

**EVALUATION OF PRIMARY  
HEALTH SERVICES**

**CITY OF YARRA**

**NEXT DOOR PRIMARY HEALTH  
SERVICE**

**&**

**NEXT DOOR ALCOHOL AND  
DRUG COUNSELLOR**

**NEXT DOOR  
PRIMARY HEALTH CARE  
FACILITY FOR PEOPLE WHO  
INJECT DRUGS  
*AND*  
ALCOHOL AND DRUG  
COUNSELLOR**

September 2006

## **ACKNOWLEDGEMENTS**

An evaluation of this nature is not possible without the time and cooperation of staff, clients and management at the individual services. For this chapter, we particularly wish to thank Chris Hardy, Chris Vlachos and Danny Jeffcott at Next Door for their time and assistance on the project.

## CONTENTS

<b>1</b>	<b>Description of Next Door .....</b>	<b>5</b>
<b>2</b>	<b>Clients .....</b>	<b>7</b>
<b>3</b>	<b>Accessibility .....</b>	<b>14</b>
<b>4</b>	<b>Holistic care.....</b>	<b>20</b>
<b>5</b>	<b>Empowerment of clients .....</b>	<b>25</b>
<b>6</b>	<b>Assessment and intervention plans .....</b>	<b>26</b>
<b>7</b>	<b>Staff profile .....</b>	<b>27</b>
<b>8</b>	<b>Continuity of Care, Collaboration and Colocation .....</b>	<b>29</b>
<b>9</b>	<b>Data recording.....</b>	<b>31</b>
<b>10</b>	<b>Issues for Next Door .....</b>	<b>32</b>
<b>11</b>	<b>Best thing about Next Door .....</b>	<b>33</b>

This supplementary chapter on Next Door presents detailed information from the manager and client surveys as well as the reporting data. This should be used as a reference for the overview chapter only. The methodology, limitations of data, detailed analysis and recommendations for the primary healthcare services overall are discussed in the overview report.

Text in *italics* is from the manager's survey. All client survey data are presented in tables and clearly marked. Reporting data is clearly labelled.

## **1 Description of Next Door**

### **1.1 Philosophy of Next Door**

*The philosophy of North Yarra Community Health (NYCH) and Next Door (ND) relates to the Ottawa Charter of equal Health services for everyone. This holistic approach to healthcare is inclusive of spiritual as well as physical aspects of each person. Next Door aims to provide services appropriate to our clients needs and client consultation is part of our planning process.*

### **1.2 Goals and objectives of Next Door**

*The goal of Next Door is to provide, as much as possible, a "one stop shop" for people who inject drugs with the objective to improve their health and welfare and reduce the problems of injecting drug use such as a reduction in crime. Next Door specifically targets people who inject drugs that do not access mainstream medical services. Next Door also plays a role in public education and awareness of drug use.*

### **1.3 The mission and vision statement of Next Door**

*North Yarra Community Health aims to provide high quality and responsive programs and services to all members of our community. We work with people to overcome their experiences of disadvantage, discrimination and disempowerment. We respect people's choices and support them to make informed decisions to prevent illness and promote their health and well-being. We encourage active participation in our services and in the life of our community.*

### **1.4 Auspice details**

*Next Door is auspiced by North Yarra Community Health Inc. North Yarra Community Health is a not for profit organization and is predominantly funded via DHS.*

*North Yarra Community Health has 5 sites in the City of Yarra and offers a wide range of Health and Welfare services from Medical, Dental, Nursing etc.*

## **1.5 Funding sources for Next Door**

**Table 1: Funding sources for Next Door**

Funding body	Funding stream	% total Next Door funding
Local Government	LDS (MDS)	90% of PHCF
Commonwealth Govt	NIDS	1EFT
City of Yarra	Small program grants	\$6000

Note: Figures supplied by Next Door on 11 April 2006.

## **2 Clients**

### **2.1 Target clients**

*IDU who do not access mainstream medical services. Clients must identify as IDU.*

### **2.2 Registered clients**

*Next Door Primary Health Service sees approximately 600 clients/week. Nearly all of the clients are registered at some stage even if the majority of their visits are recorded as 'unregistered' contacts.*

*The Next Door Alcohol and Drug Counselling service sees approximately four clients per week (30% of total client group for 'registered).*

ADIS data for 2005 shows that Next Door recorded 13% of all registered client visits. The majority of their registered clients (59%) report being from the City of Yarra. Most Next Door PHS clients are aged between 22 and 49 years of age (36% are 22-29, 27% are 30-39, and 11% are 40-49). They have more male than female registered clients (67% male, 33% female).

ADIS data for unregistered clients in the first two quarters of 2006 indicates that the most common issue people are presenting with is hygiene and housing (excluding 'other').

