NCETA
Australia's National Research Centre on AOD Workforce Development

Flinders UNIVERSITY

Alcohol and Other Drugs Workforce Development Assessment 2017

Summary Report

To

Northern Territory Primary Health Network

2 March 2018

About NCETA

NCETA is based at Flinders University in South Australia and is an internationally recognised research and training centre that works as a catalyst for change in the alcohol and other drug (AOD) field. NCETA's areas of expertise include training needs analyses, the provision of training and other workforce development approaches. We have developed training curricula, programs and resources, and provided training programs, to cater for the needs of: specialist AOD workers; frontline health and welfare workers; Indigenous workers; community groups; mental health workers; police officers; and employers and employee groups. The Centre focuses on supporting evidence-based change and specialises in change management processes, setting standards for the development of training curriculum content and delivery modes, building consensus models and making complex and disparate information readily accessible to workers and organisations.

Examples of NCETA's WFD initiatives and resources include:

- National Alcohol and other Drug Workforce Development Strategy 2015–2018: A Sub-strategy of the National Drug Strategy 2010–15
- Workforce Development Theory Into Practice Strategies (TIPS): A Resource Kit for the Alcohol and Other Drugs Field
- Clinical Supervision Resource Kit

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1. Executive Summary

The Northern Territory Primary Health Network (henceforth referred to as the NT PHN) commissioned the National Centre for Education and Training on Addiction (NCETA) undertake a project to:

1. Develop a comprehensive understanding of NT alcohol and other drugs (AOD) workforce development (WFD) needs as defined by the sector
2. Identify current WFD gaps and how they could be addressed in a coordinated way
3. Identify opportunities to strengthen cross-sector referral pathways and responses incorporating the Primary Health Care Sector (particularly the Aboriginal Community Controlled sector) and the Youth and Mental Health sectors.

In undertaking this project, NCETA:

- Examined current WFD and other literature focusing on recent research findings and policy developments specific to the NT.
- Extracted the NT data from the 2016 National Drug Strategy Household Survey and the 2014 *Alcohol's burden of disease in Australia* report.
- Prepared a consultation paper that outlined the key AOD WFD-related issues for the NT – the consultation paper guided and informed NCETA's consultation process.
- Conducted a series of face-to-face consultations in Darwin, Alice Springs and Katherine.

The NT PHN also conducted an online consultation process and NCETA incorporated those findings with the face-to-face consultations. The detailed list of the key themes and suggested participant strategies from the consultations are summarised in Appendix 1.

NCETA undertook a critical examination, distillation and integration of the available information and identified the following eight Recommended Actions for consideration by the NT PHN (Table1).

Further detailed information about NCETA's Recommended Actions is provided in Section 7.

Further prioritisation of the identified issues and agreement on WFD-related strategies to address the Recommended Actions will form the basis for the development of an NT AOD WFD Plan.

Table 1: Recommended Workforce Development Actions

Recommended Actions	Strategies
1. Enhance understanding of the NT AOD workforce	1. Conduct a survey of the whole NT AOD workforce to provide more comprehensive knowledge of its characteristics, diversity and WFD needs 2. Use the survey findings to further prioritise and action the subsequent Recommended Actions below 3. Incorporate the survey findings into the development of an NT AOD WFD Strategic Framework.
2. Improve recruitment and retention	Recruitment: 1. Promote the AOD sector as a career of choice 2. Utilise straightforward and easy to understand application processes 3. Increase opportunities for work placements in AOD / health services in the NT 4. Create local job and career development opportunities i.e., 'grow your own' programs designed, marketed and integrated with school-based and tertiary education programs 5. Enhance career pathways for workers to enable them to move to different positions within agencies / sectors and across sectors 6. Maximise maintenance of employment benefits between job roles / transfers 7. Explore the use of worker secondments between AOD non-government and government agencies and between the AOD and related sectors 8. Provide incentives to work in rural and remote locations e.g., salary incentives, housing and vehicle subsidies 9. Examine how more equitable salary packages may be offered to new employees in the non-government and Aboriginal Community Controlled sectors 10. Promoting the use of placements in AOD settings during vocational, undergraduate and post graduate education 11. Offer free or subsidised training and professional development opportunities 12. Offer and promote the use of flexible hours and working arrangements 13. Ensure that AOD recruitment strategies are combined with NT-wide health and human services recruitment strategies 14. Invest in social support activities to ensure workers moving from interstate establish social networks and other support mechanisms 15. Support the needs of workers' families and significant others.

	Retention: 1. Provide comprehensive orientation and induction programs for new staff that are tailored to address the unique circumstances workers will encounter 2. Develop more precise job descriptions particularly for those working in rural and remote communities 3. Provide workers new to the AOD sector, and the NT, with 'survival kits' on dealing with 24/7 on-call demands and living and working in the same community with little anonymity and professional distance 4. Provide new workers with clear and realistic information, where available, about career pathways, succession planning and professional development opportunities – where internal agency pathways are not available consider providing information about intra and inter sector pathways 5. Implement strategies to minimise the loss of corporate knowledge when workers leave e.g., exit interviews, documented policies and procedures regarding formalised handover of work / case notes 6. Fund adequate, appropriate and flexible clinical supervision (via face-to-face, one-on-one, group, Skype, FaceTime etc.) 7. Offer novel and appropriate rewards and recognition for good work 8. Document / profile workers' "success stories" (i.e., positive experiences of working in the NT) 9. Strategies to enhance worker wellbeing and address worker stress particularly among young and less experienced workers – who are more prevalent in the NT.
3. Support workers in remote and rural communities	1. The NT PHN consider the relevance of the findings of the current evaluation of the Remote AOD Workforce Program for broader implementation in the NT
4. Support the Aboriginal workforce	1. Consult with and involve local communities in the recruitment and selection of new workers to increase the number of Aboriginal AOD workers 2. Create appropriate AOD training and ongoing professional development opportunities 3. Encourage agencies / services to develop career pathways to enable Aboriginal workers to transition from entry level to professional and leadership roles 4. Encourage agencies / services to continue to incorporate Aboriginal ways of working into policies and procedures and acknowledge workers for their traditional knowledge and skills 5. Ensure all non-Aboriginal staff participate in the NT's mandated Aboriginal Cultural Awareness Program (ACAP)
5. Improve intersectoral collaboration	1. Services and agencies engage in ongoing partnership opportunities to identify and respond to gaps in existing service provision 2. MOUs are developed between services /agencies and across sectors (e.g., between AOD, law enforcement, justice / corrections and human services) to formalise collaboration / partnerships / information sharing 3. Formal and informal worker support groups / networks are established to share information and strategies 4. Ensure social media (e.g., Facebook, Twitter etc.) is fully utilised to share information, events, and offer support to colleagues 5. The central coordination / collaboration role of AADANT continues to be funded

	6. Explore opportunities for ongoing engagement between peak bodies e.g. AADANT and AMSANT 7. Establish mechanisms for intra and intersectoral services planning 8. Establish joint / cross sectoral evaluation plans and programs.
6. Enhance access to education and training	1. Information about the high prevalence rates of AOD use in the NT is disseminated widely to the AOD workforce 2. Courses such as the recently developed Certificate IV AOD program designed by Charles Sturt University, are assessed for their suitability for the NT 3. Continue to promote the availability of the courses such as the RMIT University's Certificate IV AOD program (offered on site in Katherine and Alice Springs) 4. Recognition of Prior Learning (RPL) mechanisms are enhanced 5. Appropriate training and qualifications in supervision, management and leadership are provided 6. Training on recognising and responding to vicarious trauma is made available to all AOD workers particularly for those working with Aboriginal people and communities 7. A Territory-wide calendar of training events is developed and implemented 8. The AOD sector's information technology literacy is enhanced through the use of online learning, digital literacy training and upskilling in other technology (e.g. webinars, Skype, e-readers, social media) 9. Additional financial support is made available to offset the associated costs for professional development opportunities (e.g. conferences and seminars) 10. Encourage the conduct of more national professional development events in the NT to bring more expertise to the Territory and reduce the need to seek it out beyond the NT.
7. Enhance clinical supervision and mentoring opportunities	1. Clinical supervision is available on a frequent and compulsory and tailored to individual workers' needs 2. Services / agencies are provided with adequate funding to support external mentoring / clinical supervision 3. A pool of mentors / clinical supervisors is established to support AOD workers across the NT 4. Linkages between universities and AOD services are established / strengthened to provide greater opportunities for clinical supervision 5. Rural and remote workers have access to regular ongoing clinical supervision 6. Videoconferencing / teleconferencing and other digital technology (where available) is used to provide real-time mentoring and clinical supervision to workers throughout the NT (also see Action Area #7.8).
8. Support practice innovations	1. The NT invest in new and emerging technologies suitable for rural and remote settings that incorporate the use of virtual reality and hologram programs.

