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Preventing harmful drug use in Australia

Drug and Alcohol Services Association of Alice Springs Community-Based Outreach Program

Final Evaluation Report

FUNDED BY THE NATIONAL DRUG STRATEGY

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May 2007

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Acknowledgements

Funding for the *Drug and Alcohol Services Association, Community-Based Outreach Program* project, including this evaluation, was provided by the Alcohol Education and Rehabilitation Foundation. The National Drug Research Institute is funded by the Australian Government Department of Health and Ageing.

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1. INTRODUCTION

Drug and Alcohol Services Association (DASA)

The Drug and Alcohol Services Association (DASA) of Alice Springs is a mainstream non-government drug and alcohol agency that provides acute intervention for intoxicated persons and detoxification from both alcohol and volatile substances. This service has been operating for 20 years and runs many alcohol and drug programs, including residential detoxification, volatile substance abuse (VSA) treatment, alcohol and drug education and training, and the local Sobering-up Shelter.

The Sobering-up Shelter (SUS or Shelter) provides short-term assistance to vulnerable intoxicated individuals, usually picked up in public places, without an alternative safe place to sober-up. This assistance involves providing clients with a safe place to sleep off the intoxication. When they awaken, they are given clean clothes and a meal. Staff may engage in some brief intervention work with clients, but this is limited. In 2004, there were 5795 admissions to the SUS. Since then, there has been a decrease in admissions, with 4934 in 2005 and 3883 in 2006. Overall, since 2003 the SUS has averaged about 4874 clients per annum, with 37 percent being women and 63 percent men (See Figure 1, page 16).

The SUS has a limited capacity to provide follow-up or further intervention for chronic drinkers. According to DASA staff, many of the frequent clients are originally from remote communities. They do not have permanent accommodation in town and circumstances have meant that they have been 'stuck' in Alice Springs, becoming involved in a cycle of drunkenness and homelessness. Most SUS clients live in difficult situations, with alcohol abuse being just one of the difficulties. As one DASA staff member described:

> These people suffered a great deal of personal hardships such as malnutrition, abuse, violence, personal injury, family dislocation, chronic health problems and personal grief. In fact, most live in very precarious and rough conditions and drink hazardous amounts of cheap alcohol. Binge drinking is the norm. The drinking lasts until the collective funds run out.

> Life on the banks of the Todd River or the parks and reserves in town is a rough existence. These impromptu camps (these are not the town camps) have very few comforts. A campfire, an acrylic blanket, and a cask of cheap port can be a very unsafe solution for finding warmth on a freezing winter's night in Alice.

DASA staff found that among the SUS clients there seemed to be a lack of understanding about the effects of alcohol on personal health, family, and broader society. In addition, most clients had difficulty accessing general services. One of the greatest barriers experienced by the SUS clients is that English was often not their first or second language.

> As a result, many people were not linked into services in town. Health, social security, the bank, the justice system, at times, appeared worse than a maze. Some individuals got stuck in town simply because they could not navigate their way out. Increased alcohol abuse often meant that as time went on they lost the motivation to make positive decisions about their lives.

This need prompted DASA to apply to the Alcohol Education and Rehabilitation Foundation (AERF) for funding to establish and operate the *Community-Based Outreach Program*, the purpose of which is:

> To provide evidence based follow-up services for clients in a post-treatment situation. In particular, this Program will provide a community outreach centre for Indigenous people who need specialised support to reduce the harm associated with alcohol and licit substance abuse/ misuse.

In July 2004, DASA received $250,000 for the 18 month Program. However, due to staffing changes, the Program did not begin until November 2004. Originally it was to end in January 2006, but this was later extended until December 2006.. The Program assisted clients on release from the SUS. In the strictest terms, it provided follow-up and support for clients released from an acute intervention rather than 'post-treatment' (as stated in the program aims).

Program Beginnings

In November 2004, DASA employed two local Aboriginal Outreach workers, Mr Geoffrey Miller and Ms Pearl Turner, to implement and develop the Community-Based Outreach Program. Mr Miller has remained with the Outreach Program from the start; while there have been three different female workers, Ms Turner, Ms Naomi Asling, and Ms Sharon Miller. Ms Kath Broadbent is the Outreach Program manager, her role is to provide support and direction for the Outreach workers. She supports the Program

by overseeing the work and providing guidance as necessary, and by being available each morning to debrief about the previous day.

The Program is flexible in its aims, which are to provide follow-up and individualised support to repeat clients of the SUS and their extended families. In so doing, the aim is to improve the quality of the clients' lives and to reduce the harm caused through alcohol to individuals, their families, and community.

The Outreach workers meet with the clients in the SUS each morning. During this time, the Outreach workers identify clients requiring additional assistance. Before clients leave the SUS, the Outreach workers chat with each one to assess their needs. Later in the day, the Outreach workers locate the clients and assist them to access the services that they need. For instance: advocacy within the criminal justice system, assistance with forms and payments at Centrelink, accessing accommodation through the Salvation Army, or accessing the detoxification program at DASA. The Outreach workers also assist clients' extended families as required.

2. EVALUATION METHODS

The National Drug Research Institute (NDRI) is the external evaluator of this Program. NDRI was involved during initial design stages of the Program. The evaluation plan included external oversight of data collection and the Outreach Program staff's collection of the evaluation data.

A broad outline of 'measures of success' and the performance indicators was developed by DASA staff as part of the Program proposal (see Table 1, page 7). NDRI and DASA staff reviewed and further refined these on receipt of Program funding. In this process, a number of the original performance indicators were deemed impractical and/or unmeasurable as they would have required constant client follow-up for both the Program operation and for accurate monitoring. The original program plan included the development of personal action plans and goal setting with each client, this was considered to be beyond capacity of the Outreach workers. For instance, one measure was the Number of clients who have successfully completed the Program; the nature of the Program made it not possible to 'complete' the Program nor was success in this context defined. In addition, the operation of the Program changed direction early, and the plan to develop individual client action plans was dropped, as they were not feasible. As a consequence of this, the following of the original performance indicators that were excluded:

- number of clients who achieved their individual goals as detailed in personal action plans;
- number of clients who successfully completed the program;
- number of clients who made significant changes to their lives and significantly reduced their consumption of alcohol or maintained sobriety;
- qualitative evaluation of clients using individual interviews;
- number of interventions with families per month;
- qualitative evaluation of family members and/or significant others using individual interviews;
- number and percentage of clients who achieved short and long term goals; and,

- number and percentage of clients satisfied with staff interventions.

After negotiation and discussion between the evaluation team and the Outreach Program staff, it was decided that only practical and measurable indicators would be included in the final evaluation and that Program staff would collect data, and report on the process and outcome performance indicators listed below. As the Program was established, importance was placed on the processes involved in developing a well-supported Program. The process measures, designed to ensure that the Program was able to do what it was originally designed to do, were the:

- successful recruitment of Program staff;
- successful orientation to DASA and training of staff to Certificate IV in Alcohol and Other Drugs (if needed);
- number of successful referrals made to established networks; and,
- a well trained and supported Community-Based Outreach team, measured by the number of supervision meetings and training sessions undertaken by staff.

The outcome measures of the Program provided progressive measurement. These were:

- number of clients serviced by the Community Outreach Program;
- number of clients going through the Program;
- number of readmissions to the Sobering-Up Shelter of clients involved in the Program;
- number of interventions per month;
- number of network links established and maintained in Alice Springs; and,
- number of successful referrals made to established networks.

Evaluation methodology

The Outreach Program was evaluated based on objectives and performance indicators identified by both the Program staff and the evaluation team. The evaluation strategy developed for the project included:

- monitoring the number of clients serviced by the Program and their Program outcomes;
- collecting and entering process and outcome data;
- developing an efficient data collection system that complements DASA's internal requirements and ensures minimal duplication of data; and,

- interviewing key informants from the other agencies and services in Alice Springs to which Outreach clients are referred.

The evaluation team developed a data management system based on the Program objectives. The data collected assisted in assessing the achievement of each Program objective. The evaluators interviewed DASA staff as well as key members of other community services and agencies with whom Outreach workers had regular contact to gain a wider understanding of changes in the lives of the clients resulting from the Program. Identifying and contacting some key informants proved difficult, as during the 26 months of the Outreach Program many key informants moved-on. Unstructured interviews were conducted with the staff of agencies that received Program clients.

