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I am pleased to endorse the ongoing strategy for Alcohol and Other Drugs services in the Australia Southern Territory.

This document builds on the previous 3 year strategy but also comes at a critical time of transition for The Salvation Army in Australia. We are currently moving to becoming a National organisation and this strategy will ensure the continued development of The Salvation Army Alcohol and Other Drugs services during our transition. We look forward to further development and expansion as our National agenda and strategy are established in the years to come.

This strategy has been developed around evidence-based models of care for those recovering from addiction. It ensures our services are culturally accessible, continuing to review and evaluate practice, systems and policies. It will also develop our workforce who are committed to facilitating effective outcomes for clients.

I want to express my appreciation to Kathryn Wright, Territorial Alcohol and Drug Director, and her team who have worked consistently across the Territory with Alcohol and Other Drug Services to develop this strategy and to continue to resource centres and programmes delivering Alcohol and Other Drug services.

There is a deep sense of gratitude to those who work with people affected by Alcohol and Other Drugs in our centres in this Territory. You offer hope and support tools and resources to those accessing our services and in so doing share the love of Jesus fulfilling The Salvation Army mission.

Thank you.

Lyn Edge (Lieut-Colonel)
National Secretary for Mission
The Salvation Army Australia
THE SALVATION ARMY AUSTRALIA MISSION AND VALUES

The Salvation Army is a Christian movement dedicated to sharing the love of Jesus. We share the love of Jesus by:

CARING FOR PEOPLE
• Being there when people need us most
• We offer care and compassion as a sacred encounter with transformative potential

CREATING FAITH PATHWAYS
• Taking a holistic approach to the human condition that values spirituality
• We graciously share the Good News of Jesus and grow in faith together

BUILDING HEALTHY COMMUNITIES
• Investing ourselves in relationships that promote mutual flourishing
• We find the wholeness God intends for us in community

WORKING FOR JUSTICE
• Tackling the social systems that harm creation and strip away human dignity
• We join God’s work to build a fairer world where all can thrive

THE SALVATION ARMY AUSTRALIA MISSION STATEMENT
Recognising that God is already at work in the world, we value:

INTEGRITY
• Being honest and accountable in all we do

COMPASSION
• Hearing and responding to pain with love

RESPECT
• Affirming the worth and capacity of all people

DIVERSITY
• Embracing difference as a gift

COLLABORATION
• Creating partnerships in mission

We commit ourselves in prayer and practice to this land of Australia and its people, seeking reconciliation, unity and equity.

KEY FOCUS AREAS

In order to further the territory’s strategic direction for AOD services, the following areas will be the key foci, and during the life of this strategy the territory will:

• increase and standardise the use of outcome measures across treatment services, thus providing a rich source of guidance to The Salvation Army AOD program development and evaluation work
• increase the territory’s focus on the use of spirituality in AOD treatment services
• strengthen the harm minimisation underpinning which aims to give the territory’s consumers dignity and continuing engagement through the course of recovery with all its ups and downs
• continue to implement the territory’s AOD workforce development strategy (2015-2019)
• strive to significantly grow the size of the territory’s network of treatment services as opportunities continue to present
• further engage with key stakeholders, most importantly the territory’s service users, government, peak bodies and partner agencies.

Of major importance is the continued development of the territory’s relationship with the Australia Eastern Territory. The AOD team is pleased to work with Australia Eastern Territory colleagues on a number of initiatives as both teams look to the future together as one territory of The Salvation Army.
POLICY CONTEXT

As can be seen in the map below, The Salvation Army (TSA) Australia Southern Territory encompasses a number of jurisdictions. TSA AOD services seek to embrace local context while being informed by policy influences across the country.

NATIONAL
- National Drug Strategy 2017-2026

WESTERN AUSTRALIA

NORTHERN TERRITORY

SOUTH AUSTRALIA
- South Australian Alcohol and Other Drug Strategy 2017-2021. Drug and Alcohol Services South Australia.

TASMANIA

VICTORIA
The strategy is underpinned by three major foci. The first is The Salvation Army's identity as an organisation, which leads the Australia Southern Territory to embrace spirituality as an integral part of the treatment journey. The second is the Australia Southern Territory's commitment to a philosophy of Harm Minimisation, as adopted by every Australian state and territory and the Commonwealth in 1985. Thirdly, a philosophy of care that respects and empowers the individual. These three underpinnings work together to value the dignity of all who come into Australia Southern territorial AOD services.

