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

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Acknowledgement of Country

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

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

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

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

Executive summary

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

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

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

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

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

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

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

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

Summary of findings

- Twelve of the 15 participating services completed all four service-specific components: a) baseline audit; b) written feedback; c) attended an implementation workshop to develop an action plan; and d) follow up audit. Ninety-five percent (33/35) of staff who attended implementation workshops reported that they were aware that the audit had occurred at their service and 75% (26/35) were aware of the outcome of the audit (Figure 2, p18).

- While the Guideline was initially thought to be the driving force underpinning implementation, the importance of the other steps in the process were quickly realised. Staff rated the Project resources (e.g. feedback reports and action planning logs) as particularly useful tools for implementing their action plans.

- Interviews with Chief Executive Officers (CEOs)/managers (total interviews = 26) showed that they overwhelmingly perceived the Project as positive (Section 3.2). A limitation was initial uncertainty about the Project among staff that was associated with different levels of staff awareness about the Project requirements (project background, expectations, scheduling and next steps). These issues needed to be addressed during the baseline audits.

- CEOs/managers also reported that a key enabler was clarity about the process by which the cultural competence improvement activities would be implemented in their service (e.g. timing, ensuring multi-level buy-in and resource/staff availability). Notable barriers to implementation were organisational and contractual factors (e.g. limited funding, challenges hiring Aboriginal staff and the short timeframe of the Project).

- The implementation workshops were favourably received by staff, who rated them as being well facilitated (reported by 97% of staff who attended), well organised (reported by 100%) and well accepted (reported by 89%) (Figure 3, p23).

- After only three months, 10 of the 12 services that completed all four service-specific components increased their cultural competence audit score for their initial three self-selected action areas (outcome 1) by an average of 81% from their baseline score. Remarkably, all 12 services also increased their audit score for all activities other than their three self-selected action areas (outcome 2) by an average of 46% from their baseline score (Figure 7.1, p29).

- All eight services that consented to an examination of their routinely collected administrative data showed increases in the proportion of episodes of care provided to Aboriginal clients (outcome 3) (Figure 9, p33), four showed increases in the number of episodes of care provided to Aboriginal clients (outcome 4) (Figure 10, p35) and four showed increases in the number of completed episodes of care by Aboriginal clients (outcome 5) (Figure 11, p36). In total, five of these eight services showed a statistically significant increase on at least one of the secondary outcomes: three services on outcome 3; one service on outcome 4; and two services on outcome 5 (Section 3.6). These results are particularly encouraging given the short time frame that services had to implement their cultural competence improvement actions and the short follow-up period.

- The stepped wedge evaluation design allowed trend analysis of the data pre and post implementation of the intervention, separately for each service. This analysis provides increased confidence that the impacts observed in figures 9 to 11 are attributable to the intervention (as opposed to any other co-occurring activities). Figures 12 and 13 (p38-39) show six of the eight services had an increasing or stable post-, relative to pre-, intervention trend, with only two services showing declines in post-intervention service usage by Aboriginal clients. The generally positive trends observed from pre- to post-test are highly likely to be a consequence of the intervention because the same pattern was repeated across most services even though services engaged in the intervention process at different points in time (because of the stepped-wedge design) and in a randomly allocated order, and despite the different circumstances relevant to each service and their self-selection of different intervention activities. Although there was only data from a short period included in this analysis, due to the short project time frame, the outcomes are trending in the expected direction for six of the eight services and could easily continue to be monitored over time (because the data are routinely collected administrative data).

- In general, those services that showed increases on their audit scores (outcomes 1 and 2) also showed increases in the analysis of their routinely collected administrative data (outcomes 3, 4 and 5). Demonstrating similar trends in different data sources increases confidence that these results are robust. Follow-up work could further explore this relationship, monitor whether positive changes occur in more services over time and seek to understand why some services did not significantly improve.

Recommendations

For PHNs and/or Services

1. There is a clear opportunity for the PHNs to consider how they might integrate this five-step process, as a continuous quality improvement (CQI) cycle, into the routine delivery of AOD services across NSW and nationally.
2. Establish a communication strategy to inform staff about the background, aims, expectations, procedures and schedules involved in improving cultural competence. This would increase awareness about the requirements of cultural improvement activities and help identify how staff can most effectively engage in those activities.
3. Establish a 'bank' of efficient and creative mechanisms by which services' staff could operationalise cultural competence improvement activities (e.g. identified roles for Aboriginal people, staff training), which are not solely reliant on dedicated funding.
4. Design and implement a routine evaluation framework to monitor the cultural competence of services over time, and the specific impact of new cultural competence activities that are implemented. As demonstrated by this project, this monitoring and evaluation framework could be seamlessly implemented with service delivery at low-cost by better use of administrative data that are already routinely collected (e.g. the minimum data set), complemented by periodic audits.

For the Project and/or Funders

5. Extend the timeline between baseline and follow up audits to allow more time for staff to plan and enact activities, or ensure that the process is maintained over a longer period of time (e.g. as routine CQI – see Recommendation 1).
6. Future Guideline implementation activities should explicitly include the four project components (baseline audit; written feedback; implementation workshop and action plan; and follow up audit), and utilise all the Project resources (e.g. feedback reports and action planning logs) given the value of these were clearly recognised.
7. Future implementation workshops should closely replicate those in this Project given their high level of acceptability to services.
8. Aboriginal staff with auditing training and skills, and who are independent of services and funding organisations, should conduct the audits and facilitate the implementation workshops.

Glossary

AOD	Alcohol and Other Drugs
MDS	NSW Minimum Data Set for drug and alcohol treatment services
NADA	Network of Alcohol and other Drugs Agencies
NARHDAN	NSW Aboriginal Residential Healing Drug and Alcohol Network
NDARC	National Drug and Alcohol Research Centre, UNSW
NGO	Non-Government Organisation
PHN	Primary Health Networks

Terminology used in this report

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

1. Introduction

1.1. Orientation to the evaluation and team structure

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

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

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

1.2. Overview of the Cultural Competence Project and its implementation

The Project and evaluation were structured around the *Alcohol and Other Drugs Treatment Guidelines for Working with Aboriginal and Torres Strait Islander people in a non-Aboriginal setting* (hereafter referred to as the Guideline). The Guideline development was led by RW and an Aboriginal Advisory Group during 2018 and 2019. The Guideline includes six themes and 16 action areas. Information on the Guideline development process is presented in the Guideline document.

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

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

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

C. Convening Guideline implementation workshops for staff from services to identify three areas from their audit that they could feasibly address in the

time available for the implementation phase of the Project (approximately three months) and develop a detailed action plan with specific activities that services can implement to operationalise their action plan.

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

1.3. Stakeholders for the Project

The following stakeholders were involved in the Project:

- PHNs that initiated and funded the project: Central and Eastern Sydney PHN, Coordinare (South Eastern NSW PHN), WentWest (Western Sydney PHN), South Western Sydney PHN, Hunter New England, Central Coast PHN, and Western NSW PHN.
- Project and evaluation coordination: Network of Alcohol and other Drugs Agencies (NADA).
- Project Team: Lives Lived Well (Raechel Wallace and Julaine Allan).
- Aboriginal Advisory Group (membership is listed in the Guideline).
- Participating services: Non-Aboriginal, non-government AOD Treatment Services in NSW identified by the PHNs to take part in the Project. The contact details of the services were provided to the Project Team who made contact and informed them of the Project activities and scheduled audits and implementation workshops.
- Evaluation Team: National Drug and Alcohol Research Centre (led by Sara Farnbach and Anthony Shakeshaft).

1.4. Evaluation aims

The evaluation aimed to answer the following key question: *Was the Guideline implemented in the participating services and did this implementation change – that is, improve – the cultural competence of services?* To effectively answer this key question, the following aims were specifically addressed:

1. Establish the fidelity with which each of the Project components were implemented in the participating services: a) baseline audit; b) written feedback; c) implementation workshop and action plans; and d) follow up audit.

2. Identify enablers and barriers to the implementation of the project components, and the perceptions of CEOs/managers about the acceptability of the Project.

3. Explore the perceptions of staff about the processes of the implementation workshop, including their acceptability and relevance.

4. Iteratively adapt the Project components during the project based on feedback collected from staff (obtained during Aims 2 and 3).

5. Identify the impact of the project on the cultural competence of services in two ways: i) baseline and follow up audit scores of cultural competence; and ii) analysis of administrative data collected routinely by the services to determine their level of engagement with Aboriginal clients. Aim 5 includes the following primary and secondary outcomes:

Primary outcomes

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

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

Secondary outcomes

3. Change in the proportion of episodes of care provided to Aboriginal clients in each service.

4. Change in the number of episodes of care provided to Aboriginal clients in each service.

5. Change in the number of completed episodes of care by Aboriginal clients in each service.

2. Methods

2.1. Evaluation summary

This evaluation used a mixed-method approach to address the evaluation aims (section 1.4). It was framed around a program logic which identifies how the Project was intended to work and to link activities with process and impact outcomes (Appendix A). The Project was reviewed and approved by the Aboriginal Health and Medical Research Council of NSW [#1487/19] and UNSW Human Research Ethics Committee [REC/16/CIPHS/46] (Appendix B). Participants (staff who work at participating services) completed informed consent prior to taking part in interviews (Appendix C). A summary of the data collection and analysis methods is presented in Table 1.

2.2. Randomised stepped-wedge design

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

2.3. Developing the audit tools

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

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

Aim	Data collection method	Analysis method
1. Establish the fidelity of the delivery of each component of the project at the participating services (extent to which the four project components were implemented)	Implementation and Evaluation Log (jointly maintained by Project and Evaluation Teams) Semi-structured interviews with CEOs/managers using an interview guide (Appendix D). Digitally recorded and transcribed verbatim Implementation Workshop Feedback Survey (completed online by staff attending the workshop)	Number of services that completed project components was calculated Qualitative analysis to identify perspectives about implementation completeness Quantitative survey data were tallied to identify staff awareness of project components
2. Identify enablers and barriers to implementation that arise from the feedback of CEOs/managers, and their perceptions about the acceptability of the Project	Semi-structured interviews with CEOs/managers using an interview guide (Appendix D). Digitally recorded and transcribed verbatim	Qualitative analysis to identify enablers, barriers and acceptability of the project A report summarising the priorities of CEOs/managers for the implementation workshop was provided by the Evaluation Team to the Project Team to assist with planning the workshops
3. Explore the perceptions of staff about the processes surrounding the implementation workshops, including acceptability and relevance	Implementation Workshop Feedback Survey (completed online by staff attending the workshop)	Quantitative survey data were tallied to identify perspectives around the processes surrounding the workshop, including acceptability and relevance
4. Iteratively adapt the Project components during the project based on feedback collected from staff (obtained during Aims 2 and 3)	Data from CEO/manager interviews and Implementation Workshop Feedback Surveys were fed back to the Project Team	Qualitative and quantitative analysis to identify perspectives and potential improvements to the Project
5. Identify the impact of the Project on: i) Cultural competence of services (according to the audits of cultural competence, based on the Guideline) ii) Proportion of Aboriginal people who used the participating services and completed treatments	i) Audit outcomes (collected by the Project team during audits) to identify if changes to cultural competence occurred during the Project ii) Minimum Dataset Data to identify service use patterns	After audits were completed, audit outcomes were independently rated using pre-determined rules by the Project and Evaluation Teams. The two sets of ratings were compared and any disagreement around ratings were resolved by discussion between the Teams until a consensus was reached. Baseline ratings were compared with follow up ratings to identify change Quantitative analysis to identify changes to the proportion and number of treatment episodes by Aboriginal clients and the number of completed episodes by Aboriginal people

2.4. Determining cultural competence using the audit tools

During the baseline and follow-up audits, the Project Team visited services and asked the staff the audit questions in person. The responses provided by staff were recorded into the audit tool. After each audit was completed, ratings were allocated to each of the 21 audit criterion on a scale of 0 to 3 (indicating limited, some, good or excellent evidence of the criteria being met, with a total possible score of 63) and using the following process:

1. The Project Team rated the 21 audit criteria according to the pre-specified set of rating rules.
2. The Evaluation Team reviewed the audit tool and independently rated the 21 criteria according to the pre-specified set of rating rules.
3. The two sets of ratings were then compared and any disagreement around ratings were resolved by discussion between the Project and Evaluation Teams, until a consensus was reached.
4. Total audit ratings were determined by calculating the sum of the criteria.
5. Audit ratings were developed into an audit outcome report and provided to the CEO of the participating service.

