



National Consultations on the ‘Strengthening the Aboriginal and Torres Strait Islander Alcohol and Other Drugs Treatment Services’ Initiative

Stage Two Key Findings Report

A report prepared by Inside Policy for
the National Indigenous Australians Agency

18 September 2023

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Acknowledgements

Inside Policy acknowledges the First Nations lands on which we live and work, as well as the First Nations people who participated in both stages of the consultations. We pay our respects to the Elders past and present of these Nations. We thank them for their ongoing custodianship of land, waters, air, and all aspects of Country and remind ourselves that it always was and always will be First Nations lands.

Inside Policy acknowledge and thank the many stakeholders across the AOD sector who took time out of their busy schedules to take part in both stages of the consultation process, and for sharing their experiences and expertise with us. We are grateful for their rich and diverse contributions.

We also acknowledge the contribution of the staff of NIAA. Without their assistance and guidance, these consultations could not have taken place.

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Terminology and Acronyms

Terminology Used

Aboriginal community-controlled organisation (ACCO)

An ACCO “delivers services, including land and resource management, that builds the strength and empowerment of Aboriginal and Torres Strait Islander communities and people and is: a. incorporated under relevant legislation and not-for-profit b. controlled and operated by Aboriginal and/or Torres Strait Islander people c. connected to the community, or communities, in which they deliver the services d. governed by a majority Aboriginal and/or Torres Strait Islander governing body.”¹

Aboriginal community-controlled health organisation (ACCHO)

Refers to a “primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management.”²

AOD sector

Used in this report to refer to the Australia-wide group of organisations across the public, private, and community sectors that are working to address and mitigate the social issues and health impacts stemming from the use of alcohol and other drugs (AOD).³ It includes those working at the policy and funding levels, as well as those working directly in AOD treatment. With respect to the latter, the AOD treatment system comprises many parts funded by the federal Department of Health and Aged Care, State/Territory health departments including hospital-based services; those provided in primary care settings; non-government mainstream community organisations; and Aboriginal Community-Controlled Organisations (ACCOs) and Aboriginal Community-Controlled Health Organisations (ACCHOs) who provide AOD services for First Nations people.

Country

The Australian Institute of Aboriginal and Torres Strait Islander Studies defines Country as “the term often used by Aboriginal [and Torres Strait Islander] peoples to describe the lands, waterways, and seas to which they are connected. The term contains complex ideas about law, place, custom, language,

¹ Closing the Gap in Partnership, [National Agreement on Closing the Gap: July 2020](#), Commonwealth of Australia, accessed 19 June 2023, p. 8.

² National Aboriginal Community-Controlled Health Organisation (NACCHO), [Aboriginal Community-Controlled Health Organisations \(ACCHOs\)](#), NACCHO, accessed 19 June 2023.

³ Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K., & Gomez, M., [New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia](#), 2014, Department of Health and Aged Care, accessed 19 June 2023.

spiritual belief, cultural practice, material sustenance, family, and identity.”⁴

Cultural responsiveness	Refers to an ethical, strengths-based approach to working with First Nations people that includes but also goes beyond older notions of cultural sensitivity, cultural awareness and cultural competency. Its point of difference is that, rather than simply being an attitudinal stance or intellectual exercise, it is an ongoing practice involving continual learning, re-learning and self-reflexivity in order to respond more effectively to, with, and build on the varying cultural and community norms of First Nations people. ⁵
Cultural safety	In the Australian context, this refers to the ethical practice and principle of fostering an environment that is safe (in a broad holistic sense) for First Nations people. This means freedom from racism as well as any ‘assault, challenge or denial of their identity and experience’. ⁶ It also means ensuring self-determination for First Nations people. ⁷
Empowered Communities (EC)	Refers to a reform that represents a new way of working led by First Nations people to empower communities. The objective of Empowered Communities is to create a genuine partnership between Indigenous organisations, government, and corporate Australia to work toward a shared agenda. ⁸
First Nations	Refers to “a person of Aboriginal or Torres Strait Islander descent who identifies as Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives.” ⁹ First Nations is used throughout the report and refers to Aboriginal and Torres Strait Islander peoples and communities.
Initiative, the	Refers to the National Indigenous Australians Agency (NIAA) funding initiative entitled <i>Strengthening Aboriginal and Torres Strait Islander Alcohol and Other Drugs Treatment Services</i> .
Model of Care	Refers to the particular modality (and often associated setting) by which health services are delivered, outlining “best practice care and services for a person, population

⁴ Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), [What is Country?](#), AIATSIS, accessed 22 June 2023.