2. Background

2.1 Rationale

The NT PHN is one of the largest PHNs geographically but with one of the smallest populations [1]. It covers 1.34 million square kilometres with a population of 245,079, including a substantial number of Indigenous people [2].

The NT has a relatively young population and while the population is ageing it is doing so at a slower rate than the rest of Australia [3].

These factors will impact the development and implementation of AOD-specific WFD initiatives in the NT. Other factors include:

- The significant economic contribution from the supply, purchase and consumption of alcohol
- Unique patterns of heavy AOD use
- High levels of workforce mobility
- Challenges in preventing and responding to AOD-related harm and providing services in rural and remote communities
- Large Aboriginal and Torres Strait Islander populations – nearly 60% of whom live in very remote areas
- Poor health, wellbeing and social disadvantage in many communities[3].

2.2 Preliminary Needs Assessment

In March 2016, the NT PHN conducted an initial drug and alcohol treatment needs assessment which identified a number of WFD-related issues. The assessment was undertaken in conjunction with:

- Top End Health Service (TEHS)
- Central Australian Health Service (CAHS)
- NT Government Mental Health Directorate
- NT Government Alcohol and other Drugs Branch
- NT Mental Health Coalition (NTMHC)
- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Association of Alcohol and Other Drugs Agencies Northern Territory (AADANT)
- General Practitioners.

2.3 Scope of Current Project

Following its initial needs assessment, the NT PHN commissioned NCETA to develop a more comprehensive understanding of the WFD issues identified during that assessment. The aims of the project undertaken by NCETA were to:

- Develop a comprehensive understanding of NT alcohol and other drugs (AOD) workforce development (WFD) needs as defined by the sector

- Identify current WFD gaps and how they could be addressed in a coordinated way
- Identify opportunities to strengthen cross-sector referral pathways and responses incorporating the Primary Health Care Sector (particularly the Aboriginal Community Controlled sector) and the Youth and Mental Health sectors
- Raise the profile of strategic workforce planning
- Influence changes from the top down.

3. Context

3.1 What is workforce development?

Workforce development is more than just training as it aims to build the capacity of organisations and individuals to prevent and respond to MH and AOD-related problems and to promote evidence-based practice. It adopts a systems approach that goes beyond the provision of education and training to include issues such as recruitment and retention, workforce planning, professional and career development and worker wellbeing [4].

Addressing underpinning and contextual factors by focusing on the wide range of individual, organisational and systemic factors that impact workforces will help them to do their jobs [5]. This, in turn, assists the workforce to respond to MH and AOD-related issues / challenges by using evidence-based approaches and practice [6].

Examples of priority WFD issues include:

- Worker wellbeing. This is particularly relevant for the AOD workforce as their work can be rewarding and challenging at the same time. Their roles involve emotional work that may lead to increased stress and burnout [6-12].
- Supporting workers is an important WFD strategy because it enhances their wellbeing (through the provision of social/emotional support, supportive supervision, praise and encouragement) and enables them to perform their roles effectively (through the provision of instrumental support e.g., physical safety, career paths, role clarification / delineation) [12, 13].

3.2 Northern Territory AOD workforce profile

Information about the Australian specialist and generalist AOD workforce is limited.

Specialist AOD workers are those whose core role is assisting people with AOD problems and includes AOD workers, nurses, peer workers, addiction medicine specialists and specialist psychologists and psychiatrists. Generalist workers are employed in the mainstream workforce and have non-AOD-related core roles, but nonetheless come into contact with individuals who have AOD issues [3].

A compilation of 13 Australian AOD workforce surveys conducted by NCETA in 2010 found that:

- The majority of specialist workers were female and aged 45 years or older
- Approximately one third of specialist workers were employed part time
- Median length of AOD service was five years
- Largest occupational groups were AOD workers and nurses
- A substantial number of workers had no formal AOD-specific qualifications [5].

As the demographic characteristics of the NT population vary from other jurisdictions, it is likely that the profile of NT AOD workforce will also vary. It is therefore important that NT organisations, services and systems have to access to comprehensive workforce information to help them conduct effective WFD and planning, including:

- Demographic details of the existing workforce

- Demand for workers
- Worker employment intentions and wellbeing levels
- The number of entrants and exits to / from the workforce [14].

In 2016, AADANT conducted a workforce profiling survey of the NT AOD specialist workforce in the NGO sector. A total of 29 respondents completed the survey and of these 69% (n=20) were located in the Darwin region and 21% (n=6) in the Alice Springs region [15]. Most were female (62%, n=18), non-Aboriginal (86%, n=25) and on permanent full-time employment contracts (72%, n=21).

Just over a quarter (28%, n=8) of respondents had obtained an undergraduate degree and the same number (28%, n=8) had a Diploma while 21% (n=6) had a Masters Degree and 21% (n=6) also had a Certificate IV [15].

When asked about their employment intentions over the next two years, just over half (52%, n-15) said they intended to remain in their current position while 17% (n=5) said they planned on working in a different position but within the same organisation [15].

Respondents were asked to identify the three main WFD issues for the NT AOD NGO sector over the next three years. Their responses included:

- Recruitment of staff with appropriate knowledge, skill and / or qualifications (76%, n=22)
- Retention of staff with appropriate knowledge, skill and / or qualifications (69%, n=20)
- Resources and access to professional development (41%, n=12) [15].

Most respondents (83%, n=24) said that they were very satisfied / satisfied with working in the NGO AOD sector in the NT while 17% reported that they were somewhat satisfied [15].

AADANT also conducted an AOD training and professional development needs survey in 2016 which asked respondents to identify their professional development and training priorities for 2016 [16]. A total of 33 respondents identified the following top 10 priorities:

1. Working with vulnerable groups: Indigenous, youth, rural populations (61%, n=20)
2. Substance misuse and mental health (co-morbidity) (61%, n=20)
3. Promotion, prevention and early intervention (52%, N=17)
4. Trauma informed care and implications for AOD Treatment (45%, n=15)
5. Recovery-based treatment approaches (42%, n=14)

6. Methamphetamine: Impact of ice (42%, n=14)
7. Drug addictions: trends and misuse (39%, n=13)
8. AOD research and policy: Implications for AOD treatment services (36%, n=12)
9. Outcome based frameworks (36%, n=12)
10. Mental health impacts: decision making and drug use (33%, n=11) [16].

Consideration should be given to developing and implementing an online survey that captures comprehensive information about employee demographics, qualifications, roles and employment intentions. Such a survey would be an important first step in further understanding the profile of the NT AOD workforce. Information from that survey could also be used to inform the PHN's and AOD sector's ongoing workforce planning and development initiatives.

In 2016, the Victorian Department of Health and Human Services (DHHS) conducted an AOD workforce survey and is an example of a survey instrument that could be adapted for use in the NT. The 2016 Victorian Alcohol and Other Drug Services Workforce Study's Worker Survey is accessible from the DHHS website.

3.3 Northern Territory AOD education and training priorities

Initial work undertaken by the NT PHN as part of its updated drug and alcohol treatment plan for 2016-2019 identified the following WFD priority issues:

- Increasing access to evidence-based training and professional development opportunities
- Continuous quality improvement training and resources
- Localised, contextualised, ongoing and accessible AOD training for all staff including the delivery of AOD training workshops to regional areas in the NT
- Aboriginal and Torres Strait Islander workers providing cultural awareness / safety information and training to non-Indigenous colleagues [17].

AADANT's review of the NT AOD sector in 2017 also highlighted the need for:

- A scaffolded approach to WFD to ensure that all workers have access to professional development opportunities to maximise engagement and completion while meeting client need and industry expectation
- A combination of accredited and non-accredited training to support the development of a locally-based multi-skilled AOD specialist workforce
- Staff education and training on collaborative practice [18].

3.4 Availability of AOD training in the Northern Territory

During the current project, NCETA was also aware that there have been significant changes to the scope and nature of Registered Training Organisations (RTO) delivering NT-specific AOD training. A Certificate IV AOD program designed for the NT had been trialled recently in

conjunction with Swinburne University. The course is now available to NT AOD workers via Charles Sturt University.

3.5 Improving opportunities for collaboration

The NT PHN's 2016 AOD Needs Assessment highlighted the need for greater collaboration noting that a 'silo' mentality and poor service delivery coordination impeded effective service delivery [1]. An NT AOD Coordination Group has been established by NT Health AOD Directorate with representation from the NT PHN, AADANT, Top End Health Service and the Central Australian Health Service. The aim of the Group is to provide a regular forum for the key stakeholders to share information and identify opportunities for collaboration. A key issue being considered by this Group is the development of an NT-wide AOD WFD Strategic Framework.

