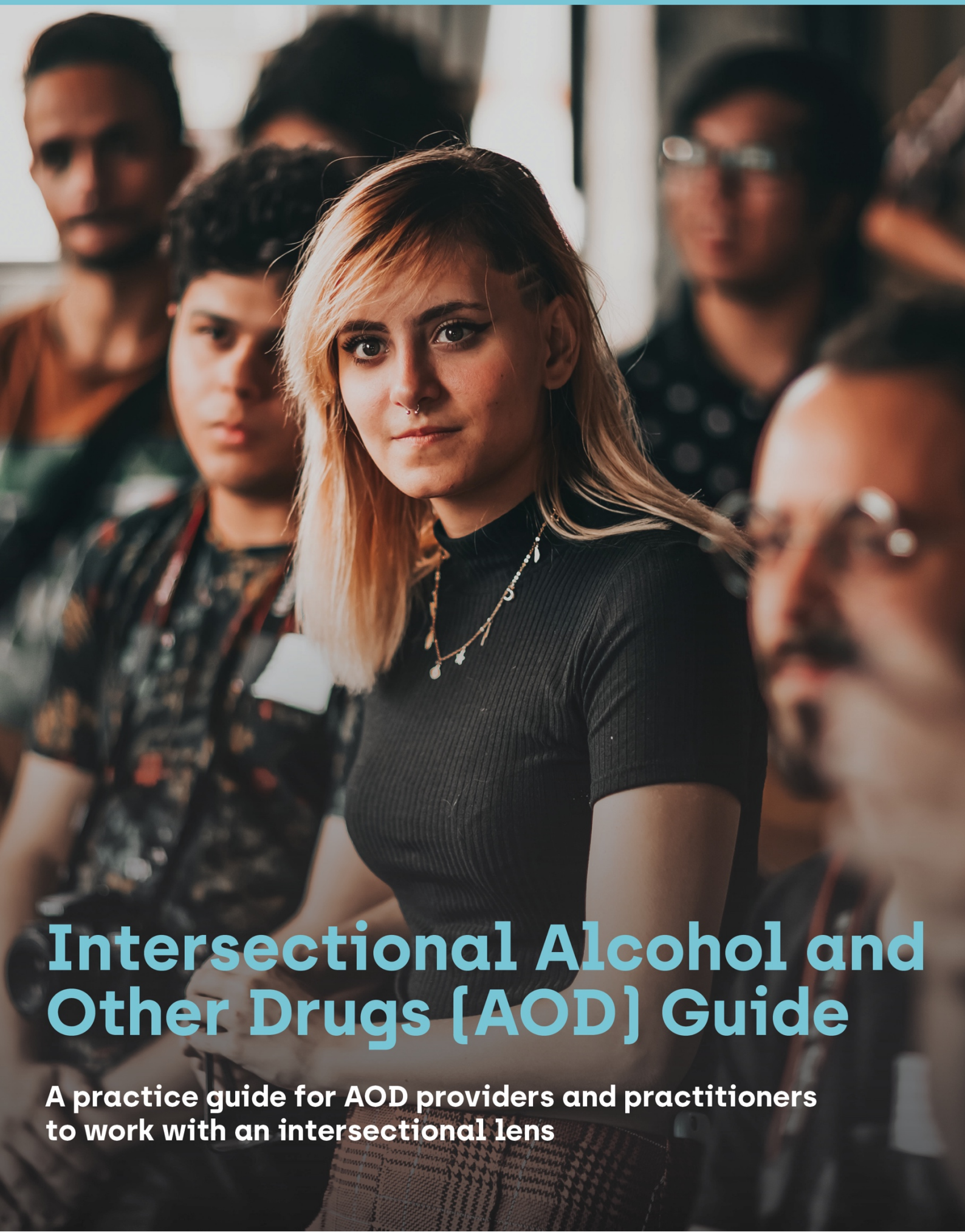
Drummond Street Services

Centre For Family Research & Evaluation



Intersectional Alcohol and Other Drugs (AOD) Guide

A practice guide for AOD providers and practitioners to work with an intersectional lens

Acknowledgements

Drummond Street Services respectfully acknowledges the Kulin Nation as Traditional Owners of the lands where we deliver our services. We acknowledge Aboriginal and Torres Strait Islanders as the first people of Australia. Sovereignty was never ceded, and Aboriginal and Torres Strait Islander people remain strong in their connection to land, culture and in resisting colonisation.

Acknowledgement of contribution

Drummond Street's Centre for Family Research and Evaluation (CFRE) would like to acknowledge and pay tribute to the work of The Zone project partners, including service leaders and front line workers from Youth Support and Advocacy Service (YSAS), Odyssey House and Drummond Street Services, who have been developing AOD intersectional practice for the last two years, to better respond to the needs of marginalised young people seeking Alcohol and Other Drug (AOD) support.

CFRE would also like to thank the contribution of the North West Primary Health Network (NWPHN). We would like to acknowledge that this work would not have been possible without their support or their leadership in supporting the development of intersectional practice delivered as part of The Zone program. The findings and opinions represented in this practice guide are those of the authors and cannot be attributed to the NWPHN.

Prepared by the Centre for Family Research and Evaluation (CFRE) at Drummond Street Services. July 2024. *Intersectional Alcohol and Other Drugs (AOD) Guide: A practice guide for AOD providers and practitioners to work with an intersectional lens.*

Contents

Purpose of this guide

This guide is designed to support alcohol and other drug (AOD) services and practitioners to better support the needs of people who experience diverse and intersecting forms of marginalisation. The objectives of this guide are to:

1. Further understand intersectionality and its application to practice within AOD services
2. Provide intersectional practice guidance to support service leaders and practitioners integrate intersectionality into their work
3. Provide practical ways to create change at all levels of AOD services, with a particular focus on the actions required at a team, practitioner and 'whole of service' level.

It is important to recognise that applying intersectionality to practice is an active process. It requires:

- respectful curiosity about the experiences of ourselves and others
- investigation of one's own beliefs, assumptions and experiences of privilege, power and marginalisation
- recognition of the overlapping effects of systems and structures that contribute to marginalisation and oppression.

This guide is intentionally designed to be active and participatory. We invite you to complete reflective activities about yourself and your practice, as either a service leader or as a frontline practitioner. At times, these questions may be challenging and require critical reflection, which can take us outside our comfort zone. This experience is an important part of intersectional practice as we develop our reflexivity, which is the ability to unpack our beliefs and assumptions (which may be unconscious). You may have experienced a similar process as part of supervision.

If an item does bring up some discomfort, we encourage you to safely and respectfully consider where this reaction is coming from. Is it linked to a lived experience you hold? Is it tied to your own power or privilege? What is it telling you about your assumptions or beliefs?

As with all your work, it is also important that you take care of yourself. Use any self-regulation strategies you need as you work through the guide. That may mean you need to take a break, have a drink of water, or go for a walk. You may also like to engage in collective care with a colleague or supervisor – by debriefing, holding space for each other, or completing it together.

Structure of this guide

Section 1 of this guide will begin by outlining the principles of practice and the key frameworks we have drawn on in the development of this guide.

Section 2 will outline Drummond Street's **Seven Elements of Intersectional Practice** model as a theoretical framework to unpack what intersectionality, in practice, might look like for you.

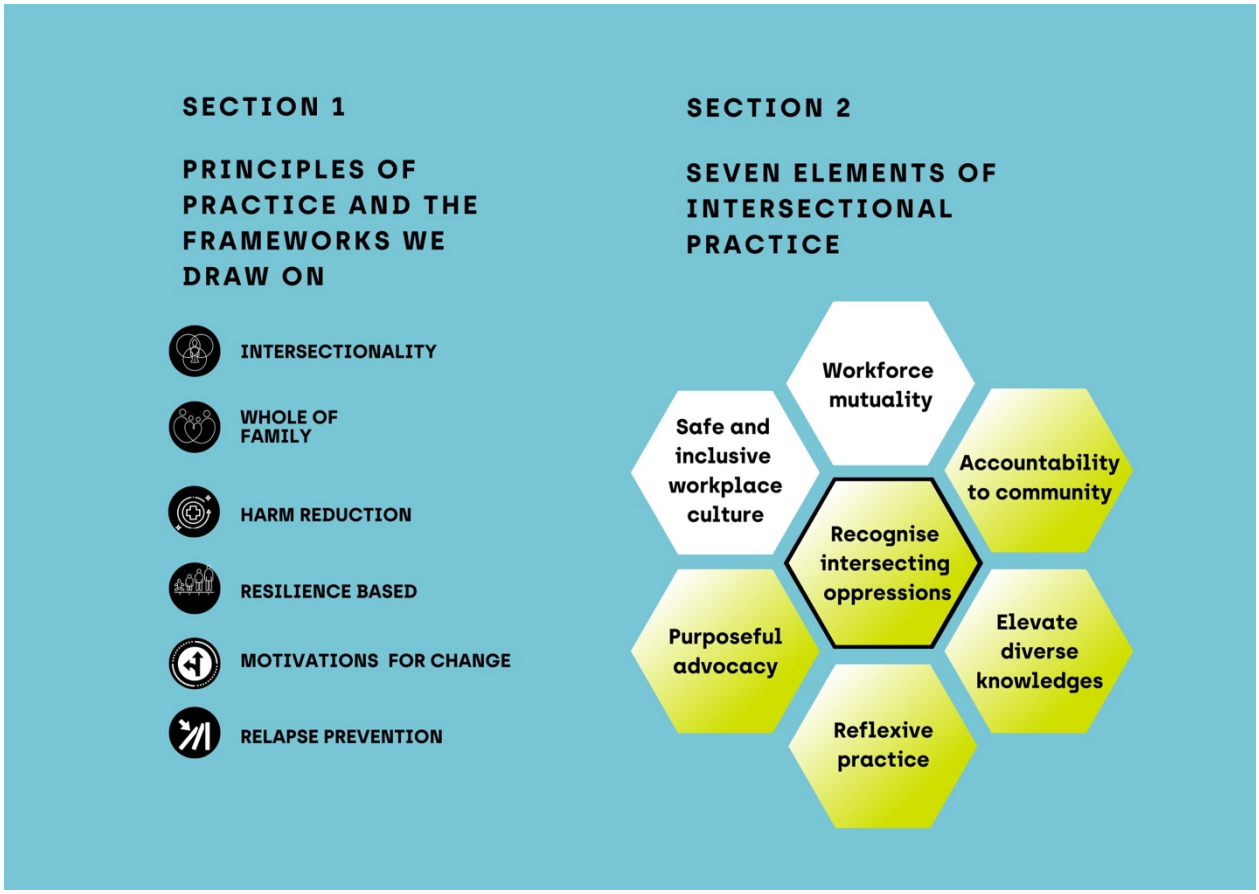


Figure 1. Structure of this guide

It is important to acknowledge that intersectional practice does not begin with a 'set and forget' exercise but rather, it provides an opportunity for services to continually challenge themselves to do better, by engaging and supporting marginalised communities and people with intersectional needs.

By applying intersectionality to practice we must consider a holistic approach at all levels of an organisation. This means creating 'top-down' and 'bottom-up' approaches that harness the skills, expertise and experience of transdisciplinary teams and clients.

The figure below depicts these relationships:

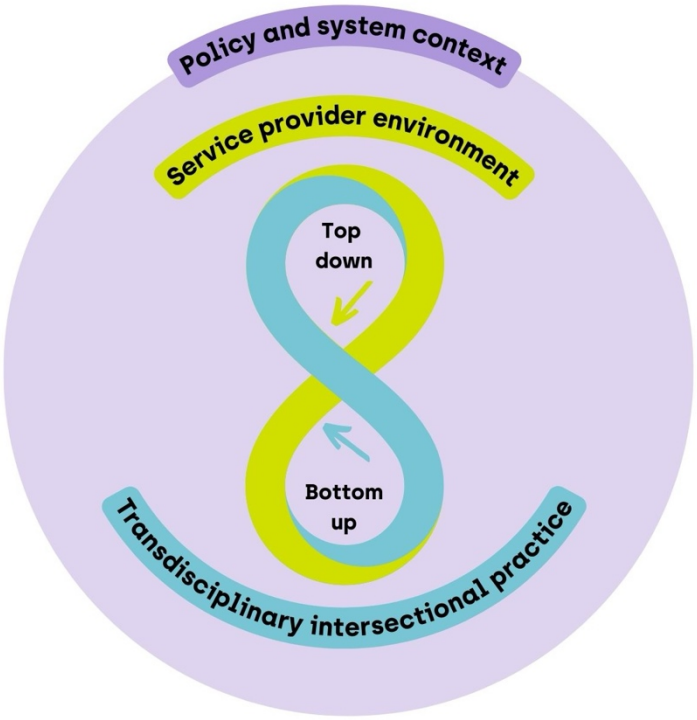


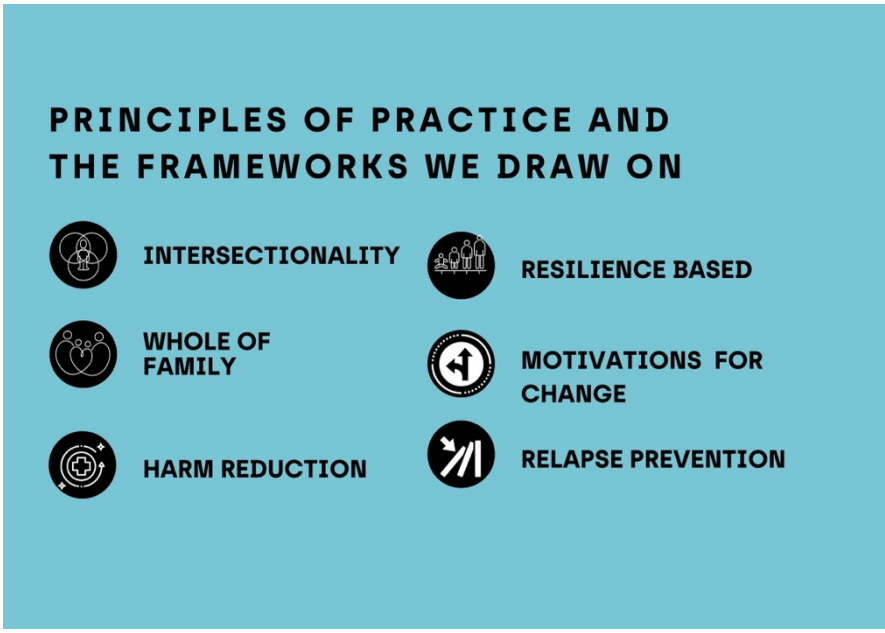
Figure 2. Intersectional practice, service environment

This guide will contain considerations and activities for service leaders and practitioners to work through and reflect on. The activities are designed to support intersectional thinking and practice development.

Section 1- Principles of practice and the frameworks we draw on

This first section will outline **key principles of practice** and **frameworks** that we drew on to develop this guide.

We will look at why intersectionality matters. We will also explore how we can apply an intersectional lens to common AOD approaches, frameworks and practices to better situate clients, their families and their communities within their own context and experiences across the social ecology.



We will also situate perspectives of AOD use within the context of culture, faith, colonisation and identity and look at the ways that people's beliefs, attitudes and values may differ from Western understandings of AOD treatment.

Intersectionality – what is it and why apply it?

Kimberlé Crenshaw, who coined the term 'intersectionality', described it as a prism through which to examine and analyse simultaneous and overlapping forms of systematic discrimination, such as sexism and racism and the impacts of these on people, communities and systems. Crenshaw's initial conceptualisation described the justice system's erasure of Black women's experiences from feminist discourse in favour of white women, and from anti-racist discourse in favour of Black men. This resulted in Black women facing double exclusion at the 'intersection of racism and sexism' and unique forms of oppression and disadvantage (Akibar and Langroudi 2021; Crenshaw 1989; 1991).

While it is important to maintain intersectionality's original political and critical race theory intent; more recent approaches have pushed researchers, theorists, policy makers and practitioners to dig deeper into the structural and systemic forces at play in

reproducing and perpetuating inequities, disadvantage and the resultant social problems that they confront (Autret and Eeden-Moorefield 2021). Understanding intersectionality involves understanding the dynamics of power and privilege. It also involves acknowledging experiences of oppression and working to address them. This relates to addressing the harmful drivers of AOD use and also questioning how we apply Western models of care, including for example harm reduction and resilience based models to people who experience intersecting forms of marginalisation.

The wheel of power and privilege illustrates the relative positions of power and privilege, where marginalised people are on the outside of the wheel and those holding the most power are at the centre (Duckworth 2020). It reinforces that a person's experiences with the world are respective to their positions of power and privilege, which can change within different relationships or contexts. In the context of AOD services, this can mean that individuals seeking support who experience intersecting oppressions feel powerless, unseen, unheard, or dismissed; meaning they often cannot access the support that they need.