To identify the impact (change) of the project on the cultural competence of services (Aim 5), ratings for each criterion and total audit ratings from the baseline and follow-up audits from each participating service were compared after the follow-up audit. To identify if specific Guideline themes were actioned more often among services, the criteria related to each theme were calculated (each theme had between two and eight criteria).

The Project schedule allowed three months between baseline and follow-up audits, meaning services had limited time to enact changes in areas of the Guideline. Therefore, at the implementation workshop, staff were encouraged to prioritise three activities to address during the three months. The primary outcome was to identify changes in ratings according to these three key themes.

2.5. Qualitative data

Interviews with CEO or managers

After the baseline and follow up audit outcome reports were sent to the CEO/manager, they were invited to complete phone interviews with the Evaluation Team. An interview guide (Appendix D) was followed, which aimed to capture interviewee perspectives of audit outcomes; priorities for the implementation workshop (in baseline interviews only); feedback on the auditing process; preferences for ongoing development of cultural competence, and perceptions about

changes arising from the project (in the follow up audit only). Interviews were digitally recorded and transcribed verbatim. A report summarising the priorities identified by the CEO/manager for the implementation workshop was provided to the Project Team to assist with planning the implementation workshops.

Implementation Workshop Feedback Survey

At the end of the workshop, participants who attended the workshops were provided with a link to an online anonymous survey (Appendix E, Aim 3), which was managed by the Evaluation Team. After each workshop, surveys were analysed to identify feedback or potential improvements around workshop processes, acceptability and relevance. Quantitative survey data were tallied and provided to the implementation team, and qualitative data were thematically analysed to identify key themes.

Participants

Participants included CEOs/managers and staff from the participating services who attended the audits, implementation workshops or competed evaluation interviews. Given that CEOs and managers possess detailed knowledge about the processes and policies related to cultural competence at their respective services, these individuals were encouraged to participate and contribute to the audit conversations. Similarly, it was hoped that CEOs and managers had the capacity to decide on and subsequently enact changes to practices at their service and therefore were invited to attend the workshops so planned activities were more likely to be implemented.

2.6 Updating the Project based on Evaluation data

Delivering a high-quality and acceptable project was prioritised by the stakeholders (PHNs, NADA and the Project and Evaluation Teams). Therefore, it was decided that Aim 4 was an important aspect of the evaluation as it provided the opportunity for improvements to be made to the Project during implementation, based on evaluation data. Therefore, qualitative data captured from CEOs/managers were fed back to the Project Team after each baseline interview and data from the Implementation Workshop Feedback Survey were regularly analysed and provided to the Project Team. These data were used to update the processes around the Project during implementation.

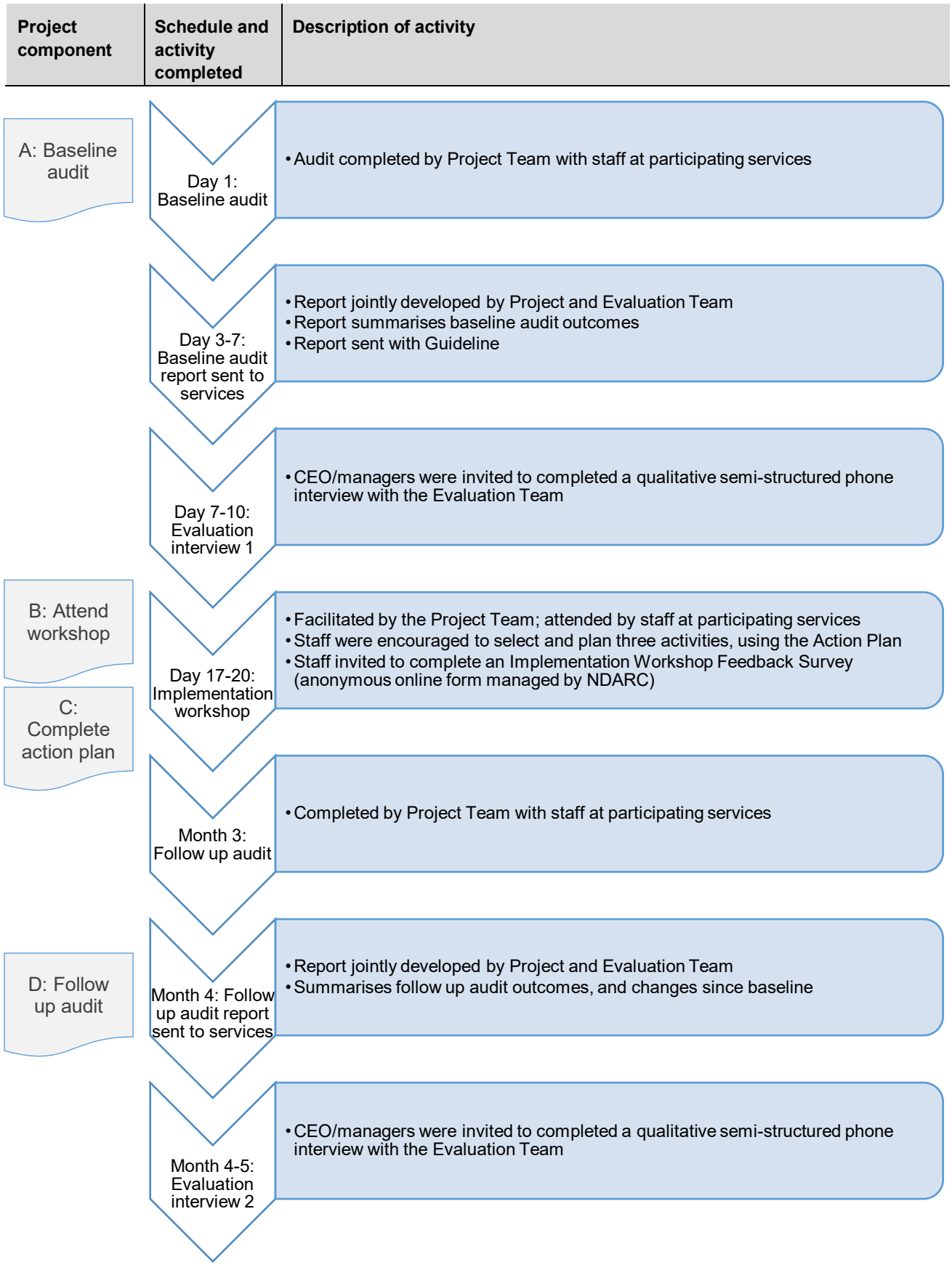
2.7 NSW Minimum dataset

With permission from management at participating services, the NSW Minimum Data Set (MDS) for drug and alcohol treatment services from participating services was provided by NADA to NDARC at the end of the Project. The MDS data were analysed and service use and treatment episodes were compared from before the Project was implemented (baseline audit) to after implementation (Aim 5, secondary outcomes).

2.8 Implementation and evaluation procedures

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

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



3. Results

3.1. The fidelity of the delivery of each component of the Project at participating services

Key findings

Fifteen services were identified by the PHNs to participate in the Project. Of these, twelve services completed the entirety of the Project. A high level of fidelity was achieved for each of the four project components: a) baseline audit; b) written feedback; c) attending an implementation workshop to develop an action plan; and d) follow up audit. One service only completed (a) to (c), one completed (a) only, and one did not complete any of the Project components.

The main reasons for services not completing all the Project components included: staff turnover during the Project or the Project Team was unable to contact service staff to arrange subsequent components (reported by Project Team). The average time between baseline and follow up audits was 18 weeks (the scheduled time was 12 weeks) (See Table 2, p17). Delays to follow up audits were due to scheduling commitments at services (making identifying a suitable time challenging). One service was re-scheduled due to a local bushfire, which took priority over the project and made travel to the service unsafe.

The time between baseline and follow up audits exceeded that of the initially intended schedule. Despite this elongated assessment period, a longer interval between baseline and follow up audits allowed more time for services to implement their action plans.

- The top two themes that arose from interviews with CEOs/managers showed that baseline and follow up audits were completed for their service (14/14). Staff from 13 services attended implementation workshops (see Tables 2 and 3, p17-18).

This suggests staff and CEOs/managers are actively aiming to enhance culturally competent service delivery and are aware of the need to foster an environment of inclusivity and respect for Aboriginal clients.

- Six CEOs/managers reported some uncertainty among some of their staff about the Project requirements before the baseline audit (about communication processes regarding the Project's background, expectations, scheduling and next steps) (see Table 3, p18). These concerns were resolved during discussions at baseline audits.

This suggests there is inconsistency among the extent to which staff had a thorough understanding of the Project, its requirements and intended outcomes before the baseline audit.

- In the Implementation Workshop Feedback Survey, most (33/35) staff reported that they were aware that the audit had occurred at their service and most (26/35) were aware of the outcome of the audit (Figure 2, p18).

Once the Project was underway, staff were well informed about the progress of their service through the Project components. Therefore, the initial sense of uncertainty some staff had towards the Project and its associated requirements were rectified overall by the time these individuals engaged with the Project and completed the Implementation Workshop Feedback Survey.

Table 2: Fidelity of the delivery of each component of the project captured via Implementation and Evaluation Log

		Project component				
Cluster	**Participating services at baseline (N)**	**A. Baseline audit (n)**	**B. Attended workshop (n)**	**C. Completed Action Plan (n)**	**D. Follow up audit (n)**	**Average time between audits (weeks)**
Cluster 1	2	2	2	2	1	16
Cluster 2	2	2	2	2	2	15
Cluster 3	2	2	2	2	2	23
Cluster 4	3	2	2	2	2	16
Cluster 5	4	4	3	3	3	19
Cluster 6	2	2	2	2	2	17
Total participating services	**15**	**14**	**13**	**13**	**12**	**18 weeks**

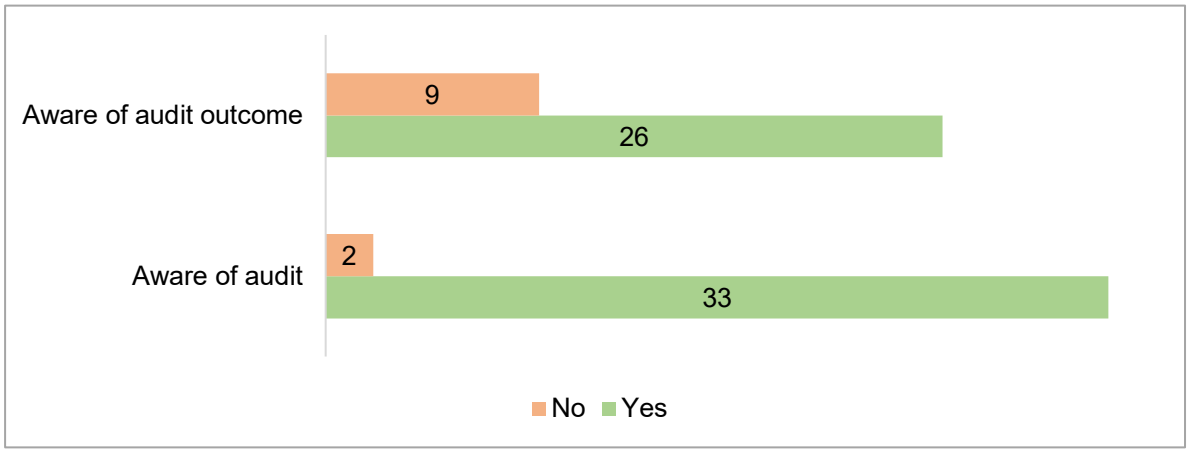
The 15 services identified to participate in the Project were split by geographic region into six clusters of between two and four services and randomised to start times.

Table 3: Key themes arising from interviews with CEOs/managers about Project fidelity

Theme	Theme description
Project was implemented as planned	Baseline audits, workshops, planning activities and follow up audits were completed as planned
Received audit outcome reports as planned	Services that completed an audit (baseline or follow-up) received the audit outcome reports
Some staff were unclear about project requirements	Some (6) CEOs/mangers reported some uncertainty about the project background, expectations, scheduling and next steps before baseline audits

Themes presented in order of importance (as reported by CEOs/managers).
The perspectives of CEOs/ managers from services that did not complete interviews are not included in these themes.
26 interviews were completed with CEOs/managers.

Figure 2: Implementation Workshop Feedback - Staff reported awareness of audit and the audit outcomes before the workshop



3.2. Enablers and barriers to implementing the Project, and the acceptability of the Project, reported by CEOs/managers

Key findings

- Enablers to implementing cultural competence activities included aligning the timing of the Project with setting up new services, having multi-level buy-in for the Project and having resources/staff time available to support Project activities (see Table 4, p20).
- Barriers to implementing cultural competence activities included limited funding and time available to complete planned activities, challenges hiring Aboriginal or culturally competent staff, the need to balance the needs of varied population groups (e.g. cultural needs of overseas born clients with Aboriginal clients), difficulty adapting activities to different service delivery models and limited time to implement change (between baseline and follow up audits) (see Table 5, p21).