SPIRITUALITY

One of the defining characteristics of The Salvation Army service provision is its underpinning of spirituality. The new Australian Mission Statement implores Salvation Army members and employees to do this by ‘Creating Faith Pathways’, while based on the Christian faith, this underpinning exists within the context of respect for each individual’s personal spiritual beliefs. It is also informed by an unswerving commitment to equitable access, regardless of religious belief or practice.

A wealth of evidence points to improved recovery outcomes for those who utilise spirituality. Such outcomes include improved psychological and emotional strength, greater resilience and an increased sense of purpose in life. TSA AOD services are aware of this alignment between its mission and the evidence base for the use of spirituality in recovery and strive to afford the opportunity to explore spirituality to service users in the following ways:

- enquiry by clinical and support staff concerning service user’s interest in re/connecting with spirituality
- availability of chaplains
- linkages with local TSA corps and other faith communities
- linkages with recovery congregations where possible
- supported referrals to religious groups of the client's choosing
- availability of group and individual material for the exploration of spirituality.

1 www.nationaldrugstrategy.gov.au accessed 23/2/17

HARM MINIMISATION

The Salvation Army is committed to reducing the impact of alcohol and other drug problems in Australia. The key approach for achieving this is harm minimisation, as described in the National Drug Strategy. The National Drug Strategy outlines that the harm minimisation approach does not condone drug use. Harm minimisation acknowledges that some people in society will use alcohol and other drugs and therefore incorporates programs, services and policies which aim to prevent or reduce drug related harms. The approach is informed by a significant body of evidence and has been widely commended and implemented internationally.

Harm minimisation involves a coordinated approach addressing three pillars:

- demand reduction
- supply reduction
- harm reduction.

Demand reduction strategies are those that prevent uptake, delay onset of use or reduce consumption. Treatment services, including those which aspire towards abstinence, are an integral part of the harm reduction pillar. Supply reduction strategies reduce access and availability. Harm reduction strategies reduce health and social impacts.

Harm minimisation aims to address alcohol and other drug issues by reducing the harmful effects of alcohol and other drugs on individuals and society. Harm minimisation considers the health, social and economic consequences of alcohol and other drug use on both the individual and the community as a whole.

PHILOSOPHY OF CARE

People accessing treatment for alcohol and other drug issues are entitled to quality care without discrimination and to feel empowered to make their own informed decisions regarding their recovery journey. TSA AOD services are welcoming and provide a safe and secure environment, which promotes respect and dignity for every person. Staff members follow principles that guide practice and service delivery and every effort is made to respect and support people's preferences regarding treatment.

Individuals seeking assistance with their alcohol and other drug issues often present with a wide range of other health and social issues. Recognising the importance of holistic care, TSA AOD services work with clients to identify their needs and respond accordingly, or provide referrals to other services who can respond appropriately.

The Salvation Army believes in the right of the client to make choices regarding their future without undue obstruction from staff, who promote and support client autonomy as much as practicable.

Service users have the right to privacy and confidentiality and the protection of their rights, including the right to informed consent. TSA AOD services follow the appropriate organisational policy and procedures in regards to service users' rights.
The model of service delivery for The Salvation Army (TSA) Australia Southern Territory AOD services is called the Community Integration Model (CIM). This model focuses upon the potential for personal growth and improvement in the quality of life for individuals with AOD issues, which can be developed by integrating medical, psychological and social interventions, as well as utilising community resources and networks of support. The model is based on:

• Connectedness
• Integration
• Meaningfulness.

The CIM sees individuals as active participants in their own change process – setting their own goals. AOD workers endeavour to work hard to assist individuals to minimise drug related harm along the course of recovery including during lapse or relapse.

The CIM is based on the premise of services working in a person-centred way with individuals seeking to address their AOD misuse, as well as with significant others. Services need to be delivered in a systemic/ holistic way that ensures that individuals are integrated/reintegrated into their community. Through this approach services will ensure that the individual’s personal, cultural, spiritual, physical, emotional and social needs are met. Individuals will be able to access the breadth and depth of services within their community – to support them and eliminate the isolation and discrimination, which they may experience as a part of their recovery process.