Table 1: Original performance indicators by inclusion in the evaluation

Planned results	Defining Success	Performance Indicators	Included
1. Reduce the harm caused by alcohol abuse to Indigenous people in Central Australia.	1.1 An increase in the number of Indigenous people in Central Australia who are in recovery from alcohol abuse.	1.1.1 Number of clients serviced by the Community Outreach Program.	*Yes*
		Number of clients who have successfully completed Program.	*No*
		Number of clients who have made significant changes to their lives and significantly reduced their consumption of alcohol or maintained sobriety.	*No*
2. Life circumstances improved for individuals in Community-Based Outreach Program.	2.1 Reduce the number of Indigenous individuals in Central Australia whose lives are being negatively affected by alcohol.	2.1.1 Number of clients who come through the Program.	*Yes*
		Number of clients who achieved their individual goals as detailed in Personal Action Plan.	*No*
3. Short-term objectives of the Community-Based Outreach Program progressively achieved.	3.1 Reduce readmissions to the DASA Sobering-Up Shelter.	3.1.1 Number of readmissions to Sobering-Up Shelter of clients involved in the Program.	*Yes*
	3.2 Provide individual interventions to clients who have been discharged from the Sobering-Up Shelter.	3.2.1 Number of interventions in a month	*Yes*
	Provide information and support to clients in Program so that they can reduce intake of hazardous levels of alcohol.	Qualitative evaluation of clients using individual interviews.	*No*
	Provide information and support to families and community members so they can better support clients in reducing consumption of alcohol.	Number of interventions with families per month. Qualitative evaluation of family members and/or significant others using individual interviews.	*No*
	3.3 Provide staff supervision at least on a fortnightly basis, and training as necessary.	3.3.1 A well trained and supported Community-Based Outreach team, measured by the number of supervision meetings and training sessions undertaken by staff.	*Yes*
4. Program satisfactorily implemented/adopted.	4.1 Employment of skilled and trained staff.	4.1.1 Successful recruitment of staff.	*Yes*
		4.1.2 Successful orientation to DASA and training of staff to Certificate IV in Alcohol and Other Drugs (if needed).	*Yes*
	4.2 Network with local organisations established.	4.2.1 Number of network links established and maintained in Alice Springs.	*Yes*
		4.2.2 Number of successful referrals made to established networks	*Yes*
	Client satisfaction survey.	Number and percentage of clients who achieve short and long term goals.	*No*
		Number and percentage of clients satisfied with staff interventions.	*No*

3. DASA COMMUNITY-BASED OUTREACH PROGRAM PROJECT OBJECTIVES AND THEIR ACHIEVEMENT

Objective 1

Reduce the harm caused by alcohol abuse to Indigenous people in Central Australia

Definition of success 1.1

An increase in the number of Indigenous people in Central Australia who are in recovery from alcohol abuse

Performance Indicator 1.1.1

Number of clients serviced by the Community Outreach Program

The first objective of the Outreach Program was to reduce the harm caused by alcohol abuse to Indigenous people in Central Australia. This was defined as an increase in the number of Indigenous people in Central Australia who were in recovery from alcohol abuse. Though not all clients were in recovery from alcohol abuse, evidence of this change was measured and indicated by the number of clients assisted by the Community-Based Outreach Program.

The Outreach workers collected data as they dealt with each client. Table 2 shows the number of clients by gender and age, and sources from which they were referred. Since the start of the Program, the Outreach workers assisted 145 clients. Eighty percent of the clients were referred to the Program directly through the SUS (internal Shelter client). However, some of the clients were referred from services external to DASA and these were categorised as external Shelter clients if they had previous contact with the SUS, or as non-Shelter clients, if they had not.

There were similar proportions of male and female clients, with only four percent more female clients than male clients. The Outreach Program clients were diverse in age, ranging from 19 to 69 years. The majority of the clients – 68 percent of female and 67 percent of male clients – were between 30 and 49 years of age. Ninety-two percent of the clients were identified as misusing only alcohol, while the remaining eight percent had issues with cannabis and/or inhalants (Table 3). The Program accumulated clients

throughout its duration, with its highest number of additional clients in 2005. Table 4 shows that the Program acquired 58 percent of its clients in 2005, while 2006 saw the addition of another 25 percent of clients.

The apparent decline in the number of clients in 2006 is further described in Table 6 (page 11), which shows the Outreach Program assisted 26, 105, and 91 clients, respectively, in 2004, 2005, and 2006. In 2006, with a change in the female worker, and the manner in which the team functioned, the Outreach workers gained 36 new clients, but continued to assist 55 previously acquired clients.

Table 2: Number of clients by gender, age and source of referral

Gender	Age	Source of clients			Total
		Internal Shelter client	External Shelter client	Non- Shelter client	
Female	Unknown	1	0	2	3
	19	0	0	1	1
	20 – 29	11	1	2	14
	30 – 39	24	3	1	28
	40 – 49	22	0	1	23
	50 – 59	5	0	0	5
	60 +	1	0	0	1
	Subtotal	64	4	7	75
Male	Unknown	4	0	3	7
	20 – 29	4	2	0	6
	30 – 39	23	2	5	30
	40 – 49	15	1	1	17
	50 – 59	5	0	3	8
	60 +	1	1	0	2
	Subtotal	52	6	12	70
Total		116	10	19	145

Table 3: Main drug of concern by gender

	Female	Male	Total
Alcohol	73	61	134
Alcohol & cannabis	1	6	7
Alcohol & inhalants	1	1	2
Cannabis	0	1	1
Inhalants	0	1	1
Total	75	70	145

Table 4: Number of clients by gender, by year of acquisition to the Program

	Females	% of Females	Males	% of Males	Total	% of Total
2004	8	11%	17	24%	25	17%
2005	52	69%	32	46%	84	58%
2006	15	20%	21	30%	36	25%
Total	75	100%	70	100%	145	100%

Objective 2

Life circumstances improved for individuals in Community-Based Outreach Program

Definition of success 2.1

Reduce the number of Indigenous individuals in Central Australia whose lives are being negatively affected by alcohol

Performance Indicator 2.1.1

Number of clients who come through the Program

The second objective of the Program was to achieve improved life circumstances for individuals in the Community-Based Outreach Program. Achievement of this objective was defined as a reduction in the number of Aboriginal Central Australians whose lives had been negatively affected by alcohol. Such outcomes are difficult to measure, nevertheless, as with the previous objective, the number of clients coming through the Program was used as an indicator (for details of this see Objective 1).

The Outreach staff had varying degrees of contact with each client depending on the level of need. The frequency of contact for each client provides further indication of the number of clients the Program assisted, within the working capacity of the Program staff. Table 5 shows the number of clients by the number of contacts, by gender. This data demonstrated that staff assisted 36 female clients (47 percent) and 22 male clients (31 percent) only once. The level of assistance provided to each client depended entirely on client needs. The frequency of assistance provided to clients ranged from a single contact, to more than 60 contacts for one client over the two-year period.

Table 5: Number of clients by the frequency of contacts by gender

Number of contacts	Females	% of Females	Males	% of Males	Total	% of Total
1	32	43%	22	31%	54	37%
2	9	11%	8	14%	17	12%
3	5	7%	6	9%	11	8%
4	5	7%	7	10%	12	9%
5	4	5%	3	4%	7	5%
6 – 10	12	16%	13	18%	25	17%
11 – 20	2	3%	3	4%	5	3%
21 +	6	8%	8	10%	14	9%
Total	75		70		145	

Table 6: Number of clients by the frequency of contacts by year of contact

Number of contacts	2004	2005	2006
1	12	39	46
2	6	18	14
3	3	10	6
4	4	7	6
5	0	8	3
6 – 10	1	6	13
11 – 15	0	7	2
16 +	0	10	1
Total	26	105	91

Discussion

The same performance indicator was applied to the first and second objectives of the Community-Based Outreach Program. Specifically, the Program assisted 145 clients over 26 months. Table 6 shows that the Outreach Program assisted 26, 105, and 91 clients, respectively, in 2004, 2005, and 2006. Additionally, the achievement of these objectives reflected that some clients experienced a reduction in the level of alcohol related harm, as well as an improvement in life circumstances. However, the level and intensity of contact and assistance provided to the each client varied.

The assistance provided ranged from: completing Centrelink forms, managing accommodation, or change of residence issues, to providing support following time in detoxification and family counselling. However, improved life circumstances and a reduction in alcohol-related harm was usually an outcome for each of these clients. Stories about positive life changes provide evidence for these outcomes, indicating that assisting an individual affects the lives of others.

> There was this one fella, he was a chronic alcoholic, and we got him into detox. He is now up at Anthepe Camp. Since detox he has stopped the drinking and went on holidays. Now he limits his drinks. He and his wife stay out at the camp and don't drink as much.