In response to the implementation enablers and barriers indicated by staff, several recommendations were noted by CEOs/managers to improve the Project (Appendix F).

- The Project was reported to be acceptable by all (100%) CEOs/managers who completed interviews after the baseline (N=14) and follow up audits (N=12). Most reported that it had benefit to the services and to themselves.

This finding reflects the high level of enthusiasm CEOs/management have for the Project.

- Most CEOs/managers reported that implementing cultural competence activities was an important part of their work, and that it was a priority at their service. Many reported that their service had a focus on cultural competence before the Project began.

Given that CEOs/managers report that cultural competence was an important focus of their work, it is reasonably expected that these same virtues are shared by their wider teams and workforce.

- Approximately 40% of staff reported that there were changes to cultural competence at their service after they completed the audit and received the audit outcome report (before they had attended the implementation workshop).

This finding highlights the importance of the discussions arising during audits and timely feedback of outcomes to expedite immediate changes to enhance cultural competence.

Enablers and barriers relating to implementing the cultural competence reported by CEOs/managers

CEOs/managers reported specific enablers (Table 4) and barriers (Table 5) that they experienced with implementing cultural competence activities at their services. Consistent with these enablers and barriers, CEOs/managers made several recommendations about potential improvements to the Project and its overall delivery (see appendix F).

Table 4: Common enablers to implementing cultural competence activities reported by CEOs/managers

Enablers	Description
Timing of project with service changes or setting up new programs	New services/programs or those undergoing internal changes (e.g. re-structuring, strategic planning or developing/implementing Reconciliation Action Plans) were well positioned to implement changes to cultural competence
Interest in the project from multiple levels within services	Buy-in from CEOs/managers and staff who attended project activities led to a productive environment which supported action around cultural competence
Resources/staff time available to progress activities	Staff had adequate time and funding with which to dedicate to activities supporting action around cultural competence

Table 5: Common barriers to implementing cultural competence activities reported by CEOs/managers

Barriers	Description
Limited access to funding and time to progress activities	Funding was not readily available to support specific activities (developing resources, community engagement) or for positions which focused on work around cultural competence (including clinical, community engagement and project roles, particularly of dedicated roles for Aboriginal staff) It was sometimes challenging to allocate staff time to complete project activities around busy existing workloads and competing service demands
Challenges hiring Aboriginal staff or culturally competent staff	Challenges hiring appropriately skilled staff to identified and non-identified positions, especially in rural/remote areas. Sometimes when roles were advertised, there were no Aboriginal staff applications for extended periods, or in other cases, applicants were over or under qualified Sometimes managers decided not to hire people because they did have strong cultural skills, meaning that clinical positions took longer to fill
The requirement to balance the needs of varied population groups	Services often had clients from multiple ethnic, cultural and religious backgrounds, which required them to be inclusive. This resulted in some services having a limited capacity to tailor specific workflows and processes to Aboriginal clients
Difficulty adapting activities to different service delivery models	Services differed with respect to their delivery models, geographical locations and organisational size, which meant that activities had to be adapted or in some cases, were not feasible for specific settings Some larger state and national organisations had internal processes which required longer timeframes to implement activities, and in some instances, proposed activities were not feasible because of these processes/policies (e.g. including Aboriginal board members).
Limited time (3 months) to implement change	The timeframe was too short to show sustained change or implement activities, such as developing new relationships with Aboriginal representatives. The 3-month follow up audit was useful because it motivated staff to continue working towards achieving their planned activities before the follow-up audit.
Varied skill level across staff	Some staff had extensive skills working with Aboriginal people, others required additional time to develop their skills and knowledge. Providing training to staff sometimes slowed down implementation

Acceptability of the project to CEOs/managers

- *Services benefited from participating in the Project:* Services and staff built capability and skills around specific activities involved with culturally competent service delivery. Many staff found the Project resources useful, particularly audit outcome reports, the Guideline itself and action planning tool (completed by staff in the Implementation Workshop to plan actions over the subsequent three months). The process of auditing services, providing specific feedback and assistance in creating action plans appeared to be key in helping services to improve cultural competence. The recommendations in the audit reports acted to personalise the guidelines for individual services.

  The Guidelines are useful, but I would say the audit report was even more useful … having an organisation actually come in actually go, "this is where you're doing well. These are the areas you can improve on," I think that's really very valuable. So, moving forward, I would suggest that we're probably going to look at the recommendations in the audit report rather than the Guidelines. Manager, service J

- *Audits and audit outcome reports prompted change:* Completing the audits and receiving the audit outcome reports provided staff with new insights and ideas about how cultural competence principles can be applied in practice. Sometimes, staff members devised and applied new strategies around cultural competence before they attended the Implementation Workshop and completed action planning.

  There's been two new clients since [the audit] last week that are Aboriginal, and [staff] have started conversations, good policy conversations about the greetings, the welcoming [environment]... Manager, service D

- *There was personal benefit from the Project*: Many staff reported benefits arising from learning new skills/knowledge as part of the Project, or from spending time working on a different Project to their useful duties.

  From my end as a clinician, I could look at it as professional development, because there are things I didn't learn at university, I didn't learn in placement, but now I'm equipped with these resources that I've passed on to the team. Manager, service J

- *There is keen interest among staff around implementing cultural competence:* Delivering culturally competent care was viewed as an important aspect of service delivery.

  It's been a really positive for us, and I think it's given us a really good framework of where we need to step up and what we can be doing a little bit more … and what things will be looking like for us to move forward to be working in a safe place for our clients. Manager, service L

3.3. Perceptions of staff about the processes surrounding, acceptability, and relevance of the implementation workshops

Key findings

- Thirty-four of thirty-five staff members attending the workshops reported that the workshops were well facilitated (97%) and well organised (97%). Thirty-five staff members reported that the workshop activities worked well (100%), and 34 reported that the content was relevant (97%) (Figures 3 and 4).

Staff overwhelmingly reported a high level of satisfaction with the processes surrounding the implementation workshops, as well as the content and delivery of the workshops.

- Thirty-one of thirty-five staff members were satisfied or very satisfied with the workshops, thereby favourably receiving and accepting the workshops (89%) (Figure 5). Approximately 40% (15/35 staff who completed the survey) reported that they perceived there to be improvements to the cultural competence of their service since the baseline audit and they received the audit outcome report (Figure 6).

Many staff believed that there were improvements in cultural competence, and this is testament to the ability of staff to integrate audit feedback into their practices and to the auditing procedures followed by the Project Team.

Feedback captured via the Implementation Workshop Feedback Survey

Staff provided feedback on the processes surrounding the workshops (Figure 3); the relevance of the workshop (Figure 4); the acceptability of the workshop (Figure 5); and changes to the cultural competence of their service since the audit and report (Figure 6).

Figure 3: Survey feedback on the processes surrounding the workshops

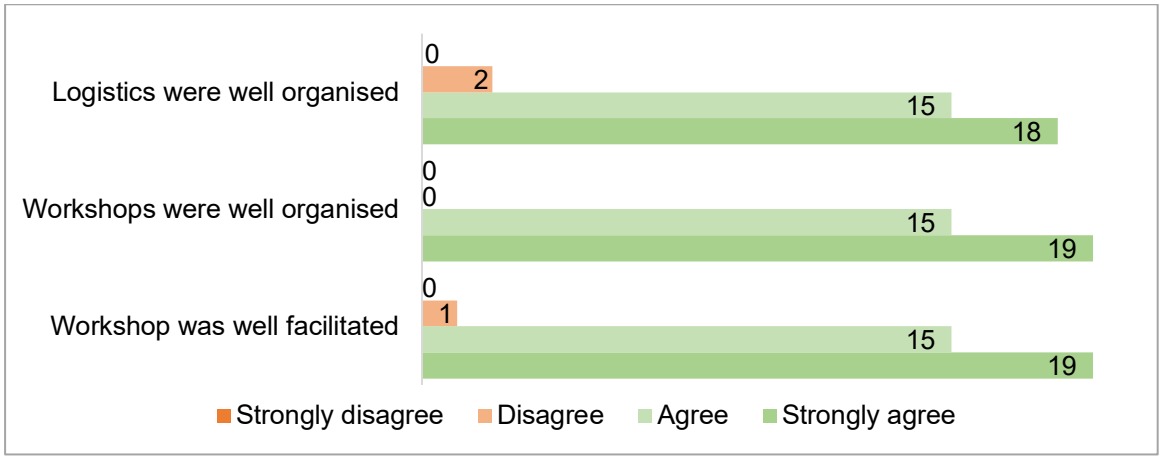


Figure 4: Survey feedback on the acceptability of the workshops

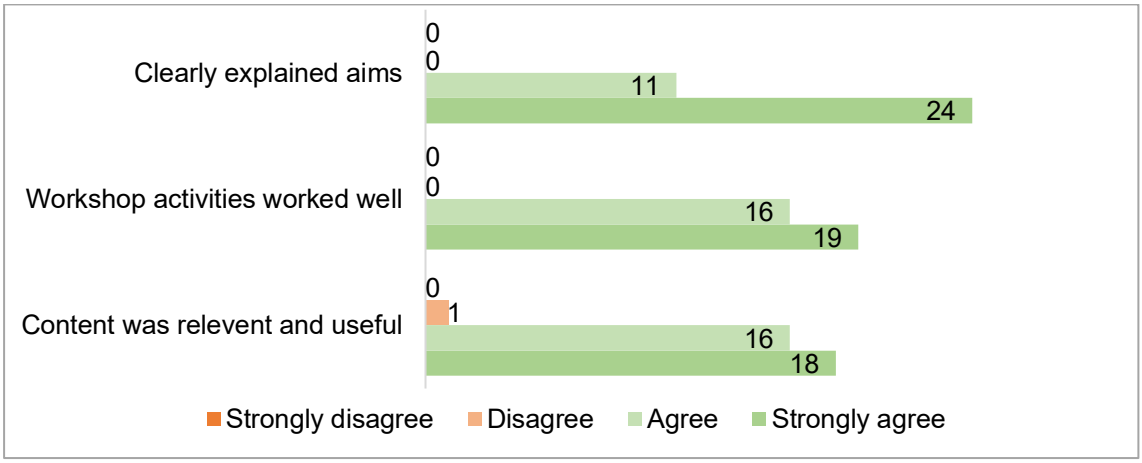


Figure 5: Satisfaction with the workshops

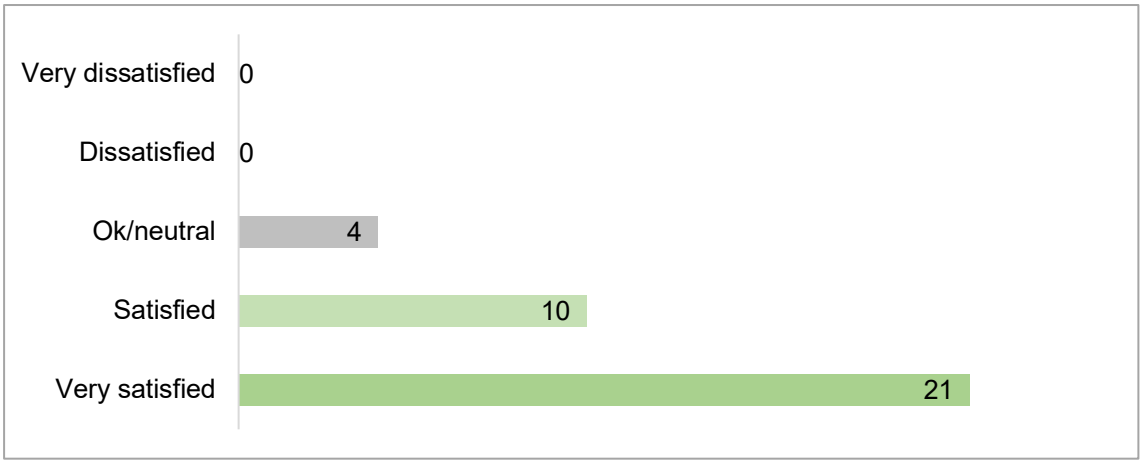
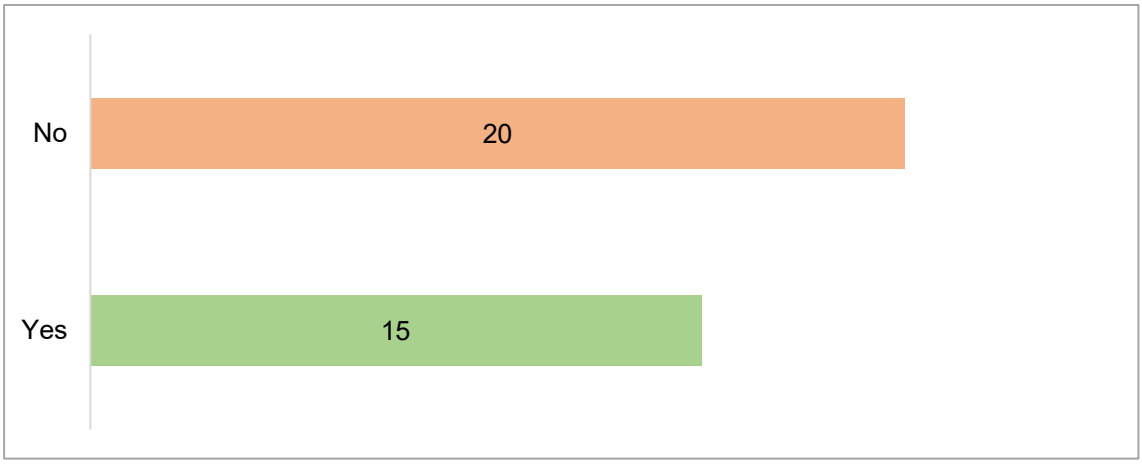