**Table 2: Unregistered client data for presenting issues**

Presenting Issues	Next Door		All Services	
Other	2720	39.7%	3967	31.3%
Hygiene	2595	37.9%	3045	24.0%
Housing	375	5.5%	690	5.4%
Legal	228	3.3%	444	3.5%
Financial	202	3.0%	332	2.6%
General Medical	129	1.9%	792	6.3%
Excess Consumption / OD	108	1.6%	195	1.5%
Drug Treatment Required	100	1.5%	1193	9.4%
HepC	93	1.4%	236	1.9%
Mental Health	90	1.3%	497	3.9%
Dental	76	1.1%	130	1.0%
Other Wound	43	0.6%	107	0.8%
Employment / Training	31	0.5%	293	2.3%
Sexual Health	26	0.4%	217	1.7%
Vein Care	17	0.2%	167	1.3%
BBV (excluding HepC)	6	0.1%	222	1.8%
N/A	5	0.1%	140	1.1%
Total	6844	100%	12667	100%

The client survey data asked '**What made you initially want to come to this service?**' Their answers are shown verbatim below.

**Table 3: Client survey 'What made you initially want to come to this service?'**

<i>The staff are nice and it's somewhere to keep out of trouble</i>
<i>The first time I came here was to have passport photos taken for my bup file. I have been back regularly over the past few years to access the health service, general facilities and as a social support.</i>
<i>Amenities and support whilst homeless</i>
<i>Bup program and good staff members</i>
<i>Good people and staff</i>
<i>It's the workers who work here the people who came here it's a great place to come and they help a lot with anything.</i>
<i>The variety of services offered and the always friendly and endlessly giving staff that are so driven to helping their clients find acceptable solutions to often complex issues.</i>
<i>A friend of mine first bought me here and I felt comfortable. You can have a cuppa and something to eat.</i>
<i>Provides essential services for down and out people without any form of judgment. Good place to just come.</i>
<i>Sounded good from other people's recommendations</i>

Clients surveyed at Next Door reported using a variety of services in the past six months. Below these are shown in comparison to the average for the primary healthcare services.

<i>General services</i>	<i>Next Door respondents % (n=10)</i>	<i>All respondents % (n=73)</i>
<i>GP/Doctor</i>	90	68
<i>Legal service</i>	80	40
<i>Alcohol and drug service</i>	80	45
<i>Community health service</i>	80	48
<i>Housing service</i>	80	51
<i>Mental health service</i>	40	40
<i>Hospital (emergency department)</i>	30	36
<i>Hospital (inpatient)</i>	20	22
<i>Sexual health service</i>	10	15
<i>Ambulance</i>	10	25
<i>Dentist</i>	10	33
<i>Other</i>	10	15

**Table 4: Client survey responses ‘Other services used in the past six months’**

Clients surveyed at Next Door reported slightly lower levels of contact with other primary healthcare services than the average across the seven fixed services.

**Table 4: Client survey ‘Other PHCS used in past six months’**

Primary Health Centres	Next Door Respondents % (n=10)	All respondents % (n=73)
Next Door (Collingwood)	N/A	18%
Living Room (City)	25%	27%
Foster St Clinic (Dandenong)	13%	18%
YSAS Day Program (Fitzroy)	13%	18%
Access Health (St Kilda)	0%	18%
Health Works (Footscray)	0%	18%
Young People’s Health Service (CBD)	0%	16%

As a way of ascertaining the other options clients had, the client survey asked ‘**If this service were not available, where would you go?’**

**Table 5: Client survey ‘If this service were not available, where would you go?’**

<i>MAD - St Marks and Salvos (city)</i>
<i>I would not go anywhere because I like it at Next Door and the Exchange is a great place.</i>
<i>The Caribbean or Cuba??</i>
<i>Insane, maybe into prison population or die</i>
<i>I don't know, I would be lost.</i>
<i>I do not know</i>
<i>Nowhere</i>
<i>Nowhere</i>
<i>Nowhere</i>

Clients were asked to identify the services they had used at Next Door. In the client survey, they reported that **'At this service, I have...'**

**Table 6: Client survey: Services accessed at Next Door**

Services accessed at Next Door, 'I have...	Next Door respondents % (n=10)	All respondents % (n=75)
Eaten food	100%	81%
Spent time relaxing/chilling out	100%	73%
Used the telephone	100%	68%
Received free services	90%	92%
Used the toilet	90%	84%
Been helped in accessing other services	90%	77%
Participated in recreational activities	90%	71%
Received information about drug treatment options	90%	65%
Obtained information about injecting & drugs	90%	61%
Obtained injecting equipment (here or at the NSP next door)	90%	44%
Seen someone without an appointment	80%	84%
Talked to a peer worker	80%	55%
Used a quiet space to recover if I've had too much	80%	51%
Received dietary advice	80%	40%
Accessed buprenorphine or methadone	80%	33%
Seen a GP	70%	79%
Seen a nurse	70%	79%
Seen a counsellor	70%	67%
Obtained clothes	70%	43%
Spoken with workers from my cultural background	70%	35%
Talked to someone about my mental health	60%	59%
Talked to someone about my sexual health.	40%	51%
Gone to a group session	40%	49%
Used the showers	40%	37%

Clients were also asked to identify the experiences they had at Next Door. They reported that '***At this service, I have...***'

