

Supporting Indigenous health services to reduce harms from alcohol

A whole of service approach

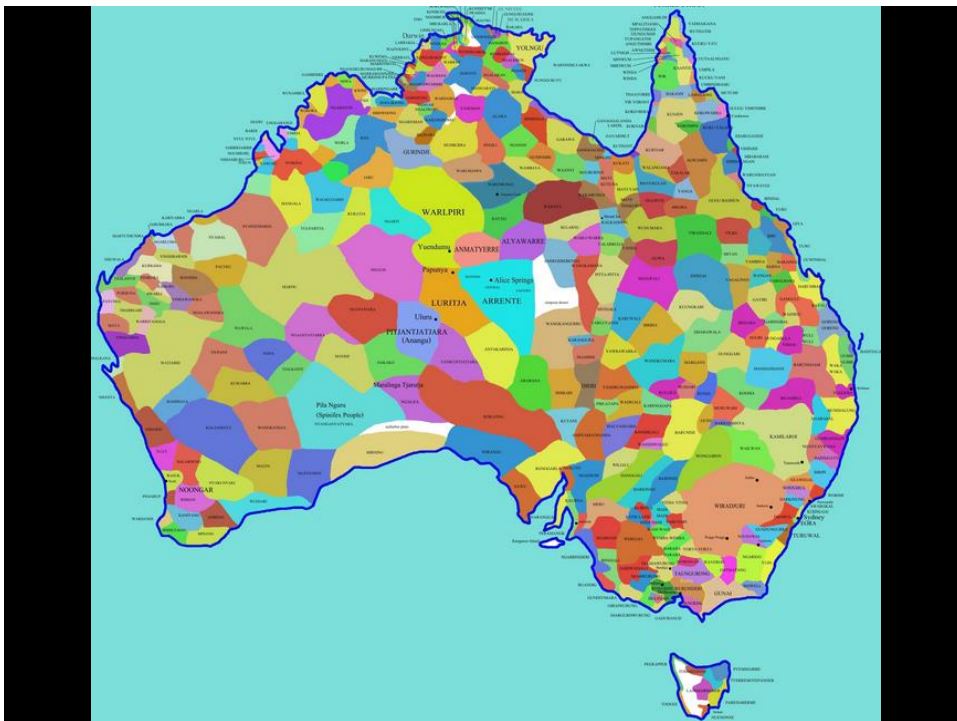
Kristie Harrison



CENTRE OF RESEARCH EXCELLENCE
**INDIGENOUS
HEALTH + ALCOHOL**



THE UNIVERSITY OF
SYDNEY

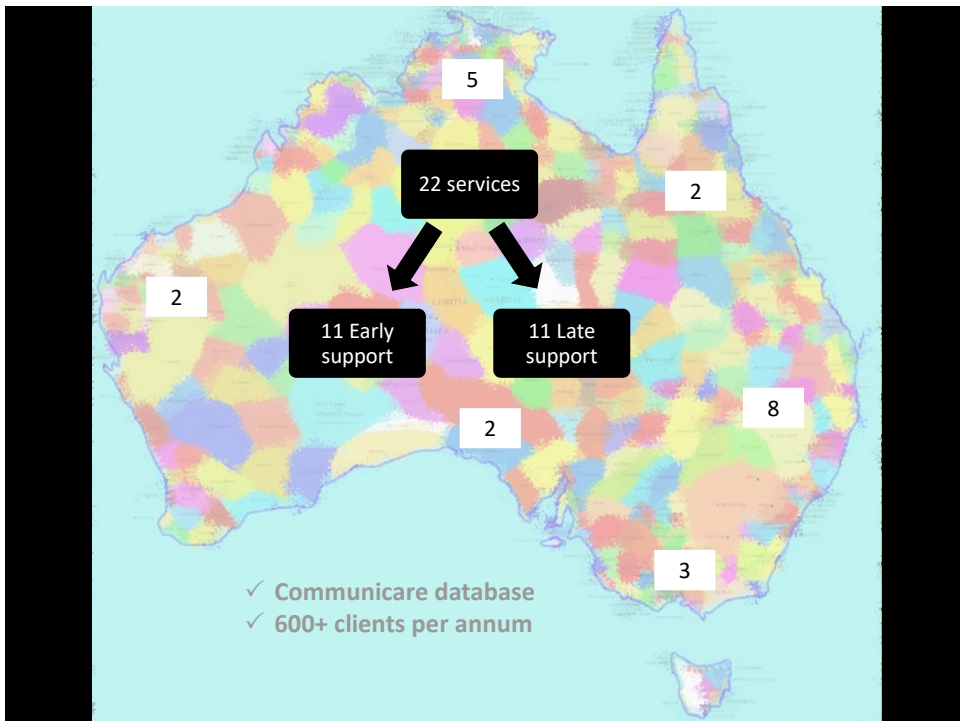




A grid of 12 portrait photographs of the project team members, arranged in three rows and four columns. The names are listed below each photo.

 Kate Conigrave	 Paul Haber	 Noel Hayman	 Kylie Lee
 Rowena Ivers	 Timothy Dobbins	 Dennis Gray	 David Johnson
 Scott Wilson	 Kristie Harrison	 Beth Hummerston	

PROJECT TEAM





Staff Interviews

- Primary question

“How can we support services to deliver best practice alcohol care to their communities?”

- Demographic information
 - Age: </> 35yrs
 - Sex
 - Aboriginal and/ Torres Strait Islander or neither
 - Role

Conducting the interviews

- Aiming for fifty interviews – 11 services
- Semi-structured
- Phone interviews – approx. 40-60mins
- Live transcription (by a third person)
- Analysis: Memos /meta-memo and nVivo

Interview questions

1. Approaches that make talking about alcohol easier
2. More ways to ask about alcohol
3. Treatment provided
4. Skill & knowledge needed
5. New ways of working
6. Successful programs (other)
7. Ideas for improvement

Approaches

- Make clients feel comfortable
- Health checks – and test results
- Cultural approaches
- Family-based care

More ways to ask about alcohol

- Normalising the conversation
- Indigenous staff / local, known staff
- More resources, promotion e.g. waiting rooms, cars, community
- Build knowledge and confidence of staff – especially local people

Treatment provided

- Cultural approaches (< funded)
- Family-based care (< funded)
- Community groups / programs (positive)
- Home based-care
- Advocacy and support

***“Mainstream services
can impact on
funding for AMs”
(interviewee)***

Skills & knowledge needed

- Resources – culturally appropriate
- Regular/ongoing training - current
- FASD
- Family-based care
- Co-morbidities

New ways of working

- Culturally embedded approaches (< funded)
- Prevention programs (< funded)
- Home-based care (< funded)
- Reducing barriers
- Good partnerships
- Alcohol restrictions/permits – community led

Successful programs (other)

- Community led and driven
- Outreach
- Cultural and holistic
- Preventative and positive
- Co-run clinics

“The best way for people to learn is in a friendly, happy environment”

Ideas for improvement

More:

- AOD & Mental Health staff & services within ACCHSs
- Treatment services
- Cultural programs and practices
- Prevention
- Education on liquor licencing and processes

Strong messages

- All services - > alcohol care needed
- Initiatives & partnerships need to be community led
- Strength-based approaches needed
- More prevention and harm reduction needed
- Cultural and family care is vital for change
- Funding needs to align with cultural care
- Quarantined funding for ACCHSs