The work of the NT AOD Coordination Group is accompanied by a series of AOD sector networking meetings across the Territory which are overseen jointly by the NT PHN and AADANT.

3.6 National and Territory strategies

The development of AOD WFD initiatives in the NT will be influenced by a number of key policy initiatives including:

- National Drug Strategy 2016-2025
- National Alcohol and other Drug Workforce Development Strategy 2015-2018
- Northern Territory Health Alcohol, Tobacco and Other Drugs Strategy 2015-2018
- Northern Territory Aboriginal Health Plan 2015-2018
- Northern Territory Strategic Health Plan 2014-2017
- Northern Territory PHN Updated Activity Workplan 2016-2019: Drug and Alcohol Treatment
- Northern Territory Government Alcohol Policies and Legislation Review 2017
- AADANT Alcohol and other Drugs Services Review 2017.

4. Prevalence and harms of AOD use in the NT

In 2015, the NT had the highest pure alcohol consumption rate per capita in Australia at 12 litres and also higher rates of recent illicit drug use. It also had the second highest proportion (25%) of non-Aboriginal adults at risk of long-term harm from excessive alcohol consumption in 2011-13 [19]. In 2015-16, there were 9,124 alcohol-related presentations to NT hospital emergency departments [19].

Compared to the rest of Australia, in 2011-2013, the NT also had the highest percentage of Aboriginal adults abstaining from alcohol at 50.5% compared to 15.4% of non-Aboriginal adults [19]. However, Aboriginal people who drink were more likely to do so at risky levels [20].

4.1 Prevalence of AOD use in the NT

The following infographic (Figure 1) from the 2016 National Drug Strategy Household Survey (NDSHS) provides a snapshot of the NT-specific key findings. While there were some improvements repeated between 2013 and 2016, e.g., with more people abstaining from alcohol (24% vs 17%) and a reduction in daily smoking among people in their 30s (15% vs 28%), the NT nevertheless has the highest rates nationally for:

- Lifetime risky drinking (28% vs 17%)
- Single occasion risky drinking (i.e., 5+ standard drinks on a single occasion at least once in the past year) (36% vs 26%)
- Recent illicit drug use (22% vs 16%) [20].

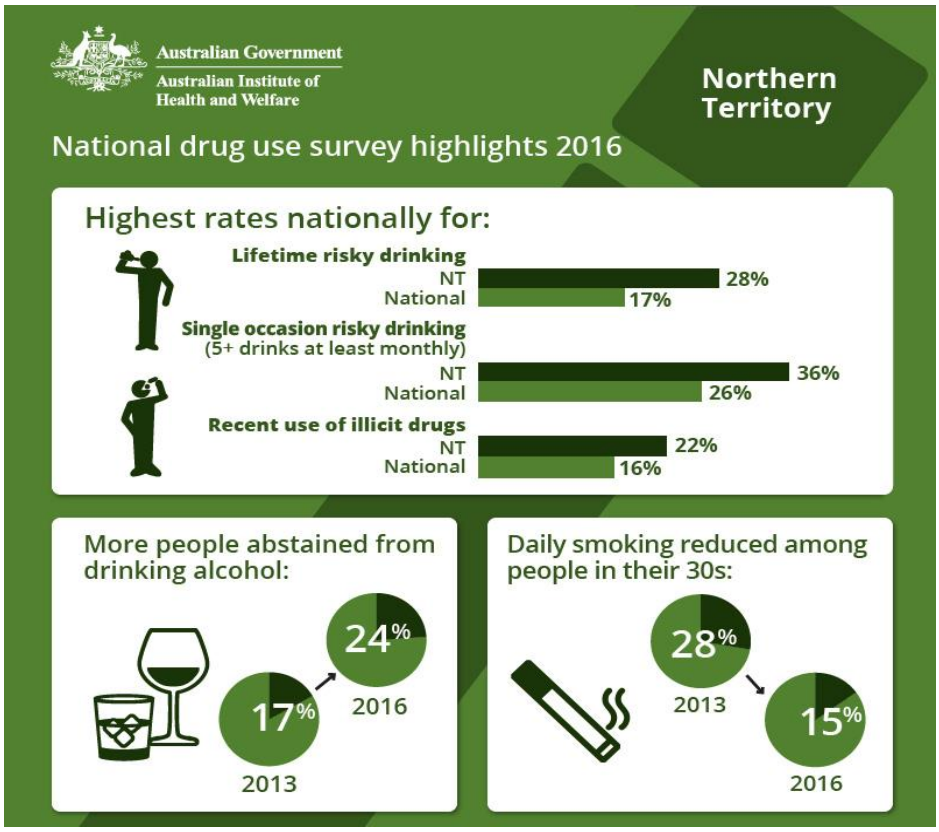


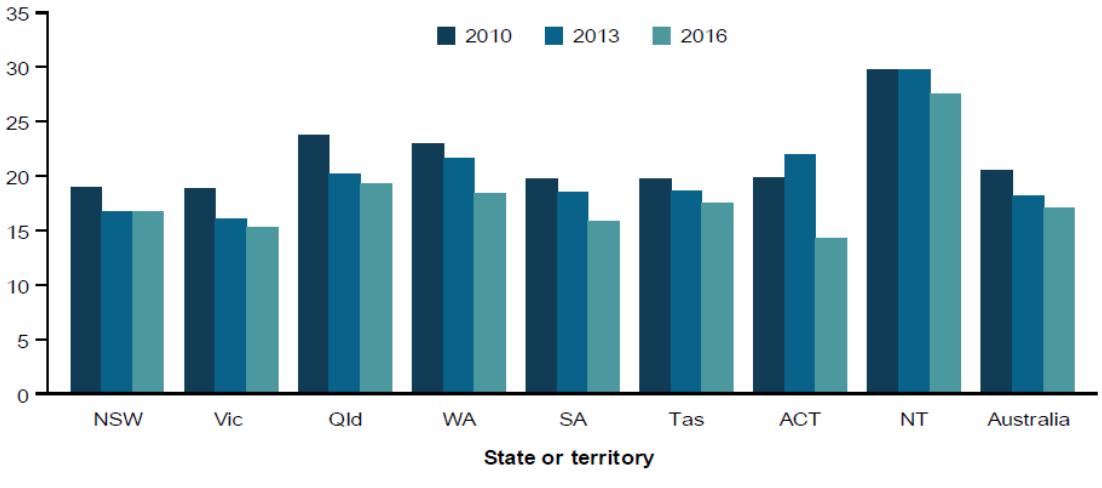
Figure 1: National drug use survey highlights – Northern Territory
Source: AIHW (2017). National Drug Strategy Household Survey 2016: Detailed findings.

The 2016 NDSHS report also provided data on daily smoking rates, lifetime risky drinkers, single occasion drinkers and illicit drug use rates across PHN areas. While Country WA PHN had the highest proportion of lifetime risky drinkers (28.6%) and single occasion risky drinkers (37%), NT PHN had the second highest rates (28% and 36% respectively) [20]. The NT PHN was also one of six PHNs which had a recent illicit drug use rate (22%) that exceeded 20% [20].

A further examination of the 2016 NDSHS data showed that while daily smoking rates among people aged 18 years and over dropped between 2013 and 2016 in the NT (24% vs 17.2%), the NT still had the highest smoking rate compared to all other jurisdictions (Figure 2).

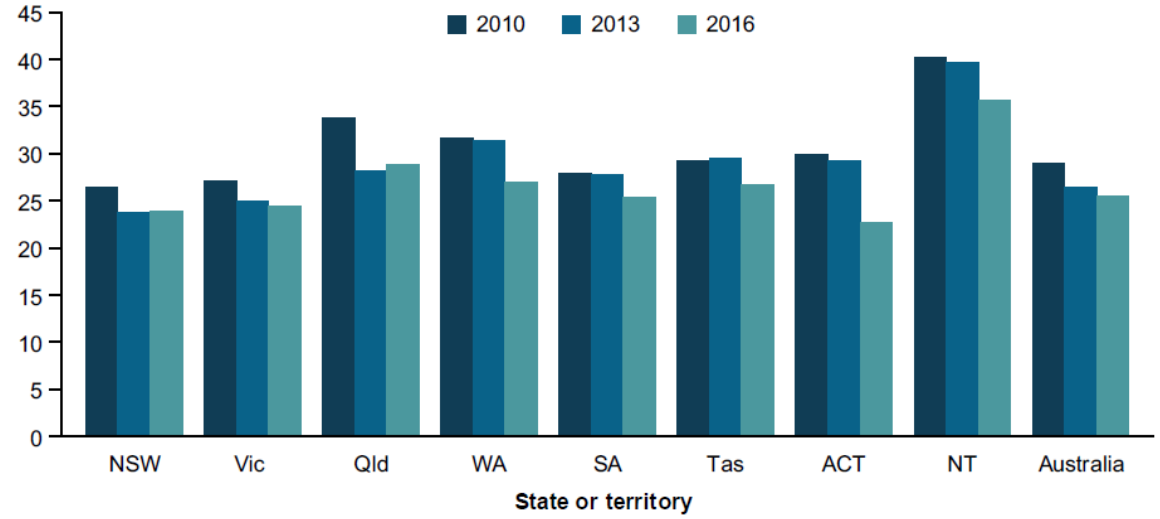
Figure 2: Daily smoking by state and territory, people aged 18 or older, 2001-2016 (%)
Source: AIHW (2017). National Drug Strategy Household Survey 2016: Detailed findings.