**Table 7: Client survey: Experiences at Next Door**

Experiences at Next Door 'I have...'	Next Door respondents % (n=10)	All respondents % n=75)
Liked the staff	100%	97%
Felt safe	100%	96%
Felt that it's a friendly environment	100%	96%
Found the space comfortable	100%	96%
Liked the good facilities	100%	93%
Been easily able to get here	100%	92%
Talked openly to staff	100%	89%
Had my privacy respected	90%	93%
Felt that the staff don't judge me	90%	92%
Felt that my health is improving	90%	85%
Been happy with their opening hours	80%	85%

### **3 Accessibility**

The project brief includes three questions on accessibility:

1. Is the service accessible to the target client group?
  - 1.1. Does the service offer a safe place where street-based drug users can access assistance and receive attention on a non-appointment basis?
  - 1.2. Does the service offer a safe place where street-based drug users obtain respite from drug use and the drug-using environment?

#### **3.1 Referral processes**

For the primary health service: *Next Door operates on both appointment system and walk in system for all services offered. Next Door accepts referral from any service providers as long as the client is an injecting drug user or has injected in the past. Next Door has self referral, referral from other NYCH workers including the Needle and Syringe programs at all sites and referral from outside agency's including the Prison System.*

For the counselling service *clients are referred by workers from Next Door and other sites. Some clients attend through hearing about it on the day at Next Door (walk ins). Through other D&A services where it has been promoted. Through friends.*

#### **3.2 Accessibility for the general target group**

*Next Door consults clients during planning and evaluation and benefits from the many years of experience that the Drug Safety workers bring with them. Next Door has grown in terms of staff numbers and services provided in response to client need.*

#### **3.3 Accessible for any special needs group/s**

*Next Door specifically targets people who inject drugs and many of the most needy of these clients are homeless and/or have mental health issues. Many of the Next Door services were specifically introduced to address the needs of users who are homeless or in marginal accommodation.*

*Dual diagnosis clients also represent a significant proportion of the client population and NYCH has employed a psyche nurse and a dual-diagnosis psychologist to work at Next Door to address the needs of this client group and integrate clients with mental health issues into our service.*

The Next Door Counselling service is accessible for *CALD, physically and psychiatrically disabled clients.*

### **3.4 Assistance on a non-appointment basis**

*Nearly all of the clients utilise the walk in system. Usually it is only pharmacotherapy start ups and counselling follow ups that work to appointment. Some groups are held at scheduled times but flexibility is maintained where ever possible.*

For the counselling service 80% of assistance is provided on a non-appointment basis.

### **3.5 Next Door as a safe place**

When given the option of 'strongly disagree', 'disagree', 'neither agree nor disagree', 'agree' or 'strongly agree', Next Door said they strongly agreed with the statement: 'This service is a safe place for street-based drug users.'

*A sense of 'ownership' of the space is important in making clients feel both welcome and safe. This is established and maintained in many ways including:*

- *Having a service that is only for IDU.*
- *Having a charter of client rights and responsibilities that is written up and expressed by the clients and is backed up by staff and management.*
- *Art works created by clients during art therapy are hung on the walls and in the front window to improve the aesthetic and to instil a sense of ownership.*
- *There are formal procedures for responding to client complaints in a timely manner. There is always either a Manager or Team Leader on hand to respond to immediate concerns. There is also a suggestion box where clients can input their comments.*
- *Having enough space during busy times is a concern for NYCH and we are seeking larger premises to address this issue.*

The Next Door counselling service said they agreed with the statement: 'This service is a safe place for street-based drug users.'

*It's safe because clients can spend time there and use the varied services and meet other clients and staff. Sometimes it can be unsafe when incidents take place.*

### **3.6 Next Door as respite from drug use**

When given the option of 'strongly disagree', 'disagree', 'neither agree nor disagree', 'agree' or 'strongly agree', Next Door said they strongly agreed with the statement: 'Street-based drug users can obtain respite from drug use and the drug-using environment here.'

When asked how clients could obtain respite, Next Door Primary Health Service stated it *'has separate areas so that clients who are seeking respite from drug use can access workers without mixing with clients who are actively using. When necessary staff can do Outreach, visiting clients either in their residences or in a public space ie café. Next Door also has recreation groups that are run off site where clients can enjoy physical activity and respite from drug using.'*

Next Door Alcohol and Drug Counsellor said they agreed with the statement: 'Street-based drug users can obtain respite from drug use and the drug-using environment here.'