> There was this one old fella, whose family were drinking and he wanted to get out of town. Geoffrey [Mr Miller] helped him get a caravan and move out to Rainbow Valley way, that's where Geoffrey's family comes from. He was happy; Geoffrey would go out and check on him on the weekends. When he was being humbugged by some young fellas, Geoffrey went out and helped him move out of town further. He wasn't even a drinker, his family were, but their drinking was affecting his life and he had enough.

> There were these young fellas from the detox, they wanted to change. After they were in The Lodge, they wanted to get a house. Geoffrey helped them to get a place and set up house. He worked with them really intensively, teaching them how to pay bills, and to shop. Now Geoffrey just checks on them once a week.

> There is this one client who was in detox, the Outreach workers helped her to get in there. She has rheumatic heart disease, and she left all medication at the detox when she took off. Geoffrey tracks her down and passes on the meds, or helps her to get to Congress. She had some problems and we tracked her down to the hospital. He was able to track her down before there was damage done. She is coming into detox on Monday.

Some clients received long-term support from the Outreach workers, which is reflected in outcomes for those individuals. Working intensively with one married couple, and their extended family, an Outreach worker linked into the referral network assuring

professional counselling and support, Alice Springs Hospital post-natal and medical care, and a variety of accommodation services. The Outreach worker continued to provide support for more than 12 months. Several service agencies working with this client and her family claim to have seen improvements in their life circumstances.

> There was this one client, Jane,* who went into detox with her partner. They were both sniffers and drinkers. She was pregnant with her fifth child, Family and Children's Services had already taken her other children into care. She really wanted them back and wanted to keep this new baby with her. Naomi [Ms Asling] supported Jane and her partner as a family. She linked Jane into other services include prenatal care, and helped her plan for when the baby came.
>
> While in detox for three weeks, Naomi met with Jane and her partner daily. On completion of the Program Naomi helped them to get accommodation. Naomi helped Jane to organise accommodation, moving from temporary accommodation, to short-term accommodation, to Aboriginal housing, which is medium term, and after twelve months, Jane, and her family are moving into long-term Territory housing (government assisted). Naomi took Jane to appointments; according to the hospital staff she never missed an appointment.
>
> Naomi worked with the closely with the couple, and she even attended the birth. Following the birth, the family had to travel to Adelaide so that the baby could receive special medical treatment; Naomi helped Jane to plan the travel. She even provided support via the telephone while Jane was interstate.
>
> Later on, Naomi helped Jane and her partner to get a flat at Bill Braitling accommodation (short-term accommodation). Jane even managed to get her licence, and with some planning and assistance later she bought a car.
>
> Since then Jane and her partner, with the baby, have moved into Territory House accommodation, after twelve months. According to one service, the support offered by the Outreach Program has been important, not just for the baby, but also for other four children and the extended family.
>
> According to the Alice Springs Hospital Liaison Officers this time, Jane seemed to be very determined to keep this baby, and she seems to have a strong support network. Things are not easy, but Jane is trying very hard.
>
> Naomi also worked with Jane's extended family, doing alcohol and drug education, also taught them how to about boundaries, and support the couple. This work built up relationships between the community and DASA, there are now a number of community members that see the detox as an option for them, according to the community worker, and this is a very positive change.

** Name has been changed.*

Objective 3
Short term objectives of the Community-Based Outreach Program progressively achieved

Definition of success 3.1
Reduce readmissions to the DASA Sobering-up Shelter

Performance Indicator 3.1.1
Number of readmissions to Sobering-up Shelter of clients involved in the Program

The third objective of the Community-based Outreach Program was that the following short-term objectives be achieved:

- reduce readmissions to the DASA Sobering-up Shelter;
- provide individual interventions to clients who have been discharged from the Sobering-up Shelter; and,
- provide staff supervision at least on a fortnightly basis, and training as necessary.

As shown in Figure 1 (page 16), the overall admissions to the SUS have decreased since 2004. The Outreach Program had 145 clients between 2004 and 2006, 126 of these had been clients of the SUS. Changes in admission rates for each SUS client in 2004 and 2006 were compared. According to Table 7 (page 16), there had been an overall decrease in the number admissions to the SUS in 2006 compared to 2004. More than 50 percent of clients, 52 percent of females and 54 percent of males, experienced a decrease in their number of admissions.

The averaging of results has meant that the full effect of the Program is not evident. Table 8 (page 17) shows the change in SUS admissions for each client by year of referral, noting whether or not they were regular SUS clients. A regular client is one who has had more than 12 admissions to the SUS during the calendar year after their first contact with the Outreach Program. Overall, regular clients demonstrated a greater decrease in frequency of admission to the SUS, than did the non-regular clients.

When comparing SUS client admissions in 2004 and 2005, nine percent experienced no change and 43 percent increased their use of the SUS. Of the regular clients, however, 56 percent decreased and seven percent experienced no change. In comparing the 2005

and 2006 admissions, there was an overall decrease in the number of admissions for 62 percent of clients, while seven percent did not change. In this period, 69 percent of the regular clients decreased their number of admissions to the Shelter, and three percent did not change. The greater impact from the Outreach Program was on those clients who visited the SUS more than once a month.

Of the 13 percent whose rate of admission remained constant, three percent of regular clients and 23 percent of non-regular clients, the highest number of admissions by one individual to the SUS in 2004 was 27. The eight remaining SUS clients attended between one and three times. The average increase in admission of clients admitted to the SUS between 2004 and 2006 was eight visits. Four of the males who started with the Outreach Program in 2004 increased their admissions to the SUS each year.

There are many reasons for a decrease in the frequency of admissions of clients to the SUS. For some, the assistance and support of the Outreach Program played a major role. One client had 23 contacts with the SUS in 2004, but in 2005 and 2006, she had no admissions. Another client had 54 admissions to the SUS before he became an Outreach client in 2004. In 2005, he had 32 admissions and in 2006, he had 11. Another client experienced a similar change, being admitted to the SUS 90 times in 2004, then 55 times in 2005 and only once in 2006.

The 25 clients who started with the Program in 2004 provide evidence of the positive impact of the Program. These 25 clients experienced the greatest change with 84 percent, 100 percent of females and 73 percent of males, decreasing their number of admissions to the SUS for the year 2006.

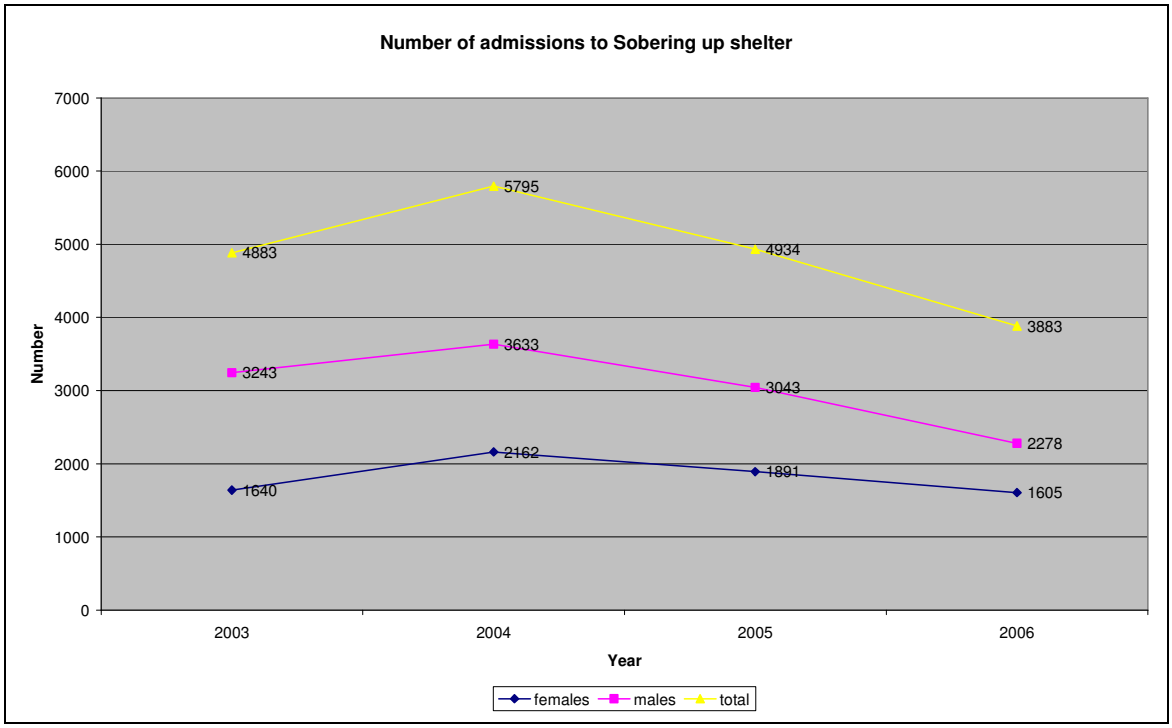


Figure 1: Number of admissions to the Sobering-up Shelter by gender and year (2003 – 2006)

