. The Evaluation Team reviewed the audit tool and independently rated the 21 criteria according to the pre-specified set of rating rules.

3. The two sets of ratings were then compared and any disagreement around ratings were resolved by discussion between the Project and Evaluation Teams, until a consensus was reached.

4. Total audit ratings were determined by calculating the sum of the criteria.

5. Audit ratings were developed into an audit outcome report and provided to the CEO of the participating service.

To identify the impact (change) of the project on the cultural competence of services (Aim 3), ratings for each criterion and total audit ratings from each participating service were compared for baseline, audit 2 and audit 3. To identify if specific Guideline themes were actioned more often among services, the criteria related to each theme were calculated (each theme had between two and eight criteria).

Phase 1 of the Project was scheduled to allow three months between baseline and audit 2, meaning services had limited time to enact changes in areas of the Guideline. Therefore, at the implementation workshop, staff were encouraged to prioritise three activities to address during the three months. The primary outcome was to identify changes in ratings according to these three key themes. Audit 3 was scheduled to be completed approximately two years after baseline audits.

2.5. NSW Minimum dataset

With permission from management at participating services, the NSW Minimum Data Set (MDS) for drug and alcohol treatment services from participating services was provided by NADA to NDARC at the end of the Project. MDS data provided included the variables listed in Table 2 (over page) for the period March 2019 to September 2021. These data were analysed to explore any changes in service utilisation from pre- to post-intervention (where the month after the baseline audit date was considered post-intervention) (Aim 3, secondary outcomes).

Table 2: Minimum Data Set variables used in analysis

Description	Response options
Episode of care identification number	Unique identifying number for each episode of care
Client identification number	Unique identifying number for each client
Whether the client is of Aboriginal and/or Torres Strait Islander origin	- Both Aboriginal and Torres Strait Islander origin - Aboriginal, but not Torres Strait Islander origin - Torres Strait Islander, but not Aboriginal origin - Neither
Reason for cessation of the episode of care	01 Service completed 02 Transferred/referred to another service 03 Left without notice 04 Left against advice 05 Left Involuntarily (non-compliance) 06 Moved out of area 07 Sanctioned by drug court/court diversion program 08 Imprisoned, other than drug court sanction 09 Released from prison 10 Died 98 Other 99 Not stated/inadequately described
Date of cessation	Date of episode cessation, d/mm/yyyy
Service Name	Service client completed the episode with

2.6. Implementation and evaluation procedures

Figure 1 outlines the implementation and evaluation procedures completed at participating services for Phases 1 and 2. The audits were considered an implementation activity, and the data obtained from them were also used for the evaluation (e.g., to measure cultural competence at baseline and follow up audits).

Figure 1: The implementation and evaluation procedures of the Project at participating services Phases 1 and 2.

Project Phase	Project component	Schedule and activity completed	Description of activity
Phase 1	A: Baseline audit	Day 1: Baseline audit	• Audit completed by Project Team with staff at participating services
		Day 3-7: Baseline audit report sent to services	• Report jointly developed by Project and Evaluation Team • Report summarises baseline audit outcomes • Report sent with Guideline
		Day 7-10: Evaluation interview 1	• CEO/managers were invited to complete a qualitative semi-structured phone interview with the Evaluation Team
	B: Attend workshop	Day 17-20: Implementation workshop	• Facilitated by the Project Team; attended by staff at participating services • Staff were encouraged to select and plan three activities, using the Action Plan • Staff invited to complete an Implementation Workshop Feedback Survey (anonymous online form managed by NDARC)
	C: Complete action plan	Month 3: Follow up audit	• Completed by Project Team with staff at participating services
		Month 4: Follow up audit report sent to services	• Report jointly developed by Project and Evaluation Team • Summarises follow up audit outcomes, and changes since baseline
	D: Follow up audit	Month 4-5: Evaluation interview 2	• CEO/managers were invited to completed a qualitative semi-structured phone interview with the Evaluation Team
Phase 2		Month 22-24 Audit 3	• Completed by Project Lead and Aboriginal auditors with staff at participating services

2.7. Statistical Analysis

Primary outcomes

Audit ratings at baseline, audit 2 and audit 3 are descriptively analysed and the average change in audit rating from baseline to audit 2, and to audit 3, were analysed using a Mixed Effect Restricted Maximum Likelihood (REML) regression, with the coefficient, p-value and 95% Confidence Intervals (95% CIs) reported.

This type of model uses all the available data, even if there are missing values at specific timepoints (for example, the three services missing audit 3 data). The model handles this missing data by using information from other services with valid data to make model estimates.

Secondary outcomes

The Generalised Linear Mixed Models (GLMMs) framework was used to model MDS data and estimate the effect of the intervention. All models included fixed effects for intervention and time, the latter included to adjust for any secular trends in outcome measures over the study period. All models also included a random intercept to adjust for repeated measurements on service.

Dichotomous outcomes (proportion of episodes of care provided to Aboriginal clients in each service and the proportion of completed episodes of care by Aboriginal clients) were fitted using logistic regression in a GLMM framework with a logit link function and results are reported as odds ratios (OR) with their associated 95% confidence intervals (95% CIs).

The number of Aboriginal clients per month was modelled using negative binomial regression in a GLMM framework with a log link function and results are reported as incidence rate ratios (IRR) with their associated 95% CIs.

3. Results - Phase 2

Overview of key findings

3.1. The fidelity of the delivery of Phase 2 of the Project at participating services

Key findings

As summarised in Table 3, 12 of the 15 (80%) services initially involved in the Project completed all components of Phase 1 and were, therefore, eligible for Phase 2. Of these 15 services, 11 completed Phase 2 (73% of the baseline sample and 92% of the audit 2 sample). One eligible service withdrew and did not complete audit 3 (Service L, Cluster 2). There was an average of 23 months between the baseline audit and audit 3, across all services. The timing of audits and workshops for each service is illustrated in Table 4 (overpage).

The high number of services that completed Phase 2 demonstrates the continued interest in the Project among participating services after two years. This indicates that, among participating services, there is ongoing enthusiasm to continue to improve the quality of services provided to Aboriginal clients, and that the improvement process is sustainable over time.

Table 3: **Fidelity of the delivery of each component of the project captured via Implementation and Evaluation Log**

Cluster	Services at baseline (N)	Project component					Avg. time between baseline and audit 3 (months)
		A. Baseline audit (n)	B. Attended workshop (n)	C. Completed Action Plan (n)	D. Audit 2 (n)	E. Audit 3 (n)	
Cluster 1	2	2	2	2	1	1	23
Cluster 2	2	2	2	2	2	1	24
Cluster 3	2	2	2	2	2	2	24
Cluster 4	3	2	2	2	2	2	24
Cluster 5	4	4	3	3	3	3	22
Cluster 6	2	2	2	2	2	2	23
Total participating services	**15**	**14**	**13**	**13**	**12**	**11**	**23**

The 15 services identified to participate in the Project were split by geographic region into six clusters of between two and four services and randomised to start times.

Table 4: Timing of audits and workshops for the 12 services

Cluster	Service Code	Year →	2019							2020			...	2021						
		Month	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	...	Feb	Mar	Apr	May	Jun	Jul	Aug
1	K			11/06[a] 20/06[b]			3/10[c]							...		17/03[d]					
2	L				17/07 31/07			30/10						...		WD[e]					
2	C				24/07 31/07			31/10						...					02/06		
3	F					09/08 16/08						09/02		...			21/04				
3	J					08/08 16/08				3/12				...							12/08
4	H						28/08 10/09			16/12				...					30/06		
4	I						29/08 10/09			18/12				...						01/07	
5	D							24/09 09/10					10/03	...					17/06		
5	E							25/09 09/10			30/01			...					10/06		
6	B								25/10 28/11			28/02		...				27/05			
6	A								23/10 07/11			28/02		...					18/06		
6	G								23/10 07/11			28/02		...							20/08

~3 months

22–24 months

[a] date of baseline audit; [b] date of implementation workshop; [c] date of audit 2; [d] date of audit 3; [e] WD = Withdrawn.