There was a slight decline from 2013 to 2016 in daily drinking rates across all jurisdictions including the NT. Nevertheless the NT had the highest proportion of lifetime risky drinking (28%) and single occasion risky drinking (36%) in Australia (Figures 3 and 4).



(a) On average, had more than 2 standard drinks per day.

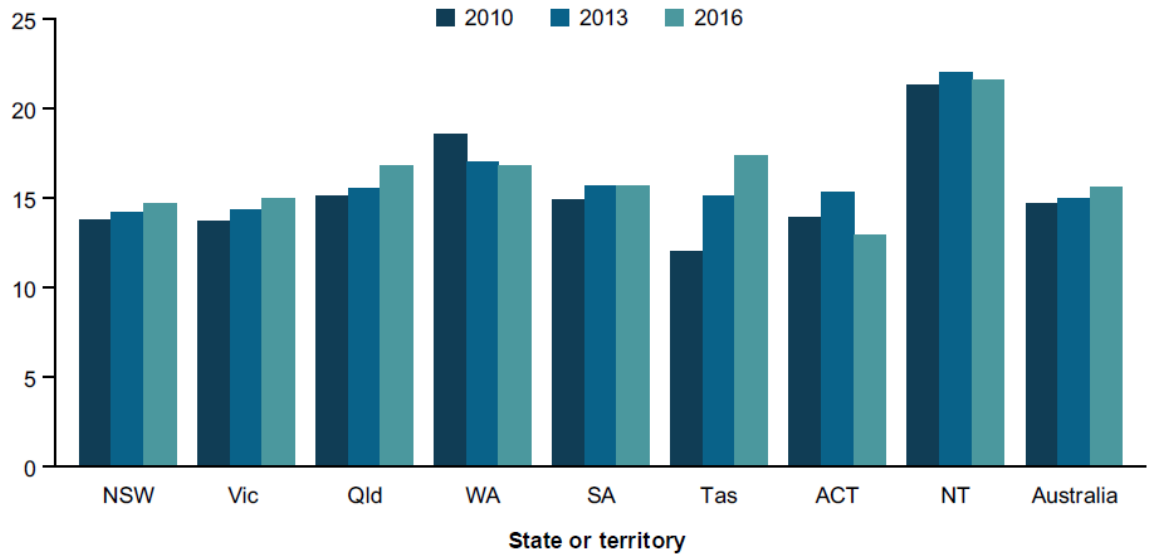
Figure 3: Lifetime risky drinkers[(a)], by state and territory, people aged 14 or older, 2010-2016 (%)
Source: AIHW (2017). National Drug Strategy Household Survey 2016: Detailed findings.



(a) Had more than 4 standard drinks on a single drinking occasion at least once a month.

Figure 4: Single occasion risky drinkers[(a)], by state and territory, people aged 14 or older, 2010-2016 (%)
Source: AIHW (2017). National Drug Strategy Household Survey 2016: Detailed findings.

The NT continued to have the highest rate of illicit drug use in the past 12 months (22%) across all jurisdiction and against the national average (Figure 5).



(a) Used at least 1 of 16 illicit drugs in the previous 12 months in 2016.

Figure 5: Recent illicit use of any drug[(a)], people aged 14 or older, by state/territory, 2010-2016 (%)
Source: AIHW (2017). National Drugs Strategy Household Survey 2016: Detailed findings.

In 2016, the type of illicit drug used varied across jurisdictions. Notably, however, the NT had the highest proportion (16%) of people using cannabis in the past 12 months (Figure 6).

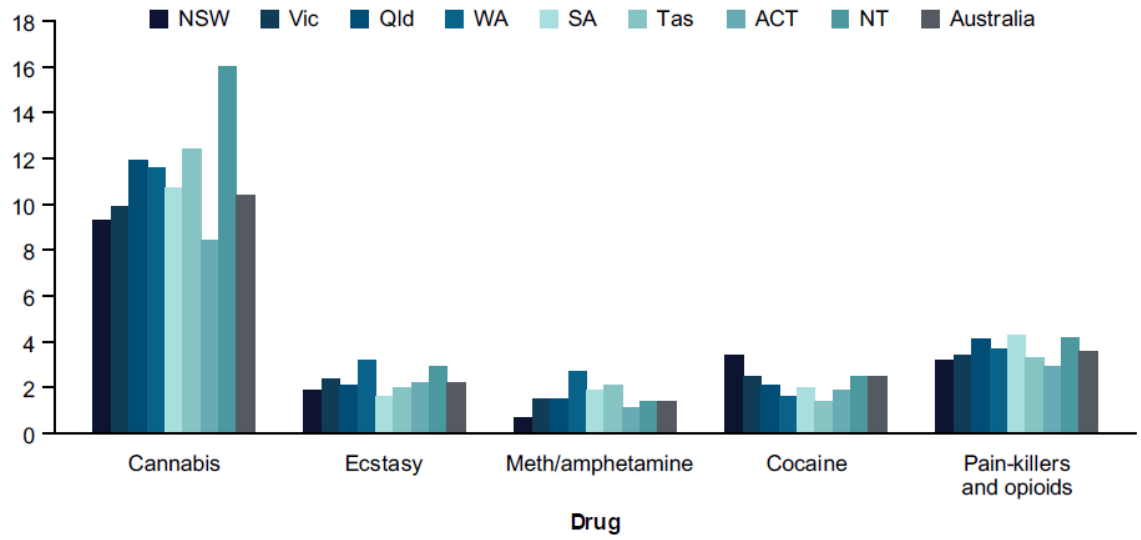


Figure 6: Recent illicit use of specific illicit drugs, people aged 14 or older, by state and territory, 2016 (%)
Source: AIHW (2017). National Drugs Strategy Household Survey 2016: Detailed findings.

4.2 AOD-related Harms

AOD-related harms include injuries, chronic disease, accidents, overdoses, blood borne viruses, violence, crime and death. In 2010, across all jurisdictions and nationally, the NT had the highest proportion (4.1%) of alcohol-attributable hospitalisations for males (Figure 7) [21].

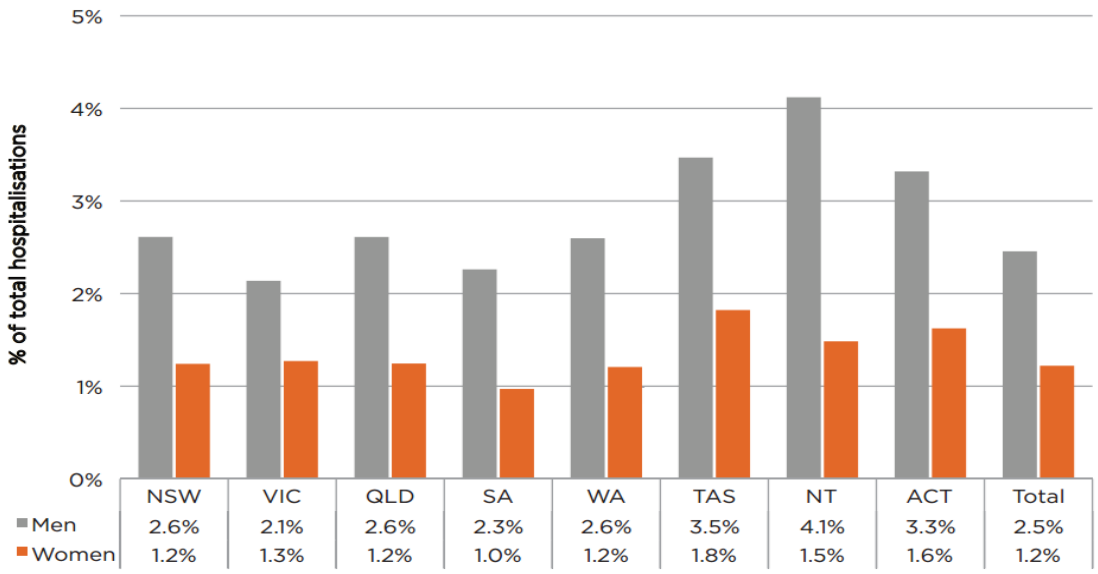


Figure 7: Proportion of hospitalisations attributable to alcohol by state and territory in Australia, 2010
Source: Gao, C., Ogeil, R., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

In 2010, the NT also had the highest proportion of alcohol-attributable deaths for both males (13.9%) and females (8.9%) [21]. Compared to the national average, the NT rate was approximately three times higher for both males and females (Figure 8) [21].

