

Expressions of Interest for research enquiry into the current barriers and enablers associated with access and equity in NGO alcohol and other drug treatment in NSW.

NADA's Continuing Coordinated Care Project.

Introduction and rationale for the project

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non-government alcohol and other drugs sector (AOD) 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. We represent 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.

A unique program that NADA is currently supporting through a dedicated clinical consultant position funded by the Ministry of Health (MOH), is the Continuing Coordinated Care (CCC) Program. The overall aim of the CCC program is to provide longer term, holistic support and assist clients to access or remain connected to services and other networks to help improve their overall health and wellbeing. Many of the clients involved with the CCC program have experienced difficulties accessing and/or maintaining engagement with treatment services because of complex needs, experiences of stigma and involvement in the criminal justice system. Discovering more about how to address some of these issues is one of the key drivers for instigating this research. Furthermore, one of the key positive outcomes identified by participants of the recent NADA Conference 2018, was the impact of consumer presentations describing access and equity issues they experienced and an AOD treatment provider panel that explored examples of good practice for improving access and equity for consumers.

NADA is seeking expressions of interest from a suitably qualified researcher, research team or consultant to work with us to undertake a research investigation into the current barriers and enablers associated with access and equity in NGO AOD treatment in NSW. It is hoped that through documenting consumer experiences of accessing AOD treatment, insights about practices that facilitate, support and encourage engagement in treatment will be better understood. Increased understanding of the barriers that may exist for clients in accessing or maintaining treatment will also assist NADA in shaping advocacy and capacity development opportunities to better support NADA members in their service delivery to communities in NSW.

Aim of the project

The aim of this research project is to better understand the barriers and enablers to accessing AOD services and subsequent experience of equitable treatment when engaged by AOD services through the qualitative analysis of focus groups and individual interviews with consumers, providers and stakeholders associated with treatment provision in the specialist AOD NGO treatment sector of NSW.

Scope of the project

- A focus on specialist NGO AOD treatment provided in NSW
- Discovery of examples of good practice as well as areas for improvement
- Ensuring there is consideration of specific marginalised groups such as those involved in the criminal justice system, people from diverse cultural backgrounds, Aboriginal and Torres Strait Islander people, people who identify as LGBTI
- The impact of stigma and discrimination experienced by people who use drugs
- Admission criteria and waiting list management structures/processes that may either assist or prevent access to treatment
- Issues specific to those who live in regional, rural or remote areas of NSW
- Provision of a comprehensive report with recommendations for NADA

Potential project outcomes for NADA to action

- Findings and recommendations from the research will inform ways that NADA can support treatment providers in relation to improving access and equity – including information that would inform advocacy for resource improvements for the sector
- Inform ways NADA can support members to attend to the stigma and discrimination experienced by people who use drugs and those who are attempting to access treatment.
- Enhance engagement with people with lived experience and discover practices that they identify as being of benefit in regard to access and equity
- Identify ways to support the consistent use of reflective practice
- Enhance collaborative practice across AOD services and other organisations and sectors.

Deliverables

1. Research Design and Project Plan

Research consultant will develop a detailed research design, including proposed methodology and strategy documented into a project plan that will achieve the proposed research aims and delivery of the final report with recommendations

2. Consultation and Research

Comprehensive information gathering, research, evaluation and consultation will occur. The researchers will work with NADA, the NPLG (NADA's Practice Leadership Group) and a consumer advisory group, consumers and stakeholders throughout the different stages of the program.

The research will examine access and equity across the range of organisations that NADA represents which includes the following treatment types:

- Residential rehabilitation programs
- Outpatient counselling
- Outpatient day programs
- Aftercare or continuing care, ongoing psycho-social support and telephone support services are provided within the context of all the above service types¹.

It is envisaged that a number of data collection methods may be used including focus groups, survey, and individual interview. Information will be gathered from a variety of stakeholders about access and

¹ Refer to Appendix B for a taxonomy of the AOD interventions

equity to AOD treatment and consideration given to how a human rights approach fits with delivering AOD services to all people. Evidence of good practice via case studies may be collected via site visit consultations across the state with AOD service providers, consumers and other key stakeholders about access and equity to AOD treatment.

3. Final Report Delivery and Dissemination

A final report describing the research methodology, detailing and contextualising the findings and making recommendations for workforce development and learning directions that might be undertaken by NADA to improve access and equity across the state will be submitted. It is expected that the consultant will present the report and findings at an Access and Equity Forum in June 2019.

Management of the project

Project timeframe

It is anticipated that this work will be undertaken from February 2019 to June 2019 with specific times to be negotiated with the identified consultants.