Through the CIM, The Salvation Army uses the strengths of a ‘stepped care’ model and the principles of the ‘recovery’ model in order to ensure that services are enabling individuals to achieve their potential.

Stepped care is a model of delivering and monitoring the intensity of interventions according to need, based on the principle of ‘Least Intervention First Time’. It embodies a philosophy which builds on strengths and avoids dependence. The influence of a stepped care model on the CIM means that TSA AOD services:

• offer interventions of different levels of intensity to the service user (either within the service or in partnership with others)

• ensure that the intensity of the intervention is matched to the service user’s needs

• employ careful monitoring of service user outcomes, allowing interventions to be stepped up or stepped down if required

• give service users the opportunity to move through less intensive interventions before receiving more intensive interventions (if necessary)

• provide a two way direction of travel – people can step down, with appropriate support, as well as up

• encourage service users to self-manage their recovery journey where possible.

There is good evidence for both the clinical and cost effectiveness of stepped care models. Potential benefits include:

• improved outcomes

• reduced disability and impairment in regard to work, family and social participation

• reduced socio-economic and ethnic inequalities in mental health and addiction

• economic and social benefits associated with fewer individuals developing more severe mental health and addiction problems.

5 New Ways of Working for Primary Care Mental Health: a briefing document. DH 2009

RECOVERY MODEL

In recent years there has been increased recognition that recovery refers to a person’s improved capacity to lead a fulfilled life that is not dominated by alcohol and drug misuse and treatment. The recovery model is well established within mental health services and more recently demonstrating success within AOD services. The recovery model provides individuals with greater independence, choice and control over their lives and does not necessarily equate to a 12 step or other abstinence based approaches. However, 12 step and other abstinence based interventions will be offered as a part of the continuum of treatment options, alongside pharmacotherapy and a range of other interventions. There is an emphasis on individuals experiencing an improved quality of life and higher levels of functioning regardless of their current drug use status. The individual is at the centre of the recovery process and defining their own outcomes.

The recovery model believes that human beings are not self-regulating and autonomous as individuals – people are located in communities. The model concentrates on the strengths and resilience of individuals and their own resources, which includes inner resources and relationships, housing and employment. The principles of recovery® from alcohol and other drug treatment are:

- there are many pathways to recovery
- recovery involves a personal recognition of the need for change and transformation
- recovery is holistic
- recovery has a cultural dimension
- recovery exists on a continuum of improved health and wellness
- recovery emerges from hope and gratitude
- recovery involves a process of healing and self redefinition
- recovery involves addressing discrimination and transcending and stigma
- recovery is supported by peers and allies
- recovery involves (re) joining and (re)building a life in community
- recovery is a reality.

The CIM aims to promote recovery with an emphasis on:
- promoting independence, choice and control
- increasing access to services
- promoting employment and training opportunities
- enabling individuals to achieve their potential.

There is a whole area of life and activity outside the traditional confines of AOD services. This overall social context, within which people live their lives, has a crucial effect on their quality of life and the development and maintenance of health and well-being for everyone in the community.

TSA AOD services value the importance of partnerships with other agencies and program to promote the wellbeing and social inclusion of people with substance misuse. The Salvation Army aims to work together with other agencies to provide a seamless service and better outcomes for service users and their families.

7 Best, D. Lubman, D. Reprinted from AUSTRALIAN FAMILY PHYSICIAN VOL 41, NO. 8, AUGUST 2012

10 Australian Association of Social Workers. 2013. Practice Standards.
ABORIGINAL AND TORRES STRAIT ISLANDER PEOPLES

The Salvation Army acknowledges the historical and continuing oppression of Aboriginal and Torres Strait Islander Peoples, while appreciating their many strengths and the valued contributions they make to society.

Aboriginal and Torres Strait Islander peoples have a holistic view of health that focuses on the physical, spiritual, cultural, emotional and social well-being of the individual, family and community. When considering the provision of AOD services, AOD use should be seen in this holistic context and the cultural rights, values, beliefs and expectations of Aboriginal and Torres Strait Islander peoples be respected. The Salvation Army AOD services should strive to work collaboratively and in partnership with Aboriginal and Torres Strait Islander controlled services to deliver holistic and culturally responsive care. An understanding of the diversity among Australian Aboriginal and Torres Strait Islander cultures should be reflected in procedures and practice at the local level and staff should engage in regular appropriate professional development.