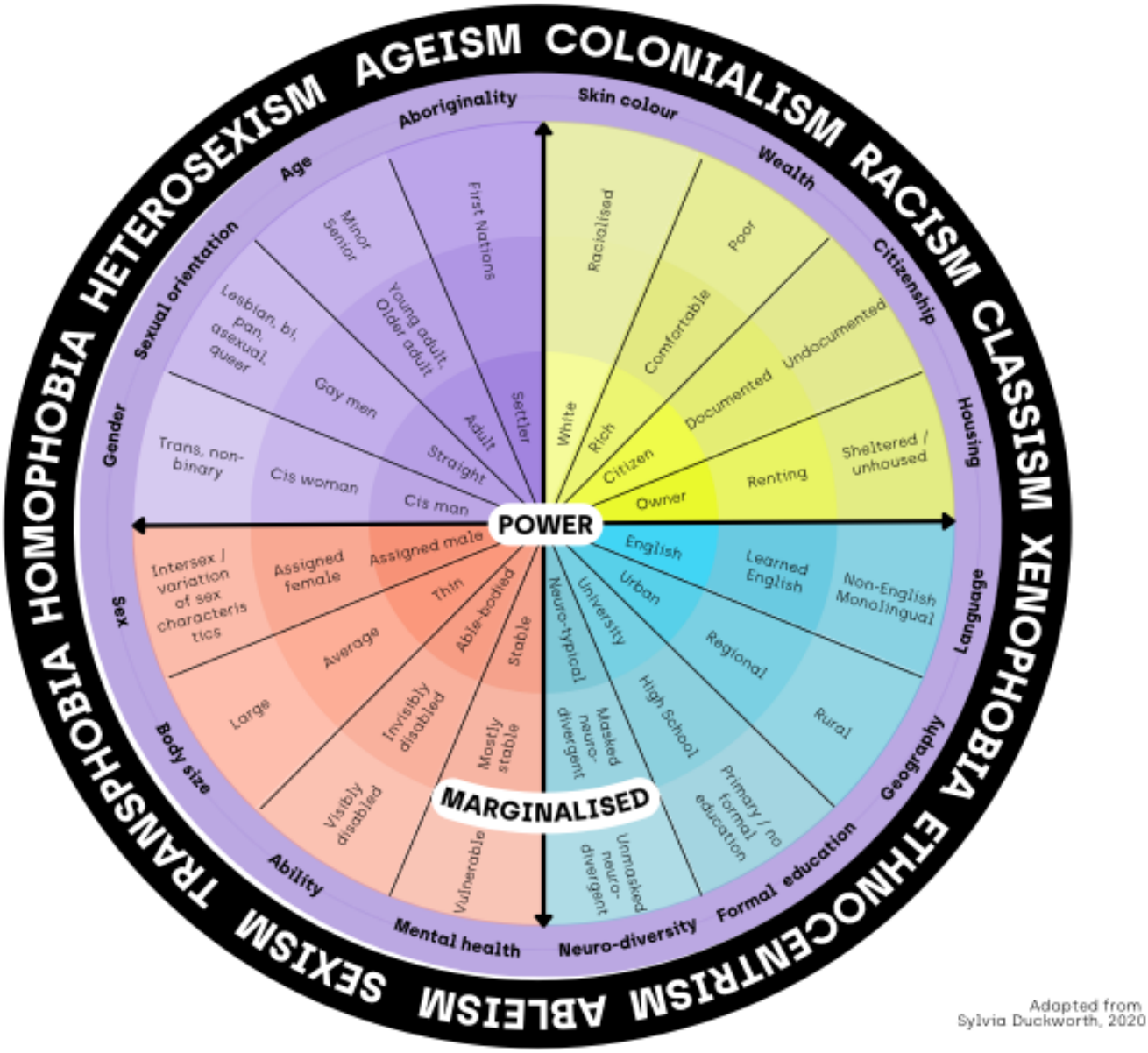


Figure 3. Wheel of Power/Privilege

In practice

Identity is a socially constructed norm. Some people come to services believing that the problems they face reflect their identity and it is the single truth of who they are.

When practitioners and services overlook the contexts and socially constructed problems that their clients face, such as racism, colonialism, heterosexism, homophobia, transphobia, sexism, ableism and classism; problems have a greater chance of both driving AOD use and being seen as internal to the person. This may obscure and prevent us from

critically reflecting on the very systems, structures and discrimination within our society which influence why someone might be using AOD in the first place or creating barriers for them to be able to seek support. It can also lead us to make assumptions about the type of support a person requires and may lead us to apply inappropriate models of practice, rather than challenge ourselves and our service systems and responses to do better.

At its core, intersectionality is about understanding:

- the whole person within their context (intra)
- their experiences of overlapping discrimination/oppression/marginalisation
- the significant relationships in their life- including with their families, communities, organisations, systems and society (inter and ecosystem)
- the contexts in which these relationships occur- including historical, current and systemic (ecosystem)
- how the above factors shape how they see, interact with and experience the world.

Services and practitioners can consider intersectionality as a 'lens' to critically reflect on positions of privilege and oppression (Autret and Eeden-Moorefield 2021; C. Butler 2015; Pallotta-Chiarolli et al. 2021; Tang et al. 2020). This means recognising that AOD services and those working within them, hold positions of power and privilege.

Intersectional practice encourages workers to engage in self-reflection relating to their own positions of power. This involves acknowledging that we all have multifaceted elements of our identity (as exemplified in Figure 4 below) that shape how we see and experience the world. These experiences can set up dominant narratives; reinforcing, internalising and compounding minority stress, feelings of inferiority and worthlessness for the individual, family and whole community. Interactions and transactions across systems and institutions can be hostile, dehumanising and demeaning across multiple experiences of racism, ableism, homophobia, transphobia and the like. For many, these experiences are not isolated to a single facet of their identity or a single part of their life. For many, they experience discrimination in their interactions with the world, within systems, when engaging with organisations and within their families and relationships.

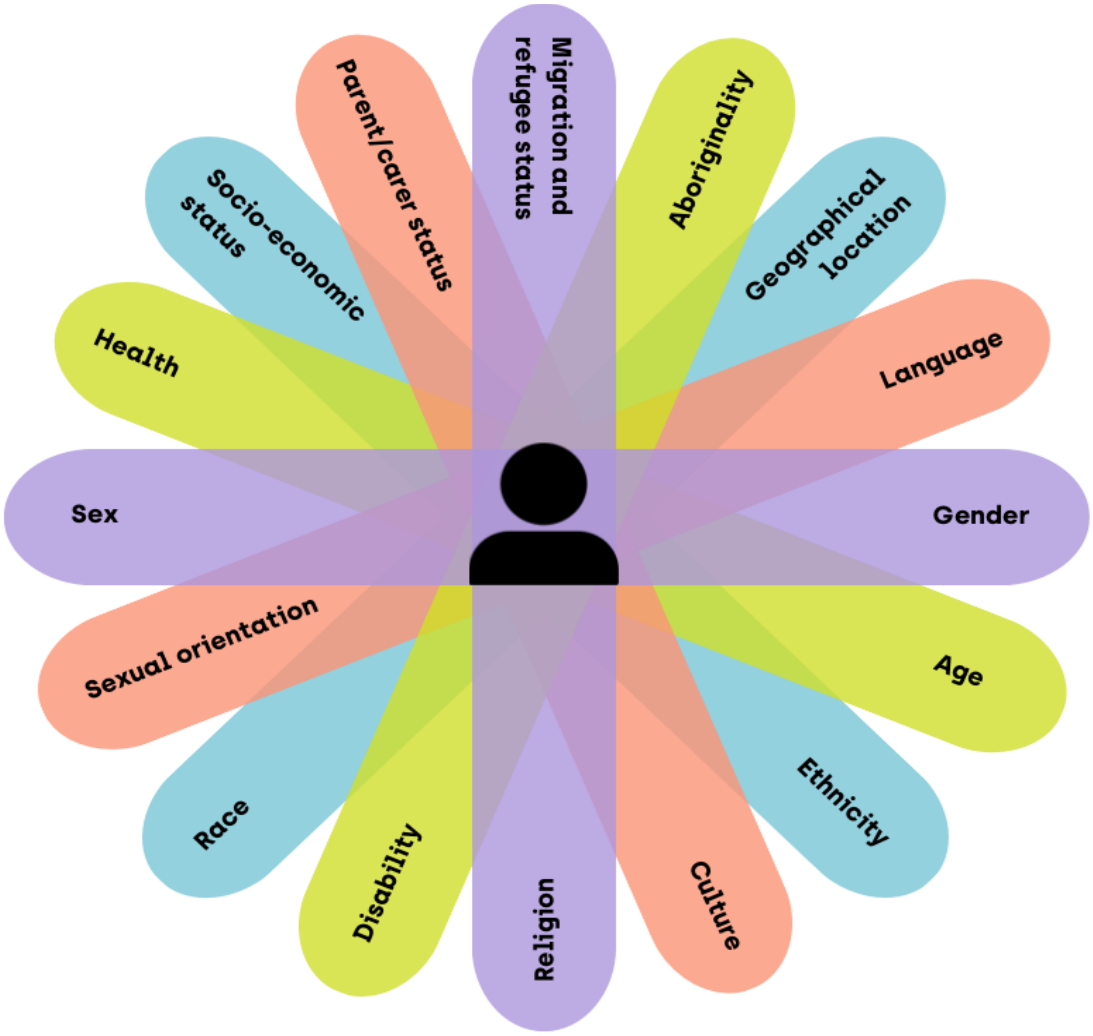


Figure 4. Individual factors

Situating intersectionality within a socio-ecological approach

Intersectionality provides a framework to understand how systems and structures uphold and contribute to discrimination for people from marginalised groups. Discrimination does not occur at a single level, but can occur at family, community, organisational, institutional, structural, systemic, and societal levels. At-risk individuals and families often experience compounding forms of discrimination across multiple levels.

Socio-ecological models, such as Bronfenbrenner's (1979) ecological framework for human development, are designed to understand the complex interplay of factors at multiple levels (see Figure 5, below).

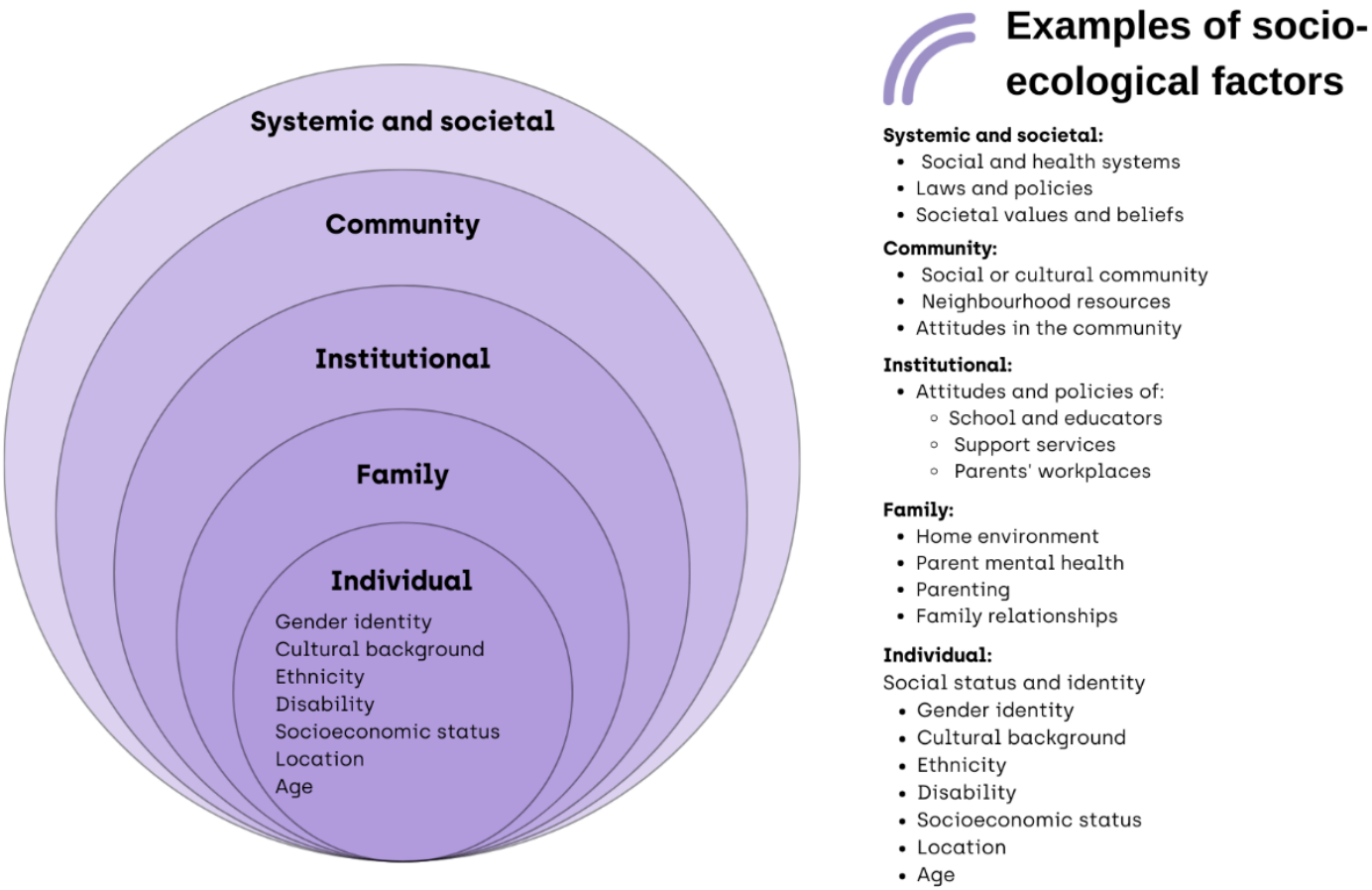


Figure 5. Examples of Socio-ecological factors

The intersectional use of this model involves a deliberate, whole of person approach, where the **unique, overlapping experiences** of the person are explored. While risks and drivers of discrimination can occur at each of these levels, so too can protective factors be sources of strength and resilience.

Asking specific questions about someone's experience at each of these different levels, as highlighted below, can be an important way to better **understand their experiences of marginalisation of discrimination** at each level of the social ecology.

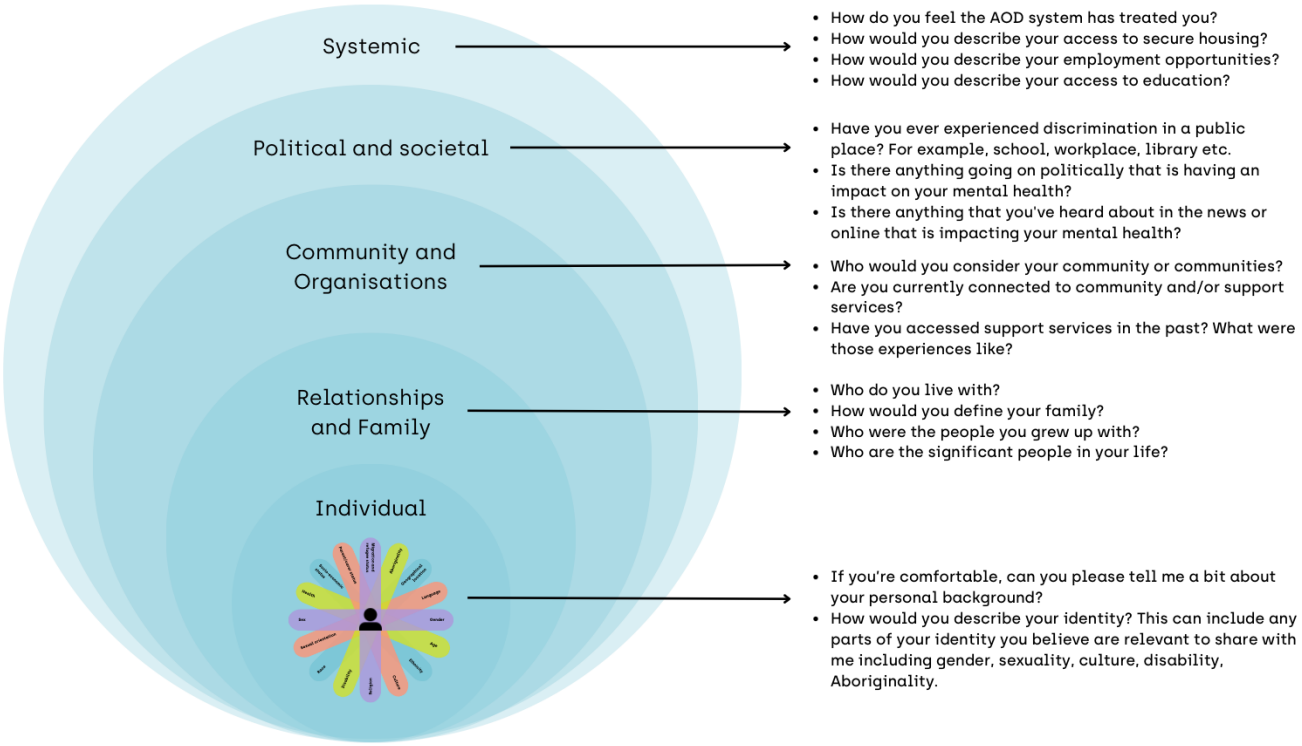


Figure 6. questions across each layer of the socio-ecological model

When exploring these factors for an individual, it is important to remember that discrimination is relational. The way that one person experiences discrimination, even within a family, might be very different to the way others experience it. Intersectionality asks us to think outside the box about relational work that happens within our client's world to identify points of connection and conflict across all levels of the social ecology that may support or hinder their treatment.

Whole of Family

Whole of family approaches are an umbrella term, incorporating a lens in which family context is part of all the work we do. Within this, there are many ways to enact a whole of family lens:

1. **Family sensitive practice:** When working with an individual family member, we can be curious about their family context – in terms of both supports and challenges. This includes considering the family's impact on the individual client and other family members' needs.
2. **Sub-system work:** working with family members separately, rather than together.

3. **Family inclusive:** might involve bringing the family together for sessions. This is guided by your professional reasoning and considerations about risk and safety.

When working with families, it is important to consider the unique intersectional experience of **each family member**. Each family member will have their own unique experiences of identity and culture, due to their intersecting identities and personal history. Identity, culture and shared experiences may be a **point of connection** for some families and/or a **point of conflict** within families.

What is meant by family?

Through intersectional practice, we apply an inclusive and expansive definition of family. Who is considered family is very individual and may be shaped by culture, identity and experiences. The figure below demonstrates some different forms of family.

It is important that we **follow the family's lead** about:

- **Who** is considered family?
- Who is involved in **sessions/support** (e.g., Elders, siblings, grandparents)?