Project accountability

The research consultant is accountable to NADA for the completing the contract project deliverables within the agreed timeframe.

NADA is responsible for ongoing management and monitoring of the project, and for reporting to the NADA Board.

Budget

NADA will pay the consultant the agreed contract price. This fee covers all costs incurred by the consultant in completing the project, including:

- Office and communication expenses
- Project development and delivery expenses
- Travel and administration costs

Payment Schedule

In order for payment to be provided, the consultant will provide NADA with a dated tax invoice detailing:

- the contractor's name, address and ABN
- the name of the project (NADA Access and Equity research Continuing Co-Ordinated Care Project)
- bank account details for payment by electronic funds transfer

Payment will be provided in line with the consultant agreement based on:

70%	On Contract Signing
30%	Acceptance of Final Report

Selection of a consultant

NADA will select an appropriate consultant to undertake this project based on **written responses** to the following criteria:

1. Demonstrated experience conducting large research projects in the health and social services field – including evidence of publication in peer-reviewed journals
2. Demonstrated understanding of the potential barriers and enablers people seeking AOD treatment may experience, and concepts related to experience of stigma and marginalisation
3. Demonstrated ability to work collaboratively with a range of stakeholders, consumers, families and communities within agreed timeframes.
4. Proposed budget outlined against the deliverables

Attached documents

- Appendix A: NSW NGO AOD treatment taxonomy

NADA CONTACT

Suzie Hudson

Clinical Director

Network of Alcohol and other Drugs Agencies

PO Box 1266

Potts Point 1335

Phone 8113 1309

Email: suzie@nada.org.au

Web nada.org.au

Michelle Ridley

Clinical Consultant

Network of Alcohol and other Drugs Agencies

PO Box 1266

Potts Point 1335

Phone 8113 1306

Email: michelle@nada.org.au

Web nada.org.au

APPENDIX A: NSW NON GOVERNMENT AOD SERVICE TAXONOMY

Service level and intensity	Harm Reduction	Health Promotion and Harm Prevention	Treatment	Treatment +	Extended and Continuing Care
	LOW	MEDIUM	HIGH	HIGH +	MEDIUM
Service type	Needle and syringe program Brief intervention - information and education	Health promotion and prevention - information and education Health promotion and prevention - community development	Case management Psychosocial counselling Withdrawal management Rehabilitation day program Residential rehabilitation Opioid treatment program	As for treatment plus: Specialist programs (ie residential family, residential women with dependent children, Indigenous, residential pharmacotherapy stabilisation or reduction)	Case management Psychosocial counselling Supported living/ transitional housing program
Service setting	Needle and syringe centre Community based health centre Health, welfare and homelessness service Youth service Aboriginal Medical Service Schools Community events	Specialist drug and alcohol service – out-client Community based health centre Health, welfare and homelessness service Youth service Aboriginal Medical Service Schools Community events Social media	Specialist drug and alcohol service – out-client and out-reach Specialist drug and alcohol service – residential detox Specialist drug and alcohol service – residential	As for treatment	Specialist drug and alcohol service – out-client and out-reach Supported living/ transitional housing
Workforce	<ul style="list-style-type: none"> - Health education officer - Community development officer - Welfare/youth worker - Drug and alcohol worker/counsellor - Aboriginal health worker - Peer worker 	<p>Drug and alcohol specialist knowledge and skills required.</p> <ul style="list-style-type: none"> - Health education officer - Community development officer - Welfare/youth worker - Drug and alcohol worker/counsellor - Aboriginal health worker 	<p>Drug and alcohol specialist knowledge and skills required.</p> <ul style="list-style-type: none"> - Drug and alcohol worker / counsellor - Aboriginal health worker - Mental health worker /counsellor - Psychologist - Social Worker - Nurse - General /medical practitioner 	As for treatment	<p>Drug and alcohol specialist knowledge and skills required.</p> <ul style="list-style-type: none"> - Drug and alcohol worker/counsellor - Aboriginal health worker - Mental health worker /counsellor - Psychologist - Social Worker
Population & drug use focus	Individuals, families and communities Pre and contemplative, experimental and regular drug use Injecting drug use	As for harm reduction plus: Problematic drug use. At risk individuals and groups	Individuals and families. Problematic or dependent drug use. At risk individuals and groups	As for treatment plus: High complex health and social needs: <ul style="list-style-type: none"> - Women and parents with children - Coexisting mental health issues - Cognitive impairment - Acute physical health issues - Criminal justice connection - Trauma histories 	Individuals and families Problematic or dependent drug use At risk individuals and groups