

EDUCATION, OPPORTUNITY AND SUPPORT IN THE NT AOD SECTOR

WORKFORCE AND PROFESSIONAL
DEVELOPMENT 2021



ASSOCIATION OF ALCOHOL AND OTHER
DRUG AGENCIES NT

8/52 Marina Boulevard, Larrakeyah NT 0820



ASSOCIATION OF ALCOHOL AND
OTHER DRUG AGENCIES NT

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www.aadant.org.au



twitter.com/aadant1



admin@aadant.org.au

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The Association of Alcohol and other Drug Agencies Northern Territory (AADANT) acknowledges the Traditional Owners and Custodians of the country throughout the Northern Territory and recognise their continuing connection to land, waters and culture. We pay our respects to their Elders past, present and emerging.

This report has been made possible by the contributions of the organisations below who attended and participated in consultations across the Territory and through follow up feedback.

- Anyinginyi Health Aboriginal Corporation
- Alcohol and Drug Foundation
- Alcohol and other Drugs Services Central Australia (ADSCA) Tennant Creek and Alice Springs
- Alice Springs Hospital
- Alice Springs Youth Accommodation and Support Services (ASYASS)
- Banyan House
- Barkly Region Alcohol and Drug Abuse Advisory Group (BRADAAG)
- Bushmob Aboriginal Corporation
- CatholicCare NT (Darwin)
- Central Australian Aboriginal Alcohol Programmes Unit (CAAAPU)
- Central Australian Aboriginal Congress (Congress)
- Council for Aboriginal Alcohol Programs Services (CAAPS)
- Drug and Alcohol Services Australia (DASA)
- Foundation of Rehabilitation With Aboriginal Alcohol Related Difficulties Aboriginal Corporation (FORWAARD)
- headspace (Darwin)
- Holyoake
- Jesuit Social Services (Alice Springs)
- Menzies School of Health Research
- Mission Australia (Darwin and Katherine)
- Northern Territory Mental Health Coalition
- Remote AOD Workforce (Alice Springs and Tennant Creek)
- Salvation Army Sunrise Centre (Darwin)
- Tangentyere Council
- Top End Mental Health Service (Stringybark Centre)
- Venndale Rehabilitation Centre
- Others who anonymously completed our online survey

AADANT sincerely thanks all who participated in our face-to-face consultations and supplementary online survey consultations. We highly value all your input and continue to work towards a strong, sustainable Northern Territory (NT) Alcohol and other Drug (AOD) treatment sector.

AADANT would like to acknowledge and thank our funders who have made this work possible especially noting the dedicated funding from the Northern Territory Primary Health Network who made this consultation possible.



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Frequently Used Acronyms:

ACCHO – Aboriginal Community Controlled Health Organisation

AOD – Alcohol and Other Drug

NGO – Non-Government Organisation

NT – Northern Territory

NTG – Northern Territory Government

NTPHN – Northern Territory Primary Health Network

Introduction

The Association of Alcohol and other Drug Agencies Northern Territory (AADANT) Incorporated is the peak body for non-government Alcohol and Other Drugs treatment services in the Northern Territory.

As an independent, membership-driven, not-for-profit association, we work with our members to support and strengthen Alcohol and Other Drugs (AOD) service delivery for people who experience harmful substance use in the Northern Territory.

Our mission is to build and maintain a strong, sustainable, and culturally diverse AOD sector that works together to reduce alcohol and drug-related related harm across the Northern Territory.

This report aims to provide insight into the workforce development needs of the sector as well as to act as a catalyst for further conversations around training and workforce development - especially regarding career progression and improving recruitment and retention of staff.

In June of 2021, AADANT secured funding from NT PHN to support workforce development opportunities to the NT AOD Sector. Highly valuing the input of our membership and stakeholders, AADANT embarked on a consultative process to hear from the sector about training gaps and needs.

Consultations occurred at the end of July 2021 in Darwin, Katherine, Tennant Creek and Alice Springs.

There are diverse needs when it comes to training and education across different regions in the NT. Building on the knowledge contained within the NT AOD Workforce Strategy¹, AADANT created a consultation model aimed at determining both the current education, training and skills of the NT AOD workforce, and capturing the workforce development needs and desires of the sector.