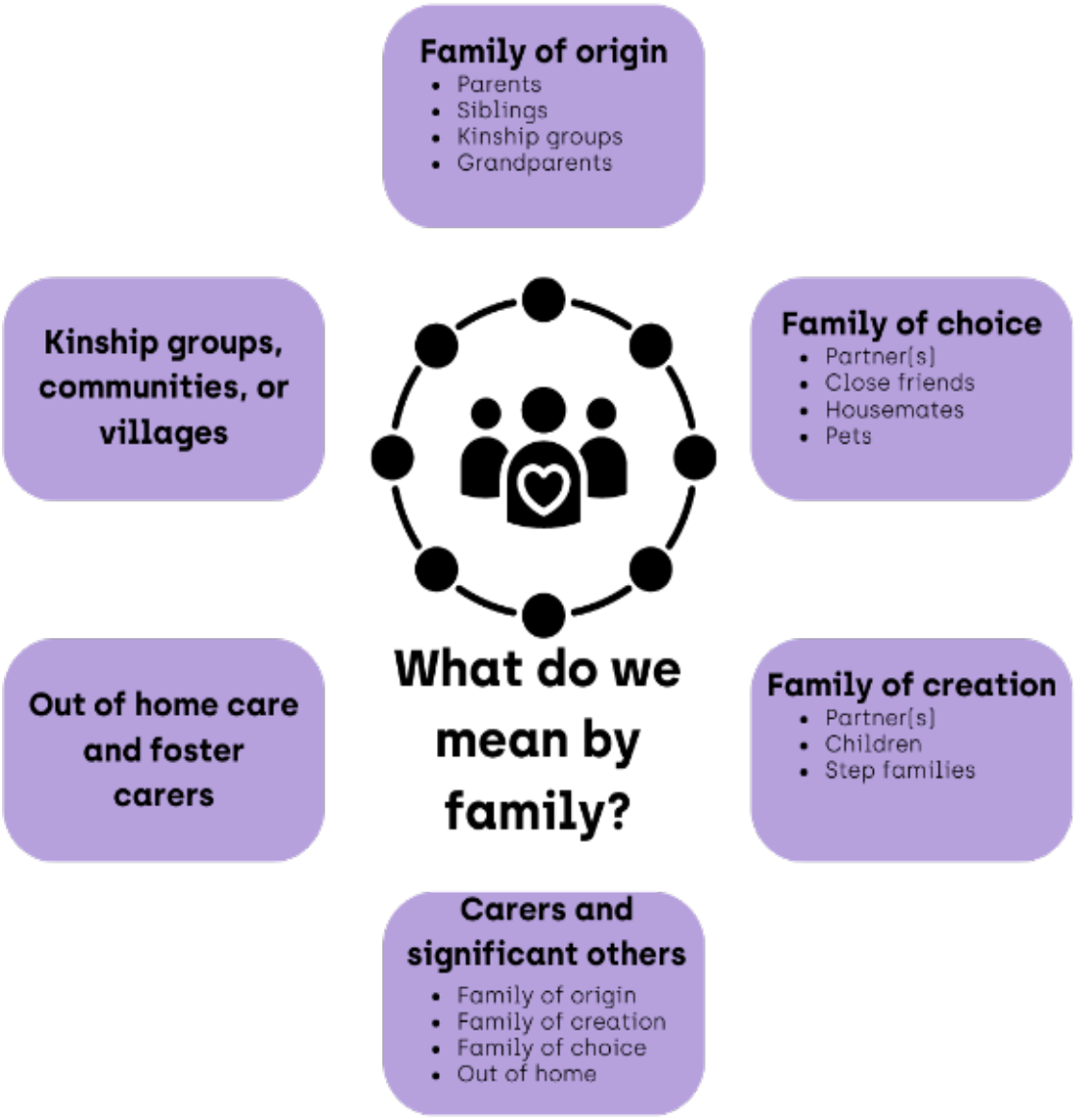


Figure 7. What do we mean by family

Mapping family structures

Visually **mapping family structures** may be useful to explore the nature of **relationships, connections and conflict** for a family. When used intentionally, they can support intersectional practice.

When we map family structures, we need to be conscious that our notion of family may be very different to the person sitting in front of us. When asking about families and

relationships, **don't make assumptions**. Use open language and be open to learning and to questioning your assumptions and implicit bias.

Practitioners should draw on their professional reasoning to determine whether mapping the family will be useful and should be conscious that doing this may also highlight points of conflict, tension and abuse or neglect within relationships. It is important to follow up disclosures with appropriate risk management processes. It is also important to look at supportive relationships and points of connection that can be fostered. Don't make assumptions about who this might be- the client's perspective on this might surprise you.

Genograms and ecomaps

Genograms provide a structured, consistent way to identify structures, relationships, and sources of conflict/estrangement within family. They can help you to highlight points of connection and points of conflict and can help you map out and conceptualise who might be critical to support relapse change processes and relapse prevention.

In contrast to genograms, **ecomaps** are a more flexible approach to identifying family connections, which also consider the connection with people and communities outside of the family. The process of drawing and describing these diagrams is as important as the visual that is generated (Barrett 2019). Using flexible visual tools can make sessions more accessible and empowering for clients, including those with diverse and intersectional backgrounds. Drawing an ecomap may be easier and more culturally relevant for families from a range of backgrounds (Warde 2012).

Intersectional ecomaps draw on elements of ripplegrams (Barrett 2019), genograms (J. Butler 2008) and cultural ecograms (Yasui 2015). An intersectional ecomap focuses on identifying intersecting experience (e.g., multiple services and communities), impacted family members and how family members may have unique or similar relationships to these external influences.

In creating an intersectional ecomap, the practitioner follows the family member's lead in:

- Defining who is part of their family
- Identifying community and cultural connections (supportive and/or disruptive)
- Highlighting the interacting effects of systems and services on the family
- Communicating the quality of interactions within and outside the family
- Using it as an expressive and adaptive tool.

When considering the AOD context, it is important to recognise that problematic substance use can significantly impact family dynamics and contribute to issues such as violence, neglect and trauma. Completing an ecomap individually with family members can provide

a constructive space to understand the impacts of the AOD use and what else might be going on for each family member differently. It's crucial to approach these discussions with a **trauma-responsive** lens, recognising the individual and collective experiences of all family members. Particular consideration of any **children** within the family, who due to their developmental stage may be more vulnerable to the impact of problematic substance use within the family dynamic.

Acknowledging the unique challenges and vulnerabilities each family member may face due to the impact of AOD-related issues within the family unit, you might consider the need to engage in individual sessions to create the ecomap with each family member. Doing so, may illuminate different perspectives on substance use, such as abstinence or harm reduction that may be informed by individual beliefs, cultural or religious norms. It will also help you gain a deeper understanding of each person's experiences of discrimination and oppression, allowing for nuanced approaches that take into consideration the person within their context. A nuanced perspective can lead to more effective support and intervention strategies, as the specific challenges and vulnerabilities of each member can be addressed.

Case Study

Dina is a single mother of 14-year-old Allyssa. Dina has previously been diagnosed with bi-polar disorder and has a history of problematic substance use. As a child, Dina was placed in permanent care and has had limited contact with her biological parents since childhood. When they did meet, they expressed disapproval about her queer identity.

Dina identifies as queer and lives with her long-term partner Jaimi in public housing. Jaimi also engages in problematic substance using behaviours that create some issues in the home. Dina has connections with the local LGBTIQA+ community, which is a community of strength and activism for Dina, but not Jaimi. Jaimi also grew up in out of home care, which is an important point of connection for them and several close friends.

They have received complaints about the upkeep of their house and are worried that they will be kicked out and that Allyssa will be taken away.

Dina currently receives a disability support pension because she is not able to work due to both her mental health issues and caring responsibilities for her daughter. Allyssa's school frequently reports that she is absent from school and often attends without lunch. Dina feels that the school judges her for this and for child protection's involvement.

The graphic below represents Dina's intersectional ecomap, completed by Dina in an early session with her worker. She chose to use different sizes for the different contextual factors to represent how much they currently impact her family. She used **blue** to indicate who she considered family, **orange** to show other people/communities, and **green** for services and systems.

Dina used different visuals to represent how she pictured the different elements. She used the band-aid to represent her LGBTIQA+ community, as they often are the ones who 'patch her up' when she's struggling. Both the school and child protection set off her alarm bells and she felt that they only care about policing her. Dina feels that she is at-risk of fading away under the pressure, so her name has a 'disappearing' border. Jaimi is a source of strength and represents her rock, while Allyssa is where she pours her love and care.

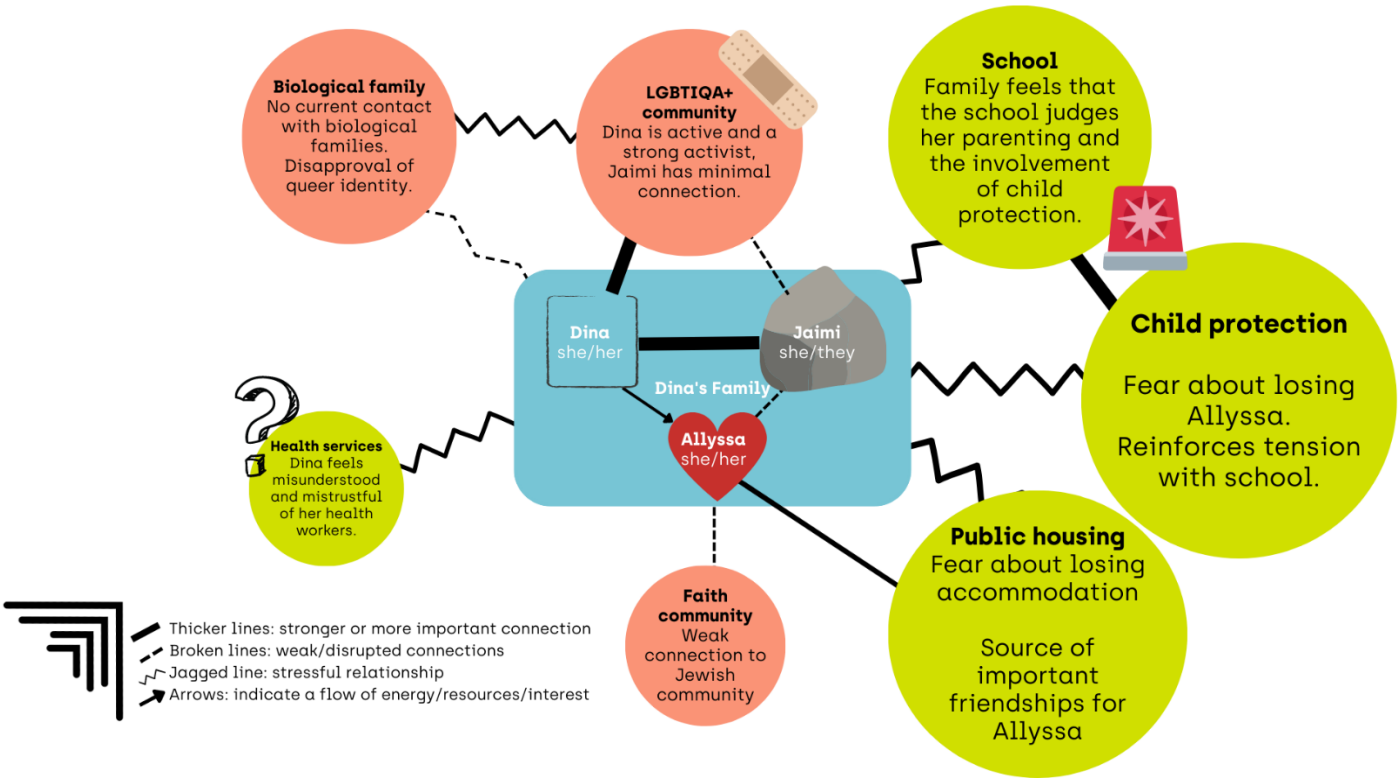


Figure 8. Example ecomap

Reflective Activity

1. How might this type of ecomap be used to promote a holistic understanding of this family situation and needs?

2. What are some limitations of ecomaps in capturing the complexity of social and environmental factors impacting an individual or family?

Harm Reduction: Approach to Practice

Harm reduction is a philosophical approach to AOD practice that is grounded in justice and human rights (IHRA) and incorporates a spectrum of strategies to reduce AOD, health and wellbeing related harms, without requiring that people stop using drugs as a precondition for support. Given this, the desired outcomes of harm reduction approaches relate to **improved health and wellbeing** and the **prevention of harm** rather than the prevention of substance use itself. Substance use reduction and cessation might be one of the strategies that a person enacts to reduce harm. People's thoughts, feelings and goals related to their substance use and focus of support can often shift over time due to a range of internal and external changes in their lives and broader social context. They are very much influenced by their experiences of oppression and for many people, their experiences of multiple forms of oppression and discrimination over time.

To practice effectively within a harm reduction framework, we need to be curious about the conditions of substance use and a person's access to resources to make changes. This includes an openness to explore the beneficial aspects of people's substance use, as well as any harms. By doing this, we recognise that all behaviours, including substance using behaviours have a **function** and a **meaning** that is meeting their needs in the present and we seek to understand this. A harm reduction approach should centre the lived/living experience and expertise of the person in their context by providing access to the right mix of resources and opportunities to enable them to meet their needs in ways that matter to them. To do this, we need to think about **braiding together frameworks** of harm reduction and resilience in an intersectional way. We should stop and take stock of the impact of what harm reduction approaches might mean for them, how it might impact them within their **culture, context, faith, identity** and their understanding of who they are. For someone from a religious culture which encourages abstinence for example, they may experience additional shame and stigma related to their substance use. This is important to consider and honour when developing up treatment strategies and relapse prevention plans.

Finding common interests such as on a person's **safety, health and future**, rather than their substance use can bring supporters together. Drawing on an individual's, family's or community's existing external resources, including religious or cultural groups to work alongside the individual and family may be valuable. It is important to reflect on how the client explains their points of connection and support, their resources and motivation for change and who else might need to be supported within their family, community and context.

Resilience Based Frameworks

Resilience Based Frameworks describe the '**resources and opportunities**' that a person has, shaped by a range of factors, including their experiences of oppression, power or privilege; their **access to resources**; their context of social support; and their connection to community and culture. Each person's adaptive coping is strengthened when their needs are met in the following domains:

- **Safety** – Protection from harm and the capacity to respond to crisis
- **Stability** – Security and the capacity to meet basic needs
- **Agency** – Sense of control over one's own actions and their consequences
- **Participation** – Engagement in satisfying, socially valued activity
- **Connections** – Helpful relationships with people, culture & places
- **Identity** – A sense of self and one's place in the world

When our clients, their families and communities are impacted by societal inequities and experiences of oppression, disadvantage, discrimination or trauma; their access to opportunities and resources is more limited and they are at greater risk of poorer health outcomes. Intersectionality asks us to question how resilience models might be applied to people who experience discrimination across all areas of their life and who may not have equal opportunities to achieve safety, stability, agency, participation, connections and identity. If they are unable to achieve these goals, is it that they are not resilient? Or is it that they were not playing on an equal field?

Drawing on an individual, family or community's existing external resources should be a key part on any intersectional work to support resilience. It is also important to remember that **resilience is relative**. It might look very different for different people within society depending on who they are.

Reflection

How are we speaking about resilience with our clients? What are their expectations and goals? What resilience domains might be achievable and what might not be, within their lives and contexts? It is important to consider social determinants of health, structural drivers and systems failures when applying resilience-based models; and to consider your role in advocating with and for your clients, so that you are not just managing symptoms but also responding to the drivers of AOD use.

Motivations for Change

Change is motivated either by a desire to resolve or escape problems, or to achieve some benefit – so **an intention** to move away from something (avoidance) or move towards something (approach). To most effectively support the **change process**, it is important to situate the client within their context and experiences, including their experiences of oppression. We should also recognise that where someone is at on the change continuum will be impacted by their experiences. Within intersectional practice, we should consider the **role of family members** and communities of support, who will experience parallel journeys in relation to their own readiness.

- Those who are not interested in change
- Those who are thinking about changing
- Those who want to change but haven't started yet
- Those who are starting to make changes.

These states of readiness are described in Prochaska and DiClemente's Stages of Change model. As highlighted, **change is not a linear process**.

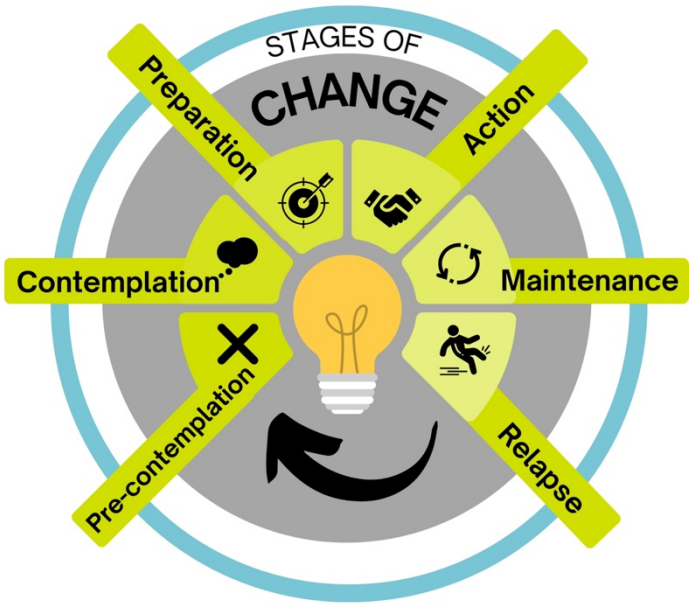


Figure 9. Stages of Change Model

When thinking about someone's readiness for change, we must consider them within their **context and experiences**. While it is important to listen and learn, it is also not up to that person to always be educating you about their identity, culture, faith or disability. You should do your own learning as you go and you should approach the work with **open and ethical curiosity** to better understand what might motivate their change but also, what might get in the way of change.

Relapse Prevention: Lapses and Setbacks

Intersectional relapse prevention methods consider the intersectional needs of the client within their context. They support practical strategies to better:

- **Cope** with 'high-risk situations'
- **Harness strengths** within their social and environmental context to support change
- **Prepare** for the possibility of a lapse and address lapses to keep change process on track
- **Support change** over the long term.