Figure 6: Staff reporting change in cultural competence of services since the baseline audit and report



3.4. Updating the Project based on feedback

Key findings

Based on feedback from CEOs/manager and staff, the following changes to processes were made after Project components A-C were implemented to clusters 1 and 2 (see section 2.6):

- Information provided to CEOs/managers at the beginning of the Project included a recommendation that a CEO/manager attend the audits and clearly describe the audit process to show that only information provided on the day of the audit would be included in the audit rating and report.

This recommendation was made to ensure staff with knowledge around services' processes/policies attended the audit, so information they provided could be included in the audit outcome report and considered during rating allocation. Due to the scheduling commitments of the Project, the audit only captured information provided at the time of audit, and staff were not able to comment and update information after the audit outcome report was provided to services.

- The audit report was restructured and developed during the Project. Reports were shortened and wording was revised. Ratings were removed from reports. The updated version used the words '*limited, some, good or excellent'*, replacing the previous version which included a rating of 0, 1, 2 or 3.

Changing the reporting around the rating system underpinning the audit system provided service staff with a less didactic list of instructions and incentivised them to take on and implement the audit feedback more openly and constructively.

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

Key findings – primary outcomes

Section 3.5 includes data from the 12 services that completed baseline and follow up audits. The three services that did not complete all four project components were excluded from primary outcome analysis.

- Staff had clear insights about how to improve the cultural competence of their services, which they operationalised during the implementation workshops following their baseline audits. They effectively enacted these ideas, as evidenced by an average audit rating improvement of 2.4 points between their baseline and follow up audits in the three key action areas they selected (see section 2.4 for information about how ratings were allocated). This represents an average 81% improvement relative to their baseline scores.
- Staff also increased the average rating of their services in the audit areas other than the three key action areas they selected by an average of 8.3 points between their baseline and follow-up audits, which represents an average 46% improvement relative to their baseline scores.
- The cultural competence strategies were enacted by services in accordance with the best-evidence practices described in the Guideline.

These finding are testament to service staff actively implementing the cultural competence activities that were most relevant to their service, as identified in their baseline audit, and their desire to foster a culturally competent service.

- The Guideline themes represent principles that are feasible to enact within NGO AOD Treatment Services, as demonstrated by improvements in rating scores on all Guideline themes, with an average change of between one and five in each theme (Figure 8, p31).
- Although services differed in the extent to which they improved on various Guideline themes, the biggest improvements were consistently associated with the following three themes:
    1. Current formal connections with Aboriginal organisations and/or workers (relationships, referral pathways, shared work arrangements).
    2. Local Aboriginal protocols reflected in practice and/or policy.
    3. Service induction includes materials about working with Aboriginal people (completed within 12 months of employment).

Given the short implementation timeframe, services rightly prioritised improving connections with Aboriginal organisations, incorporating local Aboriginal protocols into practice and informing staff about working with Aboriginal people.

Detailed findings – primary outcomes

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

Of the 12 services that completed baseline and follow up audits, 10 had an ***improvement in audit rating in the three key action areas*** at follow up audits. Two services ("L" and "D") had no change between baseline and follow up audits. For both these services, one of their three chosen activities had a baseline score of 3, meaning there were no opportunities for improvements at follow-up audit for this activity.

Table 6 shows the baseline and follow-up audit ratings in the three key action areas for each service. On average the audit ratings increased by 2.4 points after the project was implemented (out of a total possible score of 9 points). The average percent improvement from baseline to follow-up rating in the three action areas for all 12 services was 81%.

Table 6: Change in audit ratings for the three key action areas, by service

Cluster	Service	Baseline audit rating	Follow-up audit rating	Change in audit score	Percent change from baseline
1	K	2	7	+ 5	250%
2	C	4	7	+ 3	75%
	L	4	4	0	0%
3	F	2	4	+ 4	100%
	J	3	8	+ 5	167%
4	H	5	8	+ 3	60%
	I	2	3	+ 1	50%
5	B	4	5	+ 1	25%
	D	3	3	0	0%
	E	3	6	+ 3	100%
6	A	5	7	+ 2	40%
	G	2	4	+ 2	100%
Average across all services		**3.3**	**5.5**	**+ 2.4**	**81%**

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

All 12 services that completed baseline and follow up audits had an ***improvement in their audit ratings on the cultural competence activities other than the three key action areas they selected***.

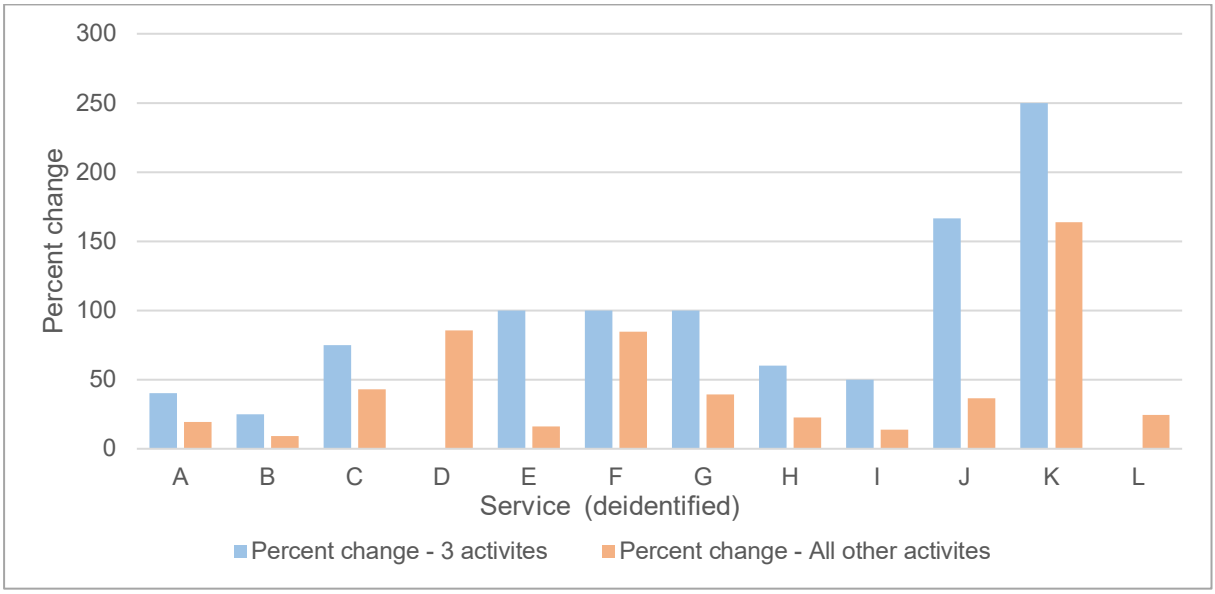
Table 7 shows the baseline and follow-up audit ratings in all cultural competence activities other than the three key action areas selected by each service. On average the audit ratings increased by 8.3 points after the project was implemented (out of a total possible score of 54 points). The average percent improvement from baseline to follow-up rating in all cultural competence activities other than the three key action areas selected by each service was 46%.

Table 7: Change in audit ratings for all other activities, by service

Cluster	Service	Baseline audit rating	Follow-up audit rating	Change in audit score	Percent change from baseline
1	K	11	29	18	164%
2	C	28	40	12	43%
	L	37	46	9	24%
3	F	13	24	11	85%
	J	30	41	11	37%
4	H	22	27	5	23%
	I	22	25	3	14%
5	B	33	36	3	9%
	D	7	13	6	86%
	E	31	36	5	16%
6	A	26	31	5	19%
	G	28	39	11	39%
Average across all services		**24.0**	**32.3**	**8.3**	**46%**

Figure 7.1 shows the average percent improvement from baseline to follow-up rating was 81% for the three action areas selected by the services (blue bars) and 46% for the cultural competence activities other than the three key action areas selected by services (orange bars).

Figure 7.1: Percent changes to audit ratings in three action activities and all other audit criteria, by service



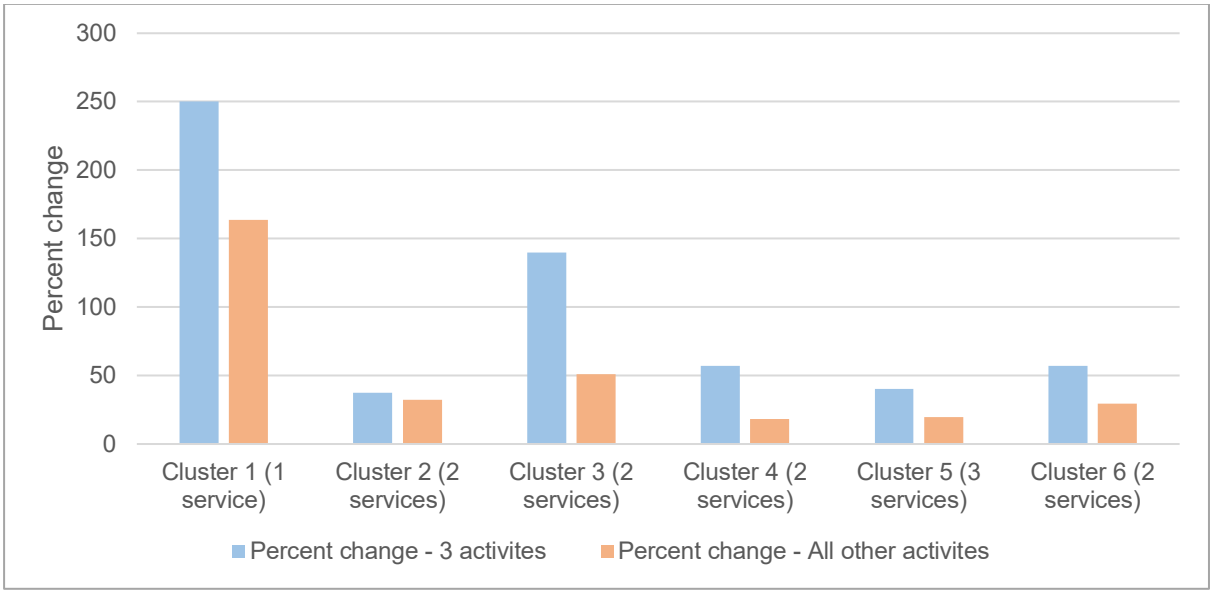
Service data are randomly presented, and names are not included at the request of services.
Staff were encouraged to prioritise three areas to address during the three months. Activities differed and selected by service staff (activities are listed in Appendix F).

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

As shown in Figure 7.2, improvements were seen in the three key action areas selected by services (blue bars), and all other cultural competence activities (orange bars), in each cluster (i.e. the percentage improvement aggregated across all services within each cluster).

As the clusters were randomised to start times, the results are unlikely to be impacted by bias associated with some services being more ready to implement changes than others, or any other relevant factors that may have impacted on outcomes other than the five-step process implemented in this project. This strategy of grouping services into clusters then commencing the improvement process in a randomised order over time (formally known as a stepped-wedge evaluation design) provides strong evidence that the observed improvements on the audit scores are attributable to the five-step process implemented in this project.

