Foundation 61

A Demand for residential rehabilitation services in Geelong

B Service model – Proposed Foundation 61 Women's Service

23rd January 2019

Thomson Goodall Associates Pty Ltd
53 / 15 Beach Road, Hampton, Vic. 3188
Tel: 0403 113 387

Contents

Background

This paper has been commissioned by Foundation 61, a faith based Not-For-Profit charitable organisation whose mission is to "empower people who are confronting life controlling issues so they can restore control in their lives and contribute positively to mainstream society"[1].

The purpose of the paper is to support an application for Development Approval for a women's residential drug and alcohol rehabilitation facility to be constructed and then operated on land situated at 120 Russells Road, Mt Duneed.

The paper fundamentally addresses two questions:

1. Is there a need for a women's residential drug and alcohol rehabilitation facility in the Geelong area and is the proposed location a suitable site for an effective service?
2. Is the proposed service model consistent with evidenced based good practice?

The paper has been researched and written by Thomson Goodall Associates Pty Ltd, a Melbourne based consultancy company with significant consulting experience in the areas of homelessness, substance misuse, family violence, mental health and disability

A Capability Statement for Thomson Goodall Associates Pty Ltd is provided as an Attachment.

[1] https://www.foundation61.org.au/

Part A: Demand for residential Alcohol & Other Drug (AOD) rehabilitation in Geelong

1 Introduction

In Australia, unmet demand for drug and alcohol treatment services is significant, but it is difficult to measure. One estimate is that current met demand is between 26% and 48% of all people who seek treatment for drug and alcohol problems.[2]

Residential rehabilitation services are under funded compared to other forms of alcohol and drug treatment, and there is a lack of residential rehabilitation facilities across Australia.[3] There are also significant variations in the number of residential beds per State. NSW has the highest number of beds of any State, has a well developed residential rehabilitation sector, and has several women-only residential rehabilitation services. Victoria has relatively fewer residential rehabilitation beds compared to NSW, and far less women-only beds, as shown in Table 1.

Table 1: Residential rehabilitation beds (State funded), Victoria and NSW, 2018

	Victoria	NSW
Number of beds (State funded, excludes 100 beds in process of being established in Victoria)	350	700
No. and % of beds specifically for women	16[4] 6%	95 14%

Source: Victorian government media release, 2018; NSW Costing Study (2014); NADA (2017)
Note: Excludes clinical based residential rehabilitation AOD beds

Estimating demand for AOD treatment is an inexact science, and there are 2 main ways used by health planners:

- Needs based data, which indicates prevalence such as hospital admissions and ambulance data related to AOD misuse
- Demand data, which indicates the number of people who actually seek and receive treatment for AOD misuse.

The use of needs based data assumes that those identified are in need of treatment by AOD services, which is not necessarily the case. Arguably demand data is more directly relevant, however this data only includes those people who seek treatment, and there are many people who have significant AOD issues who do not encounter the health care system, and/or who do not want any form of AOD treatment.

Estimating the demand for residential rehabilitation is more difficult still, as it requires making assumptions about the proportion of those seeking help who would benefit from this form of treatment, compared to other forms.

Further, the use of data to estimate regional demand is problematic as residential rehabilitation services are generally regarded as 'Statewide' organisations, although it is

2 Ritter et al. (2014)
3 Ritter et. al. (2014: 190)
4 The Salvation Army Bridgehaven (Preston)

acknowledged that the majority of residents come from a more immediate, regional catchment area. At present, planning approaches (and modelling) are considered inadequate.[5]

2 Demand for AOD rehabilitation in City of Greater Geelong (CoGG)

Relevant AOD statistics are collected in particular Victorian catchment areas, and selected organisations are responsible for collecting statistics. In the Barwon Region statistics are collected by the Primary Health Care Network. In addition, much of the raw data is collated by Turning Point.

The summary statistics for the Barwon Region are as follows:

- The long term risk from alcohol consumption among males and females in the City of Greater Geelong is about the same as all Victorians.[6]
- There were 1,166 hospital admission due to alcohol in 2014/15, including 799 males and 367 females.[7]
- There were 475 hospital presentations due to illicit substances in 2014/15, including 274 males and 201 females.[8]
- There were 970 ambulance attendances related to alcohol, and 354 attendances related to illicit substances in 2014/15.[9]
- The CoGG has about 1,300 drug and alcohol clients per annum,[10] and 1,270 clients who misuse illicit substances.

Notional demand estimates

The notional demand for residential rehabilitation in the CoGG may be estimated, by making several assumptions. These are provided by way of illustration, and to indicate that the level of regional unmet demand for residential rehabilitation is potentially significant.

- The data indicates that there are at least 1,500 people in the CoGG who require AOD treatment services
- Assume 35% of these are moderate to severe in terms of their level of addiction (i.e. sufficient level of need to be suitable for residential rehabilitation)[11]
- Assume that 30% of these people are willing to commit to a residential rehabilitation program.

The potential demand is thus 160 persons per annum, of which one third (or about 50) may be assumed to be women. Based on an average length of stay of 6 months, Foundation 61 will be able to assist 16 of these 50 women per annum.

---

5 Ritter et. al.(2014)

6 VicHealth (2015) VicHealth Indicators Survey, Greater Geelong

7 Turning Point AOD data

8 Ibid.

9 Ibid.

10 Based on a population of 246,000 and a rate of 5.1 per 1000 population

11 Based on Ritter et. al. (2016:169)

3 Availability of drug and alcohol services in the CoGG

There are two State funded consortia providing drug and alcohol treatment services in the region – Barwon AOD consortium, and Stepping Up consortium. Member organisations are show below.

Table 3.1 Barwon AOD Consortium

Organisation	Main services provided
Barwon Health (Lead) (9.6 EFT)	Intake and assessment, counselling, non residential withdrawal
The Salvation Army (3.6 EFT)	Care and recovery co-ordination, counselling, residential withdrawal
Colac Area Health (1.5 EFT)	Care and recovery co-ordination
Bethany Community Support (0.4 EFT)	Family counselling

Table 3.2 Stepping Up Barwon Consortium

Organisation	Main services provided
Odyssey House Victoria (Lead)	Statewide service, not based in the region
Stepping Up (4 EFT)	Care and recovery co-ordination, counselling, AOD assessment
Windana Drug and Alcohol Recovery (1.5 EFT)	Non residential withdrawal
Barwon Child Youth and Family (1 EFT)	Care and recovery co-ordination, counselling
Western Victoria Primary Health Network	Network coordination

The Barwon AOD Consortium and the Stepping Up Barwon Consortium collectively deliver AOD treatment functions across the Barwon Region in the following areas:

- Intake and Assessment
- Counselling
- Care and Recovery Coordination
- Non-Residential Withdrawal, and residential withdrawal
- Catchment- based planning.