Relapse prevention can and should integrate intersectional understandings and practice considerations, centring the person within their family, community, systems, structures and society. Intersectional work can be utilised when assessing drivers of AOD use, risk and protective factors, readiness for change and care plan development. As part of this, an integration of socio-ecological considerations can help to **explore and understand** what might be **protective and empowering** for the client and the risks that they have been exposed to over time across each level. It can also support them to strengthen protective factors such as:

- **Resources** and **opportunities**
- **Connection to family**, community and social supports
- A sense of **identity and belonging**
- **Access** to employment and education
- Capacity for **hope, motivation and a sense of purpose.**

It is important to consider what these factors look like for your client, rather than making assumptions based on your own experiences. What do these factors look like in the face of racism, ablism, colonisation, homophobia, transphobia and other forms of discrimination? Relapse prevention is about treating the causes, not just the symptoms. If you don't address social conditions under which people are using, how do you expect meaningful change? It is for this reason **that intersectionality is inherently political**. It doesn't just require inclusive and reflective practice but also purposeful advocacy to support broader systems and structural changes.

Section 2- Intersectional AOD Practice

Now we return to the **Seven Elements of Intersectional Practice** to look more closely at seven distinct elements that support intersectional practice.

We outline the **core principles** of each element and then **key practices** at both the service level and practice/practitioner level. For each element of intersectional practice, we also provide **reflection and application** activities for the AOD service context.

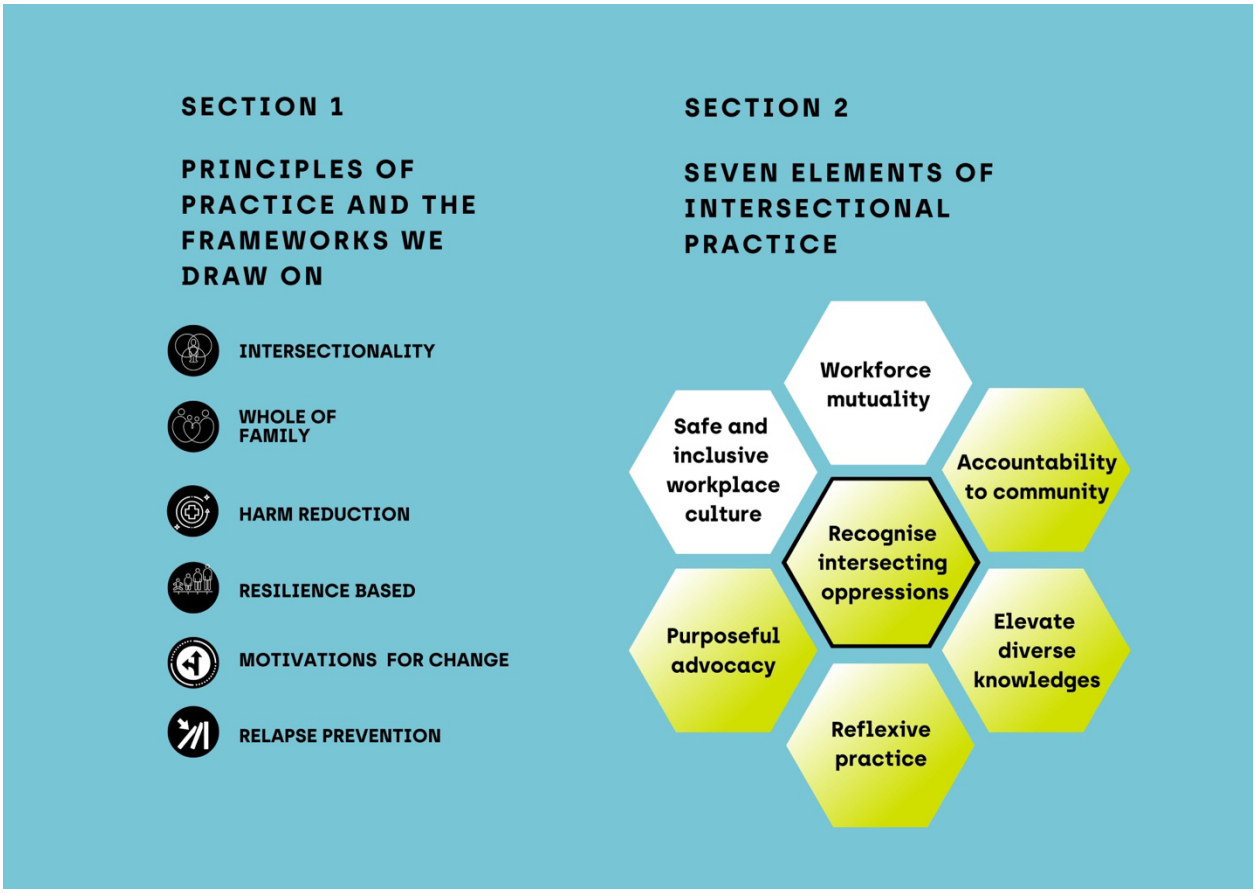
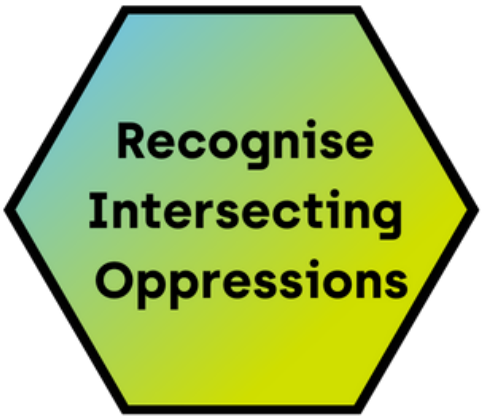


Figure 10. 7 elements of intersectional practice

1. Recognise Intersecting Oppressions

Recognising intersecting oppressions is a key consideration for frontline staff and for service leaders.



Core principles

Drivers of AOD use and **access to support services** are impacted significantly by **disadvantage and oppression**. Service leaders and practitioners play distinct but interconnected roles in **recognising and addressing intersecting oppressions**.

Service leaders are responsible for setting the tone and direction of an organisation's approach to recognising and addressing oppression. They establish policies, allocate resources and create an organisational culture and advocacy platforms that can value diversity and intersectionality. Service leaders are responsible for setting the standard for how services are delivered and for creating the environment to make sure that they are reflective of, and responsive to, the communities they serve.

Meanwhile, **frontline staff** working directly with individuals and communities experiencing intersecting oppressions must have the skills to recognise and respond to intersecting oppressions, provide culturally sensitive support, treatment and advocacy to promote inclusive and equitable services.

Reflections from the Zone team

"In the sector, we say Intersectionality is about power, privilege and oppression. In the Zone, we always like to emphasize that Intersectionality is about a person's subjective experience of power, privilege and oppression."

"You cannot address AOD use if you do not know why they are using. Can you really conceptualise what is happening to the person in front of you or what is at the heart of a person's experience?"

Key practices

There are a number of key practices that AOD workers and service leaders can engage in to **recognise intersecting oppressions**. Considerations are outlined below for all levels of the organisation, with additional examples for service leaders.

All staff

- Centre **structural and social disadvantage** and the unequal access to power and resources as drivers of harmful AOD use.
- Educate to improve understanding of privilege and power by recognising the privilege and advantages certain groups have had in the **design of AOD services** and practice responses. Intersectional perspectives of AOD use and harms should be sought and embedded into practice.
- Engage in **self-reflection**. Acknowledge systemic inequalities and advocate for a more equitable society across all levels of the social ecology
- Treat everyone with **dignity and respect**, irrespective of their background or circumstances
- Understand the far-reaching consequences of **stigma and discrimination** and their profoundly negative impact on individuals, including on their mental and physical wellbeing, access to opportunities and overall quality of life
- Acknowledge that Alcohol and Other Drug issues are not the result of individual pathology but are shaped by a person's **context and experiences**
- Uphold **the human right to be counted**. Ask people about their identities, including gender identity, culture, sexuality, class, etc. Explain why you are asking for this information and how it will be used
- Approach all your work with ethical curiosity.

Service leaders

- Educate a transdisciplinary team, including service leaders, about diverse identities and cultures and encourage **ongoing self-education**
- Actively address power structures that contribute to disadvantage and discrimination in the context of AOD service intervention
- Create opportunities within services for reflective practice, collaborative work and **shared learning** among staff
- Foster **safe and open environments** where staff can question themselves and others in respectful and curious ways, promoting ongoing growth and understanding.

Reflection and Application

In order to recognise intersecting oppressions and the impact of these on our clients, it is important to understand that people don't come into our services on an equal footing. **Intersectionality is not about treating everybody the same**. It is about recognising the harm of intersecting experiences of oppression and discrimination at all levels of the social ecology. It starts with **humility and curiosity** as to what would it feel like to engage with this service, walk through these doors and interact with our staff. It is about trying to do better so that **all people** within our society are able to access the services and support that they need to undo some of the detrimental impacts of the oppression that they have experienced in multiple facets of their life, often in relation to multiple parts of their identity.

To do this well, we need to **self-reflect, self-educate** and think about putting ourselves in other people's shoes, so that we can better understand what a supportive service might look like for our clients, within their own life and context.

Intersectionality asks us to **stop, reflect and think** outside the box. It asks us to question the assumptions that we make within our practice and to listen before speaking.

Intersectionality is inherently political in nature and asks us to share our power and privilege to advocate alongside our clients, their families and communities; and it asks us to call out inequality, discrimination and oppression when we see it enacted. **The image below demonstrates the difference between equality** (left-hand side) **and equity** (right-hand side).

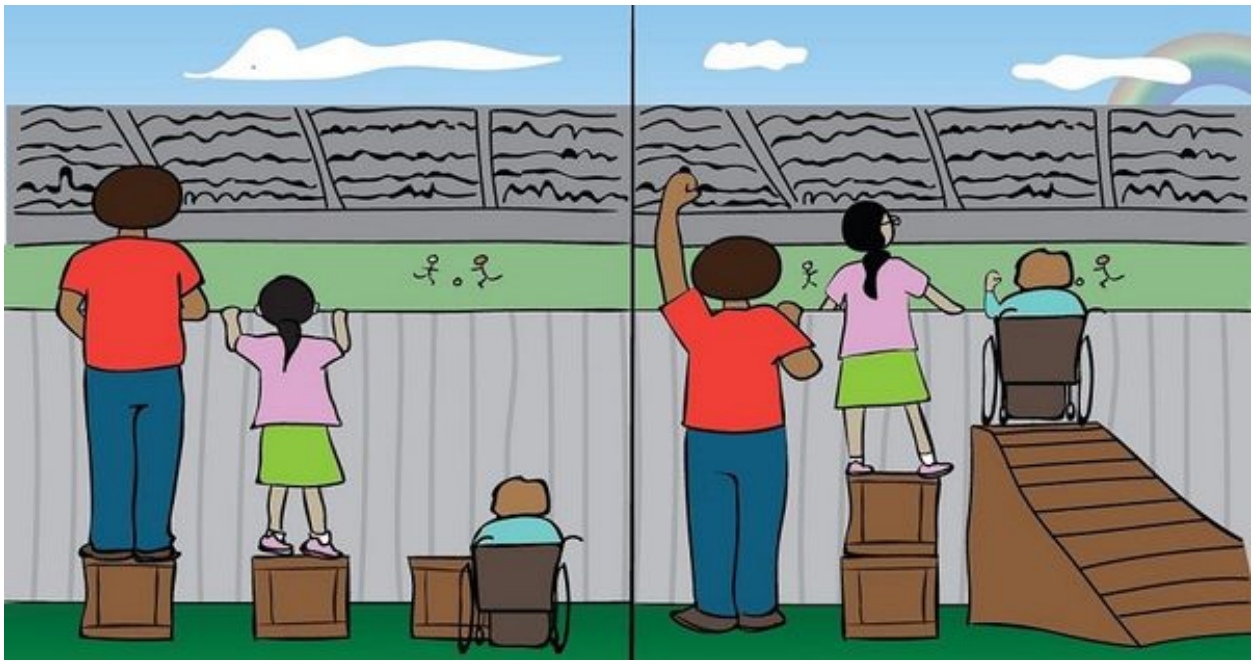


figure 11- equality vs equity

Reflexive practice

Read through and reflect on the statements below. If a statement does not fit with your own experiences, think about what it might feel like for this to be your normal. Then consider what it must be like for you to experience many of these, at the same time.

1. I can go shopping, take public transit or carry out errands at any time of the day or night without fear of being followed or harassed
2. I can accept a job or contract without having people suspecting that I got that job because of an affirmative action program
3. I can carry out my daily routine without worrying whether the places I go will have wheelchair ramps or elevators
4. I can walk down the street holding my partner/boyfriend/girlfriend/spouse's hand without fearing judgement
5. I can walk into a store, bank, restaurant or other establishment and communicate with people in my language of choice
6. People don't often ask me, "where are you from" or "what country are you from" without having prior knowledge of my citizenship status
7. I can talk openly about my sexual orientation without fear of being judged by those around me.
8. I can comfortably use public washrooms that correspond with my gender
9. People do not regularly talk excessively slowly or loudly to me
10. I can be sure that my children will be exposed to a curriculum that testifies to the existence of their history, culture, language and beliefs.
11. I can go out in public without people looking at me like I am scary or out of place and/or avoiding me, for example, crossing to the other side of the street when they see me.

Consider clients who come into your service. What are their experiences before they walk into the doors of your service?

2. Reflexive Practice

Reflexive practice should be adopted by service leaders, as well as frontline service providers.

Core principles

Reflexive practice is commonly understood as the ability to engage in a process of **continual reflection and learning**. In intersectional practice, this involves exploration of the impact of overlapping systems of power and privilege, which influence on AOD service provision at all levels, including **how service leaders share power** to promote transformative leadership and collaboration.

Reflexivity involves practitioners and other frontline staff **acknowledging and challenging their own assumptions** and implicit biases.

To acknowledge and understand the dynamics of power, we need to be aware of how it operates in different social settings and how our own privilege may influence our interactions with others. This requires us to actively listen to and learn from those who may have **different perspectives and experiences than our own**. Taking these steps can help us develop a deeper understanding of the power dynamics at play and work towards creating more equitable and inclusive environments where **cultural and identity knowledge is elevated and embedded** at every level of the organisation including governance, service/system design and where it is part of collaborative and individual practice.

Reflection The Zone practitioner

"I am open to hearing how clients experience my approach in practice. I acknowledge that there may be aspects of the client's life and context that are not yet known to me, and I am committed to remaining open and receptive to learning more. I will actively work to notice and challenge any implicit biases that arise in my interactions with clients and between sessions. Reflecting on power and privilege as a practitioner, as well as within my team and service, is important for maintaining fairness and sensitivity in my work.

> I will actively apply an intersectional lens during routine supervision to ensure that I am considering all aspects of a client's identity and experience. Additionally, I am committed to engaging in self-education to address any gaps in knowledge and awareness that may impact my ability to provide the best possible support for my clients".
>
> The Zone practitioner.

Key practices

Some key practice considerations to engage in reflexive practice are outlined below.

All staff

- Reflect on your own power and privilege, acknowledging that **power and privilege is relative**- it will shift within different contexts and when you interact with different people
- Notice and challenge **your implicit biases**. Reflect on why you have made assumptions
- **Support others** to challenge their own assumptions in safe and respectful ways
- Remain open to learning more about your clients and their unique situations. Sometimes this will require us to slow down and reflect or to **listen without speaking**.
- **Self-educate**- it is not up to the client to educate us on all parts of their identity- we should learn about the experiences of others and expand our own world views
- Acknowledge that there may be aspects of the client's perspectives and context that are not yet known to us-**Remain open** to learning more about the client and their unique situation
- Genuinely be open to hearing and understanding how clients' experiences and interactions are impacted by practice. **Take on feedback** and learn from it. Don't get defensive.

Service leaders

- **Encourage staff** to reflect on power and privilege as a practitioner and as a team. It is important to acknowledge and understand the dynamics of power and privilege within our roles and the wider societal context.
- Actively **apply an intersectional lens** during routine supervision. Consider how different aspects of identity, such as race, gender, sexuality, and ability, intersect and impact an individual's experiences and needs. By using an intersectional approach, we can better understand and address the **diverse challenges** that our team members may face
- Practice self-education and encourage others to **address gaps** in their knowledge and awareness by expanding our understanding of issues related to power, privilege, and inclusivity and seeking out diverse perspectives
- **Model good practice**- read relevant literature and engage in meaningful discussions. The ongoing learning process will help you develop a more comprehensive and informed approach.

Reflection and Application

We will now explore further how we might apply reflexive practice to our work.

Activity: Reflection - A glimpse of the complexity of identity

Who am I? Who are my people? And where do I belong?
10 years ago, 5 years ago, today.

Using the Wheel of Power and Privilege below, identify your social location for each status/identity.

- What were your locations of greater power and privilege?
- What were your locations of greater marginalisation?
- How might your identities and experiences support you in your work (e.g., by drawing on identity knowledge)?
- How might these identities and experiences affect your assumptions or biases (e.g., assumption that others have access to housing)?
- How might your position on the wheel be positional? Would your space on the wheel change based on the cultural, lived experience and identity knowledge of clients sitting in front of you?