WORKFORCE DEVELOPMENT

The Salvation Army (TSA) has developed an Alcohol and Other Drugs (AOD) Workforce Development Strategy. The strategy presents a comprehensive, multi-layered approach with the aim of having a skilled, satisfied, sustainable and diverse workforce who delivers quality services to clients.

To support TSA’s workforce, the strategy addresses a range of issues including professional development, recruitment, retention and worker wellbeing. The strategy does this at two levels:

- Organisational
- Team/Individual.

Organisational strategies include:

- development and revision of policies to ensure effective and efficient functioning of TSA
- development and review of award structures to ensure fair and adequate remuneration
- provision of clinical supervision and mentoring programs
- provision of professional development opportunities
- provision of a healthy, safe and pleasant working environment
- ensuring opportunities for input into organisational decision-making for workers at all levels.

Team/individual strategies:

- identification of professional development needs/priorities
- pro-active development of mentoring arrangements
- development of professional/collegial networks.

12 Australian Association of Social Workers. 2013. Practice Standards.
QUALITY MEASURES

The Salvation Army (TSA) is committed to delivering high quality services that deliver evidence-based interventions.

Ongoing data collection, monitoring and evaluation are critical to the success of any treatment as they ensure that existing interventions are appropriate, effective and efficient in the context of contemporary drug use patterns, trends and settings. TSA will achieve this by:

- adopting continuous quality improvement programs that incorporate quality assurance processes to support data collection, monitoring and evaluation
- making effective use of client information systems as evaluation tools
- incorporating reflective practices
- incorporating action research evaluation into program design
- facilitating the development of internal and external evaluation of programs.

The following are key areas that TSA will focus on to continue to deliver quality services.

OUTCOME MEASURES

Outcome measures assess how clients and their circumstances change, and whether the treatment experience has been a factor in causing this change.

TSA will use a variety of evidenced based tools to measure the effectiveness of the treatments we provide. Outcome measures will be developed for routine on-going monitoring of treatment outcome over a range of AOD treatment delivery services and for treatment evaluation research. TSA will embed the outcome measures in its data collection and client information system, SAMIS.

INTERNAL AUDITS

TSA AOD services are subject to internal audits that monitor clinical quality and assist in the continuous development of service provision. Service audits consist of an onsite visit to the program to enable the collection of information utilising the following methods:

- Model and Pathway Assessment – assess elements of the clients journey including:
  - referral/access
  - assessment
  - program model of care and delivery of treatment
  - discharge processes
  - aftercare
- Staff Interviews
- Client Interviews
- Client Record Audit Tool.

At the conclusion of the internal audits, a report is formulated with recommendations for improvements.

ACCREDITATION

TSA is committed to the continuous improvement in the quality of its programs, systems and processes. TSA AOD services are subject to the Quality Information Performance accreditation system and as such exist within a cycle of continuous quality improvement. TSA AOD services are actively engaged in the three-year accreditation cycle, following the Quality Improvement Council accreditation standards. This ensures that The Salvation Army delivers high quality services that are outcome focussed, as well as being accountable and transparent.
SERVICE PROFILES

VICTORIA

SALVOCONNECT BARWON NETWORK

SalvoConnect AOD Services

Residential Withdrawal: 15 bed residential programme offering a stepped model of medicated withdrawal and recovery.
- Stage 1: 6 night medicated withdrawal
- Stage 2: 21 day extended stay focussing on recovery planning and stabilisation post withdrawal
- Stage 3: 12 week independent living in adjacent property executing recovery plans and reintegrating into community.

Post Withdrawal Aftercare: Outreach support services offering linkages, counselling and support in establishing positive change post withdrawal.

Counselling: Offering forensic and non-forensic counselling.

Care and Recovery Coordination: Development of treatment planning and goal setting and supported referrals to services.

Priorities:
- Increase focus on evidence based activity/interventions
- Align existing service programme with Primary Health Network expectations and to maximise Commonwealth funding opportunities
- Increase the size of forensic business and explore fee for service counselling activity
- Improve client feedback mechanisms and inter-agency communications

Bridgelink:
Alcohol and Other Drugs (AOD) supported accommodation for women (with or without children) who are experiencing AOD and housing related issues. Aims to empower women and reduce harm.