Figure 7.2: Percent changes to audit ratings in three action activities and all other audit criteria, by cluster

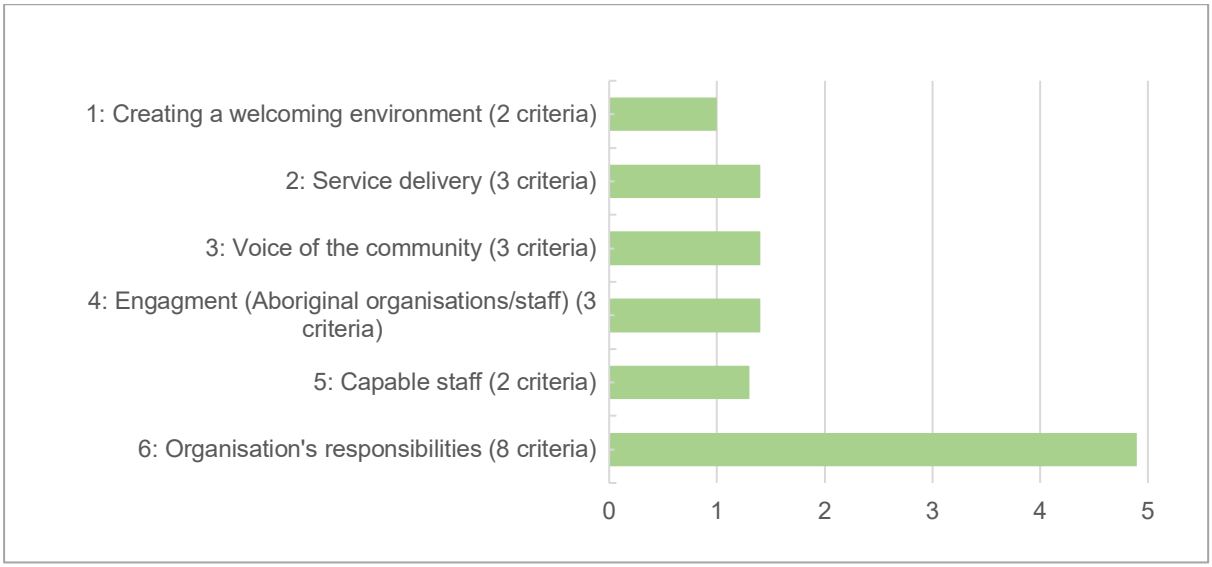


Service level data are presented by cluster, service names are not included at the request of the services.
Staff were encouraged to prioritise three areas to address during the three months. Activities differed and selected by service staff (activities are listed in Appendix F).
Clusters with more services will have larger overall totals.

Outcome 2b: Change from baseline to follow up audit ratings across the six themes of the Cultural Competence Guidelines

Figure 8 shows there were improved audit scores across all six themes in the Cultural Competence Guidelines.

Figure 8: Average improvement in rating scores for each theme between baseline and follow up audits (all services' ratings combined)



Themes with more criteria have a greater potential for higher average change.

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

Key Findings – secondary outcomes

The secondary outcomes are based on the MDS data. Note that only eight services provided the evaluation team at NDARC with permission to access their MDS data.

The relatively short implementation phase of this project (three months) had two primary implications for the evaluation. First, services had limited time to enact changes based on the audit findings, meaning they may have improved even more with an extended implementation period. Second, the timeframe over which the MDS data could be used to establish trends in the data pre and post the implementation of the workshop was limited, meaning any observed trends in the MDS data would need to be dramatic to be identified as statistically significant.

As a consequence of these limitations, a key purpose of this analysis was to demonstrate the potential to use the administrative MDS data that are routinely collected by services to measure the impact of this project over a longer timeframe. It also demonstrates how changes in activity, as measured by the audit scores (Tables 6 and 7 (p27-28), and Figures 7.1, 7.2 and 8 (p29-31), can be shown to flow through to improved service provision for Aboriginal clients. Finally, it illustrates how these routinely collected data could be used to evaluate any number of strategies aimed at improving the delivery of drug and alcohol services.

- All eight services that consented to an examination of their MDS data showed increases in the ***proportion of episodes of care*** provided to Aboriginal, relative to non-Aboriginal, clients (Figure 9, p33), four showed increases in the ***number of episodes of care*** provided to Aboriginal clients (Figure 10, p34) and four showed increases in the ***number of completed episodes of care*** by Aboriginal clients (Figure 11, p35). These increases were statistically significant for a minority of services (range=1 to 3 services) and some confidence intervals are wide, which is typically a function of relatively small sample sizes.

These findings show that the cultural competence improvement process evaluated in this project not only improved audit scores (as detailed in Section 3.5) but that the improved audit scores flowed through to an increase in episodes of care provided to Aboriginal clients.

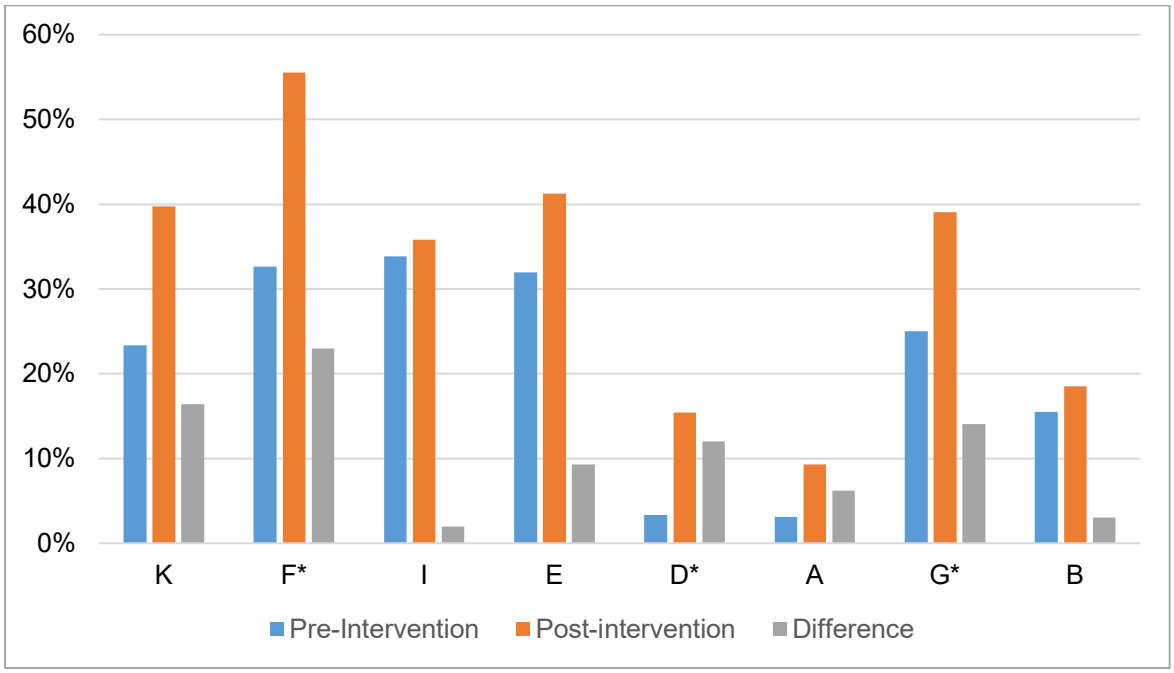
Detailed findings – secondary outcomes

Outcome 3: Change in the proportion of episodes of care provided to Aboriginal, relative to non-Aboriginal, clients

Figure 9 shows the percentage of episodes of care delivered to Aboriginal clients pre (blue bars) and post (orange bars) the implementation of the Project in each service. It also illustrates the percentage change from pre to post implementation (grey bars).

All eight services showed an increase in the proportion of episodes of care provided to Aboriginal clients, with an average increase of 11%. This increase was statistically significant for three of the services: service "F" showed a statistically significant increase of 23% (95% CI: 5% to 41%); service "D" increased 12% (95% CI: 3% to 21%); and service "G" increased 14% (95% CI: 0.3% to 28%).

Figure 9: Proportion of episodes of care delivered to Aboriginal clients pre and post the implementation of the Project in each service



Notes:

1. MDS variables used in this analysis
   EpisodeID: used to identify number of episodes
   Date cessation: used to identify episode end date for comparison to the implementation start date
2. Clients are categorised as Aboriginal if they are defined as 'Aboriginal but not Torres Strait Islander origin' or 'Aboriginal and Torres Strait Islander origin' in the *Type of Aboriginal/Torres Strait Islander description* variable.
3. Implementation start date was the date of the baseline audit at each service.

Outcome 4: Change in the number of episodes of care provided to Aboriginal clients

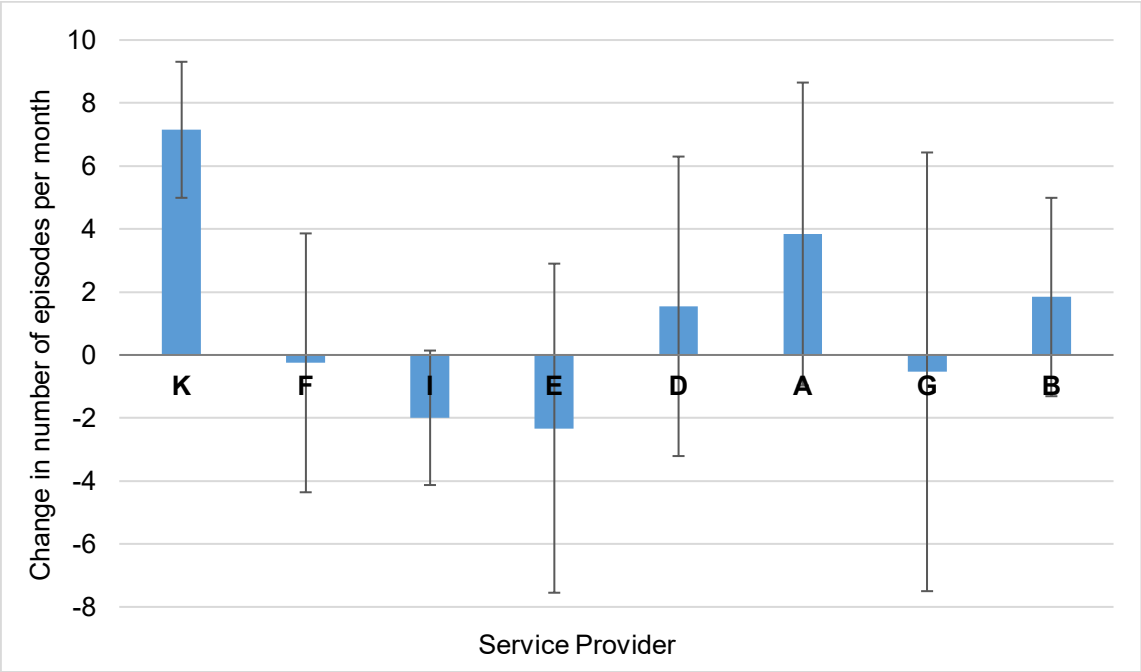
Figure 10 shows the change in the number of episodes of care provided to Aboriginal clients by service, taking into account the long-term trends in the number of episodes of care provided to non-Aboriginal clients. Note that it is important to control for the number of episodes of care provided to non-Aboriginal clients to rule out the possibility that episodes of care to Aboriginal clients only increased because there were more episodes of care for all clients.

Figure 10 also provides the 95% confidence interval (usually abbreviated to 95% CI). These confidence intervals are represented by the black lines through each of the blue bars. They provide two pieces of information. First, wherever the confidence interval does not cross zero the change can be classified as being statistically significant – that is, we are 95% sure that the change is a real change rather than just random 'noise' in the data. Second, the more narrow (or 'shorter") the confidence interval is, the more confident we are about the accuracy of the extent of the observed change.

For service "K" in Figure 10, for example, we observed an increase of 7.15 episodes of care provided to Aboriginal clients every month after the implementation phase of the Project, that occurred over and above any increases in episodes of care for non-Aboriginal clients. We are 95% confident that this is a 'real' increase (i.e. that it is a statistically significant increase) because the 95% confidence interval does not cross zero, and we are confident that the estimated size of the effect (i.e. 7.15 additional episodes of care for Aboriginal clients) is accurate because the 95% confidence interval is relatively narrow. Note that the confidence intervals for some services are very wide due to the limited data available in the short timeframe.