The impact of COVID-19 on project implementation

COVID-19 travel restrictions meant that three audits were conducted remotely via Zoom. The auditors reported that although the face-to-face format is ideal for audits, the Zoom audits worked well, and all participants were satisfied with the process. Both auditors and all service staff connected separately to the Zoom meetings given everyone was restricted from travelling and were often working from home.

Other issues impacting on project implementation

There were some delays in organising audits due to:

- Difficulty finding times that suited both services and auditors (auditors had other commitments to work around).

- Services competing activities such as accreditations. One service had three accreditations in a row, which necessitated moving the audit to a later date.

- Staff turnover, leave and change of management in services.

- Having a larger number of auditors created more administrative work for the project implementation team. Auditors sometimes had to get approval from their manager for release from their employer to do the audits. This sometimes required the implementation team to contact managers and providing information about the project.

3.2. Describe the extent to which the six Aboriginal people were trained as auditors for the project and to support the third auditing process

Key findings

- Aboriginal workers with skills and knowledge working in the AOD sector were introduced to the project by RW, via the Aboriginal Drug and Alcohol Network of NSW (ADAN).

- Six Aboriginal AOD workers expressed an interest in attending auditor training and completed training in 2020. The training occurred over one face-to-face workshop, and auditors were supported via ongoing meetings and supervision by the facilitators (RW and JA). One member of the evaluation team (AA) also attended the training workshop.

- Audit training materials can be provided upon request to the training facilitators (JA and RW).

- Of these six, five went on to complete audits either with another newly trained auditor or with RW during Phase 2. One trained auditor got a new job and was unable to attend the audit due to their work commitments.

- Ten out of 11 audits were attended by at least one of the newly trained auditors; six audits were completed by a newly trained auditor with RW and five completed by two newly trained auditors.

- Although the Project included a budget to pay the newly trained auditors or reimburse their employer for their time to complete audits, auditor payments were only made twice during the project. The auditors reported that the administration involved with raising invoices (either by themselves or their employer) was a substantial barrier, making it not worth their time.

- The auditors reported positive outcomes arising from their involvement in audits, including increased understanding of the role of non-Aboriginal AOD services in NSW and developing working relationships with staff at the participating services.

- A manual process was used to document audit discussions and ratings, where the auditors recorded findings onto paper or electronic forms, during and after the audits. Auditors reported sometimes finding it challenging to find the time to complete the audit ratings after the audit.

- Three reports were delayed, due to the auditor being unwell and unable to dedicate time toward completing the rating after the audits were complete and for the data collection issues described above. This was despite the project including a budget to reimburse auditors for their time.

There is need for a simpler method of data collection, to document discussions during audits and to record audit ratings after the audits are completed. An online database, into which auditors can directly enter their notes and ratings, may be beneficial in facilitating data collection. Data could be stored centrally in a secure database that the evaluation team can access to complete the independent second ratings.

3.3. The impact of the Project on the cultural competence of services (primary outcomes)

Key findings

Section 3.3 includes data from the 11 services that completed Phase 2 of the Project.

➢ All eleven of the services with audit 3 data had areas where they had improvements to cultural competence that were sustained after two years.

➢ Much of the improvements to cultural competence occurred in the first three months of implementation at the services. However, ten of the eleven services showed continued improvement in cultural competence activities from audit 2 to 3.

➢ There was substantial variation in the amount of change observed across services. There were some declines in ratings for some action areas for some services from audit 2 to audit 3, however, all services still achieved a rating higher than at baseline.

➢ Services showed an average increase of 3.73 points on their audit ratings from baseline to audit 3 for the three key areas on which they chose to focus.

➢ Similarly, services showed an increase in audit ratings on all other activities from the guideline, with an average increase of 14.82 points from baseline to audit 3.

➢ Overall, there were improvements in audit ratings across all six themes of the guideline, with themes 3, 5 and 6 showing the greatest improvement. Service staff reported that COVID-19 impacted on their ability to implement some of the action areas in the guideline. In particular, activities in the Voice of the Community theme were challenging due to COVID-19 restrictions due to reduced contact with community members and this was reflected in ratings for those areas. COVID-19 restrictions also impacted on working with Aboriginal services and workers, but to a lesser extent as most services were still actively providing services during COVID-19 restrictions.

The staff at participating services were able to identify key areas and implement service improvements quickly. These improvements had the added benefit of being sustained over time.

These improvements occurred for the 3 key areas nominated by services, and for all themes articulated in the guideline. This indicates that there are opportunities to work broadly across a range of areas to improve the cultural competence of non-Aboriginal NGOs.

Detailed findings – primary outcomes

Outcome 1: Change from baseline to audit 3 ratings for the three key action areas selected by services in their implementation workshop

Key findings

Eleven services completed baseline and both follow-up audits. Table 5 shows the baseline, audit 2 and audit 3 ratings in the three key action areas for each service. Figure 2 visualises the audit ratings over time for each service, by cluster.

Change from Baseline to Audit 2 (phase 1; n=12 services):
> The average baseline rating and audit 2 rating were 3.25 and 5.50, respectively (out of a possible score of 9). Ten of the 12 services increased their audit rating, with an average increase of 2.25 points from baseline to audit 2.

Change from Audit 2 to Audit 3 (n=11 services):
> The average audit 3 rating was 6.91. Scores increased by an average of 1.27 points from audit 2 to audit 3. Seven services increased their audit rating from audit 2 to audit 3, two services had no change and two services decreased.

*Total change from Baseline to Audit 3 (n=11 services):*
> Ten of the 11 services increased their audit rating from baseline to audit 3 and one service showed no change. The average increase in rating from baseline to audit 3 was 3.73 points (out of a possible 9 points).

Table 5:   Change in audit ratings for the three key action areas, by service

| Cluster	Service	Baseline rating 3 key areas (range 0-9)	Audit 2 rating 3 key areas (range 0-9)	Change in rating baseline to audit 2	Audit 3 rating 3 key areas (range 0-9)	Change in rating audit 2 to audit 3	Total rating baseline to audit 3
1	K	2	7	+ 5	9	+ 2	+ 7
2	C	4	7	+ 3	9	+ 2	+ 5
	L	4	4	0	Withdrawn	-	-
3	F	3	8	+ 5	6	- 2	+ 3
	J	2	4	+ 2	3	- 1	+ 1
4	H	5	8	+ 3	9	+ 1	+ 4
	I	2	3	+ 1	7	+ 4	+ 5
5	B	4	5	+ 1	7	+ 2	+ 3
	D	3	3	0	3	0	0
	E	3	6	+ 3	7	+ 1	+ 4
6	A	5	7	+ 2	7	0	+ 2
	G	2	4	+ 2	9	+ 5	+ 7
Average		3.25 (SD)=1.14	5.50 (SD=1.88)	+2.25*	6.91 (SD=2.21)	+1.27	+3.73*