There are currently no state funded residential rehabilitation facilities in the Barwon Region. The need for accessible residential rehabilitation services has been recognised by the Victorian government and a 30 bed facility is being planned for the region.

The new service will be established in Corio in the northern part of the CoGG. Planning is in its early stages and it is expected that building will commence in 2019 and that the service will be operational in 2021. This will increase the number of residential rehabilitation beds in the region.

There are three AOD residential rehabilitation services in the region which are not funded by the State government, shown in Table 3.3.

Table 3.3: Private residential rehabilitation AOD services in the CoGG

AOD service	*Main focus*	
Foundation 61 (private charitable organisation) (Mount Duneed)	Residential rehabilitation for 15 men, length of stay of 6-9 months	Not for profit organisation. Fees are limited to 75% of Centrelink benefits.
Geelong Clinic (St Albans Park)	Mental health hospital (52 beds), includes Addictive Behaviours Program (a four week inpatient therapy program offering residential rehabilitation services for clients with AOD issues)	Private hospital. Fees are covered by private health insurance.
Ray Hader Clinic (Bellarine)	90 day program for men (30 beds). Programs tailored to individuals.	Private clinic. Fees are arbitrarily set by the organisation, and often depend on the length of stay. Fees may average $30,000 for 3 months.

4 Unmet needs and service gaps

A recent report on alcohol and other drug treatment services in Australia noted that there is a commitment by government and practitioners to the residential rehabilitation model, and that this form of treatment is an area of significant need.[12] This is indicated by insufficient beds and long waiting times to access services, with a particular need for residential rehabilitation beds for some groups, such as Aboriginal people.

Victoria has the second lowest number of residential beds per head of population, with all States except South Australia having more than double the rate of beds per head of population of Victoria.[13] According to Victorian Alcohol and Drug Association (VAADA), the The Victorian AOD treatment sector has been grossly underfunded for decades and this has perpetuated extensive waiting lists.[14]

In a recent report the Victorian Ombudsman reported that people were experiencing waiting times of 2 to 6 months to access State funded AOD residential rehabilitation services. This can have serious, and sometimes life threatening consequences for people on the waiting list.[15] Long waiting times discourage people from accessing rehabilitation services.

12 Ritter et. al. (2014)

13 VAADA (2017) Submission to Parliamentary Inquiry into Drug Law Reform. See also Victorian Parliament (2018) Inquiry into Drug Law Reform, p 292

14 Ibid. p 7.

15 Victorian Ombudsman (2017) Enquiry into the provision of alcohol and drug rehabilitation services following contact with the criminal justice system, Melbourne

It is generally acknowledged that there is a significant unmet need for residential rehabilitation services.[16] This is particularly the case in Victoria which has far less residential rehabilitation services than NSW. There is also a recognised need for greater variation on the traditional therapeutic community model.[17]

As indicated, the need for an AOD residential rehabilitation facility in the region has been recognised by the Victorian Government, with a commitment to building a 30 bed facility in Corio.

5 Client fees

Foundation 61 is a not for profit charitable organisation, which aims to be accessible to all people, particularly people on Centrelink benefits (e.g. Disability Support and Newstart). People on low incomes or who are receiving Centrelink benefits can generally only access government funded services, or not for profit charitable AOD services.

Foundation 61 sets residents fees at 75% of Centrelink benefits.[18] Foundation 61 receives other income in the form of donations from a range of organisations, as well as contributions from volunteers. Major donor organisations include:

- Give Where You Live
- Geelong Community Foundation
- Churches
- Service clubs
- Private businesses
- Individual philanthropists.

Revenue from residents represents less than 50% of the total operating budget of the Foundation 61 men's service. In 2016/17, and 2017/18 the effective average contribution from residents was approximately $35 per bed night, or about $250 per week (for full board). Some not-for-profit organisations receive government grant funding, which may represent up to two thirds of their operating budget. It is the intention of Foundation 61 to seek government grant funding in the future, although the development of the proposed facility is not dependent on this.

Private treatment options (such as Ray Hader) are available to people who have access to funds (often through their family). Accessing such private treatment options can avoid the longer waiting times often associated with other facilities. However the costs can be prohibitive, with a bed in a private rehabilitation facility costing between $3,000 and $4,000 a week. Some clients may be subsidised by government (e.g. veterans), and some specific services provided by private clinics may be covered by private health insurance.

The other main rehabilitation treatment option is provided by private hospitals (such as the Geelong Clinic). Private health insurance covers AOD services provided within a clinical environment. For many people with addictions this is not an option, as they have insufficient income to afford private health insurance. In addition, many hospital based programs are based on a 28 day program, which is too short for people with more complex

16 Ibid.

17 Ibid.

18 The cost of residential rehabilitation thus has little or no bearing on demand.

needs, or who have been experiencing addiction for longer periods of time. Some health funds and hospitals cover outpatient rehabilitation treatment for a period.

6 Conclusion

There is significant unmet demand for residential rehabilitation services generally in Victoria, and specifically in the Barwon region. While there is regional unmet demand, it is also important to recognise that residential rehabilitation services potentially have a statewide catchment area.

In recognition of the under supply of residential rehabilitation beds, the Victorian government is funding an additional 100 beds, scheduled to be available 2019/20, including an additional 30 beds in the Barwon region (Corio). The Corio beds are located in an urban setting, and it is expected that they will involve mixed (men and women) accommodation, and be medium length of stay (i.e. 3-4 months).

There is a particular demand for a specialised beds for women only, in a semi rural setting, which maximises the opportunity for recovery and rehabilitation. Victoria is significantly under resourced with women-only facilities, compared to NSW.

A more detailed description of the proposed model, and the rationale for a specialised long stay services for women only is provided in section B.

PART B PROPOSED SERVICE MODEL

1 Introduction

Foundation 61 is a not-for-profit faith based charitable organisation that seeks to provide healing opportunities and hope for people affected by addiction. Foundation 61 has been offering these services through a men's rehabilitation service, and outreach services to women in the Geelong region for 13 years.

Foundation 61 is now proposing the establishment of an 8 bed residential rehabilitation Alcohol and Other Drugs (AOD) facility for women and women with children, in the Mount Duneed area of Geelong.

The need for a facility for women has been long recognised, and a specific proposal was first detailed by Foundation 61 in 2015, and described in the Foundation 61 Strategic Plan: 2015-2020.[19]

A more detailed description of the proposed facility including the Service Model, and projected capital and funding requirements, was subsequently produced by Foundation 61,[20] and this document has been used by Foundation 61 to provide key stakeholders and the community with information about the proposal, and gain the support necessary to progress the project. The document has received widespread support including the commitment of the Commonwealth government of $1.5 million in capital funding from the Community Development Program.