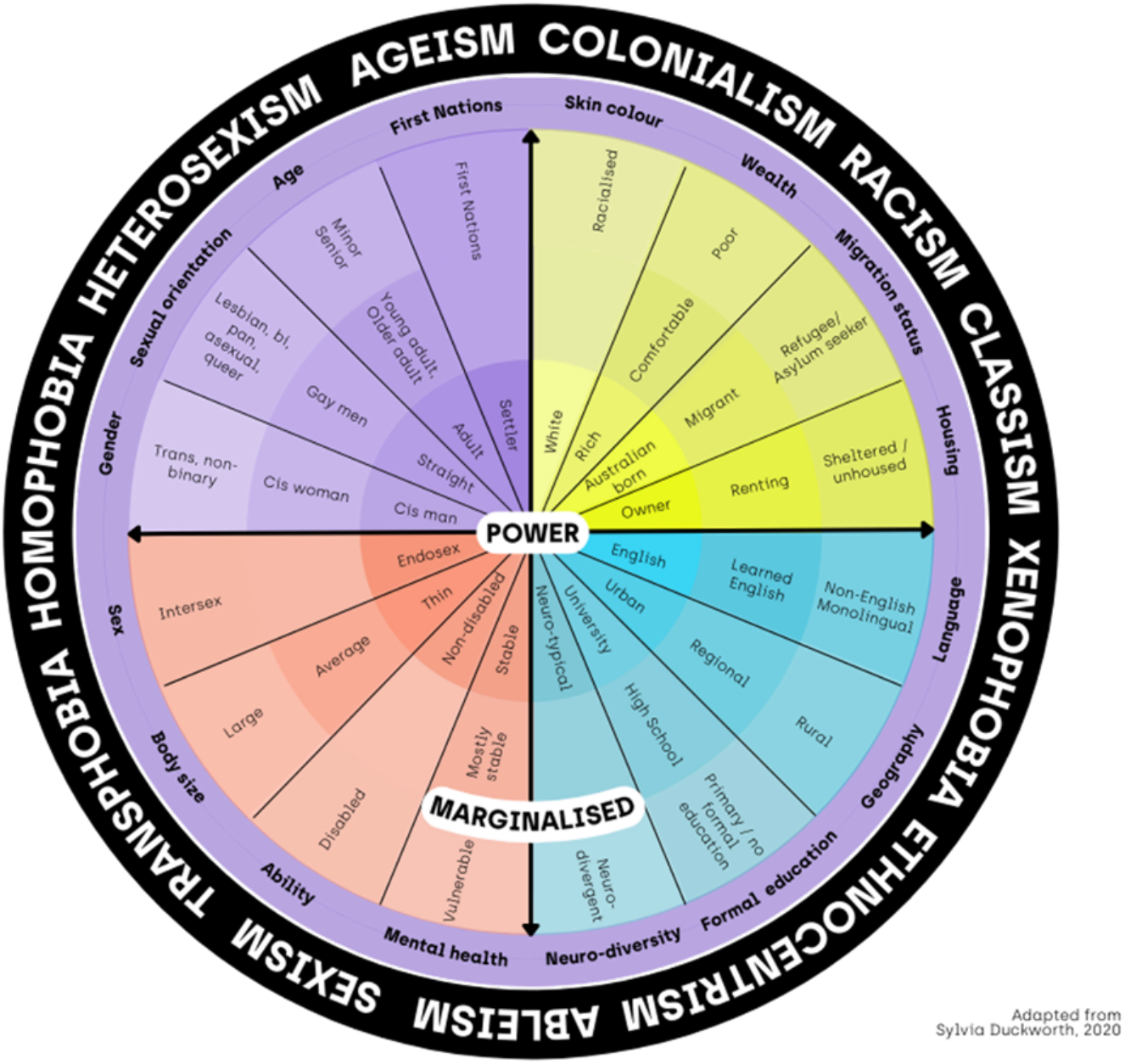


Figure 12, the wheel of power and privilege

Implicit bias

In order to effectively engage in reflexive practice, we much **challenge our assumptions**.

Unconscious (or implicit) bias is a term that describes the associations we hold, **outside our conscious awareness and control**. Unconscious bias affects everyone. It is triggered by our brain automatically making quick judgments and assessments. Unfortunately, this leads to making assumptions about individuals that often fall in line with **stereotypes**. Unconscious biases can negatively impact interpersonal interactions, including between practitioners

and clients. For example, higher implicit racial bias in practitioners leads to lower quality of care and poorer relationships with people of colour (Penner et al., 2016).

While everyone holds unconscious biases, as part of reflexive practice it is important to be able to **reflect**, **identify**, and **challenge** biases when they come up. This can be done individually during and after individual sessions and should be integrated into supervision practices.

Reflective activity

The following activity will help you think about your implicit bias.

- Take a minute to imagine yourself in a public park. Just for now it is empty of people. It's a warm summer's day, the trees are heavy with leaves and the sun breaks through to make you feel warm. There is a slight breeze; you can feel it on your face. As you look forward you can see a path winding its way far into the distance. Around the path there are followers, grassy patches of cut grass and large leafy trees. The only sound is of birds singing.
- You hear the birds and smell the freshly cut grass; you feel the heat of the sun and are refreshed by the slight breeze. You look in front of you and decide to follow the path.
- You begin to walk and you move along the path and hear human voices in the distance. You look first to your right and then to your left, you notice a young child kicking a football. The child throws the ball into the air and catches it as it falls. You notice the ball fall hard into the child's hands. Two people are playing with the child – you smile and wave towards them noticing the smiles on their faces.
- You continue to walk around some large trees and pass two people sitting on a bench. They are laughing loudly – you try to hear what they are saying. You move again along the path and see a couple walking towards you holding hands. They walk past you as you look at them.
- As you walk on a number of men are sitting on a bench by the path, talking and laughing – you look at them one by one.
- As you walk on you are nearing the gate of the park, you walk through the gateway and in front of you, you see this building. You walk into the building and then into this room. You sit on the chair and feel it under you.

Who did you see when you did this activity? What was the cultural identity of the people you imagined? Did they have a range of abilities? Was there diversity across their gender and sexualities? What would this park have looked like to other people?

Ethical curiosity: responding to bias or assumptions

Lucie Fielding's (2022) concept of **ethical curiosity** is useful for both client-facing work and as part of supervision. It draws on and challenges the idea of **respectful curiosity**, where we exhibit **genuine curiosity** about our clients and their experiences and helps us respond to our implicit bias or assumptions. Respectful curiosity:

- Shifts the practitioner from expert to a learner position, allowing us to **challenge the power imbalance** with our client
- Keeps the client and their experiences, perspectives and knowledge at the centre of the work
- Generates **genuine understanding** and new possibilities
- Opens the practitioner to being curious about themselves, as well as their clients.

Fielding notes that marginalised people have long been **subjected** to curiosity of the dominant group. **Careless curiosity** can re-traumatise or cause harm or rupture to the therapeutic relationship. Meanwhile, **ethical curiosity** seeks to dismantle practitioner's entitlement to know and ground the relationship in cultural humility.

Fielding outlines three key elements of ethical curiosity:

1. Question you desire to know
   Prompt: When you feel curious, ask yourself "who is this curiosity for? Does it serve the client/family?"

2. Re-vision informed consent – Articulate that they choose what is shared
   Prompt: "Have we articulated the boundaries of the conversation?"

3. Treat the client in front of you
   Prompt: "What am I focusing on? Am I focusing on only one aspect of their identity? Am I missing any other aspects of their experience? What external and intersectional factors am I not considering?"

Self-Reflective Activity

Think of a recent interaction with someone where you made assumptions about the person based on their identity or background (e.g., race, gender, socioeconomic status).

1. Reflect on the interaction, including what was said and done, and the assumptions you made about the person. What questions did you ask them? Why did you ask these questions?

2. Consider how you might approach similar situations differently in the future. What questions might you ask instead?

4. Discuss your reflections with a trusted peer or mentor, if possible, to gain further insights and perspectives.

Reflexive Practice Staff Checklist

- ☐ I am committed to being open and receptive to hearing how clients experience their interactions with me in practice. Feedback from clients is important in helping me improve and tailor my approach to better meet their needs.
- ☐ I acknowledge that there are aspects of the client's life and context that are not yet known to me. I remain open to learning more about each client's individual circumstances to provide the most effective support.
- ☐ I am vigilant about noticing and challenging any implicit biases that may arise in my interactions with clients and between sessions. This includes regularly reflecting on my own assumptions and beliefs that may impact my work.
- ☐ I am dedicated to reflecting on power and privilege as a practitioner, within my team and within the service. Understanding these dynamics is crucial for maintaining fairness and equity in my practice.
- ☐ I actively apply an intersectional lens during routine supervision so that I consider all aspects of a client's identity and experience.
- ☐ I understand the importance of continuously engaging in self-education to address any gaps in knowledge and awareness. I will continually strive to educate myself so that I am well-equipped to support clients from diverse backgrounds, with a range of experiences.

3. Elevate Diverse Knowledges

Elevating, respecting and valuing diverse types of knowledge should happen at all levels of the organisation.

Core principles

An intersectional approach to collaboration focuses on **elevating lived experience, cultural and identity knowledge**. This occurs with clients and across transdisciplinary teams to provide integrated planning and treatment, care, and support. **Diverse forms of knowledge are braided together** with other sources of evidence and knowledge (such as treatment evidence) to create more holistic and grounded understandings of the complexity we see in our day to day work. This area centres **client agency** and recognises the expertise of practitioners with lived experience, cultural, and identity knowledge. This includes the appropriateness, responsiveness and effectiveness of our responses for diverse people, within their contexts.

Embracing diverse perspectives and knowledge will enrich the team's understanding and contribute to more holistic and effective outcomes.

Key definitions

The terms **multidisciplinary** and **transdisciplinary** are often used in professional contexts to describe different approaches to collaboration and problem-solving.

Multidisciplinary refers to an approach, where individuals from different disciplines or fields work independently in their area of expertise to address a common issue or problem. Each person or team contributes knowledge and skills from their specific discipline.

Transdisciplinary approaches involve individuals from different disciplines working together more systematically to develop a comprehensive understanding of an issue or problem. In transdisciplinary collaboration, the boundaries between disciplines are transcended and there is a greater emphasis on integrating and elevating diverse perspectives and knowledge to address complex issues and the building of new practice and knowledge.

While multidisciplinary approaches involve collaboration across different disciplines without necessarily integrating their contributions, transdisciplinary approaches emphasise integrating diverse knowledge and perspectives to address complex problems (Sell et al., 2022).

Key practices

Some key practice considerations for elevating, respecting and valuing diverse types of knowledge are outlined below across organisations and specifically for service leaders.

All staff

- Recognise and value the **unique perspectives** and insights that individuals bring based on their cultural backgrounds, personal identities and lived experiences.
- Draw on your own cultural, identity and lived experience knowledge. This involves reflecting on and leveraging your personal background to foster **understanding, respect, and empathy** in your interactions with others, all while prioritising other people's comfort and wellbeing
- **Elevate diverse and marginalised voices** across all levels of service to test assumptions, biases and understanding
- Work to address gaps in service delivery and practice
- Communicate and **share power** across care teams

Service leaders

- Integrate intersecting cultural and identity knowledge into discussions and decision-making processes so that diverse perspectives are considered and **solutions are tailored** to meet the specific needs of individuals and communities
- Elevate diverse and marginalised voices across all levels of service delivery, by striving to create inclusive environments that provide platforms for these voices to be heard. Actively seek out and **amplify diverse stories and perspectives**
- Address service delivery and practice gaps by conducting a thorough **analysis of the current processes and practices** in place. Were your practices developed in collaboration with diverse community member or were they developed for those in positions of power? Are they transferable to diverse communities or do they need to be adapted to the context of the people you are working with?
- Provide **intentional representation** in decision-making positions
- Actively seek feedback from clients or staff to understand their needs and experiences and use that information to make necessary adjustments

- Facilitate **collaborative practice leadership** that engages and elevates diverse knowledges, including secondary consultations and care team responses, where appropriate
- Develop **professional pathways** for people from marginalised communities within your service and across the broader sector.

Reflection and Application

We will now explore how to elevate diverse knowledge across practice.

Reflecting on identity, cultural and lived experience knowledges

People have numerous identities, experiences and characteristics that are intertwined; therefore, they may hold multiple forms of cultural, lived experience and identity knowledge.

Identity describes socially constructed characteristics including but not limited to sex, gender, sexual orientation, ethnicity, nationality, migration or visa status, religion, age, ability, and socioeconomic status. People hold identity knowledge about their own identities.

Cultural knowledge refers to Aboriginal and Torres Strait Island people's unique and distinct forms of knowledge and expertise about their culture, country, and community. We recognise that people from diverse cultural backgrounds may hold other forms of cultural knowledge and experiences of colonisation and that a person's **identity and cultural knowledge may overlap.**

Lived experience is used in this guide to describe "people who have lived experience of something. In the case of AOD, lived experience would generally relate to people who have experienced AOD recovery.

People with **intersectional lived experience hold one or more forms of cultural and/or identity knowledge, alongside their lived experience.** They may also hold knowledge from other interrelated forms of lived experience, substance abuse, mental health issues, family violence, homelessness, etc. People with intersectional lived experience have a unique understanding and expertise related to navigating services, as a person who experiences intersecting forms of marginalisation.

By thinking about **intersectional lived experience**, we move beyond assuming that all people with lived experience share the same experience of accessing/receiving support. For example, a straight, white peer worker may have little shared understanding of the

experience for an LGBTIQ+ Aboriginal person accessing support. It is therefore important to think about how teams of workers - including those with cultural, lived experience and/or identity knowledge - can share and integrate their knowledge to better support clients who face intersectional barriers to support.

Activity: Self-Reflection

1. **Lived Experience:** Reflect on your own personal experiences with substance abuse, either directly or indirectly through a friend or family member. Consider how these experiences have shaped your perceptions and attitudes towards AOD-related issues within a family dynamic.
2. **Identity Knowledge:** Explore how your own identity, background, and beliefs influence your approach to understanding and addressing substance abuse within family contexts. Consider how your cultural and personal identity might impact your interactions with individuals and families affected by AOD issues.
3. **Cultural Knowledge**: Take time to reflect on the cultural factors and nuances that may influence how substance abuse is perceived and managed within different communities. Consider how cultural practices, traditions, and beliefs may intersect with AOD-related dynamics in family settings.
4. **Learned Knowledge and Professional Experience**: Reflect on your formal education, training, and professional experiences related to AOD issues within family dynamics. Consider how this knowledge has shaped your understanding of the complexities involved and how it informs your approach to offering support, intervention, and healing to individuals and families impacted by substance abuse.

Drawing on different types of knowledge

Intersectional practice (as depicted in Figure 13 below), should draw on a range of different types of knowledge. We all draw on diverse forms of knowledge in our work and in our day to day interactions with the world. This includes **borrowed knowledge, practice knowledge, our worldview** and the **practice context**. When the knowledge we hold is different from our clients, collaborative practice can come in handy to draw on the knowledge and expertise of our colleagues who might support us to **question our own assumptions and implicit bias**. It may also be helpful to consider what knowledge we are drawing on in different situations- is it our professional knowledge? Does it relate to the practice context? Or is our own implicit bias getting in the way of good practice?

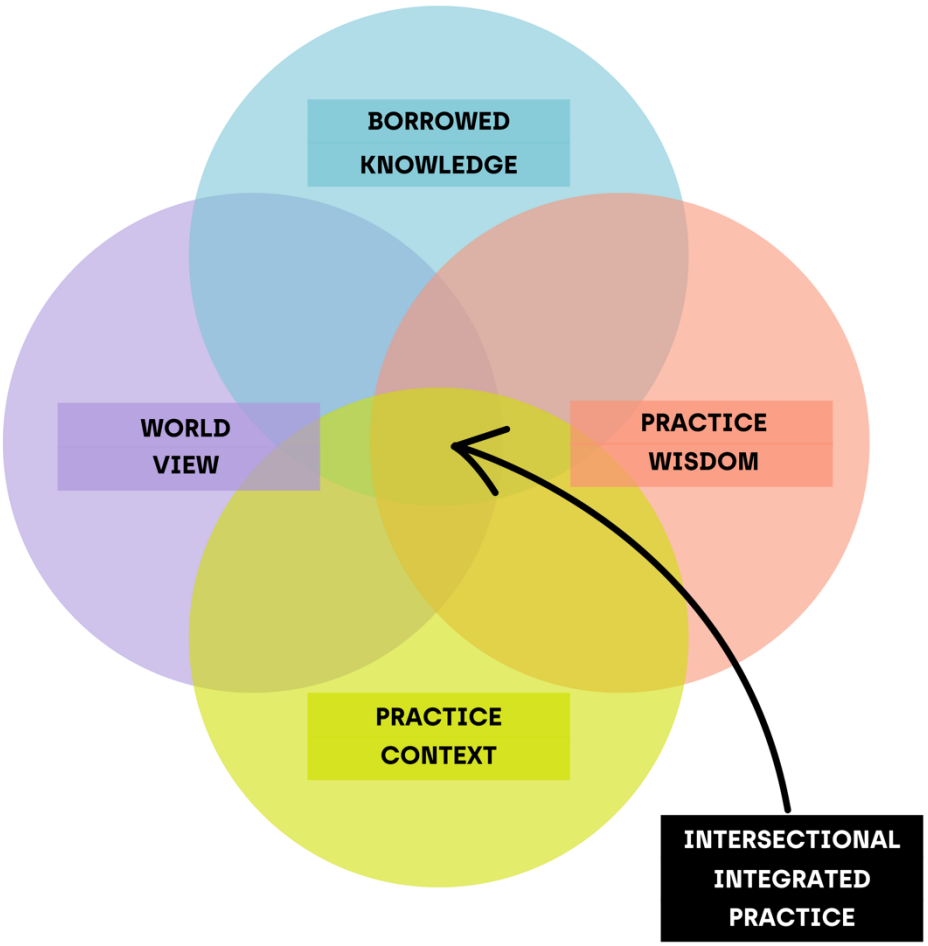


figure 13- borrowed knowledge, practice wisdom, practice context, world view

Application of elevating diverse knowledges

The Zone aims to elevate diverse cultural, identity, and lived experience knowledges in various ways. For example, the team has made efforts to **enhance internal capacity** across the program by utilising a colleague expertise sheet to capture and share skills and knowledge. This approach has proven to be successful in promoting the sharing of **borrowed knowledge** within the team.