Table 7: The change in admissions to Sobering-up Shelter clients (2004 – 2006) by year of contact by gender

	Year of referral	Decrease	Increase	No change	Total
Females	2004	10	0	0	10
	2005	19	15	7	41
	2006	3	5	2	10
	Subtotal	32	20	9	61
Males	2004	11	4	0	15
	2005	17	8	4	29
	2006	7	11	3	21
	Subtotal	35	23	7	65
Total		67	43	16	126
% of Total		53%	34%	13%	

Table 8: The change in admissions to Sobering-up Shelter clients (2004, 2005, 2006) by year of contact

	2004 – 2005			2005 – 2006			2004 – 2006			
Referral Year	Decease	Increase	No change	Decease	Increase	No change	Decease	Increase	No change	Total
Non-regular										
2004	2	7	0	4	4	1	5	4	0	9
2005	18	17	6	23	13	5	17	14	10	41
2006	n/a	n/a	n/a	7	4	1	6	2	4	12
Total of non-regular	20	24	6	34	21	7	28	20	14	62
% of non-regular	40%	48%	12%	55%	34%	11%	45%	32%	23%	
Regular										
2004	15	0	1	10	5	1	16	0	0	16
2005	10	17	2	27	2	0	19	9	1	29
2006	n/a	n/a	n/a	7	11	1	4	14	1	19
Total of regular	25	17	3	44	18	2	39	23	2	64
% of regular	56%	38%	7%	69%	28%	3%	61%	36%	3%	
Total	45	41	9	78	39	9	67	43	16	126
% of Total	48%	43%	9%	62%	31%	7%	53%	34%	13%	100%

Definition of success 3.2
Provide individual interventions to clients who have been discharged from the Sobering-up Shelter

Performance Indicator 3.2.1
Number of interventions in a month

The second short term objective of the Program was to provide individual interventions to clients who had been discharged from the SUS. The number of interventions, or actions with each client, was used to measure this objective. For the purposes of this evaluation a client action, or intervention, was defined as each instance where assistance was provided, and recorded as such by the Outreach worker. Figure 2 shows the total number of interventions by month and gender, for the duration of the Program.

As shown in Figures 2 and 3 there were more interventions with male clients than females. There were three different female workers on the Program and there was some variance in the quality of the data recorded by each. Further, the level and intensity of assistance that each worker provided also varied. The Outreach staff provided an average of 83 interventions per month, with 738 interventions to female clients and 1431 to males. The number of client actions appears to have decreased over time.

In addition to the number of interventions per month, it is important to consider the reasons client assistance was required. Often clients had more than one reason for requiring assistance. The types of assistance provided included:

- brief intervention;
- counselling;
- detoxification;
- drug and alcohol treatment;
- family support;
- financial support;
- medical support;
- general ongoing support;
- assisting clients to return to their home communities (return to country); and,
- short-term and temporary housing.

Figure 3 (page 21) shows the frequency of each type of assistance by gender. Overall, the main reason for requiring assistance was general on-going support. The Outreach workers provided this 31 percent of the time. For males, the following were the next three main reasons for support: brief interventions (15 percent), detoxification (10 percent), and medical support (9 percent). While for females the following were the next three main reasons for support: detoxification (18 percent), brief intervention (12 percent), and family support (8 percent).

Definition of success 3.3
Provide staff supervision at least on a fortnightly basis, and training as necessary

Performance Indicator 3.3.1
A well trained and supported Community-Based Outreach team, measured by the number of supervision meetings and training sessions undertaken by staff

The extent to which the Outreach workers were well trained and supported was assessed through unstructured interview and discussion with the Outreach team. The number of supervision meetings and training sessions undertaken by staff remained the principle measure for this indicator; however, there was no formal recording of the number of supervision meetings and training undertaken by the staff. Discussions with the staff provided an indication of the training each staff member received, as well as their level of support.

The Outreach workers met daily with their manager, Ms Broadbent, to provide updates on client status, and take the opportunity to 'debrief'. These meetings ensured Program staff were abreast of issues that might affect their clients, and affect case-management at an organisational level. The manager was always available for the staff, to provide any assistance or guidance. As the Program progressed, during 2006 Ms Broadbent had other responsibilities within DASA that took away from the time that she has available for the Outreach workers.

> One weakness has been that it's hard to manage myself, and therefore provide support to the workers. I had to focus on other areas like the detox and VSA Programs, because we had no counsellors, and we were establishing the VSA Program (Volatile Substance Abuse). That took away my time to be able to spend with Outreach. Now that they (the other programs) are more bedded down I can spend more time with Outreach. They need lots of regular support, supervision it can be a stressful job helping others with their problems. And I like to provide close support for them.