⁵ Indigenous Allied Health Australia, [Cultural Responsiveness in Action: An IAHA Framework](#), IAHA, accessed 22 June 2023.

⁶ Victorian Department of Health, [Aboriginal and Torres Strait Islander Cultural Safety](#), 2022, accessed 22 June 2023.

⁷ Victorian Department of Health, [Aboriginal and Torres Strait Islander Cultural Safety](#), 2022, accessed 22 June 2023.

⁸ Empowered Communities, [Empowering individuals, families and communities to create a better life for themselves](#), accessed 22 June 2023.

⁹ AIATSIS, *Indigenous Australians: Aboriginal and Torres Strait Islander People*, 2022, accessed 22 June 2023.

	group or patient cohort as they progress through the stages of a condition, injury or event”. ¹⁰
NPY Lands	Refers to a cultural region in Central Australia spanning the jurisdictions of South Australia, Western Australia and the Northern Territory, comprised of the contiguous lands of the Ngaanyatjarra, Pitjantjatjara and Yankunytjatjara peoples. ¹¹
On Country	Following on from the definition of ‘Country’ provided above, the phrase ‘on Country’ refers to activities that take place on the traditional cultural homelands of First Nations peoples.
Primary care	Healthcare provided in the community for people making an initial approach to a medical practitioner or clinic for advice or treatment. ¹² In an AOD treatment context, primary care refers to general-practice led care.
Residential rehabilitation	Refers to structured, abstinence-oriented inpatient programs that provide 24-hour care and enable a focus on intensive addiction recovery activities. ¹³
Service provider	An organisation that delivers AOD services.
Stage One	Refers to the first round of consultations with key stakeholders undertaken as part of the National Consultation on the <i>Strengthening Aboriginal and Torres Strait Islander Alcohol and Other Drugs Treatment Services Initiative</i> .
Stage Two	Refers to the second round of consultations with key stakeholders undertaken as part of the National Consultation on the <i>Strengthening Aboriginal and Torres Strait Islander Alcohol and Other Drugs Treatment Services Initiative</i> .
State/Territory Stakeholders	State/Territory Stakeholders is used throughout the report to refer to all relevant stakeholders consulted in any given state and/ or territory (i.e., AOD sector stakeholders and state and territory government stakeholders).
Strengths-based	Refers to an approach that recognises the fundamental vitality of First Nations knowledge, people and communities and seeks to tap into these strengths in support of First Nations-led initiatives and ACCOs/ACCHOs. ¹⁴

¹⁰ NSW Agency for Clinical Innovation, [Understanding the Process to Develop a Model of Care](#), 2013, accessed 22 June 2023.

¹¹ Empowered Communities, [NPY Lands](#), 2018, accessed 22 June 2023.

¹² AIHW, [Primary Health Care in Australia](#), 2016, accessed 22 June 2023.

¹³ Reif, S., George, P., Braude, L., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E., ‘[Residential treatment for individuals with substance use disorders: assessing the evidence](#)’, *Psychiatric Services*, vol. 65, no 3., pp. 301-312.

¹⁴ Fogarty, W., Lovell, M., Langenberg, J. & Heron, M.J., 2018, [Deficit Discourse and Strengths-based Approaches: Changing the Narrative of Aboriginal and Torres Strait Islander Health and Wellbeing](#), The Lowitja Institute, Melbourne.

Acronyms Used

AIHW	Australian Institute of Health and Welfare
AODTS NMDS	Alcohol and Other Drug Treatment Services National Minimum Data Set
AOD	Alcohol and other drugs
Health	Department of Health and Aged Care - Commonwealth
IAS	Indigenous Advancement Strategy
ICT	Information and Communication Technology
KPI	Key Performance Indicator
NIAA	National Indigenous Australians Agency
NIDAC	National Indigenous Drug and Alcohol Council
NQF	National Quality Framework
NTF	National Treatment Framework
PHN	Primary Health Network
RTO	Registered Training Organisation
SME	Subject Matter Expert, Professor Alison Ritter

Executive Summary

In July 2022, Inside Policy was engaged by the National Indigenous Australians Agency (NIAA) to conduct two-stage national consultations on its measure, *Strengthening Aboriginal and Torres Strait Islander Alcohol and Other Drugs Treatment Services* initiative (the Initiative). The Initiative is intended to improve outcomes for First Nations people and communities directly and indirectly impacted by harmful substance use.

This Report summarises the results of Stage Two of the Initiative consultations and can be read standalone and/or alongside the Stage One Key Findings Report.