Reflection from a worker from the Zone program

"The colleague expertise sheet is very useful when I meet any specific area that I feel unfamiliar with. For example, I have limited knowledge about herbs used in cultural events and how to approach it. I looked through the colleague expertise sheet and spoke to a colleague. I got many useful tips and ideas about how to work with the community in this context."

An example of the colleague expertise form is outlined below. It is important to consider the strength of diverse forms of knowledge when developing something like this up.

Name	Catchment and Program/Title	Skills and Areas of Interest	Contact Details
JP	Outer North (Hume, Macedon Ranges), Senior Youth AOD practitioner	**AOD:** adult, family, children and Youth systems. Navigating child protection orders and processes alongside clients. **Skills**: assessment, counselling, case management, family work, outreach, detox and rehab, community engagement. Culture and religion **Interests**: refugees and asylum seekers, Family Violence (FV) Motivational Interviewing (MI)	Email: Phone number: Working days: Office location:
SM	Outer North (Hume, Macedon Ranges), Peer Recovery Worker	**AOD:** adult, family, children and Youth systems. **Skills and knowledge:** Queer practice, lived experience **Interests**: refugees and asylum seekers, Recovery	Email: Phone number: Working days: Office location:

table 1- Colleague expertise sheet

Service level considerations

Service providers have a big role to play in supporting an intersectional approach to practice. Service providers need to review how they **enable collaboration** within and across teams and disciplines to **create synergies within service provision** that are responsive to diverse needs and holistic in approach. This includes within the treatment process- what are the enablers for collaborative practice across the client journey?

In addition to providing ongoing professional and practice development to staff, service leaders should reflect on **partnerships and referral pathways** that can be harnessed to facilitate access to other services to meet a diverse range of client needs.

Service providers can also value diverse forms of knowledge through valuing and facilitating **codesign and coproduction** to enable intersectional engagement and voices embedded at all levels. This includes from policy and systems advocacy that elevates diverse voices through the sharing of platforms, to the sustained and meaningful advocacy efforts alongside diverse community members through the development of inclusive and affirming programs and services.

Supporting integrated treatment, care, and support

Some considerations to support intersectional practice at the integrated treatment, care, and support stage include:

- What partnerships are in place – including with other service types or across care teams and disciplines within service to support diverse and intersecting client and community needs?
- What processes are in place to support practitioners and care teams to engage in collaborative and dynamic approaches to treatment, care, and support that adapt to shifts in client needs and contexts? How can we support collaborative case discussions ongoingly? Including a reflective culture of awareness-raising that is continuously elevating diverse voices?
- What are the current structures for care team meetings or case reviews – how can we support staff to keep abreast of current issues that may impact clients (i.e. political climate etc)?
- How do we meet all aspects of a client's needs or, if we can't, acknowledge that, and support them to access other services?
- How do we support integrated care – communication and creating spaces for reflexive and collaborative care and support for clients – how do different care teams and practitioners/clinicians communicate?
- How do we work with clients to advocate for change?
- How do we include diverse communities in the development of programs and services to respond to their needs?

4. Purposeful Advocacy

Purposeful advocacy should happen at all levels of the organisation.

Core principles

Purposeful advocacy for service leaders and frontline workers in AOD involves taking proactive steps to address the systemic barriers and challenges faced by marginalised individuals and communities. Service-level leaders and frontline workers play a crucial role in **advocating for equitable access to services and resources** and in challenging discriminatory practices within AOD.

This advocacy includes actively promoting policies and practices that **prioritise inclusivity and diversity** so that marginalised individuals have **a voice in decision-making processes**. It also involves fostering partnerships with community organisations and stakeholders to create a more supportive and responsive service environment.

Service leaders and frontline workers can engage in advocacy efforts to raise awareness about the specific needs of intersectional groups and to promote culturally competent and trauma-informed approaches to service provision. By advocating for resources and training that address these particular needs, they can help create **more effective and inclusive support systems** for those affected by alcohol and other drugs.

Key definitions

Individual advocacy focuses on helping individual people address their specific needs and challenges within a system, such as accessing services or resolving a particular issue.

System advocacy aims to create broader change within the system itself by addressing and challenging the root causes of issues that affect multiple individuals.

Key practices

Some key practice considerations for elevating, respecting and valuing diverse types of knowledge are outlined below.

All staff

- Walking alongside clients and advocating with and for them within other services and systems
- **Honouring the knowledge** that clients bring to their own lives. Working with individuals, their families and communities to support them how they wish to be supported
- Practicing in **culturally and identity affirming** ways, challenging your own implicit bias and that of others in ways that support them to also grow and learn
- Approaching the work reflectively and not defensively
- By elevating the voices of the most marginalised. Listening to and honouring their stories and by **speaking out against injustice.**

Service leaders

Service leaders can adopt several practices to advance purposeful advocacy in the alcohol and other drugs (AOD) field. These practices include by:

- Advocating for inclusive policies that prioritise and value inclusivity, diversity and equitable access to services
- Collaborating and building partnerships with community organisations, government agencies and other stakeholders to create a **network of support and resources** for marginalised individuals
- Training and providing professional development opportunities to staff that promotes cultural competence, trauma-informed care and building awareness of intersectional issues
- Community engagement, **codesign and coproduction** to elevate the voices of marginalised individuals in the development of services, systems and decision-making processes
- Advocating for access and resources for marginalised communities and working to reduce barriers including outreach to meet communities where they are at, and in-reach into communities that have been excluded from AOD service provision
- **Capturing intersectionality within our data.** How do we use our data to evidence intersectional disadvantage, engagement and outcomes, including addressing structural disadvantage?
- Capturing the voices of diverse and intersectional community members- **elevate the most marginalised voices, not just the loudest voices.**

Reflection and Application

We will now explore how to effectively apply the **Purposeful Advocacy** core principles and key practices.

Reflecting on Strategies for Purposeful Advocacy

Intersectionality is inherently political. You cannot engage in intersectional practice if you are not willing to speak out against inequality and marginalisation.

Frontline staff

Intersectional advocacy is about elevating the voices of those they are working with, rather than speaking for them. It is important for frontline workers to step back and reflect on:

- Who has defined the issues?
- What are the goals/objectives of what you want to achieve?
- What information will you use as part of your advocacy efforts? Are you using organisational data, broader literature, practitioner knowledge or lived experience voices (or a combination of all these things)?
- Are people happy for their stories to be shared and do they know where they will be used? How are they included in the decision making process?
- How will you share power in advocating for change? If you are advocating on behalf of a client, how will you remain accountable to them? Will you keep trying if you are knocked back?

Service leaders

It is important for service leaders to consider how service level advocacy issues are captured and shared to inform policy and systems level change?

When thinking strategically about advocacy, you can create an advocacy strategy to outline your advocacy objectives, audience, action plan and success measures or you can create advocacy strategies as issues emerge.

Identify your goals and objectives

- What do you hope to achieve with your advocacy efforts?
- Think about what the problem is you are trying to fix and your goal for addressing it. Work with marginalised communities to develop these goals and support their voices to be elevated and heard. Integrate diverse perspectives.
- Who is your audience? What is the best way to reach this audience? Do you need different strategies for different audiences?

Gather evidence

- What data do you have to support your goal? Are you using organisational data, broader literature, practitioner knowledge or lived experience voices (or a combination of all these things)?
- How could you elevate the experiences of people with lived experience, cultural knowledge and identity knowledge?
- Do you need allies? Who can support your advocacy efforts?
- What are some potential barriers and enablers for success?

Advocate

- Advocate for your cause, in line with your goals and objectives. Have you included diverse voices in the process? Have you listened to a variety of voices or simply the loudest ones?

Measure your impact

- Did you achieve the outcome you wanted? Did you achieve your objectives?
- What can you do to continue to advocate? Who else needs to be at the table? Are other strategies needed?

5. Accountability to Communities

Accountability to the community sits at all levels of the organisation.

Core principles

Maintaining accountability to communities in the context of alcohol and other drug (AOD) issues is crucial within intersectional practice. This involves **actively seeking feedback** from diverse intersectional groups affected by AOD issues and meaningfully considering and acting upon this feedback. It is essential to communicate the outcomes of actions to the affected groups to demonstrate that their voices have been heard and valued.

In AOD work, a commitment to community accountability involves **questioning our practice** and how we articulate why we take certain approaches, particularly when they might be at odds with a particular community's values or expectations. How do we navigate this with our clients, their families and their communities.

To be accountable to communities, we also need to address past harms. We can do this through **meeting communities where they are at**, rather than expecting them to walk through the door.

Key practices

Key practices relating to accountability are outlined below.

All staff

- Go to where communities are. Don't just expect them to walk through the door. You need to build trust with certain communities to undo the harm they have experienced. **Building trust takes time**
- **Coproduce services with community**. What do they want services to look like? What would a service need to look like for them to safely and meaningfully engage?
- Collect data and seek feedback in a way that is culturally safe and meaningfully explained to clients. Collect data that highlights intersectional engagement in services- **who is engaging and who isn't?**
- When reviewing intersectional information about clients, consider the overlapping impact of all aspects of identity, culture and lived experience. Frontline workers can undergo training to understand how intersecting identities and experiences may impact clients' interactions with the service
- **Remain open to receiving and responding to feedback**. Frontline workers should be encouraged to approach feedback with an open mind, empathy, and a willingness to address concerns. You should think about how you like to give and receive feedback.

Services leaders

- Adapt practice in response to client and community feedback and coproduction with community. **Don't just stick with the status quo.** Challenge yourselves and your organisations to offer services that are designed for people from diverse communities. This includes more than just adapting theories and practices developed for those with power
- **Walk the talk with communities.** Make commitments and action plans in collaboration with community and follow through. Keep community updated on progress and don't give up on advocacy because it is difficult, or you hit a roadblock. **Regroup and recommit**. Do you need to try a different strategy?
- Establish processes to **advocate for systemic changes** and elevate diverse community voices when doing so
- Develop protocols for systematically reviewing and implementing changes based on client and community feedback
- Create a supportive environment where negative feedback is viewed as an opportunity for growth and improvement. You should **consider appropriate and affirming ways to share feedback** with other staff members.

Reflection and Application

As discussed above, there are a number of ways that you can remain accountable to the community. One of the first ways is to engage with diverse communities.

Engaging diverse communities

In intersectional practice, we can't just expect marginalised folk to walk through the front door. What do we need to do as a service to meet them where they are at, in ways that are meaningful and appropriate to them? By taking a proactive approach to meeting people where they are at, frontline workers can build trust and rapport, meeting people on their own terms and facilitating access to useful and meaningful resources and supports.

Service leaders can enable practice that centres community through the use of community engagement, outreach and the development of innovative service responses that work with and not against diverse communities.

Case study example- The Zone

The Zone staff spoke about how connections with The Zone's priority communities (LGBTIQA+, African, Pasifika) have been built through targeted, consistent outreach and community engagement. Consistent relationship building through outreach and community engagement activities has supported trust building between workers and the community.

"I'd go up there and just be in the space in the refuge. I wouldn't proactively engage anyone. I'd sit there and read my book. I wouldn't be on my phone or my computer. After young people had lived there for a while, they'd eventually be like, 'I need to talk to you about AOD use, can we just have a counselling session in in a private room?'". The Zone practitioner.

"One example of engagement I did to build trust was going to a park consistently for a year. It took time to generate referrals, just to get trust. Most of the conversations had nothing to do about anything. It was small talk. It was playing basketball; it was cooking a BBQ; it was having a laugh. Soon people started talking about problems and engaging in the program. They referred in friends and family members who also needed support". The Zone practitioner.

Staff noted that engagement was enabled through taking time to learn about culture, cultural understandings of AOD use and taking the time to answer questions in meaningful ways.

"They want to know that the work you're doing is solid and that if they recommend you, or give you a client, that things are handled in a specific way. So, when I do my introduction spiel about what the Zone is, that's when I'll start getting the questions, asking 'what about this part of cultural practice and recognising this? How do you approach this thing?'". The Zone Practitioner

The Zone staff spoke to the importance of having someone vouch for you in community, ensuring you uphold that trust and that you do what you said you would do.

Community Accountability Checklist for community outreach and engagement with an Intersectional Lens:

- ☐ Does the program/service actively engage individuals from diverse backgrounds and identities?
- ☐ Have we considered the unique needs, strengths and challenges faced by different communities in our outreach efforts?
- ☐ Are we providing accessible and inclusive pathways for participation so that diverse voices are heard and valued?
- ☐ Are we curious about differing perspectives on substance use and how we might hold these in our work?
- ☐ How are we addressing power imbalances that centre the experiences of marginalised groups in our community engagement efforts?
- ☐ Are we regularly seeking and incorporating feedback from the community so that our programs and services are meeting their needs?
- ☐ Are we codesigning and coproducing services with diverse community members? Are we exploring how services can better suit their needs?
- ☐ Have we established clear mechanisms for addressing grievances that hold service leaders and workers accountable for their actions in a fair and transparent manner?
- ☐ Are we actively working to dismantle systemic barriers and create a more equitable and just environment for all members of the community.

Coproduction

Coproduction can be an important part of redressing the imbalance between services or institutions and the people whose lives have been affected by them. This approach aligns closely with trauma-informed practice and is particularly important when working with individuals and communities who have experienced marginalisation.

Coproduction processes seek to prioritise the knowledge that comes with cultural knowledge, identity knowledge and lived experience and aims to enhance service outcomes through the engagement, partnership and empowerment of community members.

When might coproduction be able to be utilised within your service design and delivery? How will you include diverse voices and decision making in all parts of the coproduction process from evidence building, planning, design, delivery and review?

Outlined below is Drummond Street's coproduction model (Figure 14) which may support you to think about how you can design programs, services and/or program activities within your own service?

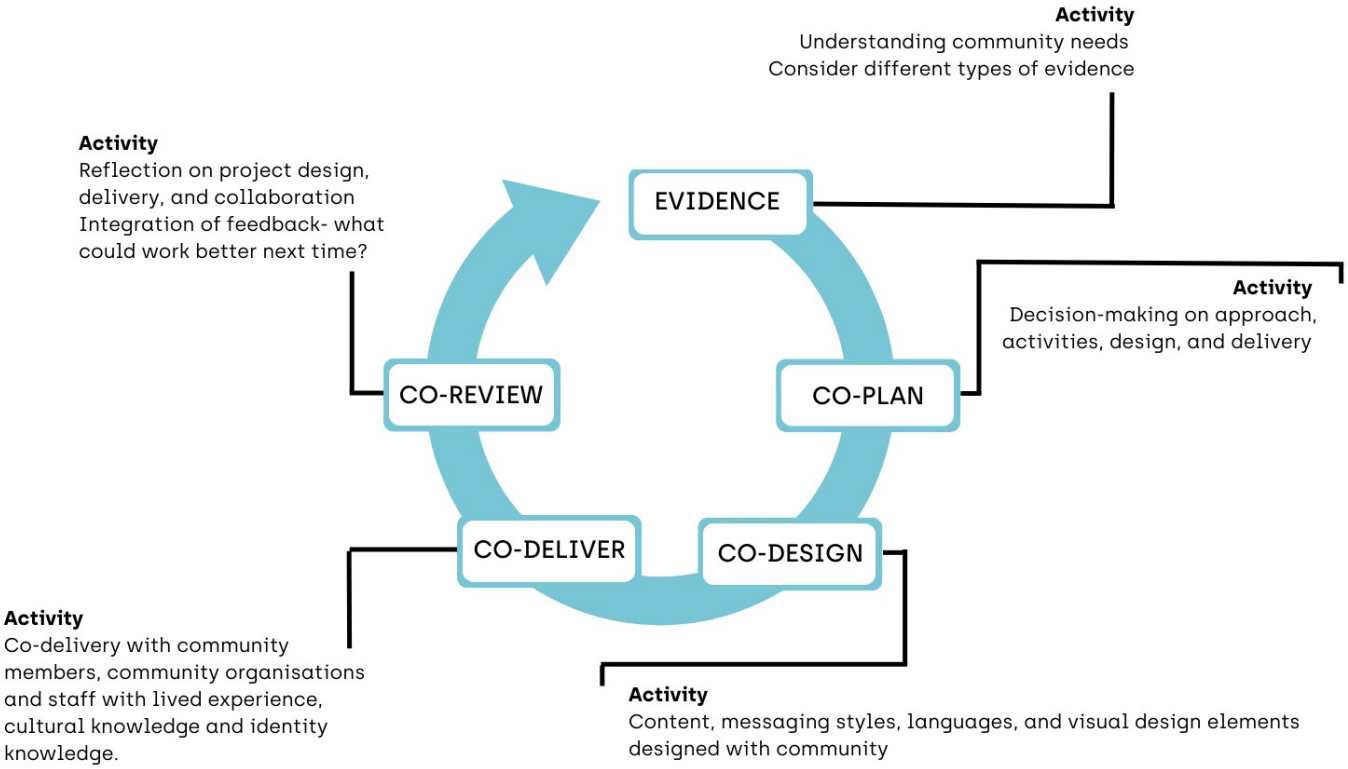


Figure 14. Drummond Street's Co-production model

Collecting and responding to feedback

Capturing community satisfaction and feedback can help us better understand what a client's engagement in the service felt like for them. **How can we better collect feedback** in ways to build trust so that marginalised communities know why they are being asked for feedback and how the information will actually be used?

Activity: Self-Reflection and Intersectionality in Feedback Collection

Objective: To promote self-reflection on feedback collection experiences from an intersectional perspective.

Activity

1. Think about a recent interaction where you collected feedback from a client. Consider how intersecting identities and experiences, such as race, gender, age, sexuality, ability, and socioeconomic status, may have impacted the feedback collection process. Did the person understand the process? How would the information they provided be used or where would it go? How would it lead to service improvements if they were to provide honest and open feedback?
2. Reflect on how your approach to feedback collection honoured and respected the diverse identities and experiences of the client. What specific actions or language did you use to enhance inclusivity? What was the process like? Was it inclusive of diverse languages, beliefs, abilities? Identify one action you can take to make your feedback more inclusive.
3. Feedback is a two-way process. It needs to be given and received in appropriate ways. How does positive feedback make you feel? How does negative feedback make you feel? How might you better receive and integrate negative feedback? How might you support others in your team to do this?