From the consultation, it was determined region-specific training would be of most benefit to the NT AOD Sector. This report will outline the findings from the consultation and provide an overview of the future education, training and skills-based needs of the NT Non-Government Organisation (NGO) AOD workforce.

Consultative Process

For this consultation, AADANT hosted meetings across four central sites – Darwin, Katherine, Tennant Creek and Alice Springs. In these meetings an interactive platform, Mentimeter, was used to present information and collect data from participants. This platform allows each participant to anonymously submit their answers via a personal electronic device such as a mobile phone or tablet. Answers are then displayed on a large, shared display screen. This format was selected as it allowed each person at the consultation to contribute equally and ensure each participant's response was included. This platform also allowed AADANT to collect and collate data efficiently and accurately without risk of loss or dilution in transcription.

In addition to using the Mentimeter program, round table discussions between participants provided the opportunity for understanding of differing opinions and circumstances when thinking about workforce development.

Discussion points for the consultation were as follows:

1. Program Development and Support
2. Data collection to inform program design
3. What is consumer participation?
4. Workforce and Professional Development
5. What does supervision look like in the NT AOD Sector?
6. What is management/group supervision?
7. Feedback

Consultations were held in the following places:

Tuesday 21 July, Tennant Creek (6 attendees)

Thursday 22nd July, Alice Springs (16 attendees)

Tuesday 27th July, Darwin (22 attendees)

Wednesday 28th July, Katherine (3 attendees)

Consultation Findings

Forty-seven representatives from NGOs, ACCHOs and NTG attended and participated in the AADANT Asks consultations in July across Darwin, Katherine, Tennant Creek and Alice Springs. While there was a wide array of opinions, knowledge and ideas shared, some key themes emerged in each region.

Certified Training

Contractual obligations for NT Health-funded AOD services require staff to hold, or be working towards, a Certificate IV in Alcohol and Other Drugs (Cert IV AOD). Responses from the consultation regarding qualifications reflects this requirement, showing the majority of staff working in AOD-specific services in the NT have completed or are engaged in completing a Cert IV AOD.

While many community and social service organisations work with clients who use AOD, most do so without any specific AOD training. For example, in Tennant Creek, only the staff working for an AOD-specific service reported undertaking the Cert IV AOD despite all services recognising AOD use as a significant concern across their client cohort. With high rates of AOD use across the NT, there is a need to ensure a wide range of staff are equipped to respond to concerns around substance use.

While VET certified training may not be at the appropriate level for staff in non-AOD specific roles, there are key skills that would benefit these staff in their intersectional work with clients who use AOD. Additional investment in training (such as screening and brief interventions), to provide skills for non-AOD sector staff in managing clients who use AOD is an innate need in addressing AOD issues in the NT.

“Cert IV in AOD can cost more than \$11,000 – not all staff are eligible for funding. Many staff are not Australian citizens, which means they are full fee for service students,” Jason Martin, former acting CEO of BRADAAG said. “On top of the cost of the Cert IV we still would like to send staff on training for Mental Health education, suicide awareness, domestic and family violence and any other area that we deal with at BRADAAG.”

“We are encouraged to employ local Aboriginal staff however, a Cert IV requires higher levels of literacy than many [Aboriginal Tennant Creek community members] have. Shorter, more specific training courses would be of more benefit,” Jason Martin explained.

The costs and entry-level requirements for the Cert IV AOD continue to be barriers to recruitment and retention of the workforce. While access to funding for this training has improved over the last 12 months, there is still a lack of supported pathways to build the skills of entry-level staff in preparation for training in the Cert IV.

Access to Training and Preferred Delivery Models

As a large geographical area of over 1.42 million km², but with a relatively small but vastly spread population and workforce, the NT faces some significant challenges in the equitable delivery of training opportunities.

The majority of consultation participants indicated they would prefer mixed models of learning with a combination of face-to-face learning and online materials. However, participants from regional and remote settings indicated a preference for face-to-face training.

From an understanding of the training preferences of regional and remote workers, it was clear there are few training options open to them due to location, willingness of trainers to travel to them, ability for content in training to be culturally appropriate, reliable access to technology (i.e., stable internet connection) and lack of flexibility on the trainer's part to adapt lessons to the numeracy and literacy level of remote and regional workers.