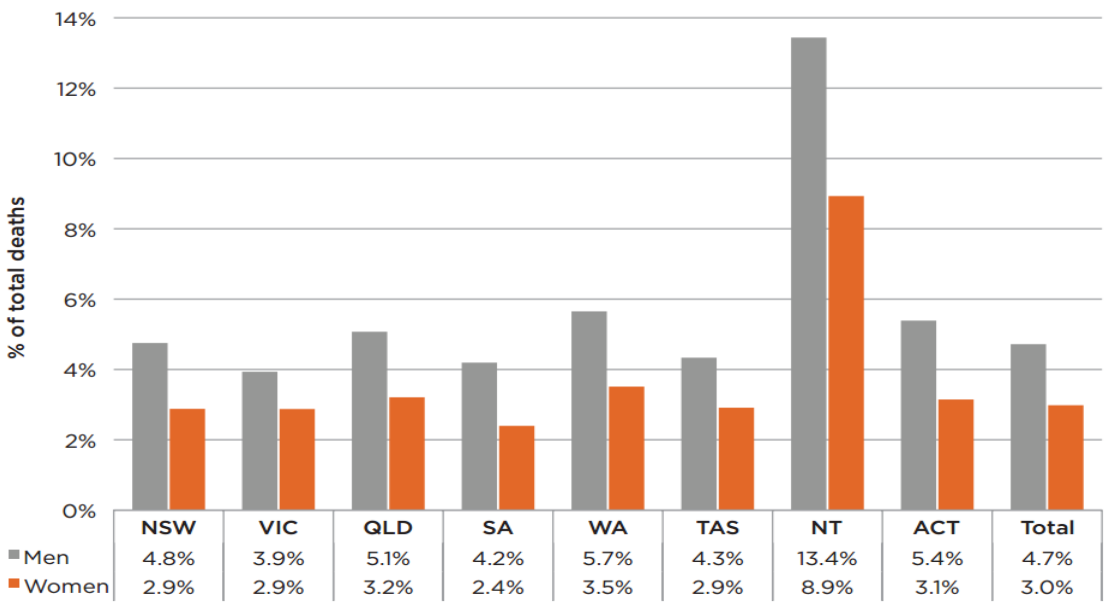


Figure 8: Proportion of deaths in men and women attributable to alcohol by state and territory in Australia, 2010

Source: Gao, C., Ogeil, R., & Lloyd, B. (2014). Alcohol's burden of disease in Australia. Canberra: FARE and VicHealth in collaboration with Turning Point.

5. NT Legislative and policy review

In 2017, the NT Government undertook a comprehensive review of the Territory's alcohol policies and legislation. The overarching objective was to use the review's findings and recommendations to assist the government develop an integrated Alcohol Harm Reduction Strategy [22].

The review found that, compared to the rest of Australia, the NT continued to have the highest rates of:

- Alcohol-related deaths
- Alcohol-related burden of disease
- Single occasion risky drinking behaviours
- Lifetime risky drinking behaviours [22].

The review recognised the importance of building a robust evidence base about AOD use in the NT to inform evidence-based policy and practice responses and recommended the establishment of a research unit to:

- Examine the causes, patterns and consequences of AOD misuse in the Territory
- Standardise data collection systems and records across all service providers [22].

The review panel also identified that there were insufficient AOD services available in remote communities which was partly due to a lack of qualified staff and appropriate infrastructure to deliver the services. This included a lack of office accommodation and housing [22].

A key recommendation from the review was that, in order to respond to the lack of available locally based staff and the high cost of using non-resident workers, the government should consider a greater investment in training and developing a local workforce [22]. These workers would include Aboriginal and Torres Strait Islander Health Practitioners (ATSIHPs), AOD workers, aftercare and treatment support workers, Public Housing Safety Officers (PHSOs) and Aboriginal Community Police Officers (ACPOs) [22].

The review also recognised the importance of having a locally trained workforce to reduce staff turnover and provide consistency of service along with a personal connection (e.g. family, culture) to the region / community [22]. Locally based workers, particularly in Aboriginal communities, could also act as cultural brokers for non-resident workers [22].

Other WFD-related recommendations from the review included:

- The NT Government take expert advice on how best to ensure the appropriate training of local people and the transition of such people into identified areas of employment (having recognised the importance of providing employment opportunities in remote communities).
- The NT Government increase support for people living in remote communities to undertake studies (by way of scholarships, traineeships, community based foundation level training, etc.)
- The government address gaps in employee housing to support a local workforce [22].

6. Consultations

NCETA undertook extensive consultations with a wide range of stakeholders within the Northern Territory, including government and non-government AOD service providers, Aboriginal Community Controlled Health Organisations and NT Department of Health and NT PHN staff.

The following consultation methods were used to engage with stakeholders.

6.1 Consultation paper

A consultation paper outlining the background and context for the project was prepared by NCETA to inform and guide the consultation process. It provided a brief overview of WFD initiatives relevant to the generalist and specialist AOD workforce and contained a series of questions designed to focus participants' thinking in regard to current and future WFD needs and responses.

Copies of the consultation paper were made available to participants in all consultation sessions as well as being made generally accessible via the NT PHN website and .

6.2 Face-to-face consultations

A total of 15 face-to-face (group and individual) consultation sessions were undertaken by NCETA with a wide range of stakeholders from the AOD, Aboriginal Community Controlled Health Services, and the broader health sector. They included:

- Group consultations with managers and frontline workers from government, non-government and community controlled AOD services in Darwin, Alice Springs and Katherine.
- Interviews with representatives from:
    - AOD Directorate, NT Department of Health
    - AADANT
    - Top End Health Service
    - Amity Community Services
    - Banyan House
    - FORWAARD Aboriginal Corporation
    - Central Australian Health Service
    - Remote AOD Workforce Program
    - Central Australian Aboriginal Alcohol Programmes Unit (CAAPU)
    - Central Australian Aboriginal Congress.

6.3 Online consultations

An online consultation process was set up on the PHN website to supplement the face-to-face consultations. Online consultations were available for completion by AOD workers and other interested parties to allow them to address their specific issues and needs.

A total of 38 workers completed the online consultation. Two-thirds (68%, n=26) were female with a median age of 47 years (range: 25-66 years). Slightly less than a quarter (21%, n=8) identified as Aboriginal.

Over half (53%, n=20) were employed in the government sector; 42% (n=16) in the non-government sector; and 5% (n=2) in the private sector.

Most participants worked in Darwin (Urban) (28.8%, n=17), Katherine (16.9%, n=10) or Greater Darwin (15.3%, n=9) and the remainder worked in regional or remote areas (Table2).

Table 2: Participant work locations

Region	Responses	
	N	Percent
Darwin (Urban)	17	28.8%
Greater Darwin (including Palmerston)	9	15.3%
Tiwi Islands	2	3.4%
Daly River	2	3.4%
East Arnhem Land	4	6.8%
Katherine	10	16.9%
Barkly Region	4	6.8%
Alice Springs (Urban)	7	11.9%
Central Australia	4	6.8%
Total	*59	100.0%

*Participants were able to choose more than one option

Almost a quarter (23.7%, n=9) identified themselves as an AOD specialist worker while 15.8% (n=6) were nurses. The largest work category was 'Other' (26.3%, n=10) which included AOD Worker Mentor, CEO, Clinical Nurse Specialist Mental Health, Community Support and Research Officer, Community support worker, Indigenous Liaison Support Worker, Mental Health Support Worker, Pharmacist, Therapeutic Community Support Worker-Infrastructure Coordinator. One participant did not nominate their work role (Table 3).

Table 3: Participant work roles

Current Role	Number	Percent
AOD specialist worker	9	23.7
Case worker	4	10.5
Child protection	1	2.6
Counsellor	3	7.9
Manager/Team Leader	1	2.6
Nurse	6	15.8
Other (please specify)	10	26.3
Peer Worker	1	2.6
Policy	1	2.6
Psychologist	1	2.6
Social worker	1	2.6
	38	100.0

Nearly half of AOD workers (44.7%, n=17) had less than three years experience and just over a quarter (26.3%, n=10) had only worked in this role for less than a year (Table 4).