This paper provides a description of the proposed Foundation 61 Service Model, based on the published documents, and consultations with the CEO and selected Board members of Foundation 61. The paper addresses the question *"Is the proposed service model consistent with evidence based good practice?"*. A more detailed description of the service model will be developed by Foundation 61 as the proposal passes various planning stages.

Literature review

In order to assess the Service Model proposed by Foundation 61, Thomson Goodall Associates (TGA) conducted a literature review to identify 'best practice' residential rehabilitation services as a form of treatment for alcohol and other drug misuse and addiction, and in particular, services for women. The review gave weight to literature which is:

- evidence based
- relatively recent (published within the last 10 years), and
- published in Australia, and with a focus on Australian AOD treatment services.

There are a small number of particularly relevant recent papers which specifically focus on best practice residential rehabilitation services for women in Australian. These include the following:

Williams et. al. (2017) "Evidence Check: Women and women with children residential rehabilitation best practice", produced by the Sax Institute for the NSW Ministry of Health.

[19] Foundation 61 (2016) Strategic Plan, pp. 29-31.

[20] Foundation 61 (2016) Women's Rehabilitation Service Model Prospectus

NADA (2016) "Gender Responsive Model of Care", Women's AOD Services Network, NSW.

NADA (2016) "NADA Practice Resource", NSW.

These studies and documents were produced as a result of a commitment by the NSW Department of Health to see the development of 'best practice' drug and alcohol treatment services in NSW. These papers demonstrate the efficacy of residential rehabilitation as an essential component of AOD treatment services, and the value of women's only residential rehabilitation services.

Residential rehabilitation - parameters

Best practice residential rehabilitation can be defined in terms of several parameters. The main parameters are:

- Residential rehabilitation (therapeutic community) as treatment option
- Integrated approach (including referral pathways)
- Gender specificity
- Target group (and exclusions)
- Number of beds
- Length of stay
- Location and setting (city based, urban, rural)
- Staffing (qualifications, experience, ratios, shifts)
- Model of care - Therapeutic programs and interventions, focus of recovery environment – clinical, community and/or spiritual, ancillary services, partner and family programs
- Transitional support
- Partnerships and networks
- Facilities
- Performance measurement and research
- Governance arrangements.

Each of these parameters are discussed in more detail below.

2 Residential rehabilitation

Foundation 61 proposal

Foundation 61 will provide a new residential AOD rehabilitation service.

Residential rehabilitation is formally recognised as one form of 'best practice' AOD treatment by the State and Federal governments, and by other jurisdictions.[21] Residential rehabilitation provides a structured, secure and therapeutic environment for people to address their addiction, and develop new skills and make positive life changes.

Other responses to people affected by AOD addiction include community based responses, withdrawal/ detox services, counselling, individual and group therapy, opportunities to change lifestyle and supportive therapeutic community responses. Residential

[21] Sheffield Hallam University (2017) notes that "there is a strong and consistent evidence base supportive of the benefits of residential treatment . . ."

rehabilitation is the most intensive response, and the most expensive, and is generally targeted to people with the more serious, complex and longer term addictions. As such, the availability of residential rehabilitation services is often more limited than other responses.[22]

The literature affirms the value of residential rehabilitation,[23] suggests there are several advantages of residential rehabilitation, including:[24]

- Residents have the opportunity to address the difficulties they face in a safe environment, away from day to day stressors
- Residents may achieve abstinence more readily than in the community
- A residential service provides required structure and suitable programs for clients on a daily basis
- A therapeutic community within a residential facility provides an appropriate context for recovery which necessarily requires a renewal of self and lifestyle in a community context – including values, honesty, behavioural skills, self-reliance, and accepting responsibilities
- Close monitoring of participants enhances assessment, and helps staff identify underlying issues and ascertain residents' wellbeing and progress on an ongoing basis
- Relationships can be developed and social skills strengthened, giving residents confidence to share stories and experiences within a safe and therapeutic environment
- There are opportunities to develop parenting and living skills in-situ, with the assistance of staff, on an on-going basis
- There is capacity to provide on-going peer support and constructive feedback from staff and volunteers who have lived experience.

Clients are accommodated and reside in-house, and many programs are provided in-house. Some residential rehabilitation services provide integrated programs at additional sites.

3 Integrated approach

Foundation 61 proposal

Foundation 61 proposes to operate within an existing integrated AOD treatment system. Foundation 61 will take referrals from a range of organisations, arrange for services to be delivered to clients on-site, and facilitate the transition of clients back into the community through an integrated and collaborative approach.

The literature affirms the need for residential rehabilitation to be seen in the context of an integrated care pathway, which includes a number of components:

- Assessment and referral
- Detoxification (usually as a precursor to admission to residential rehabilitation)
- Treatment services (professional) including residential and non-residential, counselling, group work
- Health and medical services

[22] Ritter et. al. (2016); Health Policy Analysis (2005); National Treatment Agency for Substance Misuse (2006)

[23] Sheffield Hallam University (2017)

[24] National Treatment Agency for Substance Misuse (2006)

- Case management and care planning, which supports residents to set and achieve their own goals, and identifies required services and supports
- Community based supports (e.g. AA, NA)
- Access to suitable housing - affordable, safe, and secure housing
- Opportunities to access education, training and employment support
- Development of social and life skills
- Transitional support services and aftercare

People with AOD issues may require some or all of these components.

Foundation 61 has been operating in the region for more than 12 years, and is well established within the network of AOD services.

Referral sources

It is expected that the majority of clients and referrals will originate from the Geelong Region. Foundation 61 may take some referrals from further afield. A significant number of organisations which currently make referrals to Foundation 61, as shown in Table 3.1.

Table 3.1: Foundation 61 - Referral sources

Geelong based referrals	Referral sources outside CoGG
Family and self-referrals	Colac Mental Health
Bethany Family Services	Bridge Program Bendigo
Salvo Connect	Wathurang Community
Barwon Health AOD Services	Anglicare Frankston
Courts/ Lawyers and legal system	Windana
Ice Meltdown Project	Uniting Care Ballarat
DHHS	Ballarat Community Health
Stepping up	Bendigo Mental Health Services
Geelong Hospital	
Matchworks	
Barwon Mental Health	
Samaritan House	
Surf Coast Mental Health	
Geelong Corrections	
Geelong Clinic	
Head Space	
Gen U	

It is expected that the women's service will also take referrals from many of the organisations listed in Table 3.1. The major referring organisations will include:

- Barwon Health AOD Program

- Bethany Community Support
- Salvo Connect (Geelong Withdrawal Unit)

Organisations referring women to Foundation 61 will be encouraged to maintain contact, and continue to provide women with support during their stay in residential accommodation, and when they leave. This is considered 'best practice', and Foundation 61 will seek to formalise these arrangements with referring organisations, through a MoU or similar partnership agreement.