* p<0.005; SD = Standard Deviation

Figure 2: Change in audit rating on the three key areas across the three audits, for each service, by cluster
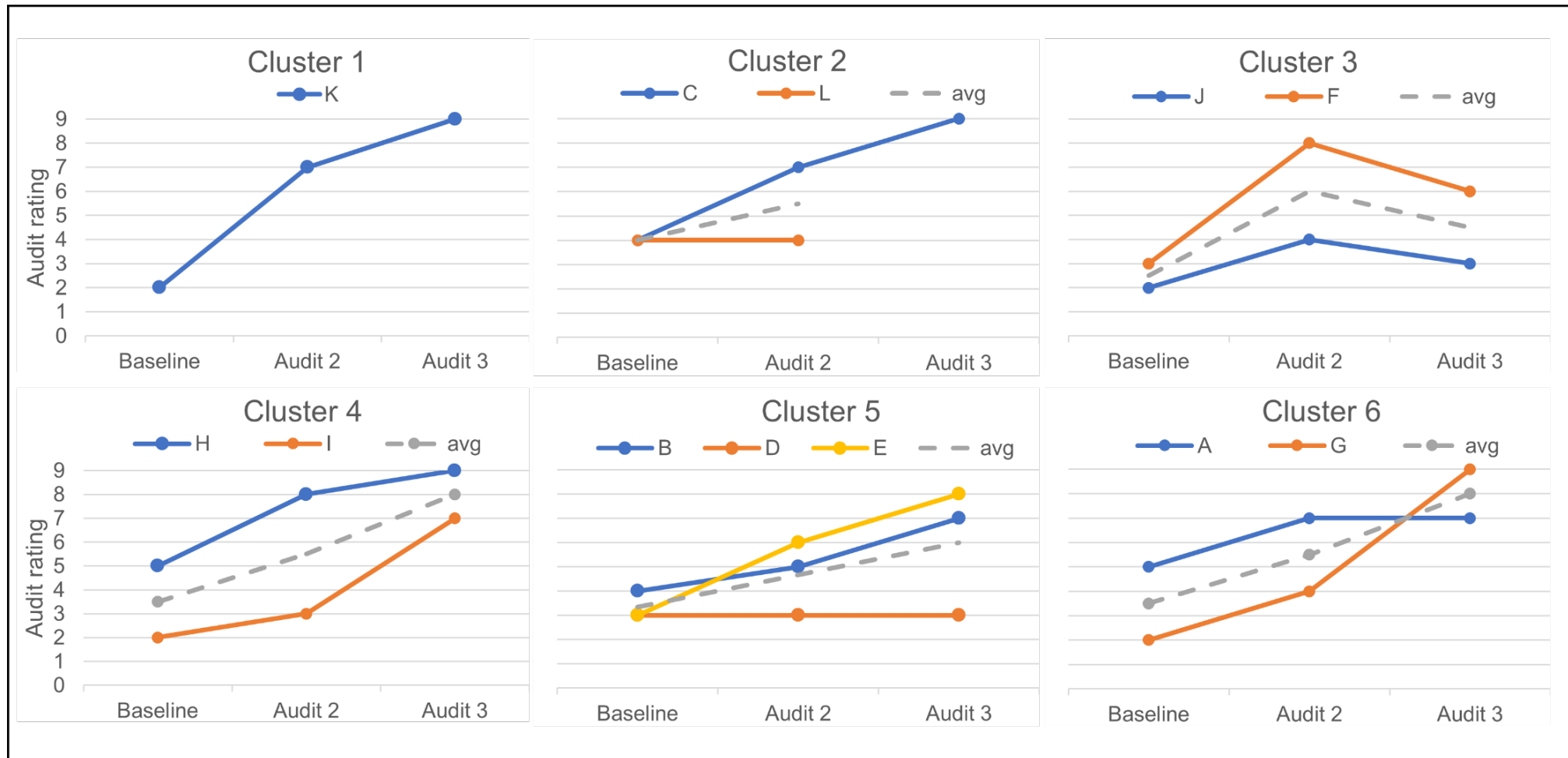
Statistical analysis results

As shown in Table 5, the average increase audit ratings across all services, from baseline (average rating = 3.25) to audit 2 (average rating = 5.50) and to audit 3 (average rating = 6.91), was shown to be statistically significant in a mixed effects regression analysis (Coefficient (b) = 2.25, $p<0.0005$, 95%CI 1.31-3.19; b = 3.56, $p<0.0005$, 95%CI 2.23-4.89, respectively). This outcome is depicted in Figure 3.

Figure 3: Average audit ratings across all services for baseline, audit 2 and audit 3
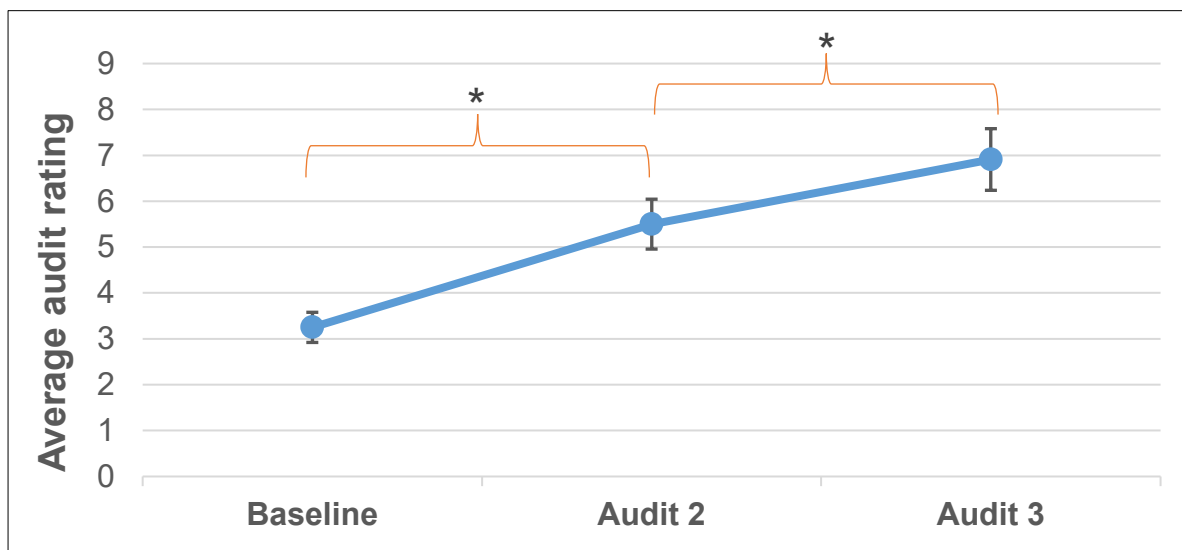
* $p<0.0005$

Outcome 2: Change from baseline to follow-up audit ratings for all cultural competence activities other than the three key action areas selected by services

Key findings

Eleven services completed baseline and both follow-up audits. Table 6 shows the baseline, audit 2 and audit 3 ratings in all other action areas for each service (excluding the three key areas selected by services). Figure 4 depicts audit ratings over time for each service, by cluster.

Change from Baseline to Audit 2 (phase 1; n=12 services):
  The average baseline score and audit 2 score were 24.00 and 32.25, respectively (out of a possible score of 54). All 12 services increased their audit score, with an average increase of 8.25 points from baseline to audit 2.

Change from Audit 2 to Audit 3 (n=11 services):
  The average audit 3 score was 37.64. Scores increased by an average of 6.64 points from audit 2 to audit 3. Nine services increased their audit score from audit 2 to audit 3, one service had no change and one service decreased.

*Total change from Baseline to Audit 3 (n=11 services):*
  All 11 services increased their audit score from baseline to audit 3. The average increase from baseline to audit 3 was 14.82 points (out of a possible 54 points).