When asked how clients could obtain respite, Next Door counselling service stated *'they are welcome at Next Door and get assistance and some level of solace'.*

### **3.7 Service approaches**

#### **3.7.1 Anonymity**

*Next Door Primary Health Service is a confidential non-judgmental service, all NYCH staff sign a Code of Conduct on commencement of employment which includes a confidentiality agreement. The reception counter has been raised to screen computers and client details from people in the reception area. Client mail is kept in a locked cabinet.*

According to the Next Door Alcohol and Drug counselling service *clients who attend the journal group don't fill out any paper work or give their surnames. Clients who attend counselling are given strict confidentiality.*

#### **3.7.2 A comfortable space**

*Next Door Primary Health Service was designed using a client group who advised on what would make the space comfortable. There are several areas to sit comprising a medical style waiting room, a lounge area with couches, a kitchen area with table and chairs. Next Door also provides a quiet "chill out" space, an activities room, a medical consulting room, a counselling room and an activities/meeting room. Next Door also has a supervised safe recovery space and has clients dropped off by police or ambulance when they need to recover from the effects of drugs. All of this occurs in a service that is specifically for people who inject drugs. Because of our policy of only accepting clients who inject drugs our clients appreciate that they won't bump in to family, friends or other*

*members of the community who may not approve of drug use. Next Door is separated into 2 spaces, front and rear, that are separate from the NSP so that clients in treatment can access doctors, counsellors etc and remain in a separate area to clients who are still actively using. Likewise clients who are happy using can access services without having treatment forced on them.*

*For the Next Door counselling service the journal group is in a private space and much care is taken to provide a relaxing environment. We burn candles, incense and play soft ambient music. The room is also modestly decorated using relaxing colours (lilac tablecloth, purple sheer curtains). Clients who attend counselling have a big comfortable armchair to sit in.*

### **3.7.3 A feeling of safety**

*At Next Door Primary Health Service all staff are trained on unacceptable behaviour and have good boundaries with client behaviour. NYCH has a policy for Unacceptable behaviour which is enforced by the CEO when necessary; this can include client's access being restricted if necessary. Next Door has also developed, in conjunction with the client base, a Client Rights and Responsibilities pamphlet and there are posters displayed on the walls.*

*According to the Next Door counselling service safety is discussed whenever a new member joins the journal group. Clients are encouraged to share only what feels safe for them and have the right to refuse to answer questions.*

### **3.7.4 A friendly environment**

*The environment at Next Door Primary Health Service has been designed to be user friendly. Next Door employs Peer Workers as Community Development Workers. Peers have the ability to engage in a culturally appropriate and friendly manner.*

*In terms of the counselling service a sharing and harmonious culture is encouraged. While in reality conflicts arise, therapeutic interventions are applied to restore balance and promote growth within the group.*

### **3.7.5 Good location**

*The location for Next Door Primary Health Service was based on the very successful position of Melbourne Inner City Aids Prevention Centre, which has been based in Smith Street Collingwood for nearly 20 years.*

*For the counselling service the group room is upstairs and away from the activity of the kitchen and lounge area, therefore quiet and private.*

### **3.7.6 Good staff**

*NYCH has a commitment to employ relevant staff for all its services. As previously stated Next Door is staffed by Peer/CDW staff as well as professional staff who want to work with people who inject drugs. All Next Door staff have many training and educational opportunities thru NYCH Staff Study/conference Leave and educational sessions provided in house to all staff.*

The Next Door Alcohol and Drug counselling service employs one staff member with the following qualifications:

- *Background in art education (Bachelor of Education in arts and crafts)*
- *Counselling qualification (Grad Dip in Health Counselling)*
- *Studied psychotherapy for six years (Certificate in Soul-Centred Psychotherapy)*
- *Completed core competencies for Drug and Alcohol Work*

### **3.7.7 Appropriate open hours**

*It was decided in the reference group set up to develop the program that "after hours" including weekends was necessary. Doctors' sessions are scheduled for afternoons to suit client lifestyle.*

### **3.7.8 Multicultural environment**

*NYCH is an equal opportunity employer and encourages people from CALD backgrounds to apply for employment.*

The Next Door counselling service has CALD members in the journal group and worker has counselled several CALD clients.

### **3.7.9 Non-appointment based system**

*Next Door offers an appointment system and a walk in system for all services provided.*

According to the Next Door counselling service *clients are encouraged to attend journal group as they please. They are not obliged to come every week.*

### **3.7.10 Non-judgmental approach**

*All Drug Safety Services operate on a non-judgmental approach. Thru operating NSP for 20 years we know that this is the only way to work with People Who inject drugs. We continue to work with people who inject drugs whether they are injecting or not.*

For the Next Door counselling service *counselling training and regular supervision ensures this.*

### **3.7.11 Relaxed service**

*NYCH Drug Safety Services operates under a Harm Reduction framework. We find that it takes many of our clients some time to build trust before they will open up to workers. Allowing clients the time and space to feel comfortable, build rapport and establish trust is an essential part of the process that can only occur in an environment where the client feels comfortable, relaxed and secure. Where possible we invite workers from other services to meet clients at Next Door rather than refer them out. When possible we support referrals by driving clients to appointments.*

The Next Door counselling service worker stated that: *'I am flexible in my approach and always consult with clients and open to feedback. They feel relaxed in the group'.*

## 4 Holistic care

The project brief includes five questions on the provision of holistic care and services provided.

2. Is a holistic model of health care provided?
  - 2.1. Are facilities provided to enable client recovery from acute, unwanted drug effects?
  - 2.2. Are primary health care services, involving GPs and medical nurses, available?
  - 2.3. Is there capacity to provide mental health, dietary, women's health and counselling services?
  - 2.4. Are practical support facilities in place and accessible to clients (i.e. laundry facilities, showers, mail pick-up, telephone)?