These findings were listed as training barriers in each of the consultations when speaking about regional and remote training. Other barriers identified were cost and time, including difficulty receiving recognition of prior learning (RPL) and complicated online learning systems.

The NT relies on technology and those interstate with developed online resources to supplement training in addition to Cert IV AOD. AADANT acknowledges this is less than ideal for the NT AOD sector and understands the need for local content, local trainers, and culturally appropriate and safe training for all.

While the sector needs local content, trainers and training, there also needs to be a workforce with the capability and capacity to undertake this training. Currently, there are limited organisations offering this type of training in the NT and there is unlikely to be the capacity for existing organisations to undertake this work without a substantial investment in funding.

Several organisations across the sector have begun developing online learning platforms however, the lack of coordination of this activity is leading to piecemeal, disjointed outcomes. There is an innate need to invest in coordinated solutions for sustainable, accessible workforce training options.

Funding barriers

It is clear the NGO AOD sector struggles to find funding to put their staff through the necessary training needed for their work. With the obligation of a minimum Cert IV AOD to be working with clients, there is little to no budget left to offer additional training to staff on a consistent basis.

Coupled with the financial inability to offer additional skilled-based training to staff is the shortage of training organisations in the NT offering quality, evidence-based, AOD-specific training outside of the Cert IV AOD, Diploma of AOD and higher education. The following Registered Training Organisations were listed as trusted by the NT AOD Sector to deliver quality VET training:

- Charles Darwin University (Cert IV AOD online only)
- Dovaston College (Mixed learning Tennant Creek)
- RMIT (face-to-face, mixed block learning when able to travel from Melbourne)
- Star Colleges Australia (Cert IV AOD face-to-face Darwin and Alice Springs)

The following organisations were mentioned across the NT consultations as places frequently relied upon for webinars, information, and resources:

- Dovetail (Queensland)
- Turning Point (Victoria)
- UNSW National Drug and Alcohol Research Centre (NDARC) (New South Wales)
- 360Edge (Melbourne)

Based on the information above, it is clear the sector relies heavily on the output of external states and territories for access to information about AOD, and for micro-skill and webinar training opportunities.

The ability to engage in training is further compounded by organisations being short-staffed and under resourced to backfill positions. Some participants in the AADANT Asks consultation mentioned a lack of management and leadership support to encourage staff training, as well as a lack of ongoing support while undertaking, and after finishing training. These themes can be directly linked with the lack of dedicated funding available for training and professional development in the NT.

In February 2021, AADANT piloted a Training Mentors Program as a way to bolster the skillset of supervisory staff in agencies across the NT. The aim of this program was to increase the in-sector capacity for supportive learning for staff undergoing training. The pilot was well received and modelled opportunities to enhance capabilities in the sector in a more sustainable, embedded fashion.

Funding towards a sustainable, dedicated workforce training program for the AOD sector would greatly enhance the capabilities of staff, reduce staff turnover, improve outcomes for clients and provide financial benefit in the long term through reduced repetitive costs.

Young People

Within this consultation it was also clear an ongoing area of workforce development to be undertaken is supporting and resourcing the AOD sector to work with clients under 25 years of age.

Key reoccurring themes were:

- Training for current AOD workers to understand the developmental stages of 12 – 25 years old and how alcohol effects their brains.
- Early Intervention tools to enhance allied services and youth services capacity to support the AOD sector.
- Motivational interviewing techniques for working with young people.
- Examples of best and promising practice within the NT.
- Opportunities for exchange between AOD and allied organisations to better understand the sector.
- Cultural safety training and network building with local Elders.
- Training for peers and family to support young people.
- Entry level training for future AOD workers specifically focused on training a young Indigenous workforce.