Table 6:   Change in audit ratings for all other activities, by service

Cluster	Service	Baseline score on all other areas (range 0-54)	Audit 2 score on all other areas (range 0-54)	Change in score baseline to audit 2	Audit 3 score on all other areas (range 0-54)	Change in score audit 2 to audit 3	Total change: baseline to audit 3
1	K	11	29	+18	44	+ 15	+ 33
2	C	28	40	+12	47	+ 7	+ 19
2	L	37	46	+9	Withdrawn	-	-
3	F	30	41	+11	50	+ 9	+ 20
3	J	13	24	+11	15	- 9	+ 2
4	H	22	27	+5	34	+ 7	+ 12
4	I	22	25	+3	31	+ 6	+ 9
5	B	33	36	+3	36	0	+ 3
5	D	7	13	+6	27	+ 14	+ 20
5	E	31	36	+5	40	+ 4	+ 9
6	A	26	31	+5	40	+ 9	+14
6	G	28	39	+11	50	+ 11	+ 22
Average		24.00 (SD=9.33)	32.25 (SD=9.20)	+8.25*	37.64 (SD=10.63)	+6.64	+14.82*

* p<0.0005, SD = Standard Deviation

Figure 4: Change in audit rating on all other action areas across the three audits for each service, by cluster
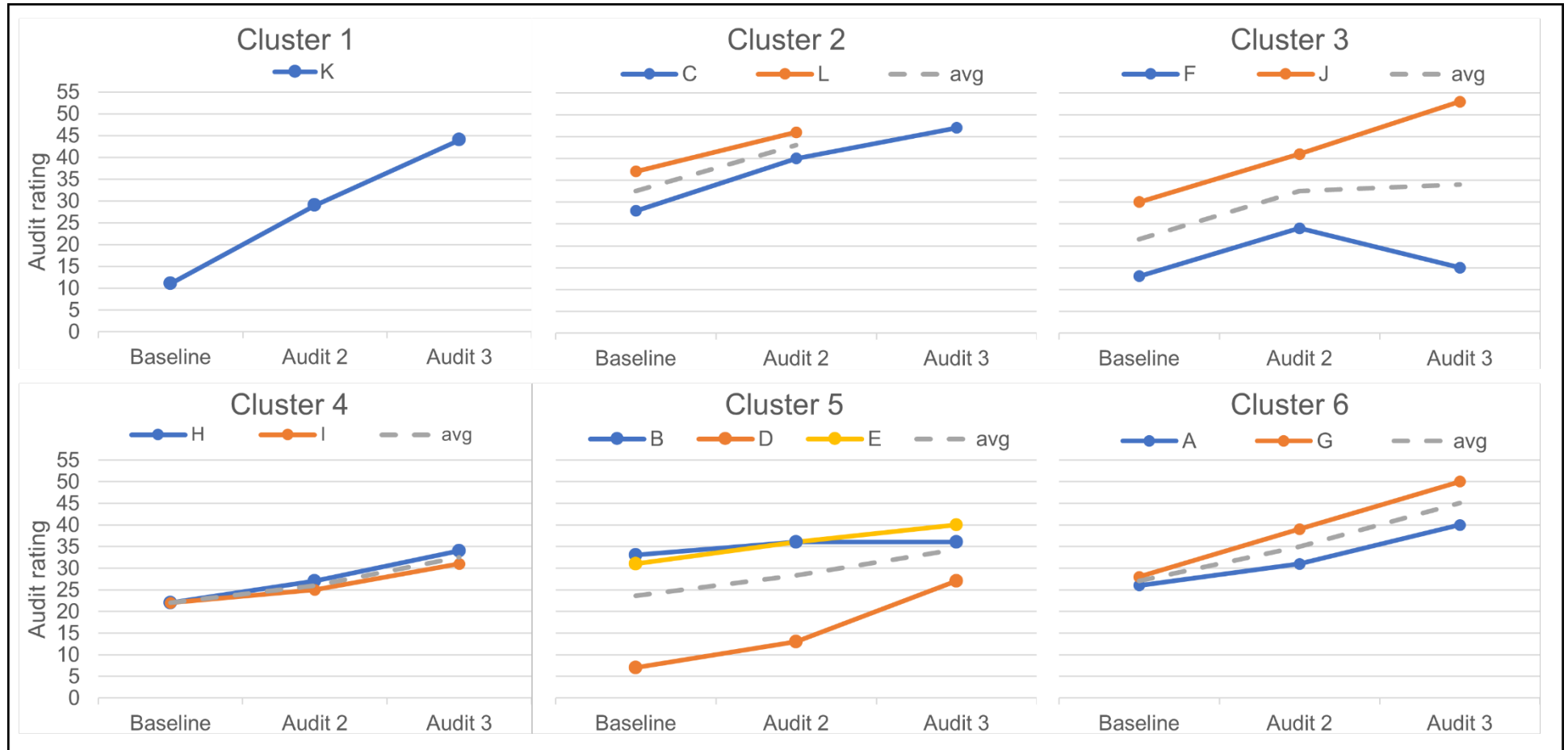
Statistical analysis results

As shown Table 6, the average increase audit ratings across all services, from baseline (average rating = 24.00) to audit 2 (average rating = 32.25) and to audit 3 (average rating = 37.64) was shown to be statistically significant in a mixed effects regression analysis (Coefficient (b) = 8.25, $p<0.0005$, 95%CI 5.70-10.80; b = 14.82, $p<0.0005$, 95%CI 9.65-19.98, respectively). This outcome is depicted in Figure 5.

Figure 5: Average audit ratings across all services for baseline, audit 2 and audit 3
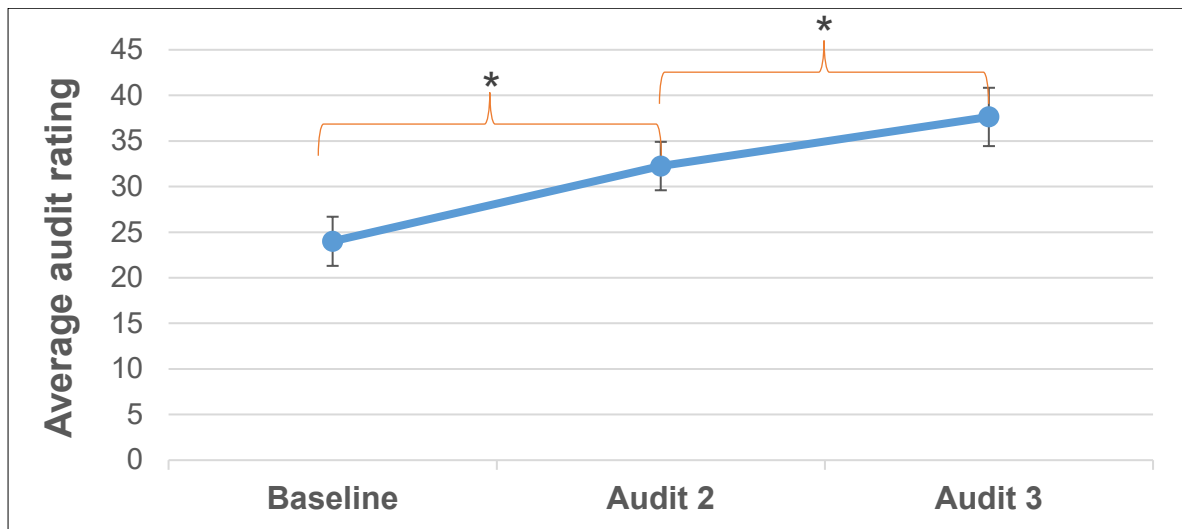
* $p<0.0005$

Outcome 3: Change from baseline to follow up audit ratings across the six themes of the Cultural Competence Guidelines

Key findings

Overall, there were improvements in audit ratings across all six themes of the guideline, with themes 3, 5 and 6 showing the greatest improvement. Figure 6 shows the average increase in audit rating for each theme from baseline to audit 3 (n = 11 services), as a percentage of the total possible rating for that theme: Theme 3: Voice of the community (+37%), Theme 5: Capable staff (+33%), Theme 6: Organisation's responsibilities (+32%), Theme 4: Engagement with Aboriginal organisations and workers (+22%), Theme 1: Creating a welcoming environment (+18%), and Theme 2: Service delivery (+16%). Table 7 (over page) lists examples of activities or changes that services implemented to operationalise the guideline themes.