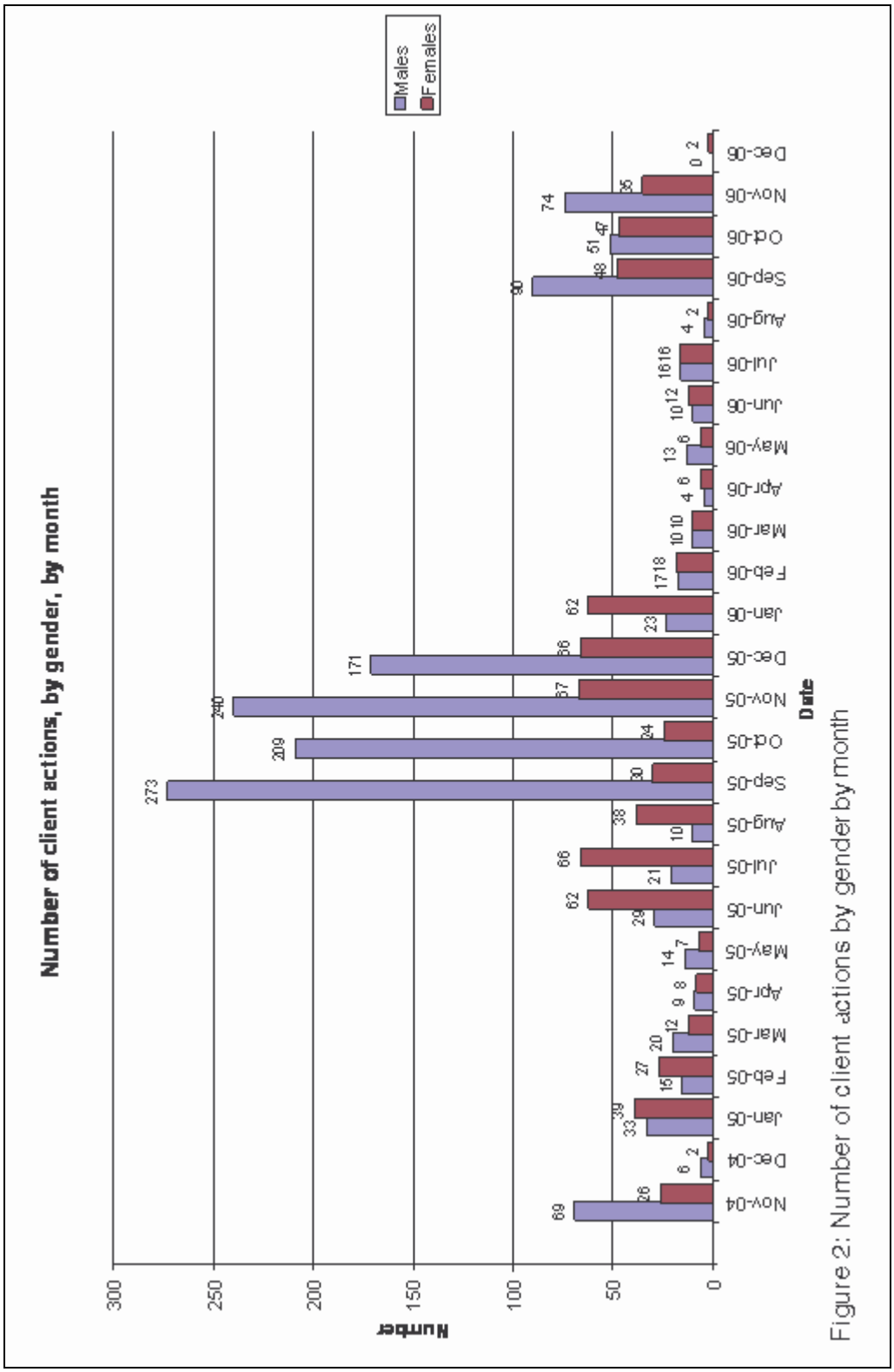


Figure 2: Number of client actions by gender by month

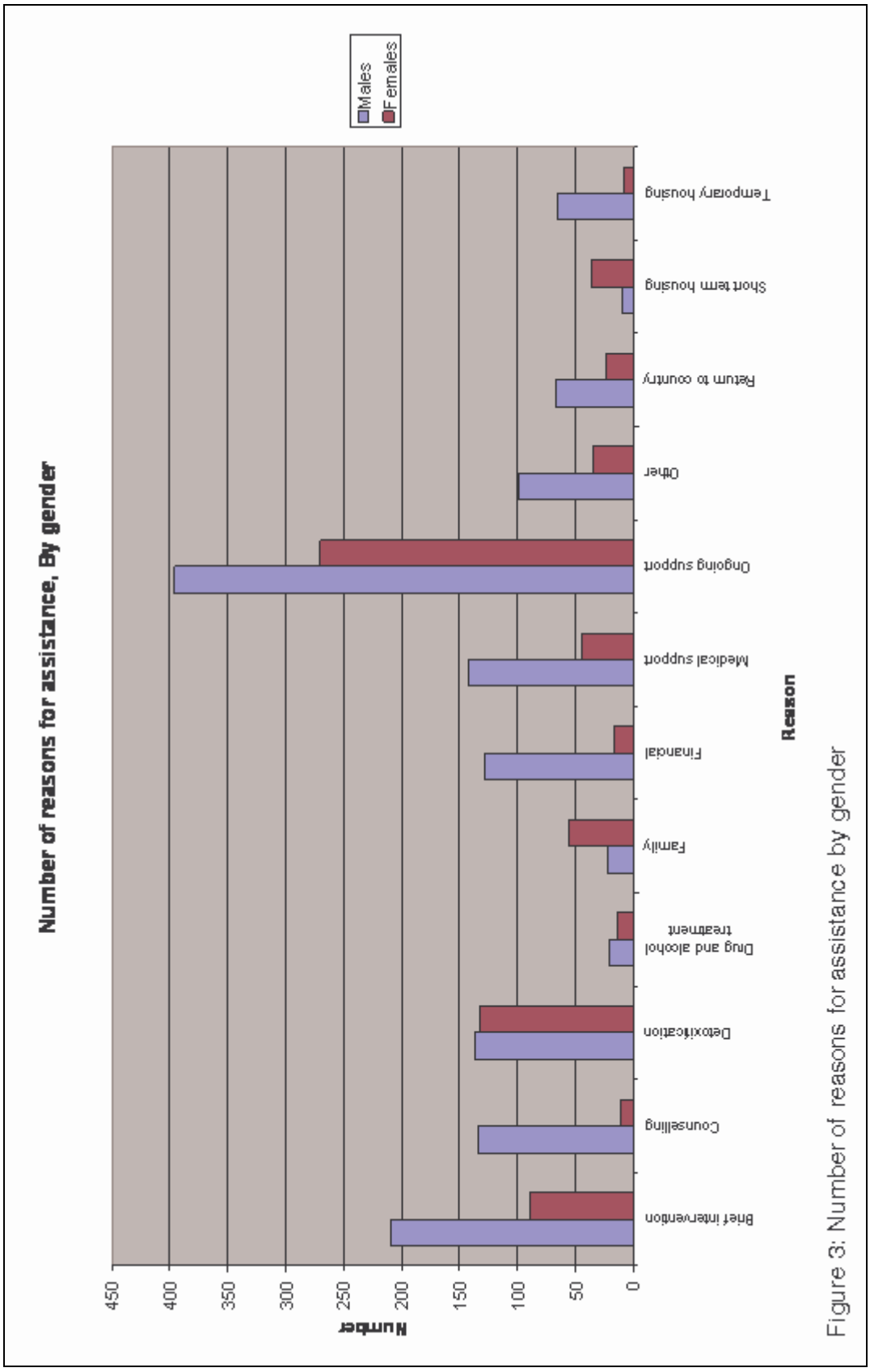


Figure 3: Number of reasons for assistance by gender

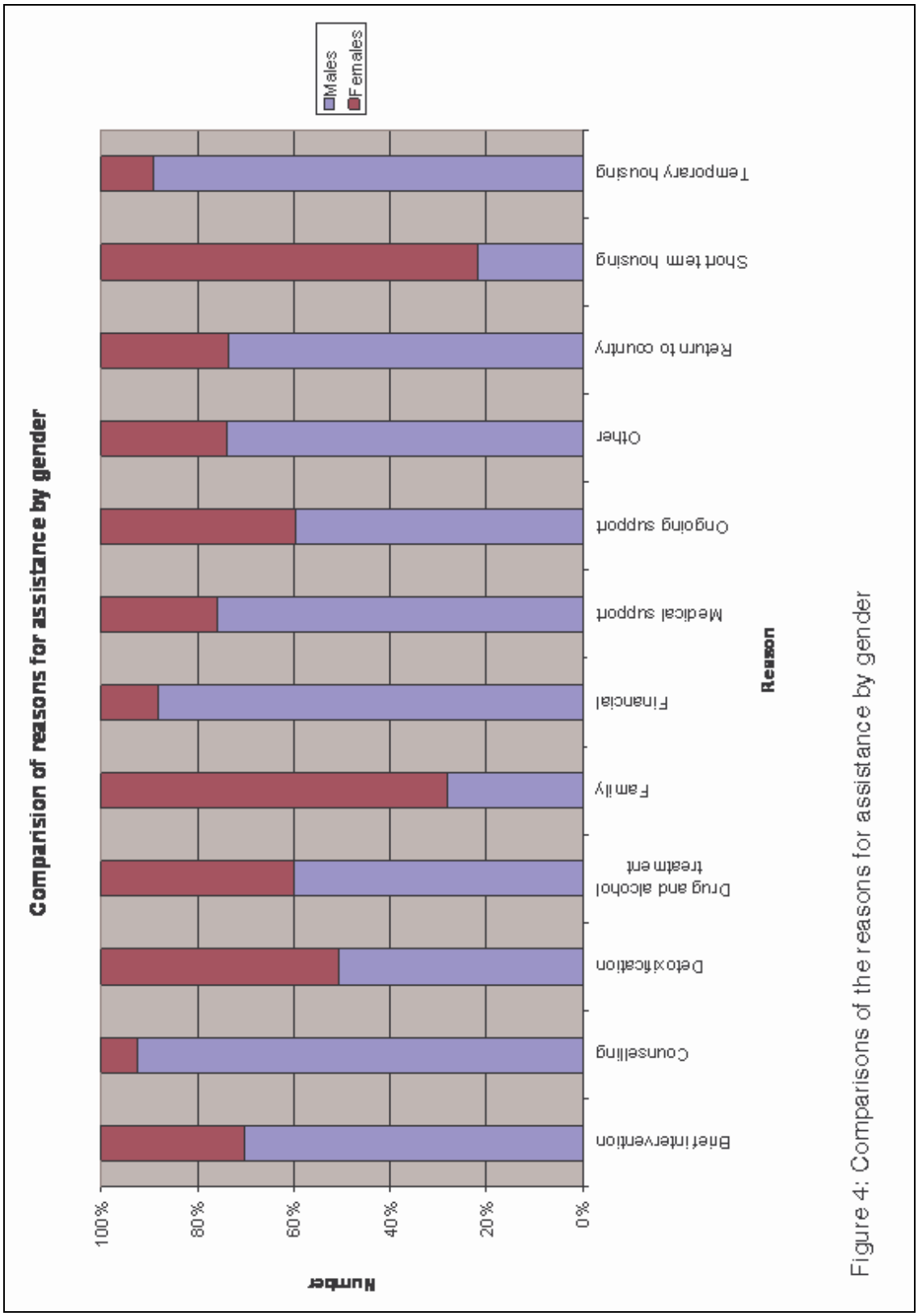


Figure 4: Comparisons of the reasons for assistance by gender

Both the Manager and the Outreach workers acknowledged the importance of worker support. This work can be very intense and difficult to sustain over a long period. Ms Broadbent expressed the opinion that part of the success of the Program had been the supervision and support provided by the Organisation. Outreach workers appreciated the value of this support and echoed this view. For the future, it is important the support provided to Program workers be sustained in the longer term.