Consultation Aim

The overarching aim of the consultation process was to gather information and advice from AOD sector stakeholders to help determine how the funding available through the Initiative should be prioritised to obtain maximum benefit for First Nations peoples seeking AOD treatment.

Stage Two involved a series of workshops with a jurisdictional and a national focus to deep dive and add detail to the focus areas identified in Stage One, including:

- workforce training in AOD treatment and support,
- data collection, utilisation, and capacity building,
- Key Performance Indicator (KPI) harmonisation in government AOD service provider contracts, and
- investigating considerations for possible governance arrangements in the First Nations AOD sector.

Additionally, Inside Policy conducted an AOD Service Provider Survey across the Indigenous Advancement Strategy (IAS) funded AOD providers (the Survey) prior to the formal commencement of the Stage Two consultations (see below for more information).

Consultation Methodology

Stage Two of the national consultations took place between 20 April and 22 June 2023. The objectives for Stage Two specifically were to:

- undertake the Survey to best understand key priorities regarding minor infrastructure requirements, Information and Communications Technology (ICT) needs, and staffing and workforce.
- undertake topic-specific focus groups and roundtables with key stakeholders across the AOD sector on the following areas:
 - data collection, utilisation, and capacity building,
 - KPI harmonisation in government AOD service provider contracts, and
 - discussing possible governance options for the First Nations AOD sector.
- undertake jurisdictional meetings with State and Territory governments and AOD sector stakeholders on matters related to strengthening the First Nations AOD workforce,
- provide two national meetings for all stakeholders - at the outset of Stage Two to disseminate information about the purpose of the consultations and, at the completion to share the key themes arising from Stage Two.

Subject Matter Expert (SME), Professor Alison Ritter, was engaged to assist in the consultations and the development of materials to support the discussions focused on First Nations AOD workforce and KPI harmonisation.

Inside Policy took an inclusive, strengths-based, and culturally responsive approach to the consultations. Participating stakeholders in the national consultations all had an interest in,

or responsibility to provide AOD treatment services suited to the needs of First Nations people. Participants were grouped into three overarching groups:

1. Government stakeholders by State/Territory jurisdiction, and the Commonwealth, and
2. AOD sector stakeholders by topic-specific discussion, and
3. National AOD sector stakeholders in the national meetings and the Survey.

IAS-funded AOD Service Provider Survey

The survey was developed, disseminated, and analysed by Inside Policy in April 2023, prior to the commencement of the consultation sessions (see below). The Survey sought to understand priority areas of need of IAS-funded AOD service providers, with the intention to use the Survey alongside the broader consultation to inform implementation of the Initiative funding (of up to \$66 million to 2024-25) and beyond. The questions focused on three major areas of inquiry:

1. Minor infrastructure requirements
2. ICT needs, and
3. Staffing and workforce.

A total of 93 IAS funded providers were invited to complete the Survey. In total, 65.4 per cent (n=60) submitted a response, with 37.6 per cent (n=35) submitting complete responses.

Consultation Sessions

Fourteen in-depth qualitative consultation sessions were held during this time, involving a total of 205 individual participants. All sessions were held online via Microsoft Teams.

Of the 14 consultation sessions in Stage Two:

- two were national meetings involving a broad cross-section of AOD sector stakeholders,
- eight were jurisdictional workshops with State/Territory Stakeholders. Some sessions also included representatives of Registered Training Organisations (RTOs) and the tertiary sector, and
- four were topic-specific focus groups and roundtable meetings involving specific stakeholder groups focused by topic.

The key findings and overarching themes of Stage Two will help NIAA determine how Initiative funding could be applied for maximum benefit for First Nations people seeking AOD treatment.

Limitations

Several limitations emerged throughout Stage Two of the national consultations on the Initiative. These limitations included: while achieving a high overall response rate to the Survey, the response rate of IAS-funded providers in certain jurisdictions was considered low. Several invited representatives within the AOD sector were unable to participate at the scheduled consultation times which may have resulted in lower levels of attendance in several of the jurisdictional sessions.

Stage Two Overarching Themes

The Stage Two process identified five overarching themes for the Initiative.

The following themes were identified following Inside Policy's analysis of the Stage Two consultation sessions and emerged as the most recurring feedback provided by stakeholders across all 14 sessions.