Foundation 61 will arrange for some services to be provided on-site, for example on a sessional basis, and will assist women to access services off-site, as required. Sessional support services will include GPs, community health services, counsellors, education and employment services.

4 Women's specialist service

Foundation 61 proposal

The residential rehabilitation service will be for women only. This will complement the existing services which is for men only. Consistent with the expected length of stay, the target group is women aged 18+, with longer term AOD use, and other needs. There will be a requirement that women will be able to live reasonably independently. Initially, the service will not have sufficient resources to cater for women with significant physical, psychiatric or intellectual disabilities. The service will be able to assist women who are pregnant. Accompanying children (for 2 women) up to school age, may be supported.

The literature shows a growing body of evidence which supports the need for women-only residential rehabilitation programs, which lead to greater access by women, to this form of treatment and enhanced outcomes.[25]

Up until the mid 1970s residential rehabilitation mainly focused on male clients. In the 1970s there was an increasing recognition of the need for a differentiated approach to men and women with residential rehabilitation facilities. Changes were driven by concerns in the USA of the effect of a mother's substance abuse on unborn children. Pilot projects were funded, and reforms followed. In the 1980s separate gender specific facilities were established, and subsequently gender responsive services were established.[26]

Research indicates that women and men differ in substance abuse etiology, disease progression, and treatment requirements. Ashley et. al. 2003 reported that women differ from men in the antecedents of substance abuse, with substance abuse related to traumatic life events (physical or sexual violence, an accident, or disruption to family life), or as a result of the influence of others' drinking or drug abuse.

Women substance abusers are more likely to have poor self esteem, and higher rates of mental health issues such as depression, anxiety, bipolar affective disorder, eating disorders, PTSD, and suicidal ideation.[27] Importantly, vulnerable women and women who are fearful of men, are less likely to attend programs that treat both men and women.

[25] NADA Practice Resource (2016), p. 18; NADA Gender Responsive Model of Care (2016).

[26] Grella (2008)

[27] Ashley et. al. (2003)

Women may also experience barriers to generic drug and alcohol services due to stigma, labelling and feelings of guilt.

Making provision for children is a major consideration in accessing and obtaining appropriate treatment. Women report difficulty in accessing the necessary services in the community including child care and housing, due to stigma and discrimination, and/ or fear of scrutiny by child protection services.

Research findings are inconsistent as to whether women-only AOD treatment is more effective for women compared to mixed-gender services. It is apparent however, that women-only AOD services are not less effective, and there is evidence that women-only services result in greater engagement and increased length of stay.[28]

Thus women specific services result in:

- more women accessing residential rehabilitation services (who do not wish to access a mixed gender service) Many women prefer a 'women only' service [29]
- increased length of stays[30]

For some women however, it is clear that a women-only residential rehabilitation service will produce better outcomes.

Women-only services facilitate a gender-responsive service which aims to understand and address issues experienced by women. Gender-responsive approaches may include women-only programs and groups; services with only female staff; provision of on-site childcare; pre-natal, parenting, or other child-related and gender-sensitive program content; and, therapies that focus on issues prevalent among women such as trauma from physical, emotional, and sexual abuse.[31]

As indicated there has been considerable interest in and support for the development of women-only residential rehabilitation services in NSW in recent years.[32]

5 Number of residents

Foundation 61 proposal

The residential rehabilitation service will provide support for 8 women including up to 2 women with children up to 4 years of age.

Foundation 61 is planning a facility with capacity for 8 women. This is based on several factors. A number of 'good practice' models in other jurisdictions have capacities of 6 to 10 beds. This allows for more a more intensive approach, which is suitable for women with higher levels of need. The largest provider of residential rehabilitation services in the UK, the Phoenix Futures, has established Grace House, a 10 bed facility. Several of the NSW women's residential rehabilitation services have capacities of 6 – 9 women.

28 Willams et. al. (2017)

29 Greenfield (2007)

30 Williams et. al. (2017)

31 Covington (2008); Greenfield (2009), Prendergast et al. (2011).

32 Williams et. al. (2017), Appendix 4 provides a table of women's residential rehabilitation services in Australia and in selected international jurisdictions.

It is important for residential rehabilitation services to maintain a mixed and balanced client group. This prevents a concentration of particular problems and issues that may be demanding of staff or may require especially high levels of supervision. It is also helps ensure that the resident group has a range of experience, skills and attributes that they can contribute in mutual support, and reflecting the range of personalities and problems they will experience in the community.

From an economic perspective, Foundation 61 considers that it can meet the capital requirements of an 8 bed facility, and that a facility of this capacity will be manageable by the existing management structure.

6 Length of stay

Foundation 61 proposal

The residential rehabilitation service will aim to provide a 6-9 month program.

The 'most appropriate' length of stay within residential rehabilitation depends on a number of factors, including client need and complexity, the intensity of intervention while a client is in residential rehabilitation, and the availability of aftercare, or step down support.

Research suggests that 3 months is a minimum length of stay for residents to gain significant improvements.[33] Importantly however, longer term treatment has a cumulative benefit.[34]

Foundation 61 aims to provide a longer stay program of 6 months or more, which is targeted to clients whose drug and alcohol addiction is long term, and who have a range of other needs resulting from marginalisation and social exclusion, unemployment, inadequate housing, family violence, discrimination, a lack of life skills. A length of stay of 6 months or more appears to be 'good practice' for this target group, evidenced by recognised international residential rehabilitation models.[35]

7 Semi-rural location

Foundation 61 proposal

The residential rehabilitation service will be at Mount Duneed, in a semi-rural setting. The acreage site has sufficient land on which to develop a restful and tranquil garden setting, as well as provide the opportunity for residents to grow vegetables, and undertake horticulture.

There is relatively little literature which directly addresses the benefits of a rural location for residential rehabilitation services.

Phoenix Futures, the largest residential rehabilitation provider in the United Kingdom, includes a major emphasis on client connection with the natural environment. Phoenix research shows that participants in its *Recovery through Nature* program achieved a 41% higher successful completion rate than the national average.[36] The *Recovery through Nature* program (established in 2007) connects clients with nature to aid in their recovery. This

33 Dean et. al. (2012:4)

34 Sheffield Hallam University (2017)

35 For example see Phoenix Futures (UK)

36 https://www.phoenix-futures.org.uk/recovery-through-nature

includes working within a team on practical conservation projects in settings across Scotland. The program provides a number of benefits including:

- Self-esteem and confidence building, and a sense of satisfaction, stronger belief in their ability to change
- Learning how to patiently invest in natural resources and delayed gratification, 'ownership' of the activity
- Health benefits, mental and physical
- Developing relationships and bonding within the team, working in real life settings.