NCETA Workforce Development Strategic Framework 2019

In 2019, the National Centre for Education and Training on Addiction (NCETA) released a report outlining a workforce development strategy for the NT AOD Sector. Many of the issues raised throughout the consultation reflected the recommendations within the strategy. In this report, 10 action areas were identified:

1. Enhance understanding of the NT AOD workforce
2. Improve recruitment and retention
3. Support workers in remote and regional communities
4. Support the Aboriginal workforce
5. Improve intersectoral collaboration

6. Improve professional development processes (inclusive of education and training)
7. Clinical Supervision and mentoring opportunities
8. Support practice innovations
9. Enhance career pathways
10. Increase awareness of AOD use and related harms in the NT

Of particular focus for this consultation was enquiry to identify solutions to match recommendations made in sections 6 and 7. Responses from the consultation provided insight into training preferences of contributing attendees that will improve the retention of staff, enhance their skills and their ability to work with often complex needs clients. Responses to these key recommendations are outlined below:

Action Area 6. Improve professional development processes (inclusive of education and training)

6.4 Education and training opportunities

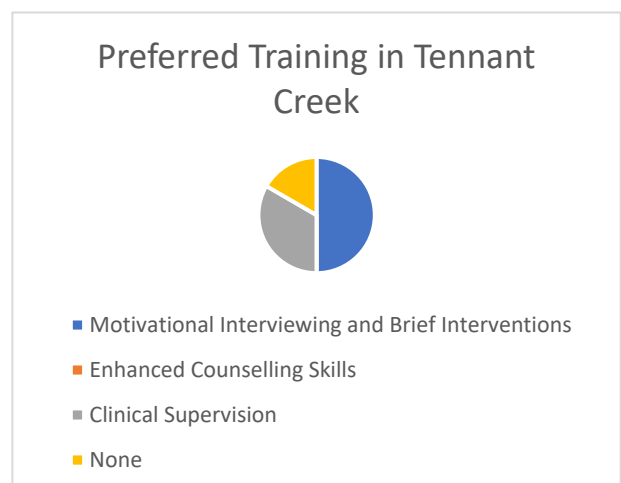
Provide education & training opportunities (e.g., screening and brief interventions, motivational interviewing, trauma informed care) for workers at all levels in the sector.

Motivational Interviewing and Brief Interventions

The most-identified area of training for new or existing staff was in Motivational Interviewing (MI) and Brief Intervention (BI) skills. These skills are imperative to the NT AOD sector and the work they do across multiple roles including administration and intake staff, outreach and peer support workers, counsellors, management staff and clinical staff. While all staff entering the NT AOD workforce complete or work towards a Cert IV AOD, the development and application of these practical skillsets require ongoing, focused investment in training to ensure staff continue to develop their skills and are best equipped in their work.

MI and BI skills are core for client-focused AOD work and it is essential workers have a sound understanding and practical implementation skills to be able to work confidently and efficiently with clients and/or families.

While it is important to upskill our new workforce with these skills, it is even more important to ensure our existing workforce has access to enhancing and honing their MI and BI skills. It is not



enough to ensure units of competency are learned but we must offer MI and BI training regularly to the sector to ensure continuous quality improvement of our workforce.

Continuous quality improvement is not only important to the progression of the workforce as a whole but is also vital for retention of individual staff choosing a career in the NT AOD Sector. The sector must feel supported and confident when working in their chosen roles and should at a minimum have regular training to practice and enhance their skills.