While there were overall increases across all guideline themes, there were some declines in scores for action areas or themes for some services. In particular this seemed to be related to the impact of Covid-19. The main guideline themes impacted by Covid-19 include themes 3 and 4, as outlined in Table 7.

Figure 6:   Average improvement in audit rating (all services' ratings combined) for each theme, from baseline to audit 3, as a percentage of the total possible score
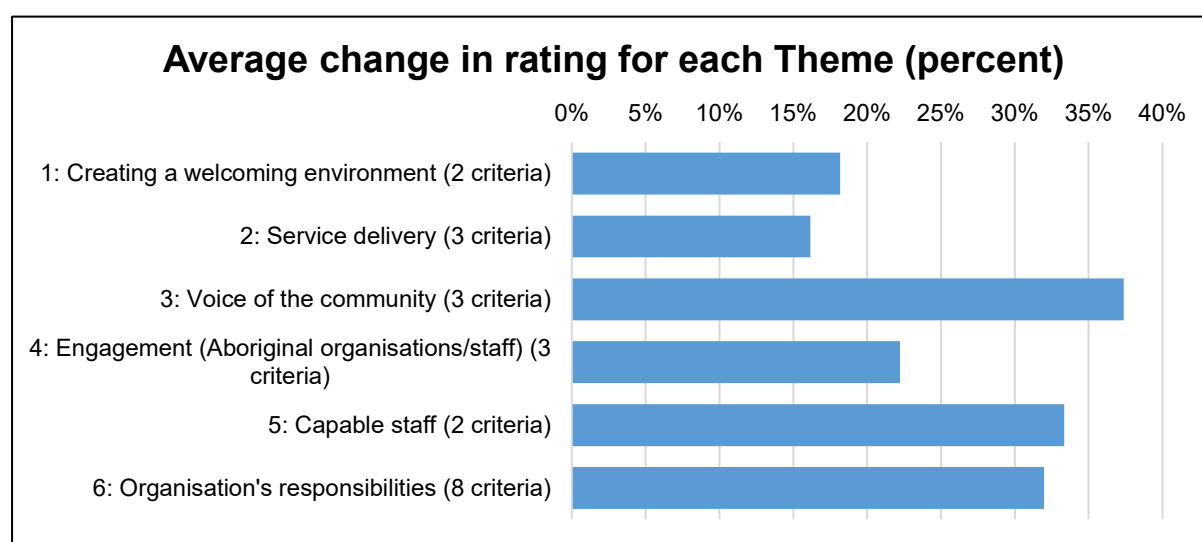
Table 7. Examples of changes/activities implemented by services to operationalise the guideline themes

Guideline Theme	Example of activities implemented by services
Theme 1: Creating a welcoming environment	- Artwork are displayed including Aboriginal flags - Aboriginal nations map (3 in total throughout the service) - Acknowledgement of Country in reception and meeting rooms - Plan to re-name group room in local language - Consultations were done through the Local Aboriginal Lands Council and the Aboriginal unit at the TAFE - New procedure developed for when an Aboriginal client attends the service, letting them know that they have Aboriginal workers available and giving them the option to speak to an Aboriginal worker. - Residential Service: Aboriginal staff will contact Aboriginal clients before their admission. They also welcome new Aboriginal residents on arrival where possible and informing Aboriginal clients during their orientation period of the support and programs they have available to support them culturally while in the program. - Developed Aboriginal information packs with information, resources and other supports for Aboriginal clients
Theme 2: Service delivery	- Delivery of services by outreaching at Aboriginal organisations. - Meeting clients where they feel more comfortable such as at an Aboriginal service, an outside area or home visit. - One service reported talking with clients at the waterway located near the service or around the fire pit. - Use of Aboriginal resources for working with Aboriginal clients and being trained in the use of these tools. For example, Aboriginal strengths cards and the Aboriginal Stage of Change tool.
Theme 3: Voice of the community	- Residential service: consulted and worked with a local Aboriginal Lands Council to develop a resource for the service on the local area. This included the history of the area, the local nation and language group, significant areas, plants and animals. This resource was developed to support Aboriginal residents who are off country when they attend this service, but also for education of all residents on the history of the lands where they are. - Connections with local community and Elders. One service had connected with an Elders group after the first audit and developed a relationship which included providing services and joint activities. This relationship included one of the Aunties providing Cultural mentoring

	to the team leader.
	• Delivering quarterly community consultations in the four communities they deliver their services in.
Theme 4: Engagement with Aboriginal organisations and workers	• Partnerships with Aboriginal organisations, shared working arrangements and supporting the Aboriginal services programs, as well as attending regular meetings with Aboriginal partners services. • Collaborative programs with Aboriginal services delivered to the community. • Developed local referral pathways with Aboriginal organisations for their Aboriginal clients. • Shared client work with Aboriginal service which was a newly developed relationship and also attending regular meetings with the service.
Theme 5: Capable staff	• Focus groups with Aboriginal clients to gain feedback regarding the service and service delivery. • Services use an anonymous client satisfaction form, and one service included a cultural safety question to the form to help identify if client is an Aboriginal client and whether they feel culturally safe in the service. • Supervision with their manager who is Aboriginal, included working with Aboriginal people and in Aboriginal communities, which was also discussed in in the staff performance review. • Staff will attend a supervision session to support their work with Aboriginal people and the community with the manager from the local ACCHO organisation that they provide outreach too, as well as their organisation manager.
Theme 6: Organisation's responsibilities	• Aboriginal workers or community members on interviews panels. One service could not get an Aboriginal person on their interview panel due to the demands on the Aboriginal workers and being unable to organise a time that suited, so they had held the interviews and then consulted with an Aboriginal partner service regarding the outcomes which helped with their recruitment process. • Cultural mentoring was provided to Aboriginal staff. • Aboriginal staff having input into policies developed for Aboriginal people and reviewing these policies. • Reviewing the services induction/mandatory training around working with Aboriginal people. One service had just implemented a new induction program that included face to face training with a component that includes local Aboriginal information delivered by the local community on country.

Reasons for decreases in audit scores over the project:	COVID and COVID restrictions impacted on several areas for services. The main areas were Voice of the Community and Working with Aboriginal Organisations and Workers. • No opportunities for community engagement, with services stretched with COVID responses and working from home. • No outreaching due COVID and working from home. • Change of staff, one service reported having several staff changes, including their Aboriginal engagement worker and the service manager. New staff were not aware of past work done in community. This service had gone back to their baseline audit results, but were keen to rebuild work done by prior staff and management.

3.4. The impact of the Project on the cultural competence of services (secondary outcomes)

Key Findings

- ➢ The secondary outcomes are based on the MDS data. All 11 services that completed audit 3 provided the evaluation team at NDARC with permission to access their MDS data.

- ➢ At the audit 2 timepoint in Phase 1, analysis of MDS data included 3 months of post intervention (i.e. after the workshop) data for each service. This meant that the timeframe over which the MDS data could show changes in trends in the data was limited, and that any observed trends in the MDS data would need to be dramatic, rather than incremental, to be identified as statistically significant. In the current results, MDS data were available for the period March 2019 to September 2021, which includes approximately two years of post-intervention data.