Some studies have identified semi-rural and rural settings as best practice for Aboriginal people.[37]

A number of well-regarded residential programs aim to offer recovery and rehabilitation in natural environments. Victorian programs include Windana (Maryknoll and Ballarat), EACH (Healesville) and Odyssey House (Lower Plenty), and Beleura Hospital and Farm (Mornington). There are several residential rehabilitation programs offered in rural settings in other States for example Missiondale (Tasmania), The Woolshed (SA), and the Buttery (NSW).

There are several obvious benefits associated with a rural setting, including:

- Connection with nature, and opportunities to participate in rural activities
- Peaceful 'retreat like' setting, allowing clients to focus on recovery, without intrusions and distractions, and psychological separation from the area in which they have been using AODs
- Remote from drug dealers, and other influences which can distract from rehabilitation
- Opportunity to engage in a range of therapeutic activities not available in urban settings, including primary production activities, horticulture, working with animals, horse riding, etc.

The proposed Foundation 61 site is a convenient distance from the outer urban areas of Geelong, where community and other services are accessible, and the women residing in the facility have the opportunity to be supported by, and re-integrate with, local communities.

Foundation 61 has identified additional (practical) benefits associated with the location. The site is approximately 5 kms from the men's residential rehabilitation service, which incorporates the Foundation 61 head office. The head office and men's service has equipment, staff, facilities and other resources which may be useful to the women's rehabilitation service. The location thus provides the opportunity to share some resources, as well as cost effectively facilitate management and administration of both the men and women's services.

[37] Williams et. al. (2017: 27)

8 Staffing, volunteers and sessional support

Foundation 61 proposal

The staffing model includes 2.4 EFT professional staff (0.8 EFT Program manager, 0.8 EFT case manager, and 0.8 EFT family support worker) plus a number of volunteers. In addition women will be supported by a number of sessional staff and services. All professional staff will have appropriate qualifications, and experience, and receive appropriate professional supervision and professional development. All professional staff will have a case load.

All residential rehabilitation services rely on a mix of paid professional staff, peer support workers (volunteers), and sessional support services. The mix of 'people' resources varies according to service, and there is no clear evidence in the literature which indicates particular staff to client ratios, for particular target groups, within residential rehabilitation services. State and Commonwealth government funding does not require that services operate with particular (minimum) staff to client ratios. Rather, funding is provided based on expected number of episodes of support provided per annum.

The women's service staffing ratios is based on the experience of the Foundation 61 men's service, which has proven satisfactory.

Peer support (volunteers)

Foundation 61 proposes that residents will be supported by a range of volunteers (the estimated requirement is about 20 volunteers). These volunteers will provide assistance with the following:

- 24/ 7 live in support
- Health services (fitness, yoga)
- Child care
- Art and crafts
- Living skills – cooking, gardening, parenting
- Recreational activities
- Group work – therapeutic, psycho-education, information
- Vocational education and training
- Assistance with financial, legal and other issues
- Practical assistance with transport, shopping, etc.
- Some property maintenance.

These services are consistent with the volunteer support services provided by other well-regarded residential rehabilitation services.

Foundation 61 will select and train volunteers, as required. Many volunteers will have appropriate professional qualifications and provide their services on a pro bono basis. Volunteers will be supervised appropriately. The value of lived experience and peer support of staff and volunteers, has been shown in several studies.[38]

[38] For example Novotna et. al. (2013)

Sessional supports

Sessional supports for residents will be provided on a regular basis (e.g. fortnightly), or as required. Sessional supports may include:

- General practitioners
- Nurses – (sexual health and other issues)
- Allied health workers – physiotherapy, dieticians
- Psychologists/ Counsellors (for individual counselling, including residents accessing MHP's)
- Fitness Trainers
- Art Therapists
- Educational specialists (offering Adult Council of Further Education approved courses)

9 Model of Care

Foundation 61 service model

Foundation 61 has developed proposed aims, guiding principles and a model of practice.

The use of documented aims, guiding principles and a model of practice is consistent with good practice.[39]

9.1 Aims

Foundation 61 has established aims, and principles for the proposed Program for Women, consistent with good practice. The aim of the Residential Rehabilitation Program for Women will be:

- to offer a safe and secure environment which enables healing and recovery from addiction to take place, and
- to support women to live healthy and balanced lives

Key strategies to achieve these aims are:

- A case management approach including supporting residents to set their own personalised goals for recovery, on-going assessment, case planning, support, referral, monitoring progress and exit planning
- Providing supported accommodation
- Providing programs that respond to the individual needs and issues of participants in a caring and flexible manner
- Providing participants with the opportunity to develop life skills that are changing and permanent.
- Supporting participants to reintegrate into their community (developing living and social skills)

A more detailed description of these strategies is provided in section 9.3 below.

[39] NADA (2016) Women's AOD Services Network, Gender Responsive Model of Care.

9.2 Principles

Guiding principles for the program incorporates influences from a number of sources including the Collaborative Recovery model:[40]

1 Recovery is respected as an Individual Process

- Recovery is a deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributory life, even with the limitations caused by illness.
- Recovery places a focus on increasing wellbeing rather than decreasing symptoms.
- Recovery involves the development of new meaning and purpose in one's life as one grows beyond the catastrophic effects of illness.

2 Collaboration, Relationship Building and Autonomy Support

- Research consistently shows there is a correlation between the strength of the working relationship between a person who is recovering and people who are assisting this process and mental health outcomes.
- A focus on the working alliance whilst supporting the autonomy of the client.

9.3 Practice model

9.3.1 Safe and secure environment

Foundation 61 will provide residential accommodation within a controlled, safe and secure environment. The location, and building are designed to provide residents with a sense of safety and security. This is consistent with good practice.[41] The safety and security will be enhanced by:

- A women-only facility
- Appropriate building design, private rooms for residents, and good visibility and sight lines to common areas for workers
- Safe (semi-rural) location
- Appropriate staffing levels 24/7
- Sexual safety and sexual health programs and information[42]
- Safety and security systems (including CCTVs)
- Controlled environment with appropriate house rules to reduce risks
- Environments which are supportive and nurturing, and culturally safe
- Services which are emotionally safe (trauma informed)
- Rigorous occupational health and safety policies and procedures

40 The Collaborative Recovery Model was developed by the University of Wollongong.

41 NADA Practice Resource (2016).

42 NADA Practice Resource (2016), p. 28

9.3.2 Personal/ individual approach (case work)

The service will seek to respond appropriately to each individual. Participants will be given the opportunity to set their own personalised goals, and will be well supported by case workers to work towards positive outcomes. This is consistent with good practice.[43]

Case management will include the following best practice elements:

- Comprehensive assessment (facilitated by day to day contact and observation)
- Individual plans for treatment, life and living skills development, etc.
- Referral to appropriate services as required, which may be provided on-site, or externally
- Support, information and advice, and assistance to access services (e.g. legal, financial, health, mental health, vocational and educational support services).
- Liaison with other services (case coordination)
- Monitoring progress
- Exit planning

These are consistent with the elements of good practice case management[44],[45].