### 4.1 Next Door as a recovery space

When given the option of 'strongly disagree', 'disagree', 'neither agree nor disagree', 'agree' or 'strongly agree', Next Door said they 'strongly agreed' with the statement: 'Clients can use the facilities here to recover from acute, unwanted drug effects.'

When asked to outline facilities and services for this, Next Door Primary Health Service stated that '*Next Door has a chill out space and a nurses room with a bed where clients can be monitored while recovering from the adverse effects of drugs*'.

The Next Door Alcohol and Drug counsellor said they 'agreed' with the statement: 'Clients can use the facilities here to recover from acute, unwanted drug effects'.

When asked to outline facilities and services for this, Next Door stated that '*Clients have access to a nurse and counsellors and also have the space to rest*'.

### 4.2 Services provided by Next Door

Service	Hours available per week	Times available
NSP	At Melbourne Inner City 68 hours per week	10.30-6.30 Monday-Friday and 7.30-11.30 outreach 7 nights per week
GP	15 hours per week	Mon Wednesday Thursday 3 hour sessions and Fridays 2 docs at 3 hours

Service	Hours available per week	Times available
Medical Nurse	30 hours per week	Tuesday-Friday
Mental health services	37.5 Psych Nurse/dual diagnosis	Monday-Thursday
Dietary advice	4 hours per week	Tuesday afternoons
Women's health care	6 hours per week	Wednesday and Friday afternoons
Counselling HARP/ALERT Casework councillor	19hours per week 4 days per week	Counselling is available for all opening hours 9-6pm 4 days per week
Access to a telephone	36 hours per week	Available all opening hours
Mail pickup	36 hours per week	Available all opening hours
Food	36 hours per week	Available all opening hours plus a juicing program every Friday
Tea & coffee facilities	36 hours per week	Available all opening hours
Material support	36 hours per week	Available all opening hours
Laundry	36 hours per week	Available all opening hours
Shower access	36 hours per week	Available all opening hours
Outreach	Only 6 hours per week	As necessary
Other (please describe): Art Therapy	2 days per week	Tuesday Wednesday during opening hours
Recreation activities  Reclink programs includes weekly session for running and day sessions for surfing, mountain bike riding etc.	variable	As available, usually something every week.
Garden Project	4 hours per week	Tuesdays 12-4pm
Football program	4 hours per week	Wednesdays 12-4pm
Journal group	2 hours per week	Thursday 2-4pm
Pampering sessions for women		6 week courses
Stand alone internet access computer	36 hours per week	Available all opening hours

Note: Data supplied by Next Door on 11 April 2006.

Registered clients attending Next Door see a Medical Practitioner most often (60%), followed by a Counsellor (25%) and Nurse Practitioner (4%). The below table shows their profile compared to other primary healthcare services.

**Table 8: Practitioners seen by registered clients**

	Next Door Primary Health Service	TOTAL
Community Health Worker	1%	35%
Nurse Practitioner	4%	21%
Medical Practitioner	60%	28%
Counsellor	25%	8%
"Missing"	11%	3%
Community Lawyer	0%	0%
Natural Therapist	0%	4%
Total	100%	100%

According to the ADIS data for the first half of 2006, unregistered clients attending Next Door are most commonly receiving food/nutrition, use of a shower/washing machine and social interaction.

**Table 9: Services provided to unregistered clients**

Services Provided	Next Door		All Services	
Food / Nutrition	2696	26.4%	3989	22.3%
Shower / Washing Machine	2509	24.6%	2962	16.5%
Social Interaction	1842	18.0%	2543	14.2%
Information	821	8.0%	1954	10.9%
Computer Use	437	4.3%	561	3.1%
Material Aid eg money	293	2.9%	384	2.1%
Supported Referral	222	2.2%	693	3.9%
General Nursing	204	2.0%	586	3.3%
Monitoring / Recovery Space	155	1.5%	200	1.1%
Counselling	147	1.4%	1249	7.0%
Recreation	147	1.4%	350	2.0%
Other	143	1.4%	450	2.5%
GP	112	1.1%	330	1.8%
Advocacy	109	1.1%	326	1.8%
Drug Treatment Referral	106	1.0%	216	1.2%
Education	82	0.8%	511	2.9%
Emergency Response / First Aid	40	0.4%	56	0.3%
NSP	34	0.3%	274	1.5%
Vein Care	33	0.3%	108	0.6%
Pathology Collection	31	0.3%	69	0.4%
Wound Care	29	0.3%	48	0.3%
Mental Health Assessment	16	0.2%	51	0.3%
Massage	2	0.0%	10	0.1%
Total	10210	100.0%	17920	100.0%

When asked to identify services they provided onsite, referred to a colocated service or referred externally, Next Door Primary Health Service provided the following data. Please note, this list was adapted from an opiate treatment survey (Baillie, Mattick & Webster, 1992) and there was no expectation that services would directly provide all these service components.