6. Safe and Inclusive Workplace Culture

This element of intersectional practice focuses on work that can be done by service leaders to foster a safe and inclusive workplace culture and by staff in upholding and supporting this aim.

Core principles

A workforce that **supports and affirms and elevates diversity** is best placed to foster intersectional practice. Creating or fostering a safe and inclusive workplace culture is an important goal for service leaders as it supports intersectional practice within their service (Green, 2020). When thinking about the environment, service leaders should consider the physical and emotional safety of all employees (Smith, 2018) including within their practice, supervision and within the workplace. This is particularly important for marginalised staff members, who may

experience discrimination in so many facets of their lives. Creating an environment where individuals **feel comfortable expressing their thoughts and concerns** without fear of discrimination or retribution can support better collaborative practice and can enable supportive environments, where people are able to question implicit biases that can and will come up within our work. Making assumptions is unavoidable but questioning those assumptions in safe and supportive environments is possible and when done well, it can be transformative.

By creating an environment that **embraces and encourages diversity and open dialogue**, organisations and communities can tap into a wealth of experiences and perspectives. This not only fosters a **sense of belonging and acceptance** but also allows for a more comprehensive understanding of the multifaceted nature of individual experiences. In such a space, complex issues can be addressed more effectively as multiple viewpoints and experiences are considered. Intersectional factors, such as cultural influences, gender identity and personal experiences, can be thoroughly understood and integrated into interventions, leading to more tailored and impactful solutions.

Key practices

We all play a part in contributing to the overall culture of safety and inclusion. We can do this in our day-to-day work by:

- **Elevating diverse knowledge** at every level of the organisation
- Welcoming safe and accessible physical and virtual spaces. This includes visible signs of diverse cultures and identities on display
- Actively integrating processes that **acknowledge and value diversity**, including use of pronouns, acknowledgement of country as two examples
- **Prioritising cultural competency**, self-reflection and learning within the organisation. Creating safe environments where people can challenge their own assumptions and the assumptions of their peers
- Reflecting on the organisation- **does the staff group represent the communities that you serve?** Do you value diverse identity and cultural knowledge? Do you value lived experience? Does your organisation create opportunities for people with diverse cultural knowledge?
- **Making interactions count**. All our interactions with other staff and people accessing the service should provide a safe and affirming experience, especially in the context of marginalised communities. It's essential to consider how we hold ourselves in the space to create an environment that enables a sense of safety and trust for individuals within our diverse community.

Reflection and Application

In order to create and foster safe and inclusive workplaces, we must put ourselves in other people's shoes and consider what the service might feel like for them. **Creating safety is an ongoing process** that requires ongoing reflection and support. Questioning our own implicit bias and assumptions and encouraging teams to do this can be scary. People can get defensive. People can feel hurt. It is therefore essential for teams and service leaders to **take time to establish safety, trust and belonging** within teams and to create the environment where a 'call in' culture is possible.

Reflection from the Zone team

"Since building the Zone, our team emphasised the importance of bringing attention to bias, prejudice, microaggressions and discrimination. We believe this is critical for building a safe working environment for our diverse lived experience, workforce and in providing safe services for our clients.

We began by deliberately building a "call in culture", where we invite people for one-on-one or small group conversations. We hold curiosity about someone's intention and the impacts of their actions or words. We build safety by openly discussing what brought us to the job and our values. We have something in common: our willingness to learn and the commitment to challenge our practice to foster better spaces of inclusion and belonging. We understand that we are there to challenge each other's practice, not to challenge people because they made any mistakes. That's how we build safety and openness for a "call in culture".

With ongoing practice for calling in, it became natural for us to "call out". We recognise the power dynamic between services and clients. We pay attention to the urgency of hitting "pause" to prevent more harm to our clients or our colleagues when needed. Through this, we have become more and more confident to bring attention to harmful words or behaviour. We do that by pointing out biases in Care Team meetings, by advocating for our clients on social media and by speaking to government and funders."

Fostering safety in supervision- the Seven-eyed Model

Supervision can be used as an effective tool to support intersectional practice within your team and to promote a culture of safety when engaging in collaborative practice.

The diagram below is adapted from Hawkins and Shohet's (2012) **seven-eyed model of supervision**. Each number represents the distinct areas where supervision can focus. This includes addressing the worker and supervisor's own assumptions and biases, as well as the impact of the broader socio-ecological factors. In supervision, this process can help workers and supervisors to identify gaps in reflexive practice, identify assumptions, and adapt.

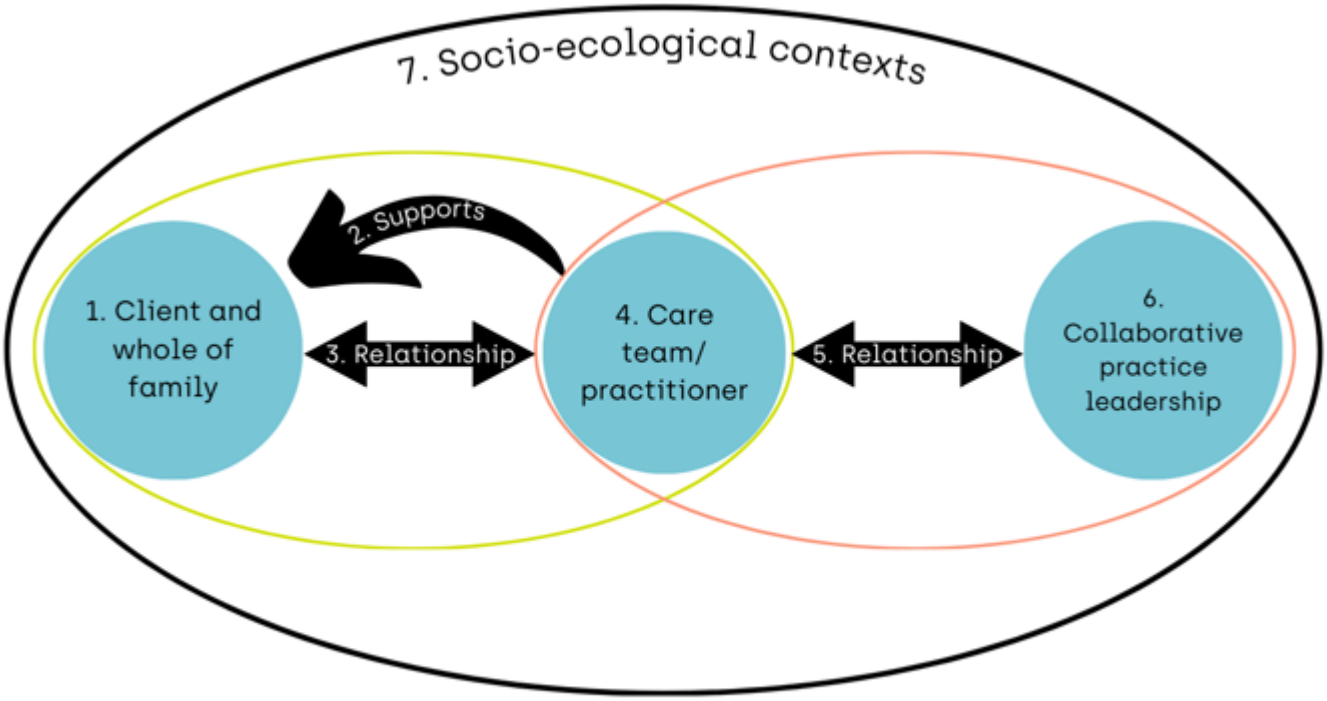


Figure 15. Seven-eyes Model of Supervision. Adapted from Hawkins and Sohet (2012).

Each of the seven areas are summarised below, alongside questions to support reflexive practice:

1. The ways in which **systems of power** may impact on the individual client, their family, their identities and their presenting issues.
2. The **integrated treatment, care and support** and how it may address the client's relative experiences of marginalisation or disadvantage.
3. The **practitioner's internal biases** and experiences of systemic power and privilege.
4. The quality of the **practitioner-client engagement**, including the impact of power differences, privilege and internal biases.
5. The supervisor or **service leadership's experiences of power and privilege**.

6. The impact of the supervisor or service leadership's assumptions or biases that may affect their relationship with the care team, and their **assumptions about the client and family**.
7. The intersecting impacts of **the socio-ecological contexts** on the client, family, care team/practitioner, and practice leadership. How and why might people's experience of their context vary?

Reflecting on Safe and Inclusive Workplace Culture: Applying an Intersectional Lens

The objective of this checklist is to promote a culture of open dialogue, self-reflection, and client-centric practices. By challenging assumptions and biases, we enhance client support and service delivery while fostering a safe and inclusive environment for all team members. This objective aligns with our commitment to prioritising the needs of our clients and continuously improving our practices to better serve diverse cultures and identities.

1. Establish Team Safety:

- Have we created a safe and inclusive environment for open dialogue and discussion?
- Are team members comfortable expressing their thoughts and concerns without fear of judgment?
- Are people in the team connected by a common purpose? Do they know what this is?
- Do team member value diverse types of knowledge within their team?

2. Self-Reflection:

- Have team members engaged in self-reflection to identify their own biases and assumptions?
- Are team members willing to acknowledge and challenge their own practices?
- Is self-refection built into supervision processes?

3. Purpose of Challenging Practice Assumptions:

- Do team members understand that the goal is not to criticise individuals but to improve overall practice?
- Have you done enough work around implicit bias within your team?
- Have we communicated the importance of challenging assumptions to enhance client support and service delivery?

4. Consideration of Team Belonging and Safety:

- Have we assessed the sense of belonging and safety of each team member?
- Do we value diverse forms of knowledge within the team?
- Do we celebrate wins and a team and acknowledge people's achievements?
- Do all team members get the chance to contribute?

5. Client-Centric Approach:

- Are client needs, wants, and hopes at the forefront of our practices?
- Are team members committed to educating themselves about diverse cultures and identities to better serve our clients?
- Do we support the professional development of staff within the service?

6. Acknowledgment of Power and Privilege:

- Do team members recognise their own power and privilege? How do we share power?
- How can we leverage our power and privilege to advocate for marginalised groups and amplify their voices?

7. Workforce Mutuality

Workforce mutuality at its core is about having workforces that are representative of the communities they serve. This element therefore sits with service leaders to drive and frontline staff to support.

Core principles

Organisational leaders, as the organisation's driving force, are crucial in enabling workforce mutuality within organisations, services, and programs. Service leadership and guidance are essential to fostering an environment where everyone's unique contributions are valued and respected. **Diverse workforces are critical in engaging hard to reach communities**, building capacity to elevate diverse knowledge and addressing workforce shortages through the identification of **diverse talent pools** and a supported talent pathway.

At its core, workforce mutuality is about understanding that **people are more likely to access services where they see themselves represented**. Implementing supportive hiring

practices breaks down barriers to employment for those with intersectional backgrounds and can create long-term employment pathways. Actively recruiting to build a workforce that includes people with lived experience and those with diverse cultural and identity knowledge will assist in breaking down barriers to people accessing AOD support.

Key practices

There are a number of key practices to enable workforce mutuality outlined below.

Service Leaders

- Develop **affirmative action** hiring policies and procedures that break down barriers to employment
- Make space at the table to elevate diverse voices, and create an **authorising environment** for these voices to shape practice and service development across all levels
- Where the knowledge is not present in the immediate team, actively **seek secondary consultations** with specialised services

Service Leaders and Workers

- **Work collaboratively with colleagues** from diverse backgrounds and experiences
- Value and elevate the cultural, identity and lived-experience knowledge of colleagues and peers
- **Seek out diverse forms of knowledge** to inform best practice with clients

> "We are pretty much just working identities of what we're trying to solve. When we talk about intersectionality, that's us. If you look at our team, that's just pretty much our lived experience and that's just our identity every day. So, we have a very strong approach to address some of these intersectional needs because we have lived experience of those intersectional needs." The Zone Practitioner

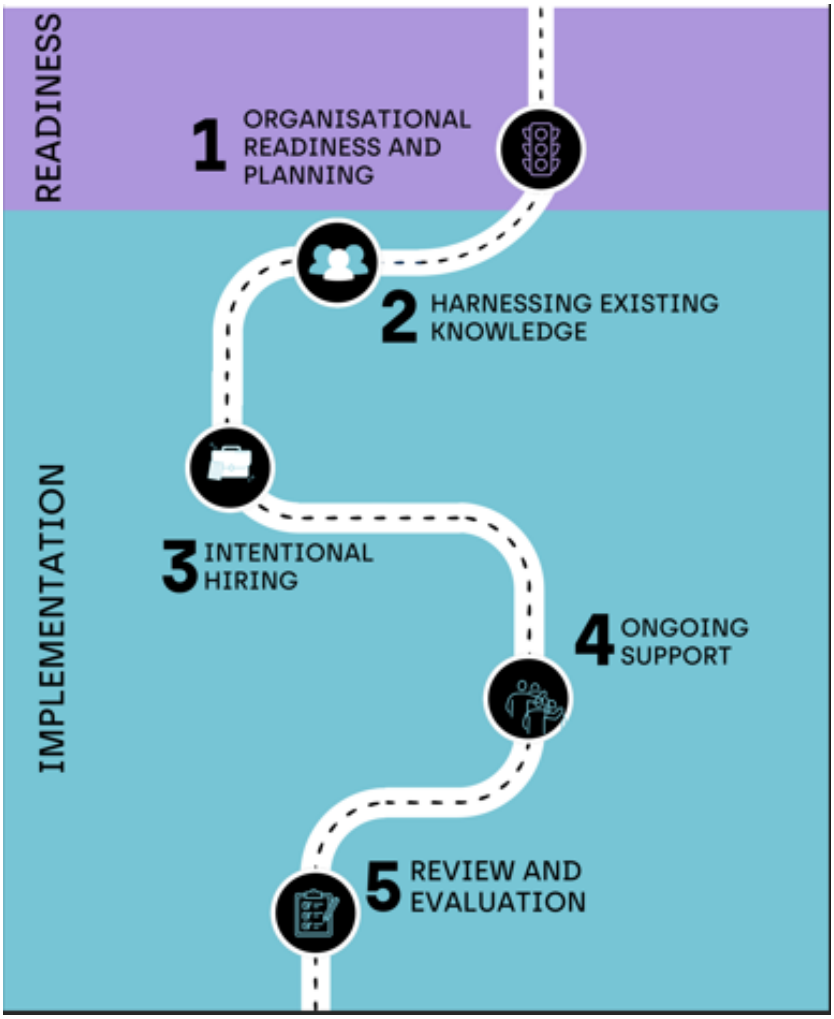
Reflection and Application

We will now explore how to apply workforce mutuality to practice.

Steps you can take to embed workforce mutuality within your organisation

The following section takes service leaders through some key steps required to successfully integrate or expand intersectional lived experience workforces within organisations.

While it is targeted at service leaders, frontline staff also have a role to play and therefore may still find this section relevant in thinking about how they can support the integration of staff within organisations, including key steps they can take to support these staff members.



Organisational readiness

An organisational readiness checklist to guide consider, plan, resource and support the integration of intersectional practice, so that clients/consumers can see staff representing diverse cultural, lived experience and identity knowledge.

An organisational checklist might help services to think about six key areas of organisational readiness:

- **Service and staff's values:** How does an intersectional lived experience workforce fit with your service values, mission and strategic objectives?
- **Organisational policies and systems:** What existing policies and systems relate to lived experience, diversity, and intersectional practice?
- **Training and capacity building:** What training and supervision is currently available in relation to intersectional practice and/or lived experience?
- **Leadership:** How do leaders provide an authorising environment and promote the value of incorporating intersectional lived experience?
- **Stakeholder engagement:** How will diverse stakeholders (e.g., existing staff, people with intersectional lived experience, community groups) be involved?
- **Review and support:** What systems are in place to evaluate and review outcomes related to intersectional and lived experience workforce?

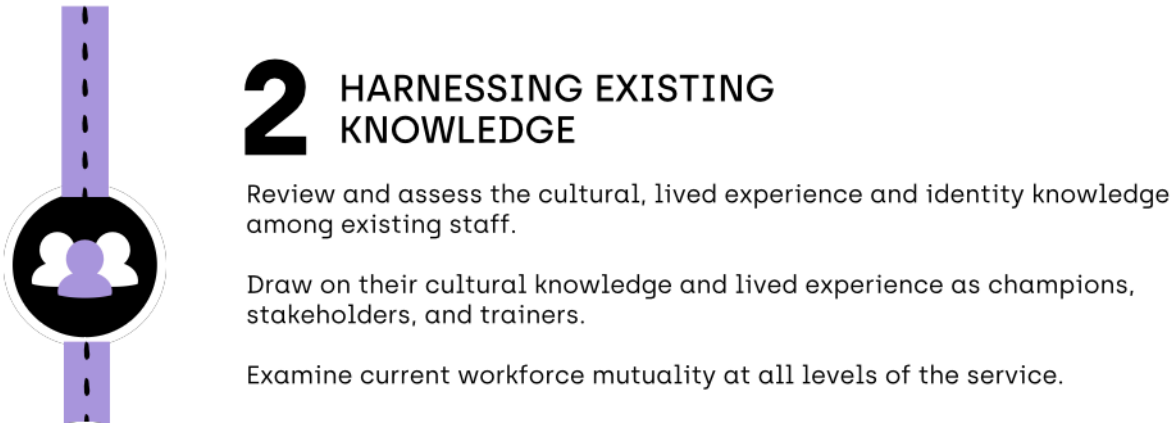
Services should identify **when and how** intersectional lived experience voices will drive the process. Consider who holds power across the stages, and how you can enable **power-sharing.** This can be considered at four stages:

1. **Needs.** What are the needs being identified by people with cultural, lived experience and identity knowledge? How can you balance different forms of evidence?
2. **Plan.** How are intersectional lived experience voices involved in the planning process and do they have genuine input on how the process is rolled out?