> If I didn't get the support that I get, I would have been out of here ages ago. It's not just the support from Kath and Paul, but everyone here is really supportive. If I can't help a client make an appointment, I can ask someone else here (DASA), and if they aren't too busy they will help out.
>
> If I left it would be because I have to move on, not because of the lack of support, we are really are well supported.

The staff were given many opportunities to participate in in-house training sessions offered by DASA. Some of this in-service training included suicide prevention and mental health training. More detail about the formal training undertaken by the Program staff is discussed under performance indicator 4.1.1.

Discussion

There was a reduction in the number of admissions to the SUS. For the majority of clients, there was a reduction in the number of readmissions after their contact with the Outreach Program. Overall, 53 percent of the Outreach clients decreased their admissions to the SUS, and another 13 percent did not increase their admissions between 2004 and 2006. Not all decreases are directly attributable to the Outreach Program; nonetheless, some of the effect is a direct result of the Program. The sorts of assistance provided to Outreach clients may further indicate the needs of the clients, in particular in accessing the detoxification program, medical services, and accommodation services. For instance, assisting a client in completing a Centrelink form may result in the client receiving finances that assist in accessing accommodation. Much of the Program's work involved assisting clients in accessing accommodation. For SUS clients, accessing accommodation meant they accessed the SUS less frequently.

The Outreach workers provided an average of 83 interventions per month, with more than a third of those as ongoing support. There are a number of possible explanations for the differences between the number of male and female client interventions in the

Program. Changes of female Outreach staff contributed to differences in data collection and recording. In addition, Program flexibility meant that the way in which each staff member worked was different, as were the ways staff worked together. This is especially so as the most recent partnership, Mr and Ms Miller, are siblings and worked much more closely together than had previous pairings. In addition, the needs of clients varied based on gender. Specifically it is easer for the female clients to access temporary and short-term accommodation, while males have great difficulty doing so as such services in town are limited. Consequently, the female worker noted that she was working more intensely with fewer clients, than was the male worker.

The Outreach workers receive support directly from their manager, yet workers felt they were also receiving support from the entire Organisation. This strength in DASA meant Outreach workers did not operate independently from existing services. In turn, the Outreach workers operated as contacts for DASA in the wider community. As a result of the nature of support provided for Outreach workers, this performance indicator was achieved. Overall, the short-term objectives of the Community-Based Outreach Program progressively were achieved.

Objective 4
Program satisfactorily implemented/adopted

Definition of success 4.1
Employment of skilled and trained staff

Performance Indicator 4.1.1
Successful recruitment of staff

The fourth objective or desired outcome was that the Program be satisfactorily adopted and implemented. The first definition of success for this objective was the employment of skilled and trained staff. This was indicated with the successful recruitment and orientation to DASA, and the training of staff to Certificate IV in Alcohol and Other Drugs.

DASA employed two Outreach workers, a female and a male, at any given time. Mr Geoffrey Miller has been the male Outreach worker since the beginning of the

Program. From November 2004 until March 2005, Ms Pearl Turner was employed to work with Mr Miller. In June 2005, a former DASA staff member, Ms Naomi Asling, returned to take the position of the female Outreach worker. When Ms Asling accepted another position at DASA in March 2006, Ms Sharon Miller became the female Outreach worker. Table 9 (page 27) provides graphical indication of the staffing of the Program. Each female staff member has moved on for personal reasons rather than as a result of lack of support.

The Program Manager and DASA Director, Mr Paul Finlay, have maintained a high level of commitment to Program staffing and agreed that this objective was achieved in every instance. The Manager recognises the importance of employing local Aboriginal people with strong links into the community. According to Ms Broadbent, the Program

> … achieved the objective and I am happy with all of them (the workers). The only issue with staffing is that there has been three different female workers. I think the consistency is importance, and this has been an issue with the female workers. But none have left as a result of problems, two moved interstate and a third moved to another position here at DASA. But also that is the nature of working in Alice Springs.

The working relationships were different within each worker pairing. The most recent female worker, Ms Miller, is Mr Miller's sister and they worked together closely. It was also noted that, unlike previous female workers, Ms Miller did not go out with to search for clients alone. The manager noted that if she had been more available, she would have been able to offer more support for Ms Miller.

The skills of each team member were very important when selecting Program staff. It was recognised that it is difficult to find staff who are: skilled in office procedures, computer literate, and good with clients. The aim is for the workers to complement each other's strengths:

> Naomi [Asling] is going to be a big loss for DASA, she is a well-educated Aboriginal woman, and it is going to be hard to get someone to replace her.
>
> The consistence of having Geoff [Miller] around on the project for two years is a plus. He has the respect and trust of clients. They know him as the Outreach worker. They come up and talk to him. He has a rapport and trust and is backed up by being from DASA.

Table 9 shows that there was a short period when there was only one worker. This said, times when workers attended training or took leave were not noted. The Outreach

workers were one of the Program's strengths. It employed Indigenous Australians from Central Australia, sensitive to the cultures and the people with whom they work. As one worker indicated, some of the clients are people they went to school with, while others they have known all their lives. A worker from another local service asserted that the Program was 'very personality driven', relying on the personalities of the individual workers. In this cultural context, it is important to note that these pre-existing relationships strengthened the Outreach Program.

The consistency provided by having Mr Miller working in the Program was a strength. His staying with the Program for more than two years meant that there was continuity for the clients throughout the two years of Program. Mr Miller was committed to the job and the clients trusted him. Complementary skills of the Outreach workers strengthened the Program, yet, it was difficult to find staff with the client-relations and administrative skills required.

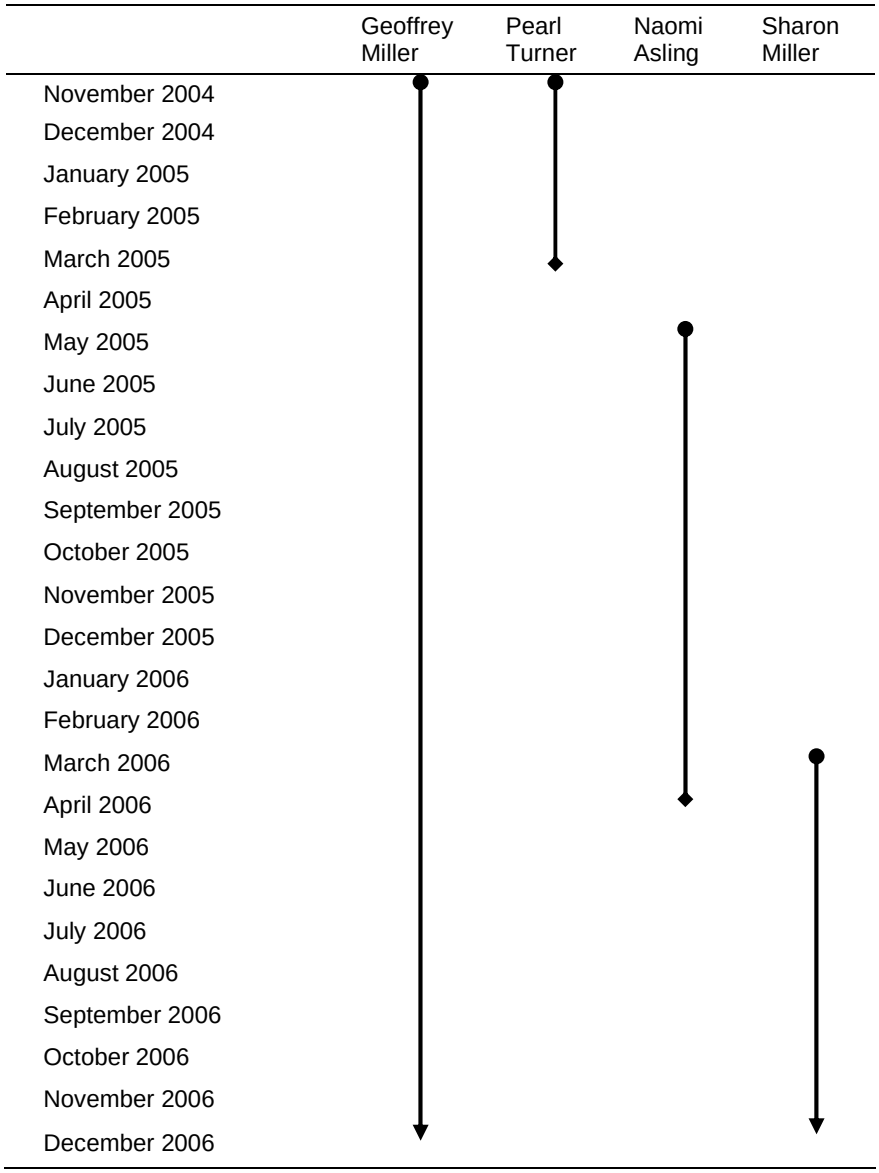
Performance Indicator 4.1.2
Successful orientation to DASA, and training of staff to Certificate IV in Alcohol and Other Drugs (if needed)

It was difficult to measure when staff successfully oriented to DASA. Each Outreach worker remained with the Program for at least six months, this is an indication that staff understood the systems of the Organisation. In addition, Outreach workers discussed the mutual support offered by the other programs at DASA. Further to this, Tables 10 and 11 (pages 29 and 31) provide evidence that strong relationships between other DASA programs and the Outreach Program exist. When a new staff member started with the Program, time was given to allow for induction to policies and procedures and to establish their own relationships with referral agencies.