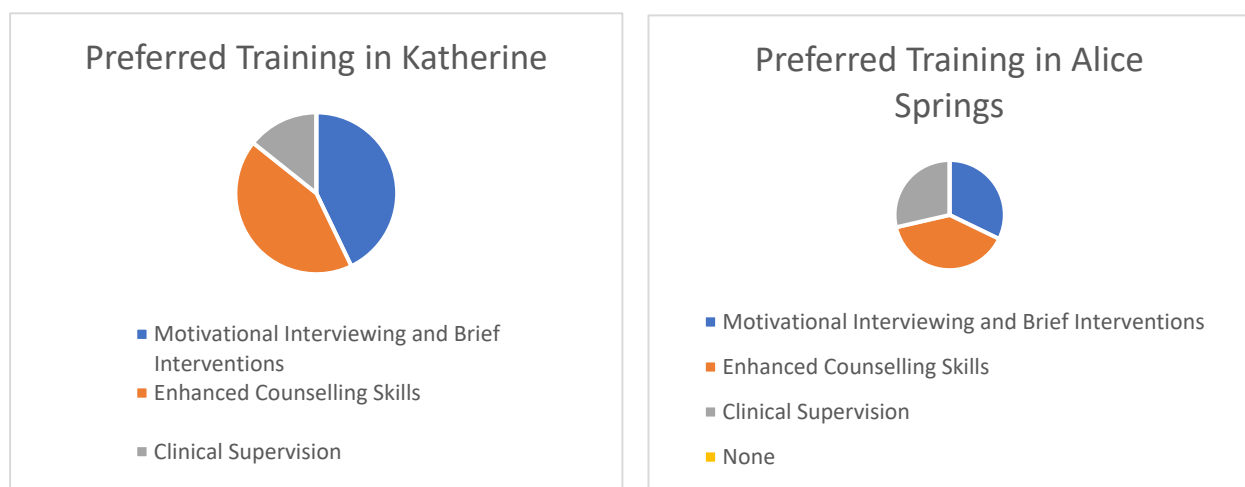
6.6 Counselling skills development

Provide counselling skills development to new & existing AOD workers using a mix delivery options e.g., face-to-face & online provided by local & interstate training organisations.

Provide education & training to all AOD workers to enhance the use of Screening & Brief Interventions.

Enhanced Counselling Skills

As with the findings of the consultation with MI and BI training, training to develop skills for providing counselling with clients also needs attention. All but one consultation site identified enhanced counselling skills as a priority for the next 12 months. As with MI and BI training, it takes time, practice and experience to develop counselling skills and to have the confidence to counsel complex needs clients. Further investment in counselling skills development is required to provide a continuous improvement in the counselling skills of staff across the sector.



When working with young people, those with neurodevelopmental disability, cognitive impairment, low literacy and numeracy, English not as a first language, and those from Culturally and Linguistically Diverse (CALD) backgrounds, honing counselling skills can help navigate a difficult counselling process.

The NT AOD sector must be supported through consistent funding and availability of training to ensure retention of staff, adequate support, and career progression. Without the equitable delivery of training, the NT AOD sector will continue to have more experienced staff in major centres and larger disparity of staff skills in regional and remote areas.

During the consultation, participants were asked to identify their prioritised training from the recommendations in the NCETA workforce strategy. The options were Motivational Interviewing (MI) and Brief Interventions (BI), enhanced counselling skills and clinical supervision.

As described, there are different needs for each region AADANT consulted and these contextualised training needs must be reflected in the training provided or offered for each area.

Action Area 7. Enhance clinical supervision and mentoring opportunities

7.2 Organisational commitment to clinical supervision and mentoring

Support specialist AOD services to develop & implement clinical supervision & mentoring schemes for all workers employed in the NT AOD sector.

AND

7.3 Funding for clinical supervision and mentoring

Embed the provision of clinical supervision & mentoring in funding agreements



(Figure 5: Thinking about clinical supervision in your own organisation, what comes to mind when you think about this process? Answers combined from all four consultations; the larger words mean those words were repeatedly entered)

Provision of Clinical Supervision

Within each region, participants identified the need for clinical supervision training and for the training, development, and support of additional clinical supervisors. Upon further enquiry, the consultation asked participants to think about the process of clinical supervision and what comes to mind. (Figure 5)

While there was an understanding of the purpose of clinical supervision, the understanding of its importance to clinical practice was not well represented at the consultations. Some organisations did not provide any supervisory support (management or clinical) to staff while others provided fortnightly clinical supervision to all staff working with clients. There is a clear disparity between those who have sound clinical management processes prioritising supervision and those who struggle to source and fund supervision for their staff.

AADANT refers to the NCETA workforce strategy which states, “Supervision training should be a priority initiative to increase the supply of clinical supervisors.” Without a supply of clinical supervisors, there are few opportunities for the NT AOD sector to access and have ongoing clinical supervision. Supervision is an essential component to those working with clients in the NT AOD sector as shown in Figure 5 with words such as feedback, debrief, support, confidentiality, and reflective.

If the NT AOD Sector continues to operate without a sound understanding and placement of practice supervision into organisations, staff will not receive feedback, an opportunity to debrief, support or have the confidentiality to ask for guidance when working with clients. These factors all lead to recruitment and retention concerns including burnout.

What does career progression look like in the NT?