Table 4: Length of time in current role

Length of time in current role	Number	Percent
1 year or less	10	26.3
Between 1 - 3 years	17	44.7
Between 4 - 5 years	2	5.3
More than 5 years	5	13.2
Other (please specify)	4	10.5
Total	38	100.0

The same proportion (44.7%, n=17) of participants had worked in the AOD sector for less than three years, almost a quarter (21.1%, n=8) had worked in the sector for more than five years and only a small proportion (10.5%) had worked in AOD for less than 12 months (Table 5).

Table 5: Length of time working in the AOD sector

Length of time working in AOD	Number	Percent
1 year or less	4	10.5
Between 1 - 3 years	17	44.7
Between 4 - 5 years	2	5.3
More than 5 years	8	21.1
Other (please specify)	7	18.4
Total	38	100.0

6.4 Consultation Outcomes

The outcomes from the face-to-face and online consultations were examined for common themes and key issues.

Key WFD themes, challenges and participants' suggested strategies were identified (Appendix 1).

The major WFD key themes that emerged from the consultations were the need to:

1. Ensure equitable best practice standards of care for all clients
2. Identify and implement appropriate recruitment strategies
3. Identify and implement appropriate retention strategies
4. Increase recruitment of, and support for, the Aboriginal and Torres Strait Islander workforce
5. Provide ongoing support to rural and remote workers
6. Enhance worker wellbeing
7. Provide ongoing mentoring and clinical supervision
8. Ensure the availability of ongoing professional development opportunities
9. Improve intersectoral collaboration between AOD services and across sectors
10. Enhance the capacity of the non-government sector
11. Ensure appropriate and effective service delivery.

The findings from the consultations were merged with the data extraction and information from other research and policy reviews / developments relevant to the NT to inform Recommended Actions for the PHN (see Section 7).

7. Recommended Actions

The final step in this project involved a synthesis of the data, observations and consultations presented above. From that synthesis key WFD challenges and Recommended Actions to address those challenges were identified.

The eight recommended action areas are outlined below together with a set of associated strategies for consideration by the NT PHN and its partners in the development of an NT-wide AOD WFD strategic framework.

The eight Action areas are:

1. Enhance understanding of the NT AOD workforce
2. Improve recruitment and retention
3. Support workers in remote and rural communities
4. Support the Aboriginal workforce
5. Improve intersectoral collaboration
6. Enhance access to education and training
7. Enhance clinical supervision and mentoring opportunities
8. Support practice innovations

7.1 Enhance understanding of the NT AOD workforce

A comprehensive understanding of the demographics and nature of the NT AOD workforce is a crucial first step in setting WFD priorities for the NT AOD sector.

NCETA's consultation paper and the NT PHN's 2016 needs assessment both highlighted the importance of readily available information on the characteristics of the NT AOD workforce to inform current and future WFD needs and initiatives [1, 3].

While preliminary data collection was undertaken by AADANT in 2016 on the characteristics and WFD needs, limited information is available about the nature and demographics of the NT AOD workforce in general.

To build on the work of AADANT, and to address information gaps about the NT AOD workforce, it is recommended that the NT PHN, in collaboration with the NT Department of Health and AADANT:

1. Conduct a survey of the whole NT AOD workforce to provide more comprehensive knowledge of its characteristics, diversity and WFD needs
2. Use the survey findings to further prioritise and action the subsequent Recommended Actions below
3. Incorporate the survey findings into the development of an NT AOD WFD Strategic Framework.

7.2 Improve recruitment and retention

7.2.1 Recruitment

In the NT, as in other parts of Australia and globally, recruitment of AOD workers is an ongoing challenge [4]. Workforce undersupply, recruitment difficulties and high levels of

workforce turnover can be even more problematic in rural, remote and other under-served areas where health needs are often greatest [23].

Recruitment challenges facing the NT AOD sector include:

- Stigma of working in the AOD field
- Lack of suitably qualified and / or experienced applicants to fill vacancies
- Remoteness of communities / services
- Limited scope for career advancement and promotion
- Limited and inconsistent training availability ([24, 25].

In addition, participants in the consultation sessions expressed concern about the limited pool of potential workers from which agencies could recruit suitable staff.

It is recommended that the following strategies be undertaken to improve the recruitment of AOD workers to the NT:

1. Promote the AOD sector as a career of choice
2. Utilise straightforward and easy to understand application processes
3. Increase opportunities for work placements in AOD / health services in the NT
4. Create local job and career development opportunities i.e., 'grow your own' programs designed, marketed and integrated with school-based and tertiary education programs
5. Enhance career pathways for workers to enable them to move to different positions within agencies / sectors and across sectors
6. Maximise maintenance of employment benefits between job roles / transfers
7. Explore the use of worker secondments between AOD non-government and government agencies and between the AOD and related sectors
8. Provide incentives to work in rural and remote locations e.g., salary incentives, housing and vehicle subsidies
9. Examine how more equitable salary packages may be offered to new employees in the non-government and Aboriginal Community Controlled sectors
10. Promoting the use of placements in AOD settings during vocational, undergraduate and post graduate education
11. Offer free or subsidised training and professional development opportunities
12. Offer and promote the use of flexible hours and working arrangements
13. Ensure that AOD recruitment strategies are combined with NT-wide health and human services recruitment strategies [26, 27]
14. Invest in social support activities to ensure workers moving from interstate establish social networks and other support mechanisms
15. Support the needs of workers' families and significant others.

7.2.2 Retention

Equally important is the issue of staff retention with high staff turnover noted among AOD workers in the NT [4]. High staff turnover, combined with recruitment difficulties results in a

loss of more experienced staff. This in turn may compromise both continuity and quality of care and limit service provision [28, 29].

High rates of health worker (including AOD) turnover in the NT is a major issue of concern and ultimately impacts the ability of organisations to attract, recruit and retain suitable staff [30, 31]. Key factors affecting staff retention include:

- Job satisfaction
- Lack of career development opportunities
- Work / life balance including work-related demand
- Job and workplace-related stress [24, 31].

A key theme throughout the consultation sessions was the issue that many workers stay in the NT for only two to three years. Given this pattern of short-term appointments, organisations need to have strategies in place to proactively plan for and address this issue.

It is recommended that the following strategies be considered to improve staff retention and reduce staff turnover:

1. Provide comprehensive orientation and induction programs for new staff that are tailored to address the unique circumstances workers will encounter in the NT
2. Develop more precise job descriptions particularly for those working in rural and remote communities
3. Provide workers new to the AOD sector, and the NT, with 'survival kits' on dealing with stressful work demands such as 24/7 on-call demands and living and working in the same community with little anonymity and professional distance
4. Provide new workers with clear and realistic information, where available, about career pathways, succession planning and professional development opportunities – where internal agency pathways are not available consider providing information about intra and inter sector pathways
5. Implement strategies to minimise the loss of corporate knowledge when workers leave e.g., exit interviews, documented policies and procedures regarding formalised handover of work / case notes
6. Fund adequate, appropriate and flexible clinical supervision (via face-to-face, one-on-one, group, Skype, FaceTime etc.)
7. Offer novel and appropriate rewards and recognition for good work
8. Document / profile workers' "success stories" (i.e., positive experiences of working in the NT) [24].
9. Strategies to enhance worker wellbeing and address worker stress particularly among young and less experienced workers – who are more prevalent in the NT.

7.3 Support workers in remote and rural communities

The NT's large, sparsely populated geographical area, along with heavy AOD use rates, high workforce mobility and large populations of Aboriginal people living in very remote areas provide numerous challenges for AOD services to entice workers to remote and rural communities [3]. Other WFD challenges for AOD workers in remote and rural communities

include the need to engage with and be accepted by the community they live and work in and travelling long distances to visit clients [32].

An example of a successful NT-based program designed to support AOD workers in remote and rural communities is the Remote AOD Workforce Program. A 2013 evaluation of the program found it was effective in supporting a stable, local workforce that contributed to the availability and accessibility of AOD services to individuals and communities in the NT [33]. The program was also successful in:

- Physically locating workers within primary health care services to work directly with remote communities experiencing significant AOD problems
- Providing culturally appropriate and evidence-based services
- Developing an AOD workforce with a professional identity and clear role [33].

Key contributors to its success included its governance model, ongoing and clear communication processes and the provision of regular external supervision [33].

The program is currently being evaluated (as at 2018) by Pricewaterhouse Coopers Indigenous Consulting and the results are due to be made public in late 2018. Subject to the outcomes of the current evaluation, there is opportunity to ensure that key features of the Program continue to be implemented throughout the NT.

It is recommended that:

1. The NT PHN consider the relevance of the findings of the current evaluation of the Remote AOD Workforce Program for broader implementation in the NT

7.4 Support the Aboriginal workforce

Central to the provision of appropriate AOD services in Aboriginal communities is the need to ensure that the Aboriginal AOD workforce in the NT is adequately resourced and supported. This includes:

- Strengthening and increasing the Aboriginal health and AOD workforces [34]
- Improving retention levels of Aboriginal AOD workers [35]
- Developing future Aboriginal health leaders support the health sector to become more culturally responsive [34].