9.3.3 Strengths based

Foundation 61 proposes a 'strengths based' approach, which focuses on women's strengths and resilience, and aims to build capacity and self-determination. This is consistent with good practice,[46] and includes physical strengthening and social/relationship strengthening.[47]

Strengths-based programs focus on the inherent strengths, resilience and skills that women already possess, and build on these for future success and problem-solving. This approach shifts the focus from 'the problem' to an approach which empowers women by drawing attention to the positives that exist within and around them. In this way women are defined by their capacity for growth and change.

9.3.4 Counselling and therapeutic group work

A range of counselling and therapeutic group work will be offered by Foundation 61. This will be provided by qualified allied mental health practitioners. Foundation 61 intends to offer the following forms of counseling and therapeutic group work, consistent with good practice:[48]

- ❑ Evidence-based individual counselling for AOD treatment including cognitive behavioural therapies, trauma informed therapy, dialectical behavioural therapy, and motivational interviewing
- ❑ Evidence-based therapeutic group work – which is strength based. Various groups will be provided including relationship building; mentoring; parenting; psycho-education and 12 steps.

---

43 NADA Practice Guide (2016), p. 25

44 Raiff and Shore (1993)

45 NADA Practice Guide (2016), p. 25

46 NADA Practice Guide (2016), p. 19

47 Scerra (2011)

48 NADA Gender Responsive Model of Care (2016)

The program will draw upon several therapeutic frameworks including:[49]

- Positive Psychology- Hopes, Strengths and Wellbeing
- Motivational Interviewing
- Trauma Informed Therapy
- Cognitive Behavioural Therapy
- 12 Steps Principles
- Psychosocial Education
- Family Therapy
- Collaborative Recovery Model
- Dialectical Behavioural Therapy
- Narrative Therapy
- Acceptance and Commitment Therapy

Most of these therapeutic approaches are in use in residential rehabilitation programs, and are recognised as best practice.[50]

9.3.5 Healthy environment

Foundation 61 will provide a holistic, healthy living environment, and promote women's health and wellbeing. This will include:

- Appropriate nutrition and diet
- Opportunities for exercise and active recreational activities
- Opportunities to develop fitness, including gym equipment, and fitness training
- Living spaces which are well lit by natural light, including open air courtyard
- No smoking areas
- Sexual health

These are consistent with best practice.[51]

9.3.6 Trauma informed practice

Trauma informed service provision acknowledges the lived experience of trauma, common to women and which seeks to avoid events and experiences which may re-traumatise women.[52]

9.3.7 Spirituality

Foundation 61 operates within a Christian ethos, and recognises the value of spiritual awareness to assist in recovery. In broad terms the role of spirituality in recovery relates to the promotion of residents' achieving meaning in their lives.[53] Alcoholics Anonymous is a

---

49 NADA Gender Responsive Model of Care (2016), p.9

50 NADA Gender Responsive Model of Care (2016), p. 9

51 NADA Gender Responsive Model of Care (2016). See also The Healthy Steps to Freedom program

52 NADA Practice Resource (2016), p. 20; See also *Trauma Matters: Guidelines for Trauma-Informed Practices in Women's Substance Use Services* Canadian Women's Health Network (2013)

53 Galanter (2006)

spiritual community, and the 12 steps program is a recognised adjunct to professional care. Studies conducted in Salvation Army residential rehabilitation services indicate a positive relationship between strengthened faith and recovery. [54]

9.3.8 Family inclusive practice

Foundation 61 will foster a family inclusive practice, which acknowledges and responds to the significance of family relationships for women. The service will assist residents to work towards reconnecting families and developing healthy and supportive relationships with family members, and to build relationships with the participants' children. A family focused response will be supported by the possibility for preschool children to enter the facility with their mother, and to develop parenting skills. This is consistent with good practice within residential rehabilitation services for women.[55]

Good practice includes a range of possible services for clients' families:[56]

- telephone information and support for family members
- referral of family members to other support services (counselling, groups)
- providing family members with written information about drug and alcohol treatments
- providing community education sessions for families
- establishing support groups for families (i.e. families as clients of Foundation 61)
- initiating self-help groups for families.
- family therapy sessions/meetings, especially around exit planning.

Foundation 61 will offer all of these services for clients' families.

9.3.9 Children

Foundation 61 will accommodate a limited number of women with accompanying children. A number of services will be provided for children, consistent with good practice:[57]

- Childcare and preschool education (internal or external)
- Children's therapy
- Supervised access opportunities with children where relevant
- Playgrounds inside and external to the building
- Opportunities for children to participate in a range of activities.
- Practical assistance, such as transportation, childcare, and worker assistance
- Assistance in dealing with Child Protection.

9.3.10 Recreational opportunities

Women will be offered a range of recreational activities such as:

- Creative arts – craft work, art, music, writing
- Stress management practices, activities for mood regulation

---

54 Mason et. al. (2009)

55 NADA Practice Resource (2016), p. 23; NADA Gender Responsive Model of Care (2016).

56 NADA (2009) Tools for Change: A new way of working with families and carers.

57 NADA Practice Resource (2016) p. 47.

- Outings – bushwalking, visits to the beach, canoeing

These and other activities are consistent with good practice.[58]

9.3.11 Vocational education and training

The Foundation 61 service will provide vocational and life skill based education and training opportunities to prepare residents for reintegration into community. Vocational areas may include work readiness, communication skills, and specific skills such as horticulture. Foundation 61 is a 'Learn Local' registered educational provider through the Adult Council of Further Education (ACFE).

Meeting educational and vocational training needs is a recognised pathway out of treatment, and can support effective transition back into the community.[59]

9.4 Transitional and post rehabilitation support

Foundation 61 will provide transitional support to enable participants to establish sustainable independence in the community upon leaving the program.

Foundation 61 currently provides a community based women's program, which aims to empower, support and equip women to live healthy and balanced lives free from AODs. The women's program includes groups, counselling, training, mentoring, volunteering training and opportunities, social events and an annual women's retreat. It is planned that residents of the rehabilitation service will join the women's program during their stay, and continue to attend the group as part of the transitional and post rehabilitation support program.

In order to retain women in treatment long enough to establish effective and sustained improvements to their lives, best practice includes the provision of transitional and post rehabilitation support to women.[60] The Victorian Government considers transitional support an essential component of residential rehabilitation services.