Career progression in the NT AOD Sector has not been adequately mapped. During consultations, the gaps in knowledge pertaining to accessing training were clear when speaking to participants. The biggest areas of concern relating to career progression are as follows:

- Lack of funding to support staff to undertake cert IV AOD
- Lack of funding to support staff to have ongoing professional development
- Lack of options for appropriate training for remote workers with low literacy and numeracy who play pivotal roles within organisations
- Lack of local evidence-based AOD-specific training (non-accredited) ongoing
- Lack of culturally appropriate training

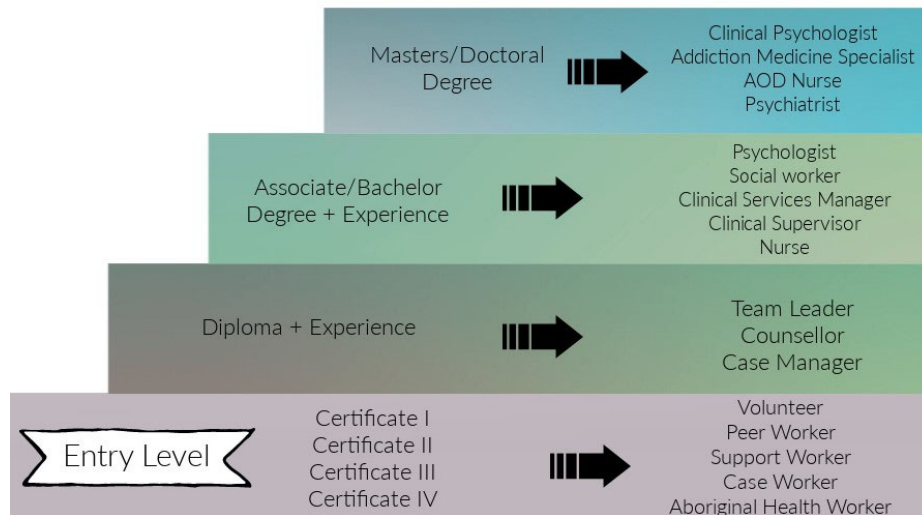
Without the above opportunities, organisations will continue to struggle to recruit and retain staff. With the transient nature of the NT, there can be a reluctance to fund ongoing training and workforce development opportunities. This creates a “chicken and egg” scenario where transience creates a reluctance by organisations to invest in training staff resulting in staff feeling undervalued and under skilled in their work leading to lower retention. While there is continued investment in small portions of funding (generally underspend grants), this is sporadic and does not bring consistency to the workforce. A sustained, dedicated funding allotment for workforce development is required to provide agencies with the confidence to invest their funding into workforce training and development.

There continues to be a lack of NT-based, AOD-specific training providers delivering practical skills (e.g., clinical supervision, MI and BI, enhanced counselling skills, working with complex needs clients, comorbidity training, etc.) to the NT AOD sector. This results in significantly higher costs for delivering this training when bringing in interstate experts and trainers. Where there is little funding

available for continued workforce and professional development opportunities, there is even less when sourcing these trainers from interstate.

Without the availability of local training, the career progression of a worker in the NT AOD sector is stunted. The below chart lists a stepped approach to a career in the NT AOD sector. (Figure 6)

NT Alcohol and Other Drug Workforce Career Progression Chart

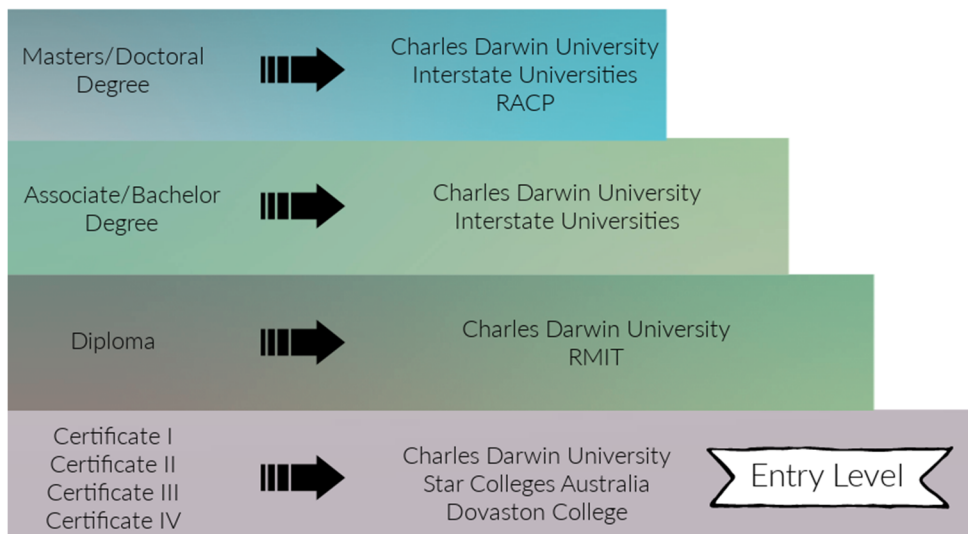


(Figure 6: AADANT representation of the NT AOD Sector career progression skills and qualifications)