- ➢ Analyses of 2 years of MDS data suggested no significant changes in the **proportion of episodes of care** provided to Aboriginal, relative to non-Aboriginal clients; the **number of episodes of care** provided to Aboriginal clients; or the **number of completed episodes of care** by Aboriginal clients.

- ➢ While not statistically significant, the data indicate incremental improvement in some services over time. For example, in Figures 7 and 8, service K (yellow line, cluster 1) and service G (grey line, Cluster 6) appear to show a trend for an increase in both the number and proportion of episodes of care to Aboriginal people. That these potential improvements occur in multiple services that commenced the intervention at different points in time, indicates that the trend could be causally related to the intervention.

- ➢ At a minimum, these analyses demonstrate the feasibility of using routinely collected administrative data to evaluate the impact of improved cultural competence, or any number of strategies aimed at improving the quality of alcohol and other drug services, over time. They are especially important for showing incremental improvements in trends over time, which is not possible using episodically collected self-report data.

- ➢ There are a number of potential explanations for the findings from the analysis of MDS data. First, it may be that improving cultural competence does not translate to increased utilisation of services. Second, it may be that increased utilisation of services by Aboriginal people will occur incrementally and require more than 2 years of data to establish the statistical significance of observed trends. Third, the MDS data-based outcomes selected for this evaluation may not have been the most appropriate: improving cultural competence might, for example, significantly improve Aboriginal people's experience of care, which could be captured if Patient Reported Experience Measures (PREMs) or Patient Reported Outcome Measures (PROMs) were collected routinely.

Detailed findings – secondary outcomes

Outcome 4: Change in the proportion of episodes of care provided to Aboriginal, relative to non-Aboriginal, clients

Figure 7 shows the proportion of episodes of care delivered to Aboriginal clients (relative to non-Aboriginal) over time, for each service by cluster. The dotted vertical line indicates the month the project started in that cluster.

A GLMM logistic regression suggested no statistically significant change in the proportion of episodes delivered to Aboriginal versus non-Aboriginal clients after the intervention (OR = 1.15, p=0.180, 95% CI=0.94-1.40).

Figure 7: **Proportion of episodes of care delivered to Aboriginal clients pre and post the implementation of the Project in each service**
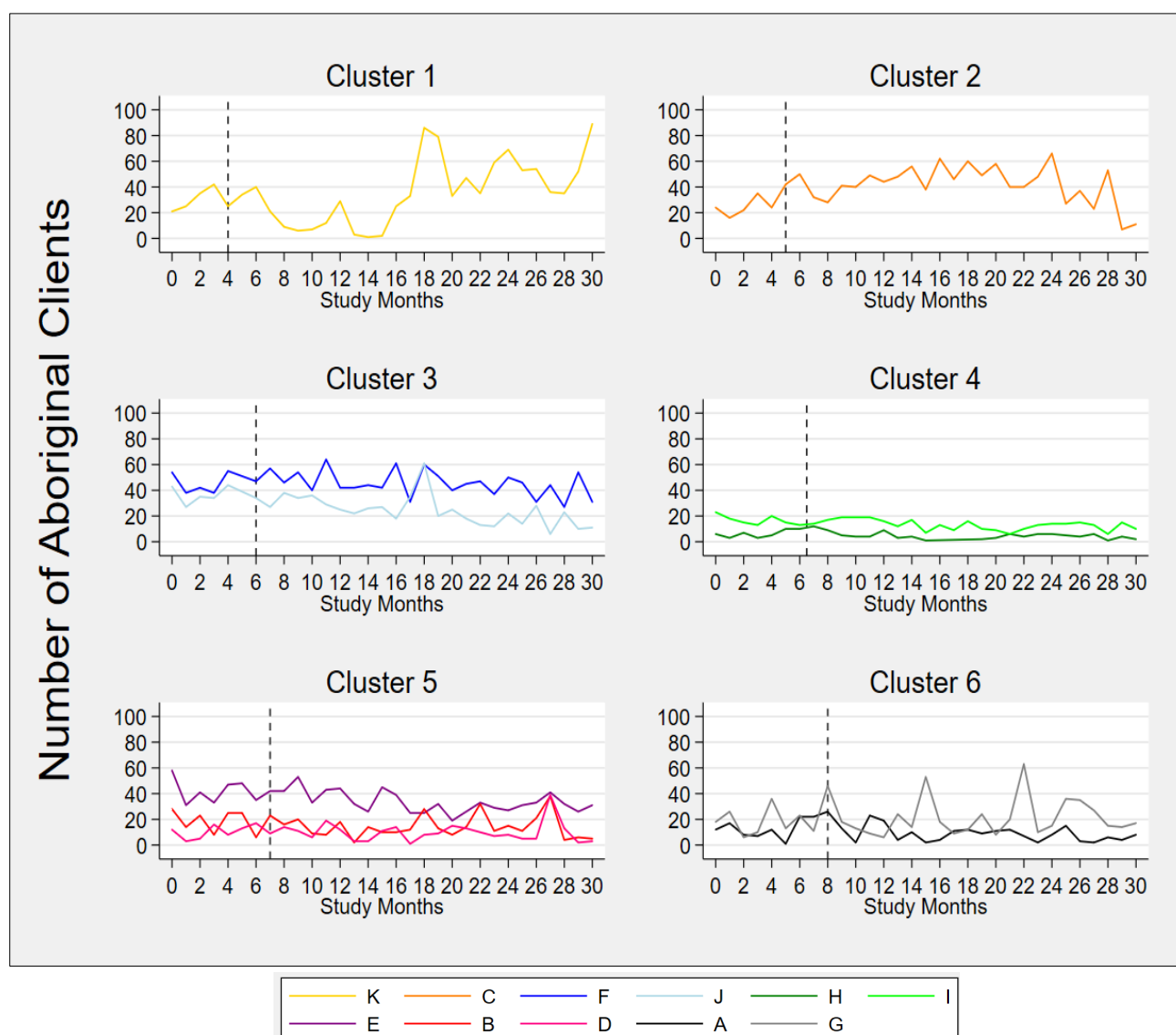
Outcome 5: Change in the number of episodes of care provided to Aboriginal clients

Figure 8 shows the number of episodes of care provided to Aboriginal clients for each service over time, taking into account the long-term trends in the number of episodes of care provided to non-Aboriginal clients. Note that it is important to control for the number of episodes of care provided to non-Aboriginal clients to rule out the possibility that episodes of care to Aboriginal clients only increased because there were more episodes of care for all clients. The dotted vertical line indicates the month the project started in that cluster.

A GLMM negative binomial regression suggested no statistically significant change in the monthly number of Aboriginal clients after the intervention was implemented (IRR = 1.01, p=0.895, 95% CI=0.84-1.23).

Figure 8: **Change in the number of episodes of care for Aboriginal people per month pre and post intervention.**

Outcome 6: Change in the proportion of episodes completed by Aboriginal clients

Figure 9 shows the proportion of completed episodes of care provided to Aboriginal clients (relative to non-completed episodes) over time for each service, by cluster. The dotted vertical line indicates the month the project started in that cluster. The analysis also takes into account the long-term trends in the number of episodes of care provided to non-Aboriginal clients. The types of

A GLMM logistic regression suggests that there is no statistically significant change in completions after the intervention (OR = 0.96, p=0.654, 95% CI=0.82-1.13).