Four of the eight services showed an increase in the number of episodes of care provided to Aboriginal clients after the project was implemented. This increase was statistically significant for service "K" (7.15 episodes per month increase, 95%CI:4.99 to 9.31). Services "G" and "F" provided a similar number of episodes to Aboriginal people before and after the intervention (that is, the change in the number of completed episodes by Aboriginal people in three of these services was close to zero). Although two services showed a decrease in the number of episodes of care provided to Aboriginal clients (Services "I" and "E"), these decreases were not statistically significant, meaning we are not confident about the accuracy of these estimates. Monitoring this outcome over a longer time period would provide more data to improve the accuracy of these estimates.

Figure 10: Change in the number of episodes of care for Aboriginal people per month after the Project was implemented in each service



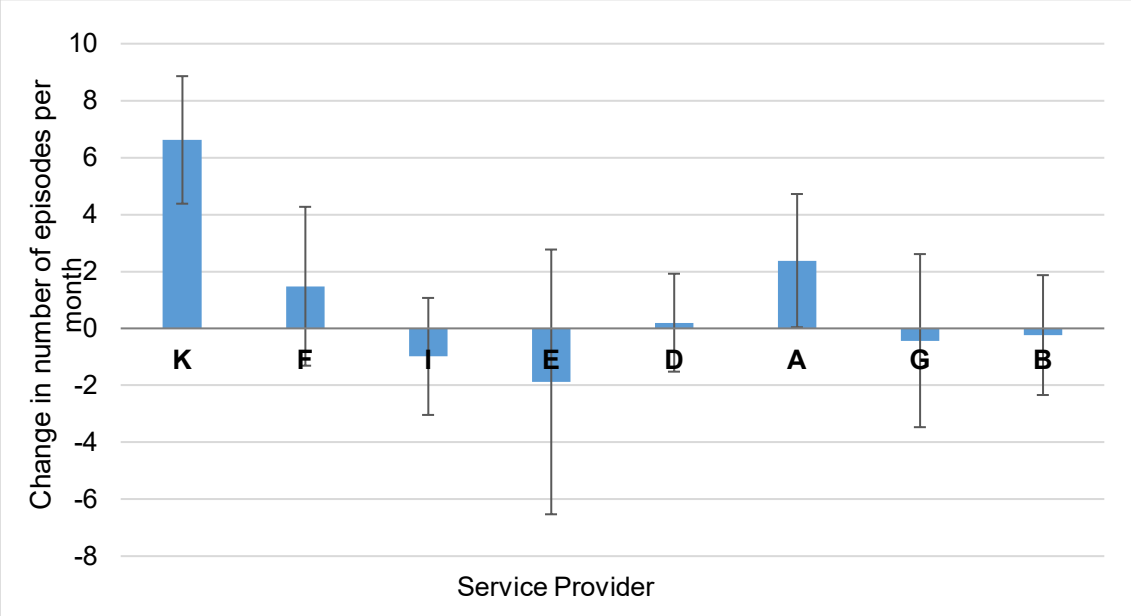
1. *MDS variables used in this analysis*
   EpisodeID: used to identify number of episodes
   Date cessation: used to identify episode end date for comparison to the implementation start date
   Type of Aboriginal/Torres Strait Islander description: used to identify Aboriginal status
2. *Clients are categorised as Aboriginal if they are defined as 'Aboriginal but not Torres Strait Islander origin' or 'Aboriginal and Torres Strait Islander origin' in the Type of Aboriginal/Torres Strait Islander description variable.*
3. *Implementation start date was the date of the baseline audit at each service.*
4. *Analysis takes into account changes in episodes across the service, including the change in the number of episodes of non-Aboriginal people.*

Outcome 5: Change in the number of completed episodes of care provided to Aboriginal clients

Figure 11 shows the change in the number of completed episodes of care provided to Aboriginal clients, again taking into account the long-term trends in the number of episodes of care provided to non-Aboriginal clients (Figure 11 can be interpreted in the same way as Figure 10).

Four of the eight services showed an increase in the monthly number of completed episodes of care by Aboriginal clients after the project was implemented. This increase was statistically significant for Service "K" (6.62 more completed episodes per month, 95% CI: 4.38 to 8.86), and for Service "A" (2.38 more completed episodes per month, 95% CI: 0.04 to 4.72). For services "G" and "B" the change in the number of completed episodes by Aboriginal people was close to zero (that is, they showed minimal change). The decreases observed in services "I" and "E" were not statistically significant. As for Outcomes 3 and 4, monitoring over a longer time period would provide more data to improve the accuracy of these estimates.

Figure 11: Change in the number of completed episodes of care for Aboriginal people per month after the Project was implemented in each service



1. *MDS variables used in this analysis*
   EpisodeID: used to identify number of episodes
   Date cessation: used to identify episode end date for comparison to the implementation start date
   Type of Aboriginal/Torres Strait Islander description: used to identify Aboriginal status
   Reason for Cessation: used to identify completed services and includes categories 'Service completed' and 'Transferred/referred to another service'
2. *Clients are categorised as Aboriginal if they are defined as 'Aboriginal but not Torres Strait Islander origin' or 'Aboriginal and Torres Strait Islander origin' in the Type of Aboriginal/Torres Strait Islander description variable.*
3. *Implementation start date was the date of the baseline audit at each service.*
4. *Analysis takes into account changes in episodes across the service, including the change in the number of episodes of non-Aboriginal people.*

3.7. Attributing increases in services for Aboriginal clients to the cultural competence project

Key findings

The stepped wedge evaluation design allowed trend analysis of the data pre and post implementation of the intervention, separately for each service. This analysis provides increased confidence that the impacts observed in figures 9 to 11 are attributable to the intervention (as opposed to any other co-occurring activities).

Figures 12 and 13 show monthly episodes of care (Figure 12, p38), and monthly completed episodes of care (Figure 13, p39), plotted before and after the active intervention phase of the project in each of the eight services that provided their consent to analyse their routinely collected MDS. The vertical dotted lines show the commencement date for the active intervention phase of the project in each service. The order in which services commenced the intervention was randomised. The dots show the monthly number of episodes of care or completed episodes of care before and after the commencement date for the active intervention phase, and the solid horizontal lines connecting each dot show the trends over time. Note that no tests of the statistical significance of these trends were performed because the timeframe for the project was too short for a comprehensive trend analysis.

> Figure 12 shows trends in the number of episodes of care delivered to Aboriginal clients before and after the commencement of the active intervention phase of the project in each of the eight services. Two services showed an increased number of episodes of care delivered to Aboriginal clients after the intervention period (services “E” and “A”), five showed similar before and after trends (services “K”, “F”, “I”, “D” and “B”) and one showed a decreasing post-intervention trend (service “G”).
>
> Figure 13 shows trends in the number of completed episodes of care by Aboriginal people before and after the commencement of the active intervention phase of the project. Three services showed an increased number of completed episodes of care (services “E”, “D” and “A”), three showed similar before and after trends (services “F”, “I” and “B”) and two showed a decreasing post-intervention trend (services “K” and “G”).

The trends shown in these figures are highly encouraging. Despite the availability of limited data (due to the short project time frame), the outcomes are trending in the expected direction for six of the eight services and could easily continue to be monitored over time (because the data are routinely collected administrative data). These trends are highly likely to be a consequence of the intervention because the same pattern was repeated across most services even though services engaged in the intervention process at different points in time (a function of the stepped-wedge design) and in a randomly allocated order, and despite the different circumstances relevant to each service and their self-selection of different intervention activities.

Figure 12: Monthly episodes of care for Aboriginal people by service, before and after project implementation

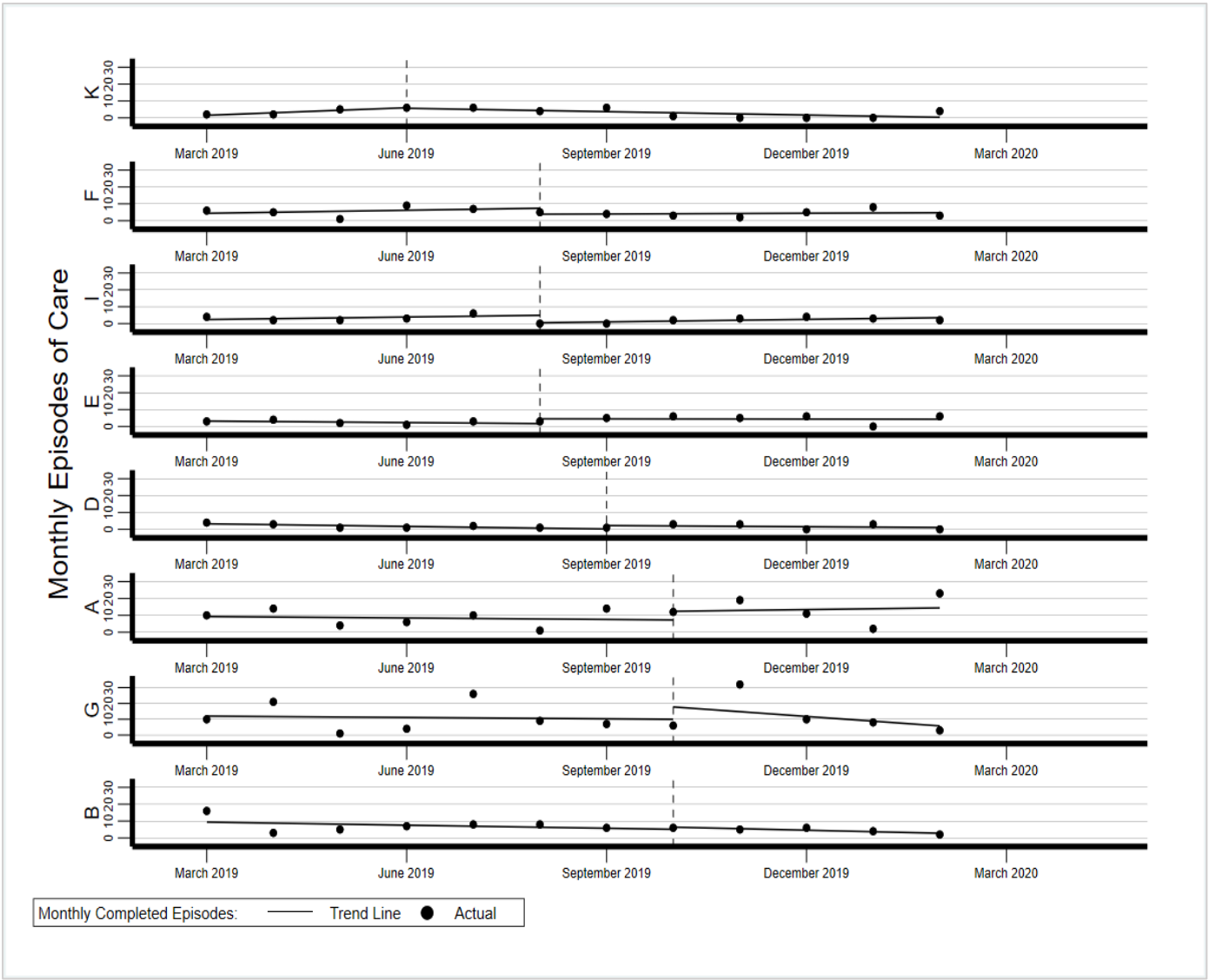
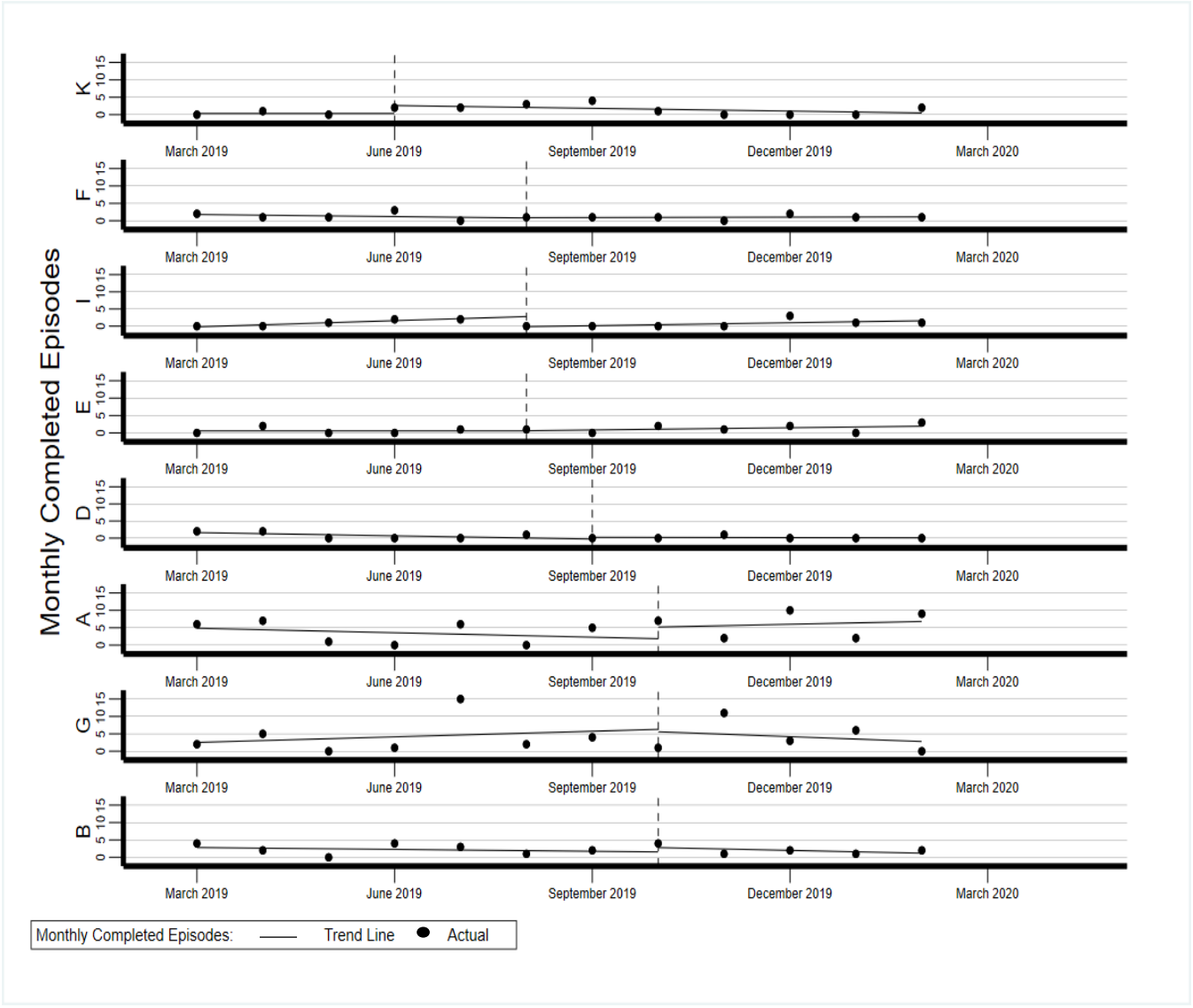