Need for Additional ICT Infrastructure, Training, and Enhancing Data Capability in AOD Sector for Meaningful and Contextual Analysis and Independent Evaluation

In alignment with Stage One's findings, in Stage Two, stakeholders clearly articulated that not all AOD service providers have access to the ICT infrastructure, training, and resources they need to undertake effective and efficient routine data collection. AOD service providers based in regional, rural, and remote areas face additional data capability and resourcing challenges. To build, maintain, and support data capability within the AOD sector, stakeholders recommended the following approaches:

1. tailored educational supports, including face-to-face training that enables services to build in-house data collection and utilisation capability,
2. culturally appropriate, client-centric data collection, and
3. addressing data governance and management.

Stakeholders also identified a range of data types that could support independent evaluations of models of care. These included: data collected via validated and standardised tools, such as user-friendly exit surveys; routinely collected administrative data; the Alcohol and Other Drug Treatment Services National Minimum Data Set (AODTS NMDS) data or linked databases from other sectors; and/or broader qualitative reporting (such as de-identified client journeys).

Stakeholders raised the need to improve data collection for statistical purposes to support a more robust evidence-base, including a more comprehensive overview of AOD treatment services across Australia, for example through the Australian Institute of Health and Welfare's (AIHW) AODTS NMDS.

Stakeholders also suggested AOD service providers, should, in principle, collect data that is useful and meaningful to First Nations communities, AOD service users, and organisation/s, emphasising that providers should not simply collect data for the purpose of meeting contractual funding requirements. Importantly, some stakeholders noted that while these data may be valuable for independent, individual service evaluations, given the considerable number of extraneous variables in providing First Nations AOD services, stakeholders cautioned against attempts to directly compare evaluation outcomes across different service providers. Stakeholders also highlighted the need for evaluations to prioritise First Nations perspectives and practices, putting aside the dominant Western notions of data and evaluation to ensure efficacy. In particular, participants want to see evaluations incorporate Indigenous owned and developed data measures.

In addition, participants felt another key tenet to enhancing data capability included empowering service providers to take control of their data. A number of participants highlighted their preference for data collected by and for service providers to remain the property of the provider and not external funding bodies.

Opportunity for Harmonisation Process of KPIs across the AOD Sector from States/Territories into a Potential National KPI Set

During the Topic Two session with stakeholders who were all AOD sector funders, it was highlighted that a complex array of overlapping and parallel KPIs are currently in use in funding contracts at Commonwealth, State, Territory, and Primary Health Network (PHN) levels across the AOD sector. There is a clear rationale, as well as broad stakeholder support to share their existing KPIs with funders in order to establish a foundational understanding of those measures currently in use. However, other essential but complex mapping exercises would need to be completed prior to beginning efforts towards formal harmonisation of KPIs at the national level.

Stakeholders emphasised that despite the complexity of the scenario, and the difficulties of existing barriers including funding agreements, the current contradictory, competing and/or overlapping usage of concepts and terms and definitions, they could see clear benefits for

harmonisation and synthesis of KPIs for AOD service providers nationally. Some stakeholders highlighted that while harmonisation would be a slow process requiring complex negotiation and consultation across all State/Territory stakeholders, their preference was not to have national KPIs imposed on them. The State/Territory stakeholders noted their preference to work from the jurisdictional level upward, rather than harmonisation by any top-down directive from the Australian Government. Current national policy frameworks such as the *National Agreement on Closing the Gap*, the National Quality Framework (NQF), and the National Treatment Framework (NTF) also provided a solid foundation to begin a potential harmonisation process.

Options for a First Nations AOD Governance Arrangement Included National Peak Body, Subcommittee, and/or National AOD Conference – First Nations AOD Voices Must Be Prominent in All Options

Key stakeholder groups – the First Nations health peaks and the First Nations AOD sector – provided various options related to possible future governance arrangements for the First Nations AOD sector.

Views varied in relation to any new governance arrangements or other efforts for the First Nations AOD sector. However, there was agreement that any related arrangement or efforts should align to the principles of the National Agreement on Closing the Gap, specifically its four Priority Reforms and, ensure value is added for First Nations AOD service providers and users.

Options for governance of the First Nations AOD sector were canvassed and included:

- a stand-alone peak for First Nations AOD sector or other national governance body due to views that the sector lacked a clear “voice” direct to government and that maintaining a First Nations stand-alone peak could ensure specialised needs of clients and workforce are addressed,
- building off existing governance structures such as First Nations health peaks and State/Territory First Nations community-controlled health affiliates by establishing AOD sub-committees and working groups to advance AOD matters, enabling better integration of AOD within the comprehensive primary health care system,
- supporting a range of mechanisms to provide similar functions to the previous National Indigenous Drug and Alcohol Committee (NIDAC) including supporting a national conference for the First Nations AOD Sector to focus on key issues and professional development, and
- strengthening the relationships between First Nations community-controlled health peaks and AOD peaks, nationally, and in each State and Territory.