Figure 9: **Change in the proportion of completed episodes of care for Aboriginal people per month in each service, relative to non-completed episodes**
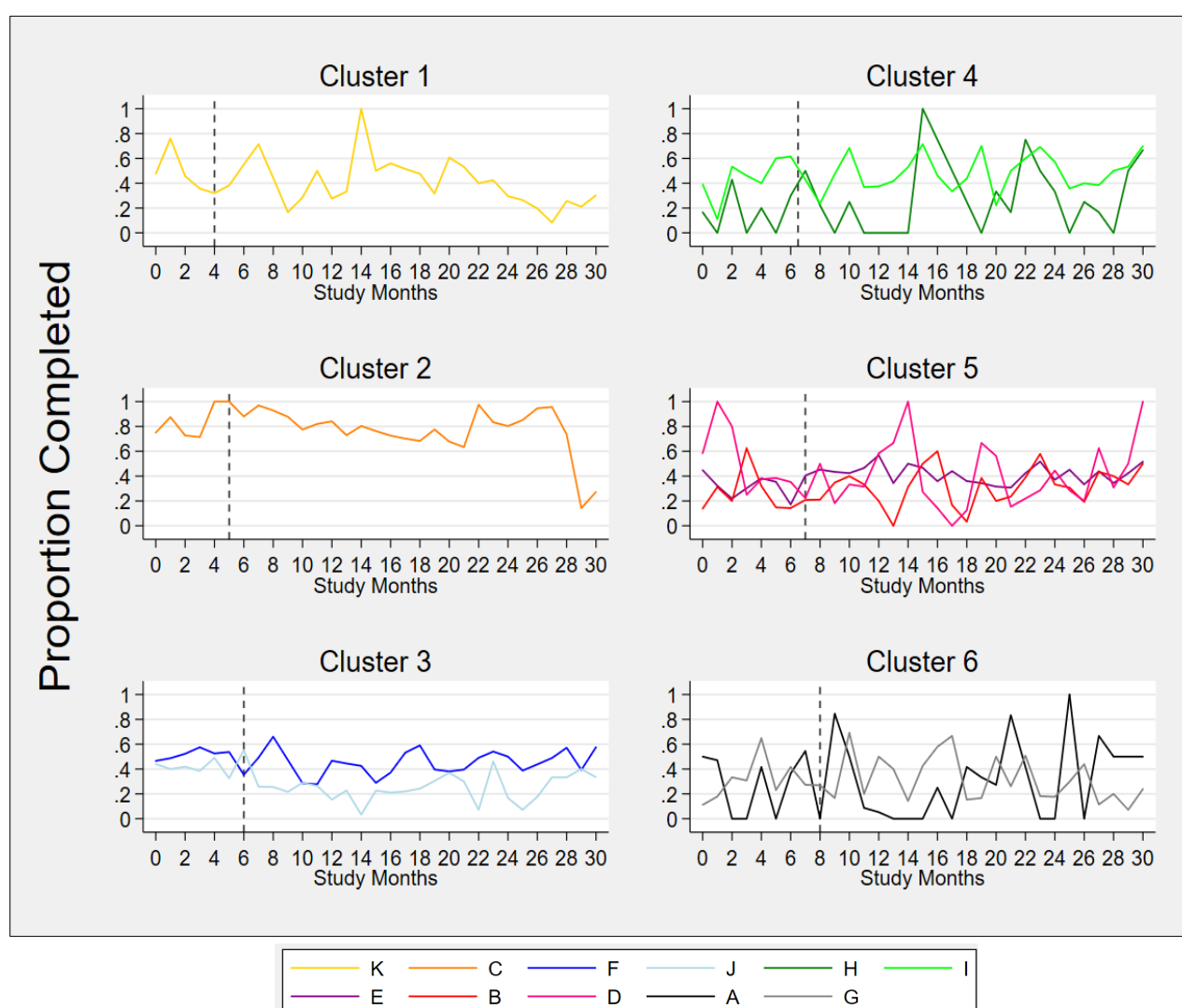
4. Key limitations and recommendations for future evaluations

➢ Phase 2 of the project resulted in six Aboriginal AOD workers being trained in completing audits on cultural competence. These auditors reported positive outcomes from their participation in this project, such as better relationships and knowledge about non-Aboriginal AOD services.

This outcome constitutes a substantial workforce development outcome arising from the project, as well as ongoing benefits from improved relationships between Aboriginal and non-Aboriginal service providers. Further uptake of this intervention to improve cultural competence of AoD (or other) health services should engage Aboriginal auditors.

➢ Although the project sought to financially support the newly trained auditors when completing audits by providing funding to reimburse them or their employer for their time, allocating time to complete audits was a challenge. Furthermore, the auditors reported difficulties documenting and completing the ratings after the audits were complete.

A better mechanism is needed to ensure that the auditors have adequate time to complete audits and audit ratings. An online database to document discussions during audits and record audit ratings may assist in facilitating data collection and rating allocation. Data could be stored centrally in a secure database that the evaluation team can access to complete the independent second ratings.

➢ All eleven services that began Phase 2 improved their cultural competency between baseline and audit 3.

Report 1 showed that a 3-month time-frame between baseline and audit 2 was sufficient to achieve some improvements in cultural competence, but that those improvements may have been limited by the relatively short time available to staff to identify and implement changes. This report demonstrates that substantial improvements in culturally competent practice are able to be sustained, or even further improved, over a two-year time frame. These improvements are likely to be further enhanced over time as more difficult organisational-level changes are implemented, such as hiring Aboriginal staff, ensuring Aboriginal representation on Advisory Boards and communicating improvements to local Aboriginal communities. This intervention should be integrated into routine practice to ensure it is sustained over time.

- The engagement of AoD services in this project remained high: of the 12 services that completed Phase 1 of this project, 11 (92%) also completed Phase 2.

  The high number of services that completed Phase 2 demonstrates the continued interest in the Project among participating services after two years. This indicates that, among participating services, there is ongoing enthusiasm to continue to improve the quality of services provided to Aboriginal clients, and that the improvement process is sustainable over time. The high level of acceptability of this intervention should be highlighted to other services to encourage their participation in improving their cultural competence.

- The analyses of 2 years of MDS data showed no statistically significant changes in the proportion of episodes of care, number of episodes of care, or the number of completed episodes of care by Aboriginal clients. Nevertheless, the visualisations of trends over time showed that there may be some individual services where there could be a trend toward incremental improvement over time.

  Ongoing analysis of MDS data with participating services is merited to establish whether potentially emerging trends become entrenched. The routine collection of additional measures should also be considered, especially where those measures would have benefit for assessing client outcomes generally and have low resource implications. Current examples of such measures include Patient Reported Experience Measures (PREMs) or Patient Reported Outcome Measures (PROMs).

5. Appendices

Appendix A: Evaluation Framework and Program Logic

Evaluation Framework and Program Logic - Project level

Research question: Was the guideline implemented in the nominated services (nominated by the PHNs) and did it change (improve) the cultural competence of services?