While many workers in the NT AOD sector may hold a Cert IV AOD, there is a need to further develop skills beyond this level for working in a case management or counsellor role. AADANT understands recruitment and retention is difficult but adding to the strain of under skilled and overwhelmed staff with additional duties they are not confident in contributes to poor retention of staff. Without additional funded training and skills development, those working towards a Cert IV AOD or without a Diploma should not be tasked with job descriptions above their qualifications.

Below is a chart explaining the level of training available and the organisations who provide training necessary for career progression. (Figure 7)

NT Alcohol and Other Drug Workforce Career Progression Chart



(Figure 7: AADANT representation of AOD training available for career progression.)

Where to from here?

The NT AOD sector needs continued and ongoing funding to support workforce and professional development training. In addition to the requirement for all AOD staff to hold or be working towards a Cert IV AOD, there should be a minimum requirement for professional development sessions throughout the year funded by the Northern Territory and Commonwealth Governments.

The NT has the highest proportion of risky drinkers in Australia (AIHW) and therefore has a greater burden of harm on Territorians, their families, and communities. The NT AOD Sector is tasked often with mental health, homeless and/or corrections clients who on many occasions identify as a client of all or some of the aforementioned groups.

It is imperative the NT AOD sector has continued and secured investment into its workforce to ensure recruitment, retention, and the delivery of appropriate and evidence-based programs for all clients who attend their services.

By providing continued investment into the professional development of the NT AOD workforce, funds directly impact those who experience harmful AOD use lessening the burden on centres such as hospitals and ambulance services. With confident, well-trained and supported staff, the NT AOD sector can work to build its profile and attract workers to the NT AOD sector as a career of reward and difference.

AADANT will provide the following opportunities for the NT AOD Sector as a matter of urgency based on the data collected from the consultations:

1. Superskills for Supervisors

Supervision training provided online by 360Edge – November 25 2021

2. The How and Why of Motivational Interviewing

One-day MI training for the NT AOD sector face-to-face in Darwin and Alice Springs (March 2022)

3. Brief Interventions in Alcohol and Other Drug Treatment

One-day brief intervention training for the NT AOD sector face-to-face in Darwin and Alice Springs (March/April 2022)

4. Deepen Motivational Interviewing

One-day MI training for the NT AOD sector face-to-face in Darwin and Alice Springs (May 2022)

5. Enhanced Counselling Skills for alcohol and other drug workers

One-day advanced counselling training for the NT AOD sector face-to-face in Darwin and Alice Springs (May 2022)

6. Brief Intervention tools for working with Young People

One-day brief intervention and motivational interview training for the NT AOD sector face-to-face in Darwin and Alice Springs (October and November 2021) and Katherine and Tennant Creek (March 2022)

7. Substance use and trauma: a neurobiological approach

Half-day face-to-face training in Darwin and Alice Springs coinciding with a professional development forum. (October 2021, February 2022)

While AADANT endeavours to provide short term solutions to the workforce development needs of the NT AOD sector, due to funding constraints, we recognise we cannot provide the needed amount of training to everyone equitably. AADANT, as the peak body, will continue to advocate for adequate and equitable funding for training opportunities and professional development, but alone cannot solve the workforce development gaps with one-off training.

AADANT would like to encourage all funding bodies in the NT to understand the needs of an under-appreciated and underdeveloped workforce when allocating funding. The existing training needs cannot be met with one-off or short-term funding and a consistent, ongoing commitment to workforce development needs to be made.

Roche, A., Trifonoff, A. and Fischer, J., 2019. Northern Territory Alcohol and Other Drug Workforce Development Strategic Framework. [PDF] Adelaide: National Centre for Education and Training on Addiction.

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