DASA policy ensured *all* staff were progressively trained to Certificate IV in Alcohol and Other Drugs, because:

> We found that with formal training people are less stressed. If people are trained they experience less work related stress, or able to deal with it better. Also we have a higher level of staff retention among those staff that are trained. It is also good to ensure that staff have boundaries and know about issues of confidentiality.

Table 9: Program staffing by month



Despite this, for the duration of the Program, no Outreach workers completed a Certificate IV in Alcohol and Other Drugs as intended. However, each Outreach worker was encouraged and supported in undertaking further professional development. As one worker said, 'the opportunities for training are always available; it is just a matter of whether they are taken up'. In addition to completing the one-day professional development workshops offered by DASA, the Outreach workers were encouraged to undertake formal study. Council for Aboriginal Alcohol Programs Service (CAAPS) in Darwin enrolled Mr Miller in a Certificate III in Community Services, Alcohol and

Other Drugs. Mr Miller also attended a workshop run by AERF entitled 'Thinking on your feet' and the AER Changing the Way We Drink National Conference, in Sydney on 17 – 19 September 2006.

Prior to commencing work on the Program, Ms Asling already possessed a Certificate III in Counselling and Certificate III in Alcohol and Other Drugs. At the end of 2006, while still employed by DASA, Ms Asling completed a Certificate IV in Alcohol and Other Drugs, and has since commenced a Bachelor degree in Social Work. Ms Miller has completed modules towards the Certificate IV in Alcohol and Other Drugs, including training in brief interventions and working with intoxicated persons.

Definition of success 4.2
Network with local organisations established

Performance Indicator 4.2.1
Number of network links established and maintained in Alice Springs

In assessing the extent to which the Program was satisfactorily implemented/ adopted, the formation of a network of local organisations was applied as a definition of success. The nature of the Program required the Outreach workers establish links with other agencies and services to ensure the needs of clients were met. The Outreach Program staff formed relationships with staffs of agencies and services throughout Alice Springs.

The Outreach workers have established a complex network of agencies and services to which they refer. The following are a part of this network.

- Accommodation Services: Salvation Army, Bill Braitling Transitional Housing Complex (Anglicare Central Australia)
- Medical: Alice Springs Hospital, Central Australian Aboriginal Congress, Alcohol and other Drug Treatment Service, and DASA Detoxification
- Government Services: Centrelink, Job Network Services, and Territory Housing
- Tangentyere Council Services: Tangentyere Council branch of the Westpac Bank, Tangentyere Council Night/ Day Patrol, Tangentyere Council Wardens and Referral Services.

As part of the Program, the Outreach workers utilised facilities available within DASA. The Outreach workers referred clients to the SUS, and following release, took the clients directly to the detoxification service. An indication of the number of clients referred is shown in Table 10.

Table 10: Number of direct referrals to and from the Sobering-up Shelter and the Outreach Program

	2004		2005		2006		Total
	F	M	F	M	F	M	
Referred to SUS by Outreach (IN)	2	4	3	4	0	2	15
Released from SUS to Outreach (OUT)	0	7	21	5	1	0	34
Total number of clients	2	11	24	9	1	2	49

Performance Indicator 4.2.2
Number of successful referrals made to established networks

One indication of the effectiveness of the network was the number of referrals made to these other agencies. Between November 2004 and December 2006 Outreach Program clients were referred to the other services and agencies 762 times. Table 11 (page 31) and Figure 5 (page 33) show the number of clients by the services to which they were referred. Overall, most referrals were to the DASA detoxification program; these referrals represent 34 percent (257) of all referrals, including 45 percent (124) of the female client referrals and 27 percent (133) of male client referrals. The next most frequent places of referral were: Central Australian Aboriginal Congress (160), Centrelink (101), accommodation services (97), and Tangentyere Wardens (54).

While the number of clients referred to each service type was similar, the frequency of referral varied by gender. For example, 18 percent of referrals of male clients were to Centrelink, compared to just four percent of female clients. For male clients the four most common referrals were to: DASA detoxification (27 percent), Central Australian Aboriginal Congress Medical (23 percent), Centrelink (18 precent), and accommodation services (15 percent). For female clients, the three most common

referrals were: DASA detoxification (45 percent), Central Australian Aboriginal Congress Medical (18 percent), and accommodation services (9 percent).

Depending on availability, referrals to other services varied throughout the Program. For instance the Tangentyere Council Wardens were well utilised in the initial few months of the Program, but the Warden Program ended in January 2006 and was, therefore, no longer available. The network of services and agencies established by the Outreach workers is extensive and extends beyond Alice Springs. This network is an outward referral network. However, in discussion with the Outreach workers it became evident that there were increasing numbers of referrals being made from outside services and agencies, including Tangentyere Council, local supermarkets, and Alice Springs Hospital. This network is extensive, and according to the Outreach workers, the network has persisted despite staff changes in other agencies: 'One thing is that services change, and staff move on. There has been a lot of change in services and the same people aren't working there as when we started.'

There was concern that the network would collapse should workers move on. However, Mr Miller believes this should not be an issue if there is time for handover to new staff: 'It would (still exist) if I could do a handover, because it is well established now. I wouldn't leave without a handover, there was nothing when we started, we really had to feel our way.'

This network of agencies is diverse and well established and many outside agencies contact the Outreach Program to make referrals. The network is dependent on the Outreach Program, but not on staff in other agencies. Continuity of the staff in the Outreach Program has assisted in the establishing and strengthening of the referral network.

Discussion

The fourth objective, program satisfactorily implemented/adopted, was achieved. Success in this objective was defined as the employment of skilled and trained staff, and the establishment of a network with local organisations. The Program retained the male worker from it's start, and utilised three different female workers over the same

period. The retention of the male Outreach worker is a strong indication of the strength of the Program support. The importance of training was recognised by the Organisation, most staff took advantage of the opportunities for professional development.

The second measure of success was the establishment of a network of local organisations. Despite the transient nature of people in Alice Springs, Outreach workers were of the opinion that the network was stable enough to continue to operate despite staff turn over both inside and outside the Organisation. The network has become a two-way referral system with other agencies continually referring clients the Outreach Program. However, the referral network relies entirely on services currently available within Alice Springs, and does not have the capacity to fill the existing gaps in service provision.