a. Assumptions underpinning project	b. Modification (project activity)	c. Mechanisms of change	d. Project Outputs	e. Impact outcomes
Some Aboriginal clients will access non-Aboriginal services	*Develop Guideline*			
		Streamlining particular processes according to sound practice will improve culturally competent service delivery	• Guideline finalised [a]	***Primary outcome:***
There is a lack of guidance for non-Aboriginal services around processes involved with culturally competent service delivery	*Baseline Audit*			Change in cultural competence of services in Action Areas^ from the Guideline (audit rating post- verse pre-) [d,g,j]
		Systematically reviewing service delivery against sound practices (the Guideline) will identify opportunities for improvements in cultural competence before the guideline is implemented at services	• Number of services* that participated in the baseline audit [b] • Number of services with rating for each audit process (total = 21) [d] • Staff members experiences with the baseline audit [c] • Number of services that completed Pre-implementation workshop interview [b]	***Secondary outcomes:***
Some Aboriginal clients who would access non-Aboriginal services are more likely to initiate and complete treatment if culturally competent care is available	*Implementation workshops*			A: A significant increase the proportion of Aboriginal people attending the service [k]
		Co-designing a few key activities will lead to improved cultural competence through developing tailored activities	• Number of services that had 3 staff attended implementation workshop [b] • Number of services that drafted a plan for 3 or more activities to improve cultural competence [e] • Staff members experiences and attitudes with the Workshop [f]	B: A significant increase in the number of Aboriginal people who complete treatments [k]
Audits will identify existing practices around cultural competence	*Audit 2 (12 weeks)*			C: A significant increase the number of occasions of service made by Aboriginal clients [k]
Staff will be able to describe compliance (or not) with key processes described in the Guideline (at audits)		Re-reviewing service delivery against sound practice (the Guideline) will identify changes in cultural competence, and opportunities for ongoing improvements	• Number of services that completed audit 2 [g] • Changes in client feedback to service# [h] • Staff members experiences with the project (audits & implementation) [i]	D: Change in cultural competence of services in all Themes from the Guideline (audit rating post- verse pre-) [d,g,j]
Services will be able to achieve changes (improvements) to cultural competence through a range of 1-off or ongoing activities that relate to Guideline Themes	*Audit 3 (22-24 months)*			
		Re-reviewing service delivery against sound practice (the Guideline) will identify changes in cultural competence, and opportunities for ongoing improvements	• Number of services that completed audit 3 [j] • Changes in client feedback to service# [h] • Staff members experiences with the project (audits & implementation)	

Impact Outcome definitions:
Cohort defined from MDS statistics and includes: 'Aboriginal & Torres Strait Islander' & 'Aboriginal but not Torres Strait Islander Origin'.
Outcome A: proportion of cohort according to 'Episode ID'
Outcome B: proportion of cohort according to 'Reasons for Cessation of Service'
Outcome C: proportion of cohort according to 'Client ID'
Outcome D: change in total audit rating between pre- and post- audit
Key:
* Services are non-Aboriginal Drug and Alcohol Services nominated by the PHN
# Client Feedback processes and completeness may vary across services.
^ Key Action Areas identified by staff at Implementation Workshops

Data collection sources:
[a] Guideline
[b] Implementation & Evaluation Log (jointly maintained by project and evaluation teams)
[c] Pre-implementation workshop interview with CEO/Senior staff member
[d] Baseline Audit
[e] Action plans developed by staff during the Implementation Workshop
[f] Implementation Workshop Feedback Survey (anonymous online survey)
[g] Audit 2
[h] Client Feedback (collected by services, where available)
[i] Post Implementation Interview with CEO/Senior staff member CEO/Senior staff member
[j] Audit 3
[k] Minimum Data Set data – provided by NADA with permission from services

Appendix B: Ethical approval from Aboriginal Health and Medical Research Council and UNSW Human Research Ethics Committees

2nd of May 2019

Professor Anthony Shakeshaft
Deputy Director
National Drug and Alcohol Research Centre

AH&MRC Ethics
Committee
02 9212 4777
ethics@ahmrc.org.au

Dear Professor Shakeshaft,

HREC Reference number: 1487/19 improving the cultural competence of non-Aboriginal alcohol and other drug treatment services when delivering care to Aboriginal clients

Thank you for submitting the above research project for ethical review. This project was considered by the AH&MRC Ethics Committee at its meetings held on 19th of March 2019,

I am pleased to advise you that the above research project meets the requirements of the *National Statement on Ethical Conduct in Human Research (2007)* and ethical approval for this research project has been granted by AH&MRC Ethics Committee.

The documents that have been reviewed and approved are listed below:

2019 05 17 Cultural Competence Project_Amendment.pdf

B Protocol and attachments V1 22 01 2019.pdf

C Letters of support V2 06 03 2019.pdf

D 2019 05 17 V2 PIS clean_tracked.pdf

A Cultural Competence Project 2.0pdf

E PIS and Consent 2019 01 22 V1.pdf

F Workshop Post Survey 17 05 2019.pdf

Guidelines Complete_DraftMarch2019.pdf

B Letters of Support V2 03 03 2019

2019 03 06 1487 19 Reply_Letter.pdf

E 2019 04 26 v2 Interview Guide.pdf

A Cultural Competence Project 2.0_17 05 2019.pdf

Approval of this project from AH&MRC Ethics Committee is valid from 22nd of May 2019 to 22nd of May 2020 subject to the following conditions being met:

- The Coordinating Principal Investigator will immediately report anything that might warrant review of ethical approval of the project.

- The Coordinating Principal Investigator will notify the AH&MRC Ethics Committee of any event that requires a modification to the protocol or other project documents and submit any required amendments in accordance with te instructions provided by the HREC. These instructions can be found at www.ahmrc.org.au/ethics .

- The Coordinating Principal Investigator will submit any necessary reports related to the safety of research participants in accordance with AH&MRC Ethics Committee policy and procedures. These instructions can be found at www.ahmrc.org.au/ethics .

- The Coordinating Principal Investigator will report to the AH&MRC Ethics Committee annually in the specified format and notify the HREC when the project is completed at all sites.

- The Coordinating Principal Investigator will notify the AH&MRC Ethics Committee if the project is discontinued at a participating site before the expected completion date, with reasons provided.

- The Coordinating Principal Investigator will notify the AH&MRC Ethics Committee of any plan to extend the duration of the project past the approval period listed above and will submit any associated required documentation. Instructions for obtaining an extension of approval can be found at www.ahmrc.org.au/ethics .

- The Coordinating Principal Investigator will notify the AH&MRC Ethics Committee of his or her inability to continue as Coordinating Principal Investigator including the name of and contact information for a replacement.

- The Coordinating Principle Investigator will submit the final draft report from the research, and any publication or presentation where data or findings are presented, to the AH&MRC Ethics Committee to be reviewed for compliance with ethical and cultural criteria prior to:

  o Any submission for publication; and/or
  o Any dissemination of the report

<u>This letter constitutes ethical approval only</u>.

Should you have any queries about the AH&MRC Ethics Committee's consideration of your project please contact the Ethics unit. The AH&MRC Ethics Committee Terms of Reference, Standard Operating Procedures, membership and standard forms are available from www.ahmrc.org.au or from the Ethics Coordinator.

The AH&MRC Ethics Committee wishes you every success in your research.

Yours faithfully,

Ms Val Keed
Chairperson
AH&MRC Ethics Committee

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08/12/2020

Professor Anthony Shakeshaft
Deputy Director
National Drug and Alcohol Research Centre

AH&MRC Ethics
Committee
02 9212 4777
ethics@ahmrc.org.au

Dear Professor Shakeshaft,

HREC Reference number: 1487/19
**Project title: Improving the cultural competence of non-Aboriginal alcohol and other drug
treatment services when delivering care to Aboriginal clients**

The amendment to this project submitted on 10/11/2020 was approved/ratified by the AH&MRC
HREC on 08/12/2020.

The documents listed below are approved:

Document
10.11.2020 AHMRC-Ethics-Committee-amendment-request-form (project 1487-19)
10.11.2020 Cultural Competence Project Protocol V4.0
10.11.2020 Cultural Competence Project Protocol V4.0_TrackedChanges
10.11.2020 V1 Cultural Competence Follow-up audit PIS
10.11.2020 V1 Cultural Competence Follow-Up audit re-consent

You must forward a copy of this letter to all Principal Investigators and to your institution.

Please note that all requirements of the original ethical approval for this project still apply.

Should you wish to discuss this matter, please contact ethics on 02 9212 4777 or
ethics@ahmrc.org.au .

The AH&MRC Ethics Committee wishes you every continued success in your research.

Yours faithfully,

Ms Val Keed
Chair
AH&MRC Ethics Committee