Figure 13: Monthly completed episodes of care by Aboriginal people by service, before and after project implementation



4. Key limitations and recommendations for future evaluations

- Given that services self-selected to participate in the Project, it is possible that they had a pre-existing active interest in improving their cultural competencies and/or some resources to dedicate to the process. This means the significant improvements achieved by these services might not occur so quickly in other services.

Despite this potential limitation, the resources and process that were developed and implemented were highly acceptable to services and their CEOs/managers, and the success of these 'early adopter' services could act as a catalyst for other services to implement this approach to improving their cultural competencies, even if their improvements are more incremental. Strategies could be developed to facilitate easy uptake of this approach, including the identification of minimal activities that could be taken-up at negligible cost, such as: i) establishing cultural competence as a routine continuous quality improvement (CQI) cycle; ii) developing a clear communication strategy about the intent of, and requirements for, improving cultural competence; and iii) establishing a 'bank' of efficient and creative mechanisms by which services' staff could operationalise cultural competence improvement activities.

- The three month-time frame between audits may have limited the true (and larger) impact of this process on improving cultural competencies (services' staff had very little time to implement meaningful changes in their services), and limited the capacity of the evaluation to identify changes as statistically significant (primarily due to the relatively small sample sizes).

Longer implementation and evaluation timeframes would be invaluable in understanding the more sustained impact of active cultural competence activities. This could be achieved in a number of complementary ways: i) re-conduct audits after 12 months with the early-adopter services in this Project to assess the impact of services having more time to enact changes; ii) as demonstrated in this project, routinely collected MDS data could be used to continually track improvements over time and provide feedback to services; and iii) establishing cultural competence as a routine continuous quality improvement (CQI) cycle.

- The experience of staff completing the baseline audit may have led to them having a more thorough knowledge of the audit criteria at follow-up than at baseline, leading to more positive reporting of activities in follow-up audits.

The practical implication of this issue is that it is possible that some of the improvement in follow-up audit scores is due to improvements in staff understanding of the audit, rather than the specific cultural competence activities they enacted. This is an issue about the true mechanisms of change responsible for improved cultural competence: in practice, it is likely that the observed outcomes are a combination of both the activities themselves and greater familiarisation with the audit process. The program logic in Appendix A is specifically designed to accommodate these nuances and improvements over time, without having to continually re-design the cultural competence improvement model: the contribution of greater familiarisation with the audit process can be built into the program logic as an additional mechanism of change.

- This project does not directly address the feasibility of scaling-up standardised, best-evidence cultural competence activities across all NGO-delivered drug and alcohol services in NSW.

A goal of the current project was to establish resources that reflect current best-evidence practice and that could be taken up by all services relatively quickly. Key features of these resources include: i) this project has found that the project components (baseline audit; written feedback; implementation workshop and action plan; and follow up audit) and resources (e.g. feedback reports and action planning logs) are feasible to use and highly acceptable to services; ii) Aboriginal Project staff independent of the services were engaged to conduct the audits and facilitate the implementation workshops, which could be expanded as a targeted and routinely utilised resource for all NGO-delivered drug and alcohol services in NSW with the modest costs this would require being defrayed across a relatively larger number of services who use the resource; and iii) a routine evaluation framework could be established to ensure high-quality and standardised evaluation of cultural competence activities. As demonstrated by this project, this evaluation framework could be seamlessly embedded into service delivery at low-cost by better use of administrative data that are already routinely collected (e.g. the minimum data set), complemented by periodic audits.

5. Appendices

Appendix A: Evaluation Framework and Program Logic

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

a. Assumptions underpinning project	b. Modification (main project activity)	c. Mechanisms of change	d. Project Process outcomes	e. Impact outcomes
Some Aboriginal clients will access non-Aboriginal services There is a lack of guidance for non-Aboriginal services around processes involved with culturally competent service delivery Some Aboriginal clients who would access non-Aboriginal services are more likely to initiate and complete treatment if culturally competent care is available Audits will identify existing practices around cultural competence Staff will be able to describe compliance (or not) with key processes described in the Guideline (at audits) Services will be able to achieve changes (improvements) to cultural competence through a range of 1-off or ongoing activities that relate to Guideline Themes	*Develop Guideline*			***Primary outcome***: 1: Change in cultural competence of services in Action Areas^ from the Guideline (audit rating post- verse pre-) [d,g] 2: Change in cultural competence of services in all Themes from the Guideline (audit rating post- verse pre-) [d,g] ***Secondary outcomes:*** 3: A significant increase the proportion of Aboriginal people attending the service [j] 4: A significant increase in the number of Aboriginal people who complete treatments [j] 5: A significant increase the number of occasions of service made by Aboriginal clients [j]
		Streamlining particular processes according to sound practice will improve culturally competent service delivery	• Guideline finalised	
	Baseline Audit			
		Systematically reviewing service delivery against sound practices (the Guideline) will identify opportunities for improvements in cultural competence before the guideline is implemented at services	• Number of services* that participated in the baseline audit [b] • Number of services with rating for each audit process (total = 21) [d] • Staff members experiences with the baseline audit [c] • Number of services that completed Pre-implementation workshop interview [b]	
	Implementation workshops			
		Co-designing a few key activities will lead to improved cultural competence through developing tailored activities	• Number of services that had staff attend an implementation workshop [b] • Number of services that drafted a plan for 3 or more activities to improve cultural competence [e] • Staff members experiences and attitudes with the Implementation Workshop [f]	
	Follow up Audit			
		Re-reviewing service delivery against sound practice (the Guideline) will identify changes in cultural competence, and opportunities for ongoing improvements	• Number of services that completed follow up audit [g] • Changes in client feedback to service[#] [h] • Staff members experiences with the project (audits & implementation) [i]	

Impact Outcome definitions:
Cohort defined from MDS statistics and includes: 'Aboriginal & Torres Strait Islander' & 'Aboriginal but not Torres Strait Islander Origin'.
Outcome A: proportion of cohort according to 'Episode ID'
Outcome B: proportion of cohort according to 'Reasons for Cessation of Service'
Outcome C: proportion of cohort according to 'Client ID'
Outcome D: change in total audit rating between pre- and post- audit

Key:
* Services are non-Aboriginal Drug and Alcohol Services nominated by the PHN
[#] Client Feedback processes and completeness may vary across services. Where available, feedback will be collected by the auditing team
^ Key Action Areas identified by staff at Implementation Workshops (workshops focus initially on planning activities around Key Action Areas.

Data collection sources:
[a] Guideline
[b] Implementation & Evaluation Log (jointly maintained by LLW and NDARC)
[c] Pre-implementation workshop interview with CEO/manager nominated by the service to work on the project
[d] Baseline Audit
[e] Action plans developed by staff during the Implementation Workshop
[f] Implementation Workshop Feedback Survey (anonymous online survey)
[g] Follow up Audit
[h] Client Feedback (collected by services, where available)
[i] Post Implementation Interview with CEO/manager
[j] Minimum Data Set data – provided by NADA with permission from services (obtained during audits)

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

2nd of May 2019

Professor Anthony Shakeshaft
Deputy Director
National Drug and Alcohol Research Centre

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

Dear Professor Shakeshaft,

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

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

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

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

2019 05 17 Cultural Competence Project_Amendment.pdf
B Protocol and attachments V1 22 01 2019.pdf
C Letters of support V2 06 03 2019.pdf
D 2019 05 17 V2 PIS clean_tracked.pdf
A Cultural Competence Project 2.0pdf
E PIS and Consent 2019 01 22 V1.pdf
F Workshop Post Survey 17 05 2019.pdf
Guidelines Complete_DraftMarch2019.pdf
B Letters of Support V2 03 03 2019
2019 03 06 1487 19 Reply_Letter.pdf
E 2019 04 26 v2 Interview Guide.pdf
A Cultural Competence Project 2.0_17 05 2019.pdf

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

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

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

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

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

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

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

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

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

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

This letter constitutes ethical approval only.

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

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

Yours faithfully,

Ms Val Keed
Chairperson
AH&MRC Ethics Committee

01-Nov-2019

Dear Professor Anthony Shakeshaft,

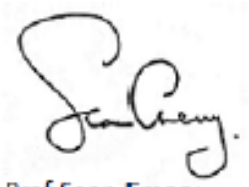
Project Title	Mapping the Overlap Between Mental Health and Drug and Alcohol Service Use in NSW health Services
HC No	HREC/16/CIPHS/46
Re	Personnel modification for noting to add Marta Fredes Torres to the list of approved personnel which has been approved by the AH&MRC HREC.

The correspondence regarding this project was **noted** by the **HREC Executive** on **31-Oct-2019**.

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

If you would like any assistance, or further information, please contact the ethics office on:
P: +61 2 9385 6222, + 61 2 9385 7257 or + 61 2 9385 7007
E: humanethics@unsw.edu.au

Kind Regards,



Prof Sean Emery
HREC Presiding Chairperson

This HREC is constituted and operates in accordance with the National Health and Medical Research Council's (NHMRC) *National Statement on Ethical Conduct in Human Research*

Appendix C: Participant information sheet and consent form

Prof Anthony Shakeshaft
National Drug and Alcohol Research Centre
UNSW Medicine
UNSW AUSTRALIA
SYDNEY NSW 2052 AUSTRALIA
T: +61 (2) 9385 0333
E: a.shakeshaft@unsw.edu.au
Web: http://ndarc.med.unsw.edu.au

Participant Information Sheet

Project: Improving the cultural competence of non-Aboriginal alcohol and other drug treatment services when delivering care to Aboriginal clients

Project team: Raechel Wallace, Julaine Allan, Sara Farnbach, Anthony Shakeshaft

Organisations: Lives Lived Well and National Drug and Alcohol Research Centre, (UNSW)

Hello.

We are doing this project to improve the cultural competence of Alcohol and Other Drug Treatment Services (hereafter referred to as Services) through developing, implementing and evaluating the impact of a best-evidence guideline, namely the *Alcohol and Other Drug Treatment Services Guidelines for work with Aboriginal and Torres Strait Islander Peoples* (hereafter referred to as the Guideline). We are asking you to be in our project because your Service is involved with implementing the Guideline.