Table 11: Number of referrals by year and gender

Referred to	2004		2005		2006		Total
	F	M	F	M	F	M	
Accommodation Services	0	4	22	48	4	19	97
Alice Springs Hospital	0	1	8	4	6	7	26
AOD Treatment Service	0	0	6	0	0	0	6
Centrelink	0	5	5	65	7	19	101
Congress Medical	4	2	15	56	30	53	160
Congress Social & Emotional	0	0	0	0	3	0	3
DASA Detoxification	2	13	49	36	73	84	257
Job Network Services	0	2	3	9	1	4	19
No referral	4	10	104	199	47	40	404
Tangentyere Bank	0	1	5	1	4	0	11
Tangentyere Night/Day Patrol	1	0	1	0	0	0	2
Tangentyere Wardens	4	15	11	22	2	0	54
Territory Housing	4	2	2	0	6	12	26
Total	19	55	231	440	183	238	1166

Table 12: Number of referrals by agency and gender

Referred to	Females	% of Females	Males	% of Males	Total	% of Total
Accommodation Services	26	9%	71	15%	97	13%
Alice Springs Hospital	14	5%	12	2%	26	3%
AOD Treatment Service	6	2%	0	0%	6	1%
Centrelink	12	4%	89	18%	101	13%
Congress Medical	49	18%	111	23%	160	21%
Congress Social & Emotional	3	1%	0	0%	3	0.5%
DASA Detoxification	124	45%	133	27.5%	257	34%
Job Network Services	4	2%	15	3%	19	2.5%
Tangentyere Bank	9	3%	2	0%	11	1.5%
Tangentyere Night/Day Patrol	2	1%	0	0%	2	0.5%
Tangentyere Wardens	17	6%	37	8%	54	7%
Territory Housing	12	4%	14	3%	26	3%
Total	278		484		762	

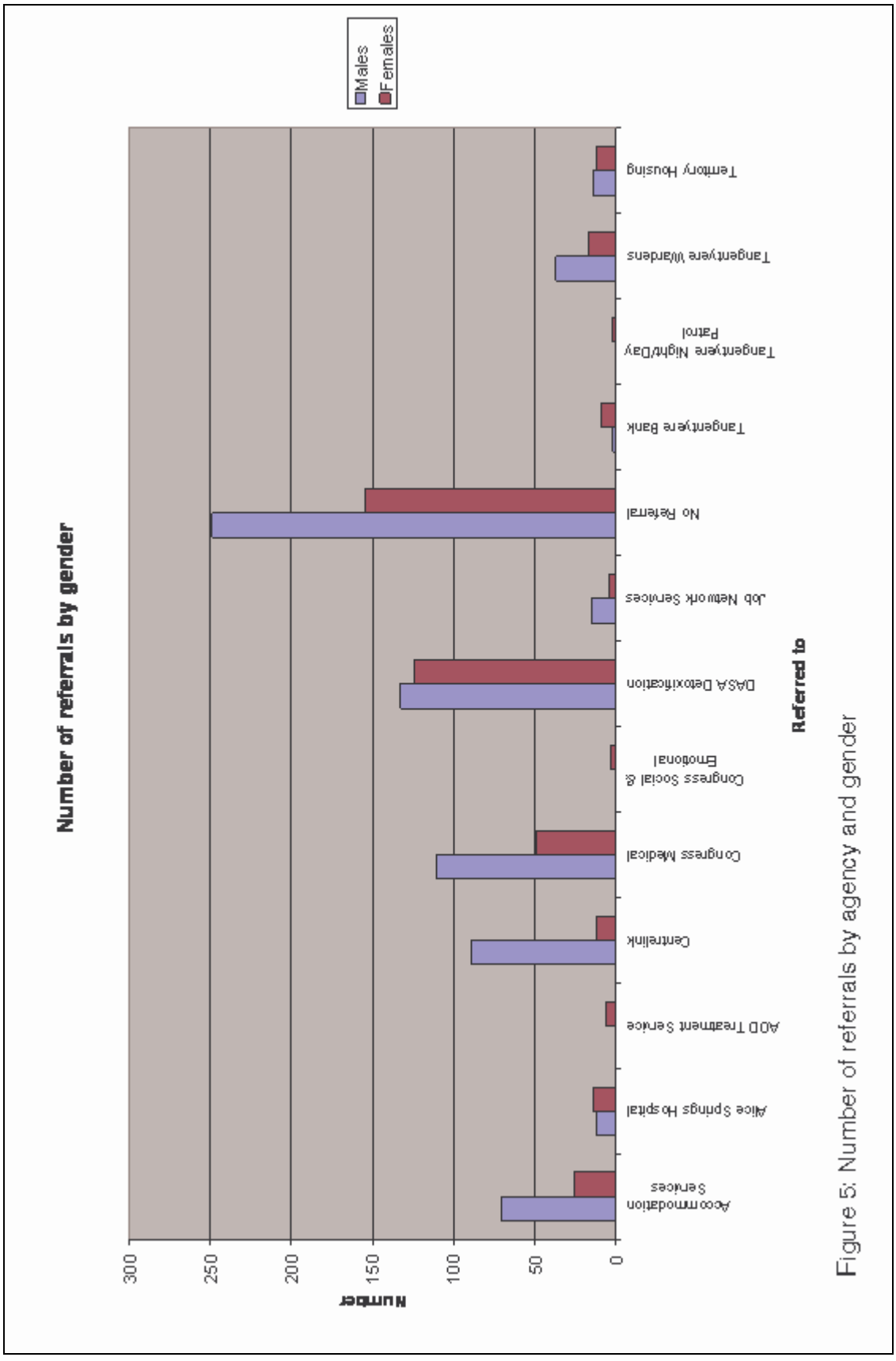


Figure 5: Number of referrals by agency and gender

4. DISCUSSION

There are benefits resulting from the Program, for both the clients and DASA. One Outreach worker suggested that there is enough work for 'a couple of teams'. An extra worker would be able to increase the capacity of the Program. It was suggested that there be an additional training or part-time position, with this worker filling in when one worker is away.

> I would love to see the Program expanded, with it's own space and more staff. Instead of two people, we could start with a training position so that there is someone to fill in the gaps when we go away for training, or are on leave. Then maybe more workers, as that we can address everything.

As an organisation, DASA is expanding it's range of services. There is potential for the capacity of the Outreach Program to expand with DASA. An increased capacity in the detoxification program would enable the Outreach Program to make more referrals to the detoxification and other programs. As one Outreach worker stated: 'It would be good to expand the Program in the future, especially with detox moving to a new building with more capacity. Therefore we can make more referrals.'

The Outreach Program has achieved the objectives, defined measures of success, and performance indicators. There are a number of strengths in the Program. In particular, the planning and purposes of the Program strengthened the ability of the Outreach workers to meet the needs of their clients. An additional strength is the 'grass-roots' nature of the Program, and the work with individuals in direct response to expressed client needs.

The Outreach Program further strengthened other programs that were operated by DASA. The Outreach clients were also clients of the Sobering-up Shelter, detoxification and volatile substance abuse programs. The Outreach Program added 'value' to other DASA programs, while at the same time ensuring that Outreach clients received the assistance needed. In addition, client benefits from intensive case management across the Organisation increased.

The staff that were employed, had extensive knowledge of the community, and had built up rapport and trust with the clients. The continual employment of Mr Miller further strengthened the Program. Further to this, the staff received strong support from the entire Organisation. They were not working by themselves. An emphasis on training encouraged all staff to further participate and increase their capacity in their job.

Program operation disclosed a few areas for potential improvement. Despite Program staff saying that they felt well supported, the manager felt that there were times when other commitments limited the time available to provide necessary support. In addition, the skills of the workers meant that they were able to support the clients well, despite occasions when the administrative responsibilities of the Program were not always accomplished.

5. CONCLUSIONS

The Community-Based Outreach Program achieved all of its objectives. The Program assisted 145 clients. However, the harm caused to Indigenous people by alcohol abuse was reduced, and improved life circumstances were observed for more than just the Program clients. Positive changes in the lives of clients had positive effects in the lives of their children and families.

As demonstrated, the Outreach Program progressively achieved its short-term objectives, reducing readmissions to the Sobering-up Shelter (SUS), assisting clients of the SUS, and supporting the Outreach workers. Overall, admissions to the SUS decreased during the duration of the Program. Those Outreach clients attending the SUS more than once a month experienced a greater decrease in their admissions to the SUS, including all the women whom started with the Program in 2004, reducing their admissions to the SUS in 2006. The supervision and support for the Outreach workers, is important to the long-term maintenance of the Program and retention of the Outreach staff. The Program had many support mechanisms for the Outreach staff that complemented their training opportunities. The Outreach workers established a strong network of services, and agencies in the region, which are accessed in meeting the needs of their clients.

The Community-Based Outreach Program, achieved, or is in the process of achieving, all its stated objectives. The Program contributed to the lives of its clients in a significant way. Since its start, the Program evolved to meet the needs of the clients, the Organisation, and the workers. Evidence of positive changes in clients' lives demonstrates the positive outcomes from the Program. The Program employed experienced and dedicated local staff. Given that there is no other such Program operating within Alice Springs, the Program is invaluable to the Drug and Alcohol Services Association (DASA) in Alice Springs, and to the people at high risk of harms from substance misuse. Given the greater need within the immediate area around Alice Springs, an expansion of the Program is recommended for consideration.

The Community-Based Outreach Program resulted in positive outcomes for many clients, and inturn resulted in a better quality of life in their communities, reducing the wider harms associated with alcohol misuse. The Program was flexible in addressing the needs of individuals without being overly prescribed and made access to already existing services in Alice Springs easier.