Foundation 61 supports a selected number of men who live in transitional accommodation, and it will explore appropriate transitional support arrangements for selected women after their residential stay.

9.5 Partnerships and networks

In addition to being part of an integrated response to people with AOD issues, Foundation 61 will establish partnerships with other relevant professional services and organisations in order to enhance practice, improve access and facilitate service delivery to its clients. Foundation 61 is part of existing networks such as:

- Geelong AOD network
- Public Health Network West Victoria
- Geelong Volunteers Network
- Geelong CEO Network
- Salvation Army Men's network

---

58 See Williams et. al. (2017) Appendix 4 for a list of activities offered by women's services.

59 NADA Gender Responsive Model of Care (2016) p. 10.

60 Network of Alcohol and other Drugs Agencies (NADA). NADA Practice Resource: Working with Women Engaged in Alcohol and Other Drug Treatment (2016, 2nd ed.) Sydney: p. 30

- Learn Local Network

This is consistent with good practice.[61]

Partnerships may be established with organisations in a range of sectors including:

- Family violence, sexual abuse
- Mental and physical health
- Family support, children's services and/or family unification
- Community legal services
- Homelessness and housing
- Education and job networks
- Spiritual support.

9.6 Facilities

Foundation 61 has developed plans for the new service. While there is little or no academic literature describing 'good practice' facilities, the built form and facilities must enable delivery of the service model described above. There are also accepted design features which are commonly used, and accepted as standard in smaller scale residential rehabilitation buildings such as the Foundation 61 proposal. Key features of the proposed facility include:

- Individual bedrooms which offer privacy and security for residents, as well as some expression of individuality
- Dual key ensuite bathrooms
- A commercial grade kitchen for preparing daily meals, and for food preparation education
- Separate living spaces for women, and women with children
- Outdoor recreation areas including a children's playground
- Staff facilities and offices, and accommodation for sleepovers
- Staff quarters, for a single or couple to live on the premises as caretakers
- Art and craft room
- Seminar / education/ recreation room
- Children's playroom
- A visitor's room, which can double as a family therapy/ counselling room
- A private interview, or counselling room
- An external storage shed
- A garage to house vehicles

9.7 Performance measurement and research

Consistent with good practice, Foundation 61 will measure the performance of the service, using output (number of clients, episodes of support, treatment programs, etc.), and

[61] NADA Practice Resource (2016), p. 57

outcome measures (e.g. engagement and length of stay, participation in programs, transition to independent living).[62]

Foundation 61 will also explore the possibility of conducting research projects focusing on the effectiveness of the service model, and the efficacy of various treatment components. As a minimum residents will have the opportunity to complete satisfaction surveys.

Research will be conducted in accordance with Human Research Ethical requirements, undertaken by qualified academics, and only undertaken if it can be demonstrated that the research is the long term interests of Foundation 61 residents.

9.8 Governance

Foundation 61 will establish appropriate governance arrangements for the proposed facility. These will be consistent with good practice and include:[63]

- ❑ An organisational development plan
- ❑ A Reference Group (including representatives of external organisations)
- ❑ Sub Committees of the Board of Management
- ❑ A detailed business plan for the establishment of the proposed facility
- ❑ A female Women's Facility Manager reporting directly to Foundation 61 CEO
- ❑ Appropriate documented policies and procedures
- ❑ Appropriate administration arrangements, including record keeping, and case management systems
- ❑ A quality and capacity building framework

10 Conclusion

Overall the residential rehabilitation service proposed by Foundation 61 is consistent with good practice, as evidenced in current academic and grey literature.

[62] Ritter et. al. (2014), pp 216-221.

[63] Williams et. al. (2017)

References

Christie, E., Burkinshaw, P., Knight, J. et. al. (2017) *An Evidence review of the outcomes that can be expected of drug misuse treatment in England*, Public Health England, UK.

Eastwood, B., Peacock, A., Millar, T., Jones, A., et al. (2018) "Effectiveness of inpatient withdrawal and residential rehabilitation interventions for alcohol use disorder: A national observational, cohort study in England", ***Journal of Substance Abuse Treatment***, Vol. 8.

Galanter, M. (2006) "Spirituality in Alcoholics Anonymous: A Valuable Adjunct to Psychiatric Services", ***Psychiatric Services***, Vol. 57, No. 3.

Giorgi, I., Ottonello, M., Vittadini, G., and Bertolotti, G. (2015) "Psychological changes in alcohol-dependent patients during a residential rehabilitation program". ***Neuropsychiatric Disease Treatment***, Vol. 11.

Health Policy Analysis Pty Ltd (2005) The NSW Alcohol and Drug Residential Rehabilitation Costing Study, for the NSW Centre of Drug and Alcohol, NSW Department of Health.

Mason, S. J., Deane, F. P., Kelly, P. J., & Crowe, T. P. (2009). "Do spirituality and religiosity help in the management of cravings in substance abuse treatment?" ***Substance use & misuse,*** Vol. 44 No. 13.

McCoy, L.K., Hermos, J.A., Bokhourm, B.G., and Frayne, S. M. (2005) "Conceptual Bases of Christian, Faith-Based Substance Abuse Rehabilitation Programs", ***Journal of Substance Abuse***, Vol 25, Issue 3.

National Treatment Agency for Substance Misuse (2006) *Models of residential rehabilitation for drug and alcohol misusers*, NHS, UK.

Network of Alcohol and Other Drug Agencies (2016) *Women's AOD Services Network Profile*, Version 2, NADA, NSW.

Network of Alcohol and Other Drug Agencies (2016) *Practice Resource. Working with Women engaged in Alcohol and Other Drug Treatment*, 2nd Edition, NADA, NSW.

Network of Alcohol and Other Drug Agencies (2016) *Gender Responsive Model of Care*, NADA, NSW.

National Treatment Agency for Substance Misuse (2006) Models of residential rehabilitation for drug and alcohol misusers.

NSW Health Department (2012) Drug & Alcohol Treatment Guidelines for Residential Settings, NSW.

Raiff, N. R., and Shore, B. K. (1993)Advanced Case Management, New Strategies for the Nineties, Sage Publications.

Ritter, A., Berends, L., Chalmers, J. et. al. (2014) *New Horizons: The review of alcohol and other drug treatment services in Australia*, Final Report, UNSW.

Saraf, S., Newton, R. (2017) "Care or recovery? redefining residential rehabilitation", ***Bulletin of Royal Australian and new Zealand College of Psychiatrists***, Vol. 25, No. 2.

Scerra, N. (2011) "Strengths Based Practice: The Evidence, A Discussion paper", Uniting Care Social Justice Unit.

Sheffield Hallam University (2017) *Residential Treatment Services Evidence Review*, The Helena Kennedy Centre for International Justice & Phoenix Futures, UK.

