

Practice Framework

Principles

Toora Women Inc.'s guiding values and principles inform the organisation's approach and underpin our programs and services. They include:

- Providing a safe space for women that operates with integrity and fairness for women to maintain a life free from violence, homelessness and drug related harm.
- Designing services that are culturally inclusive of people in all their diversity including those from a culturally and linguistically diverse (CALD) background, older women, LGBTIQ and the Aboriginal and Torres Strait Islander communities.
- Engaging with clients and working with the strengths of the individual to help clients build on existing knowledge and skills while developing new ones.
- Providing interventions that are informed by best practice evidence.

Our service and treatment approaches

To help end the cycle of abuse, homelessness and addictions, all Toora programs work within a **gender-specific, client-centred** framework underpinned by trauma-informed principles and a **strength-based** case management model in line with the National Standards of Practice Principles for Case Management.

Men and women's needs differ greatly, as do their pathways into homelessness, domestic violence and alcohol and other drug dependencies. At Toora, our **gender-responsive approach** allows us to provide services that reflect an understanding of women's experiences and to attend to their specific needs. All our residential services, programs and groups are run by women for women in a **women-only** space, providing role models in terms of female staff and peer support. We understand that women face social barriers and may not get appropriately sensitive treatment and support in mainstream services.

The majority of women that Toora supports have experiences of complex trauma. Women involved in the criminal justice system, with alcohol and other drugs (AOD) issues, physical violence and homelessness have a higher likelihood of past experience of traumatic events. Therefore, we provide **trauma informed care and practice** in all aspects of our service delivery, acknowledging the significant impact a traumatic experience can have on the life of a woman and how this may limit her coping responses. Our services are designed to address the impact of trauma, minimise emotional distress and to empower women with alternative strategies, choice, collaboration and empowerment to help them regain a sense of personal control.

At Toora, the client is at the centre. In offering **client-centred care**, we recognise that people come to our services through many different paths and that their goals and their journey are individual and unique. We work together with our clients, through stages of change and explore their needs, wishes and social circumstances to develop solutions. Through case management, social and educational training and counselling, we provide holistic wrap-around services to support women build their resilience and achieve their goals. Our holistic approach also means that we maintain strong collaborations within the sector and wider community to provide coordinated care to meet our client's diverse needs.

Our **strength-based case management** allows us and our clients to focus on their individual experiences and strengths, identifying qualities within the individual and positives within their networks. By affirming clients as the experts in their own lives, Toora invites clients to participate and collaborate in the case management process, make their own positive, informed choices and to be active participants for positive change.

We provide extended or **continuing care** to our clients following exit from the residential service through our outreach programs.

Definitions

Gender-specific approach [applies to all Toora programs]

A gender-specific approach for women attends to their specific experiences, explores how their issues are shaped by gender and how the socialisation process can impact their journey to recovery. Gender-specific programs ensure that the unique needs and issues of women can be addressed in a safe and supportive environment (Bloom & Covington, 1998) (Women's Resource Centre, 2007).

A client-centred and holistic approach [applies all Toora programs]

A client-centred and holistic approach focuses on individual's needs and the range of underlying issues impacting on a client's life and wellbeing, supports people to be active and equal participants, and tailors the support to the multiple needs of the client. It considers an individual's needs, wishes, values, family situations, social circumstances and lifestyles. A client-centred approach is recognised as a main factor in developing high quality services (Simces, 2003).

Trauma-informed care and practice [applies to all Toora programs]

Trauma-informed practice is an approach which recognises and acknowledges a person's trauma and its prevalence, and is responsive to its impact, sensitivity and dynamics. Trauma-informed practice aims at creating physical, psychological, and emotional safety for both workers and clients and helps clients to regain a sense of control and empowerment over their lives again (Hopper et al., 2010). Trauma-informed care and practice implies that service providers create a philosophy and culture and understanding about trauma both at organisational and service delivery level.

Strengths-based case management [applies to all Toora programs]

A strengths-based case management model builds resilience and empowerment by asking our workers and clients to reflect on the client's present strengths in a collaborative process. It validates the client's experiences and links her strengths with positive steps towards achieving the set goals (Francis, 2014).