NCETA's research on worker wellbeing found that Aboriginal AOD workers faced numerous challenges such as excessive workloads, excessive demands and expectations, proximity to communities, loss and grief issues, stigma and racism and a lack of understanding of Aboriginal ways of working from non-Aboriginal colleagues [32]. Examples of WFD strategies to address these include, creation of mutual support networks, training in assertiveness and boundary setting, greater recognition of Aboriginal ways of working, adequate remuneration and supervision and mentoring [32].

The consultation participants identified a range of WFD requirements aimed at further supporting the Aboriginal AOD workforce. These included developing increased cultural awareness among non-Aboriginal colleagues, increasing cultural safety, and greater access to supervision and training, including additional support and the use of incentives to attend training.

It is recommended that, consistent with needs identified by the consultation participants, the NT Aboriginal Health Plan 2015-2018, and the NT Health Aboriginal Cultural Security

Framework 2016-2026, consideration be given to implementing a range of WFD strategies to further support Aboriginal AOD workers. These include:

1. Consult with and involve local communities in the recruitment and selection of new workers to increase the number of Aboriginal AOD workers
2. Create appropriate AOD training and ongoing professional development opportunities
3. Encourage agencies / services to develop career pathways to enable Aboriginal workers to transition from entry level to professional and leadership roles
4. Encourage agencies / services to continue to incorporate Aboriginal ways of working into policies and procedures and acknowledge workers for their traditional knowledge and skills
5. Ensure all non-Aboriginal staff participate in the NT's mandated Aboriginal Cultural Awareness Program (ACAP) [35, 36].

7.5 Improve intersectoral collaboration

Reducing service fragmentation and improving system coordination and connectedness were identified as crucial elements in ensuring optimal outcomes for individuals, families, carers and communities. The NT PHN's Activity Plan highlights the need to:

- Build on current collaborations and work in a coordinated way to increase integration across the AOD sector
- Address gaps in services through a collaborative approach.

The recent establishment of the high-level NT AOD Coordination Group by the NT Health AOD Directorate and other key stakeholders is an important step in improving collaborations within the AOD sector and between the AOD and other sectors including primary health care, mental health, the broader health sector, law enforcement justice / corrections and human services. There is, however, a need to ensure that collaborative partnerships continue to be formalised, are ongoing and that similar structures are established at the service provision and frontline worker levels.

During the consultations, participants indicated that even though collaboration within the AOD, and other sectors was slowly improving, there were concerns that a lack of ongoing collaboration was contributing to service provision overlap at one end of the spectrum and service gaps at the other end.

To address the current gaps and build on recent intersectoral and interagency collaborations, it is recommended that:

1. Services and agencies engage in ongoing partnership opportunities to identify and respond to gaps in existing service provision
2. MOUs are developed between services /agencies and across sectors (e.g., between AOD, law enforcement, justice / corrections and human services) to formalise collaboration / partnerships / information sharing
3. Formal and informal worker support groups / networks are established to share information and strategies

4. Ensure social media (e.g., Facebook, Twitter etc.) is fully utilised to share information, events, and offer support to colleagues
5. The central coordination / collaboration role of AADANT continues to be funded
6. Explore opportunities for ongoing engagement between peak bodies e.g. AADANT and AMSANT
7. Establish mechanisms for intra and intersectoral services planning
8. Establish joint / cross sectoral evaluation plans and programs.

7.6 Enhance access to education and training

Access to ongoing education and training opportunities is essential for a skilled, knowledgeable and effective workforce and has a range of benefits for AOD workers including:

- Improved worker performance and skill base
- Improved retention
- Improved service delivery [37].

While AOD-related training is widely available in the higher education and VET sectors at both undergraduate and postgraduate levels, there was often limited knowledge about the availability of these courses or online and distance education options.

The consultation participants identified that in the NT there were no locally delivered AOD postgraduate training programs and a lack of specialist AOD trainers. There was also limited access to ongoing funding to develop, conduct and attend AOD training.

To address these gaps and to ensure that AOD workers in the NT have access to ongoing professional development activities, it is recommended that:

1. Information about the high prevalence rates of AOD use in the NT is disseminated widely to the AOD workforce
2. Courses such as the recently developed Certificate IV AOD program designed by Charles Sturt University, are assessed for their suitability for the NT
3. Continue to promote the availability of the courses such as the RMIT University's Certificate IV AOD program (offered on site in Katherine and Alice Springs)
4. Recognition of Prior Learning (RPL) mechanisms are enhanced
5. Appropriate training and qualifications in supervision, management and leadership are provided
6. Training on recognising and responding to vicarious trauma is made available to all AOD workers particularly for those working with Aboriginal people and communities
7. A Territory-wide calendar of training events is developed and implemented
8. The AOD sector's information technology literacy is enhanced through the use of online learning, digital literacy training and upskilling in other technology (e.g. webinars, Skype, e-readers, social media)

9. Additional financial support is made available to offset the associated costs for professional development opportunities (e.g. conferences and seminars)
10. Encourage the conduct of more national professional development events in the NT to bring more expertise to the Territory and reduce the need to seek it out beyond the NT.

7.7 Enhance clinical supervision and mentoring opportunities

Ongoing support, mentoring and supervision are key components to building the skills and capacity of the NT AOD workforce [1]. Mentoring[1] and clinical supervision[2] also enhance service provision, ensure evidence-based practice and prevent stress and burnout [13].

Clinical supervision involves regular, systematic and detailed exploration of a supervisee's work with clients or patients with the aim of supporting and enhancing the worker's professional activities [6, 38]. Mentoring is a less structured approach to leadership and supervision and can be organised through formal structured programs or it can occur in an informal spontaneous manner [39].

The consultation participants generally had a good understanding of both mentoring and clinical supervision but were concerned about the inconsistent level of access and provision to the AOD workforce. The Remote AOD Workforce was identified as having a good clinical supervision program which could be replicated throughout the NT. There was also an identified need for a centralised clinical supervision program that could be utilised by all workers e.g., via face-to-face, or video-conferencing / other digital technology where available.

To ensure that the NT AOD workforce has access to ongoing mentoring and clinical supervision, it is recommended that:

1. Clinical supervision is available on a frequent and compulsory and tailored to individual workers' needs
2. Services / agencies are provided with adequate funding to support external mentoring / clinical supervision
3. A pool of mentors / clinical supervisors is established to support AOD workers across the NT
4. Linkages between universities and AOD services are established / strengthened to provide greater opportunities for clinical supervision
5. Rural and remote workers have access to regular ongoing clinical supervision
6. Videoconferencing / teleconferencing and other digital technology (where available) is used to provide real-time mentoring and clinical supervision to workers throughout the NT (also see Action Area #7.8).

[1] For more information on mentoring, please see Chapter 6 of NCETA;s WFD TIPS Kit.
[2] NCETA's clinical supervision kit contains practical information and strategies.

7.8 Support practice innovations

The emergence of new technology provides increased opportunities for AOD workers working in the NT to overcome the tyranny of distance and enhance service provision to their clients in rural and remote settings.

The Australian and state and territory governments, through the Council of Australian Governments (COAG) are reviewing technology driven responses to health care, and their potential impact on workforce development and training into the future. This includes the use of virtual reality and hologram techniques to screen, assess and treat clients.

HoloLens technology developed by Microsoft is an example of a product which can be used by clinicians, field workers (including Aboriginal Health workers) to carry out assessments, video conference into specialist services from remote locations, and potentially provide interventions from a distance without the worker being physically present. Such technology will also enable workers in remote locations to:

- More readily share information with colleagues
- Receive ongoing, real-time support from supervisors
- Access ongoing mentoring and clinical supervision

It is recommended that:

1. The NT invest in new and emerging technologies suitable for rural and remote settings that incorporate the use of virtual reality and hologram programs.