Parker, S. Siskind, D., and Dark, F. (2017) "Thoughts on 'Redefining residential rehabilitation in Australia', ***Bulletin of Royal Australian and new Zealand College of Psychiatrists***, Vol. 25 Issue 4.

VicHealth (2015) VicHealth Survey Indicators, Greater Geelong LGA Profile.

Victorian Alcohol and Drug Agency (2017) Submission to Parliamentary Inquiry into Drug Law Reform.

Victorian Government (2018) *Alcohol and other Drugs Program Guidelines*, Department of Health and Human Services, Melbourne.

Victorian Ombudsman (2017) Enquiry into the provision of alcohol and drug rehabilitation services following contact with the criminal justice system, Melbourne

Victorian Parliament (2018) Inquiry into Drug Law Reform, Melbourne

Western Victorian Primary Health Network (2016) *Barwon Alcohol and Other Drugs catchment Plan 2015-2018*.

Williams B., Bowles K., Lubman D., Chakraborty S., Beovich B. et al. (2017) *Women and Women with Children Residential Rehabilitation Best Practice: an Evidence Check Rapid Review*, brokered by the Sax Institute for the NSW Ministry of Health.

Appendix 1: NSW case study ('best practice')

The provision of women-only residential rehabilitation services in NSW provides a 'best practice' case study. The NSW government and non-government organisations have identified to importance of providing specialist women's AOD treatment and rehabilitation services, and there are now more than 100 women-only residential rehabilitation beds in NSW across 9 facilities. Women specific organisations operating in NSW are shown in table 1 on the following page. .

Most of these services are part of the NSW Women's AOD Services Network, which was established in NSW in 2013. This network is committed to best practice women's residential rehabilitation services, and has produced several key documents describing best practice.(Reference)

The nominal length of stay is from a minimum of 3 months to one year. Most services require that clients have detoxed prior to admission. Only one residential rehabilitation facility includes detoxification/withdrawal, but most provide transitional (step down) and after care programs. One service targets women who are involved in the criminal justice system. Most services target women from the age of 18 years, but some require women to be 21 years. Most services have capacity to accommodation children (up to 1 year old).

Most residential rehabilitation services are Statewide. Most treatment programs include trauma informed care, as well as CBT and DBT. Some services include outreach and day programs, and some have capacity to assist women who are experiencing housing difficulties and/ family violence.

Table 1: Residential AOD rehabilitation facilities for women in NSW

Name of facility	Coverage	Capacity	Nominal LOS	Specific feature of the model
Detour House, Glebe	Sydney Metropolitan area and Inner West	6	3	Trauma informed care, DBT, family violence support
Whos New Beginnings, Rozelle	Statewide	24	4-6	ACT, trauma informed
Guthrie House Enmore	Statewide	9	3-6	Focus on housing and homelessness, aftercare
Jarrah House, Little Bay	Statewide	24	3	CBT, DBT, incl. withdrawal, aftercare
Kamira, Wyong	Statewide	16	6-9	CBT, DBT, ACT Accept children up to 8 years old, and accept pregnant women
Kathleen York House, Glebe	Statewide	7	6	2 months transition, 12 months after care
Phoebe House, Arncliffe	Statewide	9	6	

Source: https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/GL2007_014.pdf, and Ritter et. al (2014)

In 2016-17 the NSW government allocated an additional $8 million to enhancing existing residential rehabilitation services for women and women with children, in order to assist an additional 250 women per year. The NSW Department of Health aims to ensure that the

funds are only invested in best practice models of care. To this end the Department funded a study of best practice residential rehabilitation services for women (Williams et. al., 2017)

Appendix 2: Thomson Goodall Associates Pty Ltd

Thomson Goodall Associates Pty Ltd (TGA) has extensive experience in consulting to the government and non government sectors, in the areas of homelessness, family violence and alcohol and drug services. TGA has worked in these areas for more than 25 years, and are well regarded by many non government organisations, the Department of Health and Human Services, and various peak organisations.

Clients include:

- Victorian Department of Health and Human Services
- Family Safety Victoria
- The Salvation Army
- Centacare
- Society of St Vincent de Paul
- Hanover Welfare Services
- NSW Housing
- Victoria Police
- Berry Street
- Anglicare
- Jesuit Social Services
- Commonwealth Department of Veterans' Affairs
- Commonwealth Department of Family and Community Services
- Homeground
- City of Yarra
- WAYSS
- Melbourne Citymission
- Eastern Region Mental Health Association
- Queensland Department of Communities

Selected consultancies

- ❑ Review of the Salvation Army drug and alcohol program (the Bridge)
- ❑ Evaluation of intensive case management and out of home care programs for young people at risk (Berry Street).
- ❑ Evaluation of the Connexions Program for young people with drug and alcohol and mental health issues (Jesuit Social Services).
- ❑ Comprehensive documentation of the service model for Risk Assessment Management Panels (RAMPs), to respond to women and children at serious and imminent risk (DHS)
- ❑ Compilation of Guidelines for Risk Assessment Management Panels (RAMPs), to respond to women and children at serious and imminent risk (DHS)

- An evaluation of two Pilot programs in Geelong and Northern Metropolitan Regions, to strengthen risk management for women and children at serious and imminent risk, including the establishment and operation of Risk Assessment Management Panels (RAMPs) (DHS)
- An evaluation of Family Violence Safety Notices (Victoria Police and the Department of Justice)
- Evaluation of Intensive Case Management Initiative for people with high and complex needs
- Review of community health service response to women escaping family violence, in a rural setting
- Review and re-structure of the family violence system in South Australia.
- Review and modelling of "Housing Options for Women" and "Private Rental Brokerage" Pilot Programs for women and women with children experiencing violence (DHS)
- Documentation of service model for Southern Women's Integrated Support Service (SWISS), (WAYSS).
- Development of a national framework for people experiencing homelessness with high and complex needs (FaHCSIA).
- Evaluation of kinship care programs implemented in two Melbourne based CSOs (Berry Street, Anglicare Victoria).
- Articulation of service model for people from CALD backgrounds and who are experiencing drug and alcohol and psychiatric disabilities (ERMHA).
- Development of innovative service models for crisis supported accommodation services (The Salvation Army Crisis Services, and Eastcare).
- Development of an Assessment and Referral framework for homelessness services in Victoria (DHS).
- Planning advice and detailed model analysis and costings for Queensland hostel redevelopment (Queensland Department of Communities).
- Documentation of the Jesuit Social Service model for the Support after Suicide program (JSS).
- Review of the statewide Community Connections Program for people who are marginalised and at risk of homelessness, and documentation of a good practice model (DHS).
- Development of a statewide framework and service model for young people leaving care (DHS).