3. **Implement.** How are intersectional lived experience voices actively included as part of the implementation? This can include co-developing and co-facilitating trainings, and program implementation.
4. **Review.** How do people with cultural, lived experience and identity knowledge provide feedback and have a say about the next steps that need to be made.

Harnessing the knowledge and experience of existing staff

For all organisations, it is important to acknowledge and draw on the cultural, lived experience and identity knowledge in the existing workforce. For some workers with lived experience, they may not feel comfortable disclosing or discussing their lived experience for any number of reasons. Similarly, some people with cultural and identity knowledge, may not wish to have this be a core part of their practice. Services should aim to foster a culture where these choices are respected, and workers know that intersectional lived experience will be valued.



As well as in designated/identified lived experience roles, there are a range of avenues for practitioners to draw on intersectional lived experience knowledge, including:

- as champions
- through steering/advisory groups
- through de-identified feedback
- by facilitating training on specific forms of cultural, identity and/or lived experience knowledge
- through Communities of Practice and peer supervision
- as part of a transdisciplinary team, sharing from their cultural, identity and/or lived experience knowledge.

Mapping the cultural, lived experience and identity knowledge of the existing clients and workforce

The following factors should be considered when considering how to effectively draw on the cultural, lived experience and identity knowledge of the existing workforce. To get an accurate representation, this requires exploring these questions with a diverse range of workers, as their perspectives and experiences may be different from service leaders and executives.

- **What information (e.g., from workplace surveys) is known** about the cultural, lived experience and identity knowledge of your existing staff? What information is needed and how can it be gathered safely and respectfully?
- **How do you cultivate a culture of safety and respect** for existing staff with cultural, lived experience and identity knowledge? How can you ensure staff are able to make informed choices about what they feel comfortable sharing and how this information will be used? How do the staff describe their experience of the workplace culture?
- **What supervision (including peer supervision) is available** for existing staff, and how is a culture of valuing and elevating cultural, lived experience and identity knowledge fostered?
- **What knowledge, experience and skills are present** in the existing workforce that could be drawn on to support intersectional practice? Are there individuals who could co-facilitate training, capacity building and/or supervision?

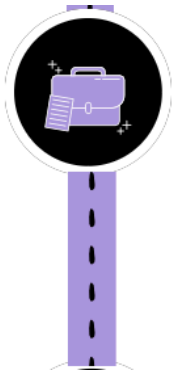
Reflection

- What ways do you already support workers to draw on and use their cultural, lived experience and identity knowledge?
- What do workers identify as the barriers to applying their cultural, lived experience and identity knowledge in their roles?
- What existing processes and systems should be adapted to provide more opportunities for staff to share their diverse knowledge?

Supported and intentional hiring processes

While there may be cultural, identity and lived experience knowledge in the existing workforce, it is important to use intentional and proactive hiring practices for people who may have experienced barriers to education, qualifications and work. Workforce mutuality should be considered.

If you have conducted a staff and client census/survey, you can draw on this information to identify gaps in existing staff and particular forms of intersectional lived experience that would be valuable. It is important to report these findings back to the workforce, be transparent about why it is important to build workforce mutuality and communicate how any gaps will be addressed.



3 INTENTIONAL HIRING

Supported and accessible hiring processes.

Assertive employment of new staff with cultural lived experience, and identity knowledge in secure, stable roles.

Consider goals of diversity and workforce mutuality.

Positions and titles

Across a range of sectors, there have been many different terms used for designated roles that require cultural, lived experience or identity knowledge. The terminology we use is important and may be specific to your service and community (e.g., lived experience and/or expertise).

Reflection- what is in a name?

It is important to consider what specific title your service uses when hiring workers with a lived experience, cultural and identity knowledge (or potentially a mix of all these). Depending on the role, they may not be expected to disclose or use their own lived experience and therefore titles like 'peer worker' or 'lived experience worker' may not be appropriate.
Thinking about your service context, what job title do you think might best describe certain positions across all levels of the service?

Position descriptions

A clear position description is a crucial step in role clarity. Services should prioritise making their position descriptions open and welcoming. Some considerations include:

- What experience or knowledge is required (e.g., lived experience, cultural knowledge, and/or identity knowledge)?

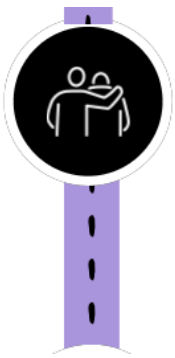
- What flexibility is available (e.g., flexible hours, location, recognition of challenges for parents)?
- What ongoing support is available (e.g., trauma-informed supervision)?
- What the role includes (e.g., "drawing on, and intentionally using what you learned from your recovery journey or your rich cultural or identity-based expertise to help others.")?
- What pathways to qualification exist, if required (e.g., you do not need a university degree to apply- on the job training and a Certificate IV qualification will be provided)?
- Are there accessible options to discuss the role further (e.g., phone, email, in-person)?

The *National Lived Experience Workforce Development Guidelines: Lived Experience Roles* [(Byrne et al., 2021)] is a useful resource for further examples of potential role descriptions from the mental health sector which can be adapted for use in the AOD sector.

Ongoing support

From the beginning, all staff should feel that they are actively informed and involved in the process of building an intersectional lived experience workforce within the service. This involves providing information at the organisational readiness stage as well as ongoing support and capacity building. This can include:

- **Staff consultation** about the purpose and process of building an intersectional lived experience workforce, including discussion about benefits and concerns.
- Ongoing staff **training and capacity building** (e.g., on intersectionality, supervision, power-sharing, collaborative practice, and use of lived experience).
- **Supervision and support** that is responsive to specific staff needs (e.g., culturally safe supervision, lived experience supervision, peer supervision).



4 ONGOING SUPPORT

Consultations and trainings to build capacity and drive culture change.

Safe and inclusive supervision, including peer and external supervision for people lived cultural, lived experience and identity knowledge.

Supervision and reflexive practice that builds intersectional practice among all staff.

Building and maintaining an intersectional lived experience workforce may require a cultural change within the service. This process involves re-evaluating and elevating different forms of knowledge, which may challenge existing power structures. Staff, including service leaders and executives, may be uncomfortable about discussing power, yet power-sharing is an integral part of the process. The process of examining power should be grounded in a discussion about the history of the service and sector, with staff encouraged to explore how it came to be this way and to imagine how power-sharing could look in the future. It can therefore be useful to unpack:

- the **different forms** of power
- how power is **currently** used and by whom
- what would happen if there were a **change in power-sharing.**

Staff consultations

Staff should be consulted about why and how intersectional practice and a diverse lived experience workforce is important. There should be genuine **two-way knowledge sharing** during consultations about the purpose, process, benefits and concerns. Staff should feel actively involved and view themselves as agents for change. Data may need to be collected before and after consultations to evaluate changes in staff attitudes and appetite for change.

For some staff, there may be concern or discomfort that building an intersectional lived experience workforce overrides other forms of research and knowledge. Training and education about power, marginalisation and privilege can help all staff examine their own attitudes, biases and beliefs to ensure that diverse forms of knowledge are genuinely valued and elevated. At the same time, **it may be necessary to explore what systems and processes the service will use to ensure all voices are heard** (e.g., during case reviews, transdisciplinary meetings).

Supervision

For lived experience workers who are emergent practitioners, supervision plays an integral role in developing their practice skills, maintaining the worker's and client's safety, and supporting workers to debrief about risks and concerns. Supervision also provides an opportunity to monitor staff progress and identify additional supports that might be needed.

Given that lived experience workers may have experienced intersectional disadvantage, discrimination, and trauma to the clients they are supporting, there is potential for parallel processes, vicarious trauma or triggering to occur during sessions. Therefore, it is important to **provide opportunities during supervision to safely reflect on and integrate lived experience** with a skilled supervisor in a trauma-informed way.

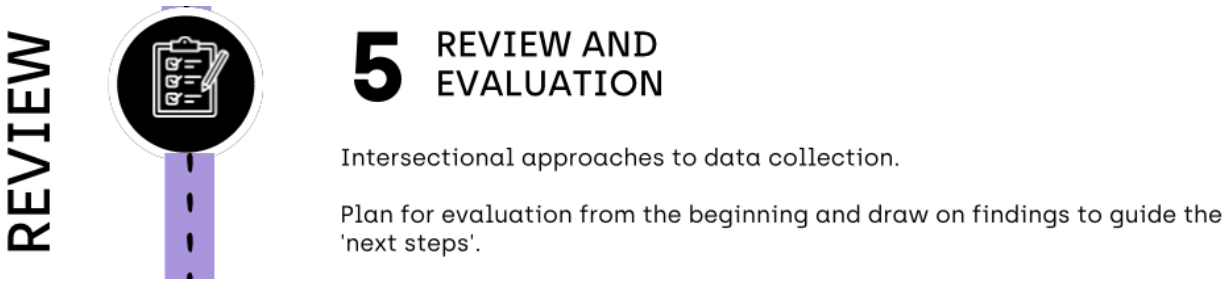
Lived experience workers should receive regular supervision that will provide further opportunities for integrating learning, reflection, and accountability. This will include prompts for discussion that will follow up learning experiences, including:

- What did you learn?
- How does it apply in your practice?
- What lived experience knowledge does this relate to?
- How can I support your integration?
- What can I as a supervisor learn from your experience?

Review and evaluation

Evaluation measures should be considered from the early stages of the project. What is learned from your evaluation will inform the ongoing implementation and further development of the process. An evaluation might seek to understand whether:

- the implementation of this process is effective,
- who it is effective for, and
- to drive further improvements.



Review and evaluation should be done at **multiple levels and at multiple timepoints.** Review and evaluation processes should consider the voices of:

1. **Clients** via ongoing opportunities to provide informal and formal feedback about their experience with the service. Feedback methods should be accessible and may include written questionnaires, pre- and post-program Likert scales, individual interviews, and/or peer group interviews.
2. **Designated workers with cultural, lived experience and identity knowledge** via ongoing opportunities to provide informal and formal feedback about their experience with the program. This may include written questionnaires, individual interviews, and/or group feedback sessions.

Workforce mutuality checklist

After working through each of the steps listed above. Check over each of the following points for embedding workforce mutuality within your organisation and reflect on each of the questions.

Hiring Practices:

- ☐ Are affirmative action hiring policies and procedures in place to promote diversity and inclusion in the workforce?
- ☐ Is there an effort to actively recruit individuals with diverse cultural, identity, and lived experience knowledge?
- ☐ Are barriers to employment for individuals with intersectional backgrounds recognised and addressed?

Leadership and Representation:

- ☐ Is there space for diverse voices at decision-making tables, allowing them to shape practices and service development across all levels?
- ☐ Are leaders and decision-makers committed to creating an environment that values and respects unique contributions from individuals with diverse backgrounds and experiences?

Collaborative Work Environment:

- ☐ Do colleagues from diverse backgrounds and experiences work collaboratively and support each other?
- ☐ Is there an effort to seek out and value diverse forms of knowledge to inform best practices with clients?
- ☐ Is the cultural, identity, and lived-experience knowledge of colleagues and peers actively valued and elevated?

Knowledge and Skill Development:

- ☐ Are there initiatives to promote ongoing education and skill development related to intersectionality and cultural competence among the workforce?
- ☐ Are resources and support provided to facilitate understanding and application of an intersectional approach within the organisation's services and programs?

Feedback and Evaluation:

- ☐ Are there regular evaluations and assessments to measure the organisation's progress in fostering a mutually supportive and inclusive work environment, client outcomes and client satisfaction?

Wrapping up

Building intersectional practice within AOD service requires an ongoing whole of service response that is **adaptive to social and political contexts**, and we all have a role to play.

Below are other helpful resources for practitioners and service providers to consider for further support in this work.

Helpful resources

Intersectionality Research (2015) by the International LGBTQ Youth and Student Organisation. A research report that highlights best practice in intersectional approaches.

Ten Tips for Putting Intersectionality into Practice (2017) by the Opportunity Agenda. A list of ways to put intersectionality into practice that can be a starting point for any individual, community or organisation interested in incorporating an intersectional approach to their practice.

Intersectionality Resource Guide and Toolkit (2020) by UN Women. A resource guide and toolkit for organisations and individual practitioners and experts to acknowledge and respond to intersectionality in policies and programs.

An Intersectional Feminist Toolkit (2020) by Young Women's Charity Australia. Toolkit including information and advice based on a multitude of resources written by policy and advocacy experts.

White Privilege: Unpacking the Invisible Knapsack by Peggy McIntosh. Excerpts from a working paper designed to recognise and unpack white privilege.

Intersectionality and Youth Mental Health (2021) by Orygen. A fact sheet that aims to build fundamental knowledge about intersectionality particularly for professionals that work with young people.

Resilience Based Practice Guide (2023) by YSAS, outlines YSAS's inclusive and young person centred practice in AOD practice and service provision.

References

Akibar, Alvin P., and Khashayar F. Langroudi. "Intersectionality, Lived Social Realities, and LGBTQ PoC Health." *Heart, Brain and Mental Health Disparities for LGBTQ People of Color*, 2021, 27–39. https://doi.org/10.1007/978-3-030-70060-7_3.

Autret, Maya, and Brad van Eeden-Moorefield. "Implications of Inclusion and Intersectionality for Clinical Practice." *Treating Contemporary Families: Toward a More Inclusive Clinical Practice.*, 2021, 17–28. https://doi.org/10.1037/0000280-002.

Barrett, C. "Gender Genograms: A Resource for the Families of Older Trans and Gender Diverse People." Alice's Garage, 2019. https://alicesgarage.net/wp-content/uploads/GenderGenogramResourceHere-1.pdf.

Bronfenbrenner, U. "Ecological Systems Theory." In *Encyclopedia of Psychology*, 3:129–33. Oxford University Press, 2000. https://psycnet.apa.org/record/2004-12701-046.

Butler, Catherine. "Intersectionality in Family Therapy Training: Inviting Students to Embrace the Complexities of Lived Experience." *Journal of Family Therapy* 37, no. 4 (November 2015): 583–89. https://doi.org/10.1111/1467-6427.12090.

Butler, J. "The Family Diagram and Genogram: Comparisons and Contrasts. American Journal of Family Therapy" 36, no. 3 (2008): 169–80. https://doi.org/10.1080/01926180701291055.

Crenshaw, Kimberle. "Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics," n.d.

Crenshaw, Kimberle. "Mapping the Margins: Intersectionality, Identity Politics, and Violence against Women of Color." *Stanford Law Review* 43, no. 6 (1991): 1241–1241. https://doi.org/10.2307/1229039.

Duckworth, S. *Wheel of Power Privilege and Marginalization*. October 18, 2020. https://ecampusontario.pressbooks.pub/universaldesign/chapter/positionality-intersectionality/.

Fielding, Lucie. "The Shadow Side of Therapist Curiosity | PESI UK." Ethical Curiosity, 2022. https://www.pesi.co.uk/blogs/the-shadow-side-of-therapist-curiosity/.

Green, Michael Z. "Introduction: What Matters for Black Workers After 2020?" *Employee Rights and Employment Policy Journal* 25 (2021): 1–11.

Hawkins, P., and McMahon, A. *Supervision in the Helping Professions*. 5th ed. McGraw-Hill Open University Press, 2020.

Pallotta-Chiarolli, Maria, Budi Sudarto, Ananda Training, Agmc Committee Member Judy Tang, Jurmaine Health, Agmc President, VMC Commissioner, Katherine Richards, Associate Professor Adam Bourne, and Gene Lim. "Navigating Intersectionality: Multicultural and Multifaith LGBTIQ+ Victorians Talk about Discrimination and Affirmation." Melbourne: AGMC, 2021. https://www.agmc.org.au/wp-content/uploads/AGMC_ReportA4P_NIR_Web18may2021.pdf.

Penner, Louis A., John F. Dovidio, Richard Gonzalez, Terrance L. Albrecht, Robert Chapman, Tanina Foster, Felicity W.K. Harper, et al. "The Effects of Oncologist Implicit Racial Bias in Racially Discordant Oncology Interactions." *Journal of Clinical Oncology* 34, no. 24 (August 20, 2016): 2874–80. https://doi.org/10.1200/JCO.2015.66.3658.

Prochaska, J.O., and C.C. Diclemente. "Toward a Comprehensive Model of Change." In *Treating Addictive Behaviors*, Vol. 13. Boston: Springer, 1986. https://doi.org/10.1007/978-1-4613-2191-0_1.

Sell, Kerstin, Franziska Hommes, Florian Fischer, and Laura Arnold. "Multi-, Inter-, and Transdisciplinarity within the Public Health Workforce: A Scoping Review to Assess Definitions and Applications of Concepts." *International Journal of Environmental Research and Public Health* 19, no. 17 (September 1, 2022): 10902. https://doi.org/10.3390/ijerph191710902.

Smith, Todd D. "An Assessment of Safety Climate, Job Satisfaction and Turnover Intention Relationships Using a National Sample of Workers from the USA." *International Journal of Occupational Safety and Ergonomics* 24, no. 1 (January 2, 2018): 27–34. https://doi.org/10.1080/10803548.2016.1268446.

Tang et al. "Intersectionality in Psychology APS," 2020. https://www.researchgate.net/publication/341725442.

Warde, Bryan. "The Cultural Genogram: Enhancing the Cultural Competency of Social Work Students." *Social Work Education* 31, no. 5 (August 2012): 570–86. https://doi.org/10.1080/02615479.2011.593623.

Yasui, Miwa. "The Cultural Ecogram: A Tool for Enhancing Culturally Anchored Shared Understanding in the Treatment of Ethnic Minority Families." *Journal of Ethnic And Cultural Diversity in Social Work* 24, no. 2 (April 3, 2015): 89–108. https://doi.org/10.1080/15313204.2014.991980.