**Table 10: Services and referrals provided by Next Door Primary Health Service.**

Service Component	Provided by Next Door	Referral to a co-located service	Referral to an external service
Nursing care	Y	Y	N
Wound care	Y	Y	N
Medical (general practice)	Y	Y	Y
Pharmacotherapy prescribing	Y	Y	Y
Pharmacotherapy dispensing	N	N	Y
Vaccinations	Y	N	Y
STI/BBV screenings	Y	Y	Y
Sexual health treatment	Y	Y	Y
Mental health/dual diagnosis	Y	N	Y
Dental care	N	Y	Y
Podiatry	N	N	Y
Nutrition	Y	N	Y
Relapse prevention	Y	Y	Y
Vocational assistance	Y	N	Y
General living skills training (eg. financial management, housekeeping, personal care activities)	Y	Y	Y
Gender-specific issues	Y	Y	Y
Peer feedback and support	Y	Y	Y
Personal/spiritual growth	Y	Y	Y
Graduated reintegration to general community	Y	Y	Y
Aftercare / follow-up /ongoing contact with clients (formal or informal?)	Y	Y	Y
Alcohol and drug counselling	Y	Y	Y
Supportive counselling	Y	Y	Y
Cognitive-behavioural counselling	Y	Y	Y
Crisis intervention	Y	Y	Y
Sexual abuse counselling	Y	N	Y
Housing/accommodation assistance	Y	N	Y
Legal assistance	Y	N	Y
Financial assistance	N	N	Y
Brief information/support	Y	Y	Y
Regular supportive counselling	Y	Y	Y
General support groups	Y	Y	Y
Parent groups	Y	Y	Y

Service Component	Provided by Next Door	Referral to a co-located service	Referral to an external service
Art therapy	Y	Y	Y
Cognitive-behavioural counselling	Y	Y	Y
12-step approach	N	N	Y
Sexual abuse (gender-specific) group work	N	N	Y
Recreation/fitness groups	Y	Y	Y
Drama groups	N	N	Y
Communication skills training	Y	Y	Y
Assertiveness skills training	Y	Y	Y
Stress management training	Y	Y	Y
Social skills training	Y	Y	Y
Relaxation training	Y	Y	Y
Work skills training	N	Y	Y
Spiritual or moral training	Y	Y	Y
Behavioural self management	Y	Y	Y
Cognitive restructuring	Y	Y	Y
Education about drug use	Y	Y	Y
Education about infectious diseases and prevention	Y	Y	Y
Nutritional or dietary education	Y	Y	Y
Promotion of recreational interest or hobbies	Y	N	Y
Physical exercise	Y	Y	Y
Anger management training	Y	Y	Y
Literacy/numeracy education	N	N	Y

Note: Data supplied by Next Door on 11 April 2006.

## 5 Empowerment of clients

The project brief includes one question about empowerment.

3. Does the service employ an empowerment model that equips clients to take an active role in improving their health and wellbeing?

The Steering Committee defined an empowerment model as:

*Decisions about a clients health and their healthcare are made collaboratively between them and their service. Support and information is given to the client to enable them to change their behaviour.*

In the survey, managers were asked, 'Are clients supported to have an active role in improving their health and wellbeing? If so, how does this occur?'

*Next Door works with the NYCH philosophy of self empowerment and seeks to inform clients and to respect and support their decisions.*

The Next Door Alcohol and Drug Counsellor service stated that this occurred through '*discussion and support in counselling and group work*'.

## **6 Assessment and intervention plans**

This section explores assessment and care plans. The project brief includes the following question:

4. What approaches are used for assessment and intervention/care plans?

To address this question, managers were asked the following in the self-assessment questionnaire:

- How are the needs of clients assessed?
- How are intervention/care plans developed?
- How are these plans implemented?

### **6.1 How are the needs of clients assessed?**

*Next Door staff are in constant communication with clients and as support workers have a clear understanding of client needs. Focus groups are conducted on specific issues when they arise.*

For the Next Door counselling service the needs of client are assessed *on an individual basis in consultation with the client and other workers.*

### **6.2 How are intervention/care plans developed?**

*In consultation with the client and relevant health professionals and for the counselling service on an individual basis according to client need*

### **6.3 How are these plans implemented?**

*Short and long term goals are set and a timeline for review is set and through counselling for the counselling service*

## 7 Staff profile

This section describes the staffing profile at Next Door. The project brief includes four questions on staffing. These are:

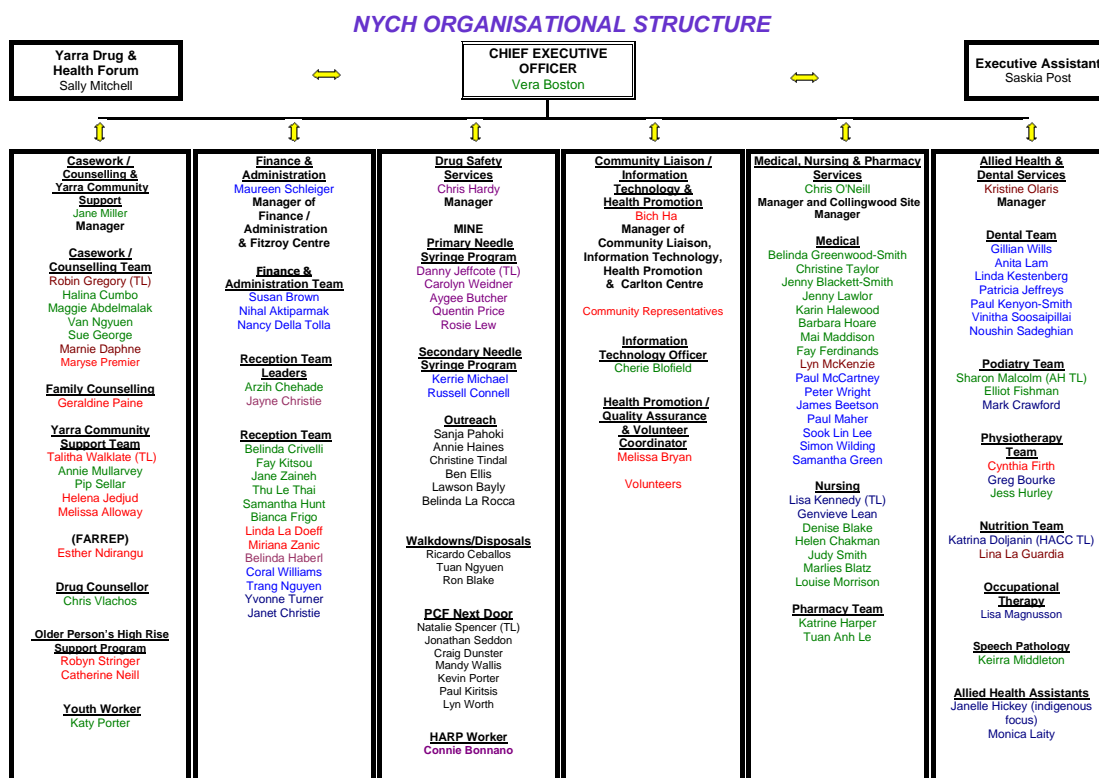
5. What is the staff profile (including management) of the primary healthcare services and how does it compare with their key service requirements?

5.1.1. What is the management structure of the primary healthcare services?

5.1.2. What is the range of qualifications held by staff?

5.1.3. Do all staff have first aid training?

### 7.1 Organisational structure of Next Door



### 7.2 Additional governance structures

North Yarra Community Health is governed by a Board of Management.

### 7.3 Qualifications held by Next Door staff

**Table 11: Staffing profile for Next Door**

Position title (employment status)	Qualification/s
Manager (perm)	RN4B
Psyche nurse (perm)	RN3B
Registered nurse (perm)	RN3B
Psychologist (perm)	MA Clinical Psychology
Community Development Worker (perm)	CERT 4 AOD
Community Development Worker (perm)	CERT 4 AOD
Community Development Worker (perm)	
GP Doctor (perm)	
Dietician (sessional)	
Lawyer (Visiting from Fitzroy Legal Service)	
Gardener (sessional)	
Art therapist (sessional)	

### 7.4 Staff supervision arrangements

*Monthly group supervision and line management supervision. External supervision avail. Clinical supervision currently being developed. Staff meet for half hour each morning to debrief and hand over from previous day so p/time and casual staff can be informed of any issues. Staff also have a monthly staff meeting and a bi-monthly all staff forum.*

### 7.5 Priority areas for professional development

*Occupational Health and Safety. Chris Hardy is OHS manager.*

### 7.6 Ethical issues

- *Maintaining professional boundaries.*
- *Reporting complaints against clients.*
- *Duty of Care issues.*

*NYCH has established policies around these issues and they are addressed during supervision. Training is provided whenever necessary. All Incident Reports are sent to Manager and CEO for actioning and the CEO is responsible for any decision to ban a client either temporarily or permanently.*

## 8 Continuity of Care, Collaboration and Colocation

This section addresses the provision of continuity of care, which was defined by the project steering committee as:

*'Multiple needs of clients are addressed through treatment either onsite or through appropriately supported links and referrals'. (April 26, 2006)*

The project brief includes one question on continuity of care:

1. Is continuity of care supported by facilitating the collaboration of core, colocated and sessional staff?

### 8.1 Continuity of care to clients within Next Door.

*All health professionals have access to Medical Director through the NYCH network so that client files can be accessed from any terminal at any site. Next Door staff meet for half hour each morning to hand over / debrief from the previous day.*

*According to the Next Door counselling service 'our organisation is multidisciplinary so we are able to work as a team in referring to each other, debriefing and secondary consultation. This way the clients' needs are met in a holistic way'.*

### 8.2 Continuity of care between Next Door and other organisations

*Next Door has established networks with many allied agencies. Caseworkers liaise with these agencies when advocating for clients.*

**Table 12: Agencies and professionals Next Door has contact/links with on a regular basis.**

Name of agency or individual	Service type (ie GP, housing support)	Type of link
ANEX	Peak body	Formal network
Homeground / Argyle Housing	Housing	Referral
DHS	Funding body	Formal network
Reclink	Recreation and sport	Formal network
Clarendon Clinic	Mental health	Network agency
CRS	Employment	Network agency
Carlton Corrections	Justice / legal	Network agency
Fitzroy Legal Service	Legal	Formal network

In the first half of 2006, unregistered clients were most often recorded as being referred to a housing service or material aid.