Priorities:
- Implement programme evaluation recommendations
- Strengthen and expand network and partnerships with community agencies
- Strategically position the role in the region in line with Victorian reform agenda

THE SALVATION ARMY WESTCARE NETWORK

Intensive and Case Management Services Alcohol and Other Drugs Service

AOD Outreach: assertive outreach to young people contracted to Westcare via the High Risk Youth Schedule and who would otherwise not engage with AOD support including:
- Consistent engagement with young people by AOD worker
- Interventions/responses appropriate to change readiness of the client
- Promotion of self-care with clients

The Service is part of holistic response provided collaboratively in context of Care Team.

Priorities:
- Increase variety of evidence-based interventions used
- Build and strengthen networks and professional relationships
- Evaluate efficacy of interventions with the high risk cohort
- Increase secondary consults and provision of training in collaboration with the Westcare Training Programme
- Expansion of the AOD Programme to provide intensive outreach support to young people in Out of Home Care in the area

SALVOCARE EASTERN NETWORK

Care and Recovery Coordination: Development of treatment planning and goal setting and supported referrals to services.

Priorities:
- Trial this new programme and work with relevant consortium partners on future arrangements
- Establish and document ongoing arrangements/treatment model after the trial
- Develop and formalise collaborative relationships with consortium and other AOD services

Bridgehaven: Four month residential Alcohol and Other Drugs (AOD) rehabilitation service for women and women with accompanying children. Bridgehaven uses the Community Integration Model to assist women to establish a sense of control over their own lives, to value themselves as individuals and to support them in their transition towards healthy independent living.

Aurora: AOD supported accommodation for women, usually post AOD treatment programme.

Priorities:
- Cement the current Community Integration Model
- Review procedures and processes for all aspects of the programme including treatment pathway
- Explore new network partnerships within the wider community to enhance outcomes for the clients

SALVATION ARMY CROSSROADS NETWORK

Bridgehaven: Four month residential Alcohol and Other Drugs (AOD) rehabilitation service for women and women with accompanying children. Bridgehaven uses the Community Integration Model to assist women to establish a sense of control over their own lives, to value themselves as individuals and to support them in their transition towards healthy independent living.

Eunike: AOD supported accommodation for women with or without accompanying children, usually post AOD treatment programme.

Priorities:
- Cement the current Community Integration Model
- Review procedures and processes for all aspects of the programme including treatment pathway
- Explore new network partnerships within the wider community to enhance outcomes for the women and their children
- Update promotional material
SUBSTANCE TREATMENT AND RECOVERY (STAR)

Flagstaff AOD (FAOD)

AOD Care and Recovery Coordination within a crisis accommodation setting:

FAOD is charged with responding to AOD presentations in the crisis accommodation setting at Flagstaff Crisis Accommodation Centre, North Melbourne. Programme design is modelled according to demand and client input. The service is primarily harm reduction, promoting safer use, operating a secondary Needle Syringe Program, providing information, advice and referral to the wider AOD service system, and using the Care and Recovery Coordination treatment type to facilitate linking to AOD and related services. In 2016, FAOD extended its operating area to provide AOD drop in and other services to The Open Door, a closely associated homelessness facility, also in North Melbourne.

FAOD has been funded through legacy funding which has been insecure and will end on the 30 July 2017, as part of a new tranche of therapeutic support funding at the high-needs part of the housing service system.

Priorities:

- Manage the transition of FAOD from AOD to Specialist Homelessness Services funding
- Develop a new service model to fit, and embed the existing aspects into the new environment (targets, outcomes, reporting implications)
- Develop an interface with the AOD service system

NORTHERN NETWORK

Northern Victoria Alcohol and Other Drugs Services:

A consortium of SalvoCare Northern Victoria (lead) together with Mind Australia, offering Counselling and Care and Recovery Coordination (CRC) to people who reside anywhere in the Loddon Mallee Region.

Northern Victoria Alcohol and Other Drugs Services Building Bridges Therapeutic Day Rehab Programme:

A 10 week structured group programme based in Bendigo, using a combination of evidence based interventions that provide the foundations for recovery for people wishing to address their substance use.

SalvoCare Northern Victoria Bridge Programme:

A state wide 6 week Residential Rehabilitation Programme for people age 18-30 years, looking to address their substance use issues.

Goulburn Valley Alcohol and Drug Services:

A consortium of Goulburn Valley Health (lead), SalvoCare Northern and Odyssey House Victoria offering Counselling, Care and Recovery Coordination, and Non Residential Withdrawal Services for people who reside in the Goulburn Valley and Lower Hume Regions.

Goulburn Valley Alcohol and Drug Services-Therapeutic Day Rehab Programme:

A 10 week structured group programme based in Shepparton, using a combination of evidence based interventions that provide the foundation for recovery for people wishing to address their substance use.

Priorities:

- Complete service manuals for each programme
- Develop a revised framework for case management, CRC and counselling
- Further develop group content
- Expand the Therapeutic Day Rehab into areas of need (eg. Campaspe Shire), including embedding mental health practitioners or nurses into the programmes
- Update the Strickland Road site
- Develop a peer worker support framework to assist in service improvement and client experience
- Implement successfully the sector assessment changes into the services
- Further develop the programme evaluation and feedback processes
- Look at developing succession planning: support worker to case manager, case manager to AOD practitioner, back fill options for team leaders
- Implement an after care extension component of the Bridge Residential Programme
- Further develop and rebuild local relationships with the community health services across the Loddon Mallee
- Be Child Wise accredited
- Establish better relationships with the Aboriginal Co-ops
- Ensure outlying practitioners are practicing from the correct standard of building, with adequate support
SOUTH AUSTRALIA

TOWARDS INDEPENDENCE NETWORK OF SERVICES (TINS)

Supported Accommodation and Recovery Services (SAARS West): An 18 bed Residential Rehabilitation Service (AOD) for males and females over the age of 18 years incorporating the following elements:

- 12 to 20 weeks duration
- Extensive assessment
- Individualised treatment programme
- Intensive engagement through daily counselling
- Harm reduction philosophy working cooperatively with clients in their treatment method of choice
- Money management and budgeting
- Life skills support and education
- Case review and exit preparation

Supported Accommodation and Recovery Services (SAARS East): The service offers accommodation and counselling support within a case management model for males and females over the age of 18 years. It prepares people experiencing homelessness, due to complex life domains including substance misuse, for independent living by focusing on goal setting, living skills and money management. This service works best for people who have successfully completed an AOD rehabilitation programme. There is an increasing focus on engaging clients in vocational activities and work readiness courses.

Warrondi Engage and Link (WEL) Initiative: WEL is a 6 bed residential case work service that provides culturally sensitive support and counselling for indigenous men and women over the age of 18 years. It is an extension of the SAARS West service providing a safe, stable environment where workers undertake culturally sensitive casework. WEL supports the change process for clients experiencing substance misuse issues. WEL works collaboratively with other agencies to assist clients to access long term stable accommodation.

Sobering Up Unit: A 30 bed AOD crisis facility which accommodates men and women over the age of 18 years. The unit provides shelter, support and non-medical detoxification for people assessed as being at risk from harm to themselves or others due to their level of intoxication. The South Australian Police can bring people to the unit under the Public Intoxication Act legislation.

Priorities:

- Continue working towards recovery in partnership with programme participants and their families
- Further develop ties with ‘Rediscovery’
- Strong Voice – Active participation in all sector discourse and utilisation of client stories and case studies
- Innovation – Utilise IT Futures and other social media platforms including accurate data collection to inform practice directions and increase staff professionalism
- All Victorious: A faith-based 12 step based self-help group run by volunteers. Weekly support groups and a separate Bible study is hosted at the Tea Tree Gully Corps. All Victorious reports directly to the Division. People attending All Victorious do so largely through word of mouth or by referral from the Department of Correctional Services. Attendance is also frequently stipulated as a parole condition. All Victorious has strong ties with the Rediscovery operating out of the Campbelltown Corps (see ‘Recovery congregations’ section).

Priorities:

- Strong V - Actively seek out future leaders within TINS and provide leadership opportunities
- Culture – Support a deeper level of understanding of client centeredness across the Network.
- Deinstitutionalise all TINS services by encouraging discretion, discernment and avoiding punitive responses

NORTH WEST

Bridge Programme: residential rehabilitation for adults in the form of a 10 week AOD Recovery programme.

Throughcare: a 10 weeks day programme, outreach services, AOD counselling and intervention, Prevention, Promotion and Early Intervention activities in the community, family support programme and “Be the Change” family workshops.

Priorities:

- Further develop clinical services
- Increase community integration (eg. having health providers on site)
- Develop residential service for parents with children
- Build community awareness and engagement
- Partnerships with Cultural and Linguistically Diverse Background communities (CALD) and Aboriginal and Torres Straight Islander peoples
- Social enterprise for aftercare

NORTH

Throughcare: a 10 weeks day programme, outreach services, AOD counselling and intervention, Needle and Syringe Programme, family support programme and “Be the Change” family workshops.

Priorities:

- Build community awareness and engagement
- Partnerships with CALD and Aboriginal and Torres Straight Islander peoples
- Needle Syringe Programme outreach services
- Hep C clinics

TASMANIA

SOUTH

Bridge Programme: residential rehabilitation for adults in the form of a 10 week AOD Recovery programme.

Throughcare: a 10 weeks day programme, outreach services, AOD counselling and intervention, family support programme and “Be the Change” family workshops.

Places of Safety: police referral Sober up Unit, Street Teams in Salamanca precinct on Fridays and Saturday nights.

Priorities:

- Further develop clinical services
- Increase community integration (eg. having health providers on site)
- Develop residential service for parents with children
- Build community awareness and engagement
- Partnerships with Cultural and Linguistically Diverse Background communities (CALD) and Aboriginal and Torres Straight Islander peoples
- Social enterprise for aftercare

NORTH WEST

Bridge Programme: residential rehabilitation for adults in the form of a 10 week AOD Recovery programme.

Throughcare: a 10 weeks day programme, outreach services, AOD counselling and intervention, Prevention, Promotion and Early Intervention activities in the community, family support programme and “Be the Change” family workshops.

Priorities:

- Further develop clinical services
- Increase community integration (eg. having health providers on site)
- Develop residential service for parents with children
- Build community awareness and engagement
- Partnerships with CALD communities and Aboriginal and Torres Straight Islander peoples
- Hep C clinics

NORTH

Throughcare: a 10 weeks day programme, outreach services, AOD counselling and intervention, Needle and Syringe Programme, family support programme and “Be the Change” family workshops.

Priorities:

- Build community awareness and engagement
- Partnerships with CALD and Aboriginal and Torres Straight Islander peoples
- Needle Syringe Programme outreach services
- Hep C clinics
WESTERN AUSTRALIA

BRIDGE PROGRAMME AOD RECOVERY SERVICES

Non Residential Counselling service: for individuals presenting with AOD and related issues. Referrals are accepted from both internal and external agencies. All cases are reviewed monthly with a 12 week/session limit. Counselling service has previously offered recovery groups to suit client demand.

Intake service: Facilitates information sessions for the residential recovery centre, manages the waiting list, screens and assesses individual readiness, willingness and suitability for the Bridge Programme AOD treatment services.

Outreach service: Assists residential treatment clients transitioning to wider community. All clients are formally assessed, case managed with individual treatment plans, ongoing reviews and referrals to other agencies. Completion of treatment is not a requirement to access this service. The primary goal of outreach is to identify individual need and assist with referral and advocacy when and where appropriate.

Residential Sobering Up Centre: The Centre provides 14 bed (10x male and 4x female) ‘safe place’ for intoxicated individuals to sober up. The maximum stay is 12 hours. All clients are provided a bed, meal/sandwich and opportunity to have their clothes washed and a shower.

Residential Low Medical Detox Centre: The Centre is a 9 bed (4x female and 5x male) residential service with a 7-10 day stay. Clients are permitted benzodiazepine to support their detoxification. The Centre provides a low stimulus environment to facilitate and support detoxification. AOD recovery principles/topics and harm minimisation strategies are introduced.

Priorities:
• Non Residential Counselling service and Outreach service to develop ‘day programme’ opportunities for non-residential clients
• Improve the facility at the Residential Sobering Up Centre
• Increase bed capacity, lengthen duration of stay and redevelop programme content for the Residential Low Medical Detox Centre

Harry Hunter Recovery Centre: The Centre offers AOD residential rehabilitation to males and females over the age of 18 years. The programme is based around a funded 13 week stay, though some clients may stay longer if this is part of their treatment plan. Treatment consists of a staged programme, where clients’ progression to the next stage is based on a number of considerations such as motivation, participation and coping. Progress to each stage comes with extra privileges and responsibilities. In keeping with the principle of a person centred approach, the amount of time spent in each stage is flexible, with the average time being four weeks.

Priorities:
• The Harry Hunter Centre is currently reviewing its model of care and programme content to ensure the service offered is up to date and evidence based

NORTHERN TERRITORY

ALICE SPRINGS

Men Taking Control: A day rehabilitation programme of minimum 12 week duration. The programme caters to clients with AOD issues, mental health issues or dual diagnosis. Men Taking Control assists clients to identify and begin to address the underlying issues that contribute to addiction. Elements of the programme include Cognitive Behavioural Therapy, Positive Lifestyle Programme, daily group therapy sessions, one-on-one counselling, attendance at meetings of Narcotics Anonymous (NA) and community work through The Salvation Army Thrift Shop.

Priorities:
• Improve collaboration with hostel staff to increase referrals for specific AOD and mental health needs from The Salvation Army hostel for homeless people
• To develop programmes for family members to understand addiction and deal with its impact
• Collaborate with NA to advocate for another NA meeting in Alice Springs, preferably on our premises for clients to access
• Work towards improved inclusion of Aboriginal people in relation to programme access, retention and employment
• Improve networks, collaborative partnerships and information sharing within the AOD sector in Alice Springs

DARWIN-THE SALVATION ARMY TOP END AOD SERVICES

Sunrise Centre: The Salvation Army Top End AOD Services provides 25 beds for residential rehabilitation and withdrawal treatment. 22 beds are maintained for residential rehabilitation programme clients and 3 beds for withdrawal programme clients. The AOD residential rehabilitation service provides a structured 12-week programme, which includes therapeutic groups, workshops, individual counselling and case management.

Priorities:
• Improve quality of service
• Incorporate staged approach to treatment
• Increase number of available beds and types of treatment options
• Retain staff
**RECOVERY CONGREGATIONS**

Recovery congregations are places of belonging, support and celebration. While the services are particularly tailored to people in recovery, all are welcome. For some, recovery congregations are a stepping stone into other faith communities, for others they become a long term spiritual home.

**MOONEE VALLEY ‘RECOVERY CHURCH’ (CENTRAL VICTORIA DIVISION)**

Established in September 2014, this Wednesday evening congregation of the Moonee Valley Corps is a thriving and supportive gathering of people who encourage one another in faith and recovery. The initial planting team consisted solely of volunteers but the congregation now has its own officer team appointed on a part-time basis. A number of social programme chaplains, officers and other volunteers are also integral to the leadership team. The Wednesday evening gathering commences with a meal and then moves into a time of worship which is authentic, relaxed and practically oriented. Other activities currently underway include a Tuesday Bible study and weekly adherence classes.

**HOBART ‘RECOVERY CHURCH’ (TASMANIA DIVISION)**

Hobart Recovery Church is a congregation of the Hobart Corps. The congregation celebrated its 5th birthday in May 2017. It is a welcoming and open space for people in addiction or recovery, their families and others who face various challenges. The congregation is led by a volunteer team, including Chaplain to the Bridge and Courts Programmes and Corps Officers. The format is friendly, informal and works from people's current spiritual understanding and need. A holistic approach uses various activities and discussion to help develop participant's openness to and awareness of faith. The Wednesday evening gatherings always conclude with supper and a time of fellowship.

**CAMPBELLTOWN ‘REDISCOVERY’ (SOUTH AUSTRALIA DIVISION)**

Rediscovery is a second congregation of the Campbelltown Corps. It was planted in March 2016 and meets on Friday evenings. The format is a meal followed by a ‘café style’ service and then dessert. The congregation has a leadership team of its own and is well supported by the broader Corps leadership team as well as the Corps Officers. This relaxed, informal gathering is a place of friendship, sharing, support and belonging. Teaching is pragmatic and encouraging. Sharing and mutual support is a key feature of each gathering. Rediscovery recently accepted its first adherent who had come to the congregation via All Victorious. All Victorious (see South Australia) is a key feeder to Rediscovery and these two groups support each other well.
‘Hope is not pretending that troubles don’t exist. It is the hope that they won’t last forever. That hurts will be healed and difficulties overcome. That we will be led out of the darkness and into the sunshine.’

- Anonymous