Key functions that First Nations AOD sector governance arrangements may perform were explored, including the below:

- provide specialised policy advice to Australian Government,
- provide advice on cultural components of First Nations AOD service provision,
- run bi-/annual national conferences focused on matters important to the First Nations AOD sector including providers and workers,
- provide workforce development, capacity building, and qualifications, and peer-to-peer learning and engagement for AOD workers,
- run consultations with communities to directly feed into the development of national First Nations AOD policy, and
- may also enable greater coordination and oversight of the allocation of Australian Government funding to address AOD needs within the Health and NIAA portfolios, as well as monitoring of funding currently administered by the PHNs and potentially state and territory governments, in line with the *National Drug Strategy*.

Ongoing Need to Build the First Nations AOD Workforce through Training and Qualifications, Wages and Conditions, Cultural Safety, Coordination, and Additional Funding

Across the jurisdictional meetings on AOD workforce priorities, stakeholders outlined needs specific to their state or territory. Consistent with the findings of the Stage One consultations, stakeholders re-articulated the need for resourcing and support to build the First Nations AOD workforce. Specifically, stakeholders noted that demand for First Nations AOD services is increasing, and there is a priority need to attract, recruit, retain, and upskill workers quickly, as the AOD workforce is aging and also facing many other pressures.

Major priorities across the First Nations AOD sector, as identified by most stakeholders, included the need for hiring additional specialist AOD staff, hiring additional First Nations AOD staff, and improving the availability of culturally safe workplaces.

More specifically, stakeholders articulated the need for:

- additional training and professional development accessibility, particularly for rural and remote AOD workers,
- wage indexation across the AOD sector, ensuring competitive wages with similar health sector workers, and incentives to undertake additional qualifications,
- improved entry pathways and addressing barriers to employment through greater flexibility for those from diverse backgrounds and lived experience, particularly efforts to increase the uptake of future First Nations workers in AOD services,
- scaled up cultural and clinical supervision in efforts to improve culturally safe services and workplaces for First Nations peoples,
- broad, collaborative workforce planning and improved AOD sector coordination, particularly between State/Territory governments and the Commonwealth, and including the potential establishment of a First Nations AOD governance arrangement, and
- additional funding across the First Nations AOD sector, including longer term contracts and more resourcing for workforce development efforts.

IAS-funded AOD Service Providers' Estimated Costs for Minor Property/Infrastructure Repairs or Maintenance and Additional IT Support Are One-off Costs, while Staffing and Workforce Needs Will Impact Annual Budgets

The results of the Survey made clear that the estimated costs for each of the three major priority areas tested – minor infrastructure and repairs, IT-related support, and workforce and training – were viewed by the majority of respondents to cost up to \$300,000 or less per provider. However, both minor property/infrastructure repairs/maintenance and IT-related priorities were mostly viewed as one-off costs by respondents that would not increase their operating budgets on an ongoing basis. Workforce and staffing-related priorities, however, were viewed to increase annual budgets on an ongoing basis.

- Additional major priorities identified across the Survey also aligned with the key findings of both Stage One and Two of the Initiative consultations, including: the clear call for funding to train, attract, and retain suitably qualified First Nations AOD and mental health staff across the AOD sector,
- residential rehabilitation infrastructure requiring more support, nationalised standards, and community-led design, and
- boosting IT systems, digital infrastructure, client management systems, and data gathering/analysis capabilities as a priority for many AOD service providers, with several services noting additional funding would support ongoing ICT costs in aiming to improve data processes.

Conclusion and Next Steps

The NIAA wishes to acknowledge the contributions of all stakeholders to the Initiative consultation process and thank them for their time, energy, and commitment to the process shown throughout these discussions. This process has been extremely valuable in understanding the key issues across the First Nations AOD sector and could not have been achieved without stakeholders' generosity and contribution to the consultations. All feedback captured throughout is valuable for Australian Government to consider in future policy making across the AOD sector.

The NIAA also recognises the importance of the work regarding the First Nations AOD sector and is committed to continuing these discussions with the sector on the key issues raised throughout Stage One and Two – including bilaterally and with other government funders. While the NIAA recognises these issues are extremely complex in nature and may often fall beyond their immediate departmental purview, NIAA is committed to ensuring they progress these key issues as topics of discussion in collaboration with all relevant parties.

Following the conclusion of the formal consultation process, the NIAA has committed to keeping stakeholders across the First Nations AOD sector informed as to key outcomes and any future decisions relating to the Initiative.