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Appendices

Appendix 1: Consultation Outcomes - Workforce Development Themes / Challenges / Participant Suggested Strategies

Theme	Challenges	Participant Suggested Strategies / Approaches
1. Ensure equitable best practice standards of care for all clients	• Lack of consistent case management and broad-based skills approach • Provision of aftercare (i.e., following detoxification or residential rehabilitation) is inconsistent • Lack of continuity of services and care • Need to promote and utilise trauma-informed care – need to better understand how trauma affects people's lives and their service needs • Through-care and transitional services often lacking particularly in rural and remote communities	Explore the consistent use of case management for clients with AOD-related problems: • Introduce case management software e.g., rediCASE for all AOD services in the NT • Encourage the use of joint case management with an identified agency / worker • Focus on through-care / follow-up between services Encourage the use of common clinical language and assessment and referral tools: • Develop agreed definitions of key terms such as "clinical" and aftercare • Explore the use of common assessment tools in other jurisdictions • Develop / adapt appropriate assessment tools for use in the NT Enhance AOD service provision to correctional clients: • Enhance access to AOD services in custodial settings • Increase the number of prescribers trained and authorised to prescribe opioid substitution therapy in correctional facilities • Ensure that evidence-based treatment is available where bail and parole conditions include compliance with treatment

Theme	Challenges	Participant Suggested Strategies / Approaches
		• Provide education / information on current AOD treatment options and evidence based best practice to case managers, team managers and executive • Consider the use of smart courts.
2. Identify and implement appropriate recruitment strategies	• Limited recruitment pool from which to select staff • Lack of a strong 'grow your own' recruitment and retention strategy • Short-term funding cycles – difficult to entice staff to the NT and AOD services • Stigma associated with AOD use and working in the sector • Lack of incentives e.g. adequate public and other housing for staff • Competition for suitably qualified / experienced personnel – need to be able to recruit in a timely manner • Lack of cultural knowledge and experience in working with Aboriginal people and communities	Improve perceptions of the AOD Sector as a workplace of choice: • Promote the AOD sector as an 'employer of choice': Identify champions within the AOD sector to promote agencies / services; offer flexible working arrangements, offer relocation expenses • Enhance the use of marketing to universities and vocational education institutions (particularly in schools of medicine, psychology, public health/policy, nursing; occupational therapy and social work); • Increase opportunities for placements in AOD settings during vocational, undergraduate and post graduate education • Enhance access to AOD education and training programs which attract CPD points Enhance recruitment of non-Aboriginal and Aboriginal staff: • Introduce AOD traineeships • Increase remuneration to attract new entrants into the AOD sector Enhance Aboriginal recruitment by recognising cultural background and competence in a Vocational Education and Training (VET) type qualification structure.
3. Identify and implement appropriate	• Short-term funding cycles – difficult to entice and keep staff in the NT and AOD services • Stigma associated with AOD use and working in the sector	Improve retention of the AOD workforce: • Enhance orientation and induction programs (particularly for staff going to remote areas)

Theme	Challenges	Participant Suggested Strategies / Approaches
retention strategies	• Lack of incentives e.g., adequate public and other housing for staff • Lack of cultural knowledge and experience in working with Aboriginal people and communities	• Increase the use of recognition / rewards for good work • Provide ongoing support and mentoring to workers • Enhance career pathways / professional development opportunities • Implement succession planning • Provide appropriate remuneration and leave conditions, supportive workplace, use of incentives e.g., rental assistance • Employ staff with appropriate qualifications and provide them with adequate supervision, ongoing professional development and mentoring • Create an organisationally safe and rewarding work environment • Provide staff with appropriate caseloads and realistic performance indicators and expectations re client outcomes • Develop and implement timely and thoughtful work performance plans with priority on managing staff development and worker wellbeing.
4. Increase recruitment of, and support for, the Aboriginal and Torres Strait Islander workforce	• Aboriginal and Torres Strait Islander AOD workers not always supported appropriately – greater awareness of cultural respect and appropriateness required • Lack of formal or minimal training when employed in AOD-specific positions • Responding to family and community obligations from clients, relatives and community members / Elders • Lack of appropriate support and access to training and supervision in remote areas	Improve recruitment strategies: • Increase the number of Aboriginal and Torres Strait Islander AOD workers in the NT • Introduce AOD traineeships Implement strategies to retain staff: • Enhance orientation and induction programs for all new staff entering the AOD workforce • Improve career pathways

Theme	Challenges	Participant Suggested Strategies / Approaches
	• Limited recruitment pool to access potential staff	• Increase remuneration for all AOD workers • Implement succession planning • Undertake research into why people leave (and stay) in AOD positions Enhance opportunities for professional development: • Provide bridging courses and foundational skills programs to assist with literacy issues • Vastly improve education and training opportunities / provision for locally based staff • Provide additional support / incentives to undertake / attend education and training Enhance mentoring, clinical supervision & support: • Ensure ongoing support, guidance and training to Aboriginal workers • Ensure that organisation and worker performance indicators are realistic Enhance worker wellbeing practices: • Provide self-care-related WFD strategies to enhance worker wellbeing • Introduce measures to delineate work time from leisure time Increase workers' scope of practice: • Broaden the scope of Aboriginal and Torres Strait Islander AOD worker positions to include more AOD and social care knowledge and skills into their roles • Ensure that AOD treatment / intervention programs are community designed and community specific

Theme	Challenges	Participant Suggested Strategies / Approaches
		Increase recognition & utilisation of existing knowledge and skills: • Greater recognition of Aboriginal ways of working and acknowledge workers for their traditional knowledge and skills • Explore the use of positive role models and Aboriginal-specific tools to address AOD issues in communities • Increase the use of recognition / rewards for good work • Ensure workers are provided with professional respect and made to feel that they are included in the workplace.
5. Provide ongoing support to rural and remote workers	• Tyranny of distance – limited service coverage, particularly remote Aboriginal communities • Lack of understanding about the uniqueness of the NT and its different regions • Lack of adequate funding and resources (human and physical) for remote communities • Difficulty in retaining staff in rural and remote communities – particularly after short-term placements	Improve recruitment strategies: • Increase recruitment of rural and remote workers through the use of less restrictive selection processes • Focus on local workers to serve their communities i.e., "no-one knows country like countrymen" • Encourage community involvement / empowerment in recommending appointments of workers Increase worker retention: • Explore the use of flexible working arrangements e.g., working one month on / having one month off; greater use of part-time workers • Create more flexible pathways into positions e.g., workers moving from casual to ongoing positions • Enhance incentives to work in rural and remote locations e.g., salary incentives, housing and vehicle subsidies Enhance mentoring, clinical supervision & support: • Enhance mentoring for Remote AOD Workers on a one on one basis in their communities

Theme	Challenges	Participant Suggested Strategies / Approaches
		• Increase the number of rural visits by trained medical staff to support community-based staff • Ensure that workers travelling to remote communities are accompanied by a colleague and / or local worker(s) Provide local professional development: • Increase localised training in remote communities to Remote AOD Workers • Enhance education for Remote Area Nurses to respond to client intoxication • Replicate the Remote AOD Workforce model in every health clinic Explore implementing localised support models for clients: • Enhance funding to support NGO programs and community education programs in rural and remote communities • Utilise a community development model in remote communities with an emphasis on local problem identification and decision-making – ensure that AOD service provision is less aligned to a medical model.
6. Enhance worker wellbeing	• Lack of organisational support with a current emphasis on individual workers taking responsibility for their own wellbeing • Staff not always replaced when they leave and remaining staff required to take on more work • Staff not always aware of what supports are available and how to access those supports • Staff not always consulted about organisational / service provision changes	Improve understanding of worker wellbeing: • Conduct a survey of workers to determine current levels of wellbeing Improve working conditions: • Explore opportunities to improve pay scales, use of flexible leave options e.g., monthly work from home day • Explore the use of enhanced onsite physical security • Explore opportunities to increase funding frequency / certainty

Theme	Challenges	Participant Suggested Strategies / Approaches
		Improve managerial and clinical supervision for workers: • Implement regular communication by management and conduct weekly team meetings, fortnightly supervision sessions Improve debriefing processes: • Expand the range of supports available to staff following a work-related stressful event / critical incident • Explore the use of both formal and informal debriefing.
7. Provide ongoing mentoring and clinical supervision	• Mentoring and clinical supervision are not always readily available or compulsory • Expedient to have internal clinical supervision but not always appropriate • Current lack of understanding of workers' skill sets, role and responsibilities	Increase the number of clinical supervisors: • Provide adequate funding to support external mentoring / clinical supervision • Improve linkages between universities and AOD services to provide greater opportunities for clinical supervision • Create a pool of mentors / clinical supervisors across the NT • Explore the use of only AOD-qualified staff in providing clinical supervision Improve access to and uptake of clinical supervision: • Increase the use of technology for clinical supervision (e.g., long distance & video/audio recording and feedback) • Have a central point in the NT for workers to access clinical supervision • Ensure rural and remote workers have access to regular ongoing clinical supervision • Create designated full-time mentoring positions with appropriate pay and adequate funding to enable them to travel to remote communities Provide ongoing clinical supervision:

Theme	Challenges	Participant Suggested Strategies / Approaches
		• Ensure clinical supervision is more frequent, compulsory and tailored to individual workers' needs.
8. Ensure the availability of ongoing professional development opportunities	• Lack of minimum standards defining the knowledge, skills and experience required of the NT AOD workforce