Continuing care [applies to all Toora programs]

The primary aims of continuity of care are: supporting the client to continue their lifestyle changes; maintaining health; coping with stressors; managing crisis; and preventing relapses while reintegrating into the community.

Recovery-oriented care [applies to AOD and Counselling programs]

Recovery-oriented care acknowledges that a person's path to recovery is individual and unique, and informed by their strengths and hopes, needs, experiences, values and cultural background. Recovery-oriented care seeks to improve outcomes by getting clients early access to support, and linking them with the services and supports that will make it more likely to sustain their recovery. Other principles of recovery-based care include: family and other community involvement; recovery that is supported by peers and allies; providing continuity of care; ongoing monitoring and outreach; and person-centred services (Sheedy, 2009).

Harm minimisation [applies to AOD and Counselling programs]

The harm minimisation approach is a key element of Australia's National Drug Strategy, which recognises that mandating abstinence is not the only way to reduce drug-related harm. Harm minimisation provides a multilayered approach to reducing the supply of and demand for alcohol and other drugs (AOD) while also addressing the needs of clients who currently use these substances. It aims to address alcohol and other drug issues by reducing their harmful effects on individuals but also considers the health, social and economic consequences of AOD use on the community as a whole (Department of Health, 2004).

Motivational interviewing [applies to AOD and Counselling programs]

Motivational interviewing is a client-centred and directive psychological approach to help clients resolve ambivalence and find motivation to change their behaviours that place them at risk (MacKillop et al., 2018). Motivational interviewing seeks to increase the perceived importance of making change and increase the person's belief that change is possible. It is underpinned by an empathetic, non-judgmental attitude and involves exploring and understanding the client's reasons for substance use (Resnicow & McMaster, 2012). The practice of motivational interviewing is emerging as an effective and efficient catalyst for improved communication between the client and practitioner, positive behaviour change and positive health outcomes. Evidence suggests that motivational interviewing effectively reduces substance use and risky behaviours and increases client engagement in treatment (Lundahl & Burke, 2009).

Cognitive behavioural therapy [applies to AOD and Counselling programs]

Cognitive behavioural therapy (CBT) is a structured therapy that aims at adjusting thoughts and behaviours that control problematic behaviours. CBT and its variations (e.g. relapse prevention) aim at helping clients understand their substance use behaviours and their consequences through directed self-monitoring (Bawor et al., 2018). Clients learn to recognise situations that may lead to relapse and use their learned strategies to prevent relapse and make choices in line with their goals. Cognitive behavioural therapy has a substantial evidence base in the treatment of substance use disorders and coexisting mental health disorders (Baker et al., 2001; 2005; 2010; Kenna & Leggio, 2018).

Solution-focused therapies [applies to AOD and Counselling programs]

As the name suggests, solution focused therapy (SFT) and solution focused brief therapy (SFBT) are focused on the solution to a problem, rather than the problem itself (Dolan, 2017). This pragmatic, present and future oriented approach assumes clients have the strengths and ability to generate solutions to problems in their lives (Kim, Brook & Akin, 2016). It involves using a number of directive questions to highlight clients' strengths and existing coping skills and to assist them to identify relevant information and ideas to form solutions (Dolan, 2017). The therapies have been found to reduce substance use behaviours (Kim, Brook & Akin, 2016) and improve a wide variety of other psychological and behavioural issues (Gingerich & Peterson, 2013).

Brief interventions [applies to AOD and Counselling programs]

Brief interventions are short, strategic interventions, usually between five and 30 minutes, which aim to identify issues with substance use and encourage motivation to change (Henry-Edwards, Humeniuk, Ali, Monteiro & Poznyak, 2003). Brief interventions include providing information and psychoeducation, motivational interviewing techniques, and informal, motivation-enhancing conversations that encourage healthy choices and prevention or reduction of risk behaviours (Levy & Williams, 2016). Brief interventions have been found to significantly improve baseline illicit drug and alcohol use at six-month follow up across a broad range of people and settings (Madras et al., 2009).

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