The project involves us auditing the current cultural competence of your Service (this has been agreed to by your CEO). Next, we will then let you/your CEO know the outcomes from the audit and ask if you/they would like to be interviewed to tell us what you think about the audit, the Guideline and your priorities for a workshop. Then you will be invited to attend a workshop, where we will work with you to develop a plan for your service around culturally competent care (if needed). Finally, we will re-audit your service, to see if anything has changed.

This sheet tells you what is involved with taking part in the project. Please read it carefully so that you can make up your mind about whether you want to take part.

What will happen if I say that I want to be in the project?

Your involvement with this project may include two phases:

1. **Complete an interview**: You may be asked to be interviewed by a member of the project team, over the phone or in person. Interviews will be before the workshop and after the final audit. They will take about 20 minutes. We will ask you some question about your views about the Guideline and the audit outcomes. We will record this conversation with an electronic recorder.
2. **Attend an implementation workshop** to discuss and jointly develop an implementation plan for how to operationalise the Guidelines in your service. We will take notes about the discussions during the workshop and will collect some documents (e.g. the draft planning documents you developed for your Service). At the end of the day we will ask you to complete an anonymous online feedback survey. This will help us to evaluate and improve the project.

Who is doing this project?

The project team includes representatives from these agencies: Lives Lived Well, Sydney East Sydney Local Health District and the National Drug and Alcohol Centre (NDARC). This project is funded by Network of Alcohol and Other Drugs Agencies (NADA) and the Primary Health Network (PHN).

What will happen with the information collected during this project?

If you complete an interview, we will record the interview and type it up word for word. We will collect workshop notes and draft planning documents from the workshop. We will ask you to complete an anonymous online survey to get your feedback on the workshop.

We will use these data to develop a report about the impact of the Guideline. This report will be given to NADA and the PHNs. We may also develop a report and submit it to an academic journal for publication. No services or individuals will be identifiable in these reports.

Do I have to participate in this project?

No. Participation is voluntary. If you decide you want to be in the project and then you change your mind later, that's ok. All you need to do is tell us that you don't want to be in the project anymore. You can withdraw consent and stop the project at any time without giving reasons and without any penalty. This will not affect your relationship with the project team.

You can choose to attend the workshop and not participate in this project, and we will make sure anything you say and your planning documents are not collected after the workshop.

Will anyone else know what I say in the project?

We won't tell anyone else what you say to us. All of the information that we have about you from the project will be stored in a safe place and we will look after it very carefully. In our report about the project we won't say your name and no one will know that you were in the project.

How long will it take to be involved in this project?

It will take up to 20 minutes to complete the project interviews questions.

The workshop will run over one day.

Are there any good things about being in the project?

You won't get anything for being in the project. We think this project will benefit the community by improving the cultural competence of yours and other Services. This project will evaluate if the Guideline works to increase the cultural competence of services. This will help yours and other health services to do their work better, by enhancing the care provided to Aboriginal people.

Are there any bad things about being in the project?

This project will take up some of your time, but we don't think it will be bad or cost you anything.

What if I am not happy with the project or the people doing the project?

If you are not happy with how we are doing the project or how we treat you, then you can:

1. Call Anthony Shakeshaft on 02 9385 0333 (project supervisor)
2. Call the Chairperson or CEO of the local Aboriginal Community Controlled Health Service; or the Chairperson of the AH&MRC Ethics Committee 02 9212 4777 or
3. Write a letter The Chairperson

   AH&MRC Ethics Committee
   P.O. Box 1565
   Strawberry Hills NSW 2012

This sheet is for you to keep.

Consent Form

Project: Improving the cultural competence of non-Aboriginal alcohol and other drug treatment services when delivering care to Aboriginal clients

Project team: Raechel Wallace, Julaine Allan, Sara Farnbach, Anthony Shakeshaft

Organisations: Lives Lived Well and National Drug and Alcohol Research Centre, (UNSW)

I, ...

have consented to participate in the above project on the following basis:

1. I have received the participant information sheet and have had the chance to ask questions. I understand the purpose of the project and what I will do.
2. I have the right to withdraw my consent and stop any further involvement in the project at any time without giving reasons and without any penalty. This will not affect my relationship with project team.
3. Any information I provide during this project will remain confidential. Where the results of the project are published, my involvement and my personal results will not be identified.
4. I understand that interviews will be audio-recorded, but the recording will be secured and then destroyed at the completion of the project.
5. I understand that if I have any complaints or questions concerning this project I can contact:
   - The project lead (Anthony) on 02 9385 0333 or
   - The Chairperson or CEO of the local Aboriginal Community Controlled Health Service; or the Chairperson of the AH&MRC Ethics Committee at:

     The Chairperson, AH&MRC Ethics Committee
     P.O. Box 1565
     Strawberry Hills NSW 2012
     Telephone: 9212 4777

Name: .....

Signature ..... *Date* .....

Project team member's name: .....

Project team member's signature: .....*Date* .....

Appendix D: Interview guide

Pre implementation interview with CEO/manager

1. Date:
2. Interviewer name:
3. Participant job title/role:
4. Service number of participant:

In the following section circle one option

5. Informed Consent completed: Yes / No (NOTE: DO NOT CONTINUE UNTIL CONSENT IS COMPLETED)
6. Interview: Phone / In person
7. Participant unique identifier assigned: Yes / No

Interviewer note: After completing this section, use the following questions to address each aim. These questions are to guide your discussion, not all questions need to be asked.

AIM 1: PERSPECTIVES ABOUT BASELINE AUDIT OUTCOMES

- Have you received the audit outcome report for your service?
- Have you reviewed the audit outcome report for your service?
- Have you discussed this with other staff at your service?
- Can you tell me what you/other staff thought about the outcomes of the audit? E.g. do you think the outcomes reflected the true cultural competence of your service? Was there any particular outcome that you were surprised about?

AIM 2: PRIORITIES FOR IMPLEMENTATION WORKSHOP

- From your perspective, what are **the most** important areas covered in the baseline audit?
- From your perspective, what are **the least** important areas covered in the baseline audit?
- Are there any audit outcomes that you would like to focus on addressing first?
- Are there audit outcomes that you would like specific information/advice on? What are they?
- Are there any resources / materials / information that you need before your service could make any changes? Please explain
- Who will be attending the implementation workshop from your service?
- Are there any resources your service needs (& not already available) to support you to attend the workshop? E.g. travel, accommodation

AIM 3: FEEDBACK ON BASELINE AUDIT
- Can you please tell me about your experience with the **baseline** cultural competence audit? - Do you have any advice about how we could improve how we complete the baseline audit?
AIM 4: PREFERENCES FOR ONGOING DEVELOPMENT OF CULTURAL COMPETENCE
- Has/does your service complete any work around cultural competence? Can you please tell me about what you've done in the past/currently? - How much resources and staff time (approximately) is spent on these activities? - Where do you get information about cultural competence care e.g. does your service work with any Aboriginal organisations?
Is there anything else you'd like to tell us before the implementation workshop? *Interviewer note: Thank the participant for their time and conclude by reminding them about the time and location of the workshop.*

Post-implementation interview with CEO/manager

1. Date:
2. Interviewer name:
3. Participant job title/role:
4. Service number of participant:

In the following section circle one option

5. Informed Consent completed: Yes / No (NOTE: DO NOT CONTINUE UNTIL CONSENT IS COMPLETED)
6. Interview: Phone / In person
7. Participant unique identifier assigned: Yes / No

Interviewer note: After completing this section, use the following questions to address each aim. These questions are to guide your discussion, not all questions need to be asked.

AIM 1: EXPERIENCES WITH IMPLEMENTING CHANGE
- How did you think the project went at your service? - What was the experience of implementing the activities that were planned at the workshop? Can you briefly describe the experience of implementing each planned activity? - Were there particular activities that were easier or harder to implement? Why? - Did you or staff at your service use the planning tool? Why or why not? - Have you applied the ideas in the Guideline to you work? How? Costs data: - Have you spent any time working on activities arising from this project in the last week? - Have you had to re-organise your staff because of the project? How? Who? (get roles/positions of staff)? - Have you hired any new staff because of the project? How many? Hours (F/T P/T etc)?
AIM 2: PERCEPTIONS ABOUT CHANGES ARISING FROM THE PROJECT
- Do you think there were any changes to **service delivery** as a result of this project? - Do you think there were any changes to the **cultural competence** of your service as a result of this project? - Do you think there were any changes to **staff perceptions or skills** as a result of this project? - Which activity(ies) did you think made the biggest improvement to the cultural competence of your service?
AIM 3: FEEDBACK ON THE FOLLOW UP AUDIT
- Can you please tell me about your experience with the **follow up** cultural competence audit? - Do you have any advice about how we could improve how we complete the **follow up** audit? - Did you receive the report with the audit outcomes? Was this useful? Why or why not?

Appendix E: Implementation Workshop Feedback Survey

This evaluation is being run by the National Drug and Alcohol Research Centre (NDARC) at UNSW. Please reflect on this implementation workshop and let us know what worked and what we need to improve. Your input is important when we plan future workshops. Your survey responses will be kept confidential. We would like you to enter your role/job (but not your name or employer). The evaluators at NDARC will remove your role/job from the survey results and the workshop conveners will not see your information. This information will improve this evaluation by allowing us to learn how people in different roles have experienced the workshop.

1. Please enter your role / job title:
2. Client-facing role: y/n
3. Reason for attending:

Workshop planning and organisation

4. The logistics and communication for planning the workshop were well executed e.g. arranging dates, location, support/funding provided
   strongly agree
   agree
   disagree
   strongly disagree
5. The workshop was well organised
   strongly agree
   agree
   disagree
   strongly disagree

Workshop aims and content

6. The aims of the workshop were clearly explained
   strongly agree
   agree
   disagree
   strongly disagree
7. The overall content at the workshop was relevant and useful
   strongly agree
   agree
   disagree
   strongly disagree
8. The activities (video, planning sessions, group discussion) at the workshop worked well
   strongly agree
   agree
   disagree

strongly disagree

9. The workshop sessions were well facilitated

strongly agree
agree
disagree
strongly disagree

10. Did you find the content of the workshop challenging?

yes, what did you find challenging about the workshop?
no

Implementing the Guideline after the audit

11. Before today's workshop, were you aware of the Cultural Competence Guideline audit that took place at your service?

yes
no

12. Before today's workshop, were you aware of the audit outcomes from your service?

yes
no

13. Since the audit, are you aware of any changes at your service that relate to cultural competence?

yes, what changes were made?
were you involved with these changes?
no

14. [If yes] Why did these changes occur?

Implementing the Guideline after the workshop

15. After the workshop, do you have a clear plan about how to improve the cultural competence of your service?

yes, why?
no, why?

16. Did you find the planning tool helpful to plan activities?

yes, why?

no, why?

17. Do you have all the resources and support you need to implement the activities you planned today?

yes, why?
no, why?

18. Do you have any suggestions for future workshops?

19. Please indicate your current satisfaction with this workshop by selecting the appropriate number. Comments to explain your rating:

Thank you for completing this survey.

Appendix F: Recommendations relating to implementing the Project by CEOs/managers

CEO/manager-specific recommendations to improve the Project and its delivery:

- The Guideline and audit outcome reports could include more specific advice about actions that may be appropriate for them to implement within their service to address the Guideline themes.
- Clearer communications about project background, expectations, processes would reduce ambiguity around the Project and support staff to prepare for the audits.
- Use of the term ‘audit’ did not accurately describe this project activity and caused confusion around the audit processes. For example, some staff expected that they would have the opportunity to view draft audit outcome reports and provide input before they were finalised. Revising this wording may assist staff to clarify expectations and processes.
- More time between receiving the audit outcome report and attending the implementation workshop may allow sufficient time for staff to carefully consider the audit outcome report before attending the workshop, making the workshops more focused on planning activities to address the recommendations in the audit report.

Appendix G: List of activities chosen by staff to operationalise during the three-month Project (Figure 7)

Common activities chosen by staff for their service to address during the Project (activities selected and addressed on the Action Plan)	Number of services that selected activity
Current formalised connections (relationships, referral pathways, MOU or shared work arrangements) with Aboriginal organisations and/or workers	5
Recent (>12 months or since baseline audit) example of community engagement activity with Aboriginal community	4
Physical environment is welcoming to Aboriginal people (in setting where most contacts occur)	3
Local Aboriginal protocols are reflected in practice and/or policy	3
Process to review/assess individual cultural competence (e.g. performance appraisal includes cultural competency skills)	3
Aboriginal identified positions and use of Aboriginal publications and networks to advertise jobs	3
Staff supervision includes feedback on cultural skills	2
Process for welcoming Aboriginal clients to the service in a respectful manner	2