**Table 13: ADIS data on referrals to unregistered clients**

Referral to	Next Door		All Services	
	n	ND%	n	%
Housing Service	280	17.0%	453	11.3%
Material Aid	251	15.2%	314	7.8%
Legal Service	226	13.7%	376	9.4%
Centrelink	197	12.0%	248	6.2%
A&D Service	99	6.0%	811	20.2%
GP	97	5.9%	298	7.4%
Dental Services	70	4.2%	116	2.9%
Community Health Service	69	4.2%	236	5.9%
NSP	57	3.5%	181	4.5%
Self-help Group	52	3.2%	70	1.7%
Mental Health	51	3.1%	112	2.8%
Peer Education	45	2.7%	101	2.5%
Pharmacotherapy prescriber	42	2.5%	96	2.4%
Other	38	2.3%	356	8.9%
Hospital	30	1.8%	85	2.1%
Family / Relationship	17	1.0%	62	1.5%
Employment Service	16	1.0%	39	1.0%
Sexual Health Centre	11	0.7%	54	1.3%
RDNS / HPP	0	0.0%	4	0.1%
Total	1648	100.0%	4012	100.0%

## 9 Data recording

The project brief included one question on data collection:

- What data collection strategies are in place?

Data to answer this question are drawn from reporting data (ADIS and SWITCH) and the self-assessment questionnaire. The self-assessment questionnaire includes four questions to this effect.

- How do you record the number of clients you service?
- How do you define a 'registered client'?
- Of your total client group, approximately what proportion of these are registered?
- Please outline any differences between services delivered to registered and unregistered clients?

### **9.1 How do you record the number of clients you service?**

The Primary Health Service uses *ADIS and Medical Director*.

The Alcohol and Drug counsellor records the number of clients seen for individual counselling on ADIS (*records of the journal group are not kept*).

### **9.2 How do you define a 'registered client'?**

For the Primary Health Service: *A registered client has a medical file on record. A 'registered' contact is when a client presents for an appointment with a doctor or counsellor that will be recorded in Medical Director.*

According to the counselling service a registered client is defined as '*a client who attends counselling sessions with me*'.

### **9.3 Please outline any differences between services delivered to registered and unregistered clients?**

For the Primary Health Service. *Registered clients are those presenting to see a doctor or have an appointment with a counsellor that will be recorded on Medical Director. When clients present for other services it is recorded as an unregistered contact regardless of whether they are a registered client or not.*

For the alcohol and drug counsellor, '*counselling clients are registered, journal group clients are unregistered*'.

## 10 Issues for Next Door

Managers were asked to describe any issues for the service and their recommended solution.

### **10.1 Describe any problem areas or concerns encountered with respect to service provision.**

For the Primary Health Service overall, *space is an issue in terms of freedom of movement and in providing counselling / sessional rooms where privacy can be maintained.*

For the counselling service *the group room is very small and therefore limits how many people can attend.*

### **10.2 How can these problems or concerns be addressed?**

Both Next Door and the counselling service indicated that *they are looking for larger premises that could accommodate our service.*

When asked **'What is the worst thing about this service'**, the clients stated:

**Table 14: Client survey: 'What is the worst thing about this service?'**

<i>Feeling unsafe amongst some clientele. Guidelines are often ignored resulting in prejudiced and violent behaviours amongst the clientele.</i>
<i>Red tape and unworkable policies that tie service providers hands regarding what options they can offer</i>
<i>Ending of the weekend programs.</i>
<i>Some clients have no respect. Very small minority</i>
<i>Not enough of them</i>
<i>I don't know</i>
<i>Nil</i>
<i>There is nothing wrong here.</i>
<i>Nothing at all</i>
<i>Nothing.</i>

## 11 Best thing about Next Door

Managers were asked to describe what they thought the best thing about their service was.

*Our clients. We wouldn't be here otherwise. Next Door is held in high esteem by our clients for the level of commitment demonstrated and ongoing support given.*

According to the counselling service *'it is somewhere where injecting drug users are welcome and can have many of their needs met'*.

### Client survey data

Clients were asked **'What is the best thing about this service?'**

**Table 15: Client survey: 'What is the best thing about this service?'**

<i>The staff are very nice and have active</i>
<i>Access to staff members that you can converse with on an equal par. Access to the nurse and counsellor.</i>
<i>Phone, staff, washing machine</i>
<i>Relaxing good staff members. Being able to have something to eat. No trouble from staff</i>
<i>Staff are great and the people. Also the food that supplied as well.</i>
<i>Everything (they are easy going they offer and the people and the workers are great people.</i>
<i>It's vibrant and dynamic ability to fulfil so many complex rolls and offer so many services with staff well informed on a wide variety of services outside their own service boundaries.</i>
<i>A safe place and it's good to meet new people</i>
<i>Staff</i>
<i>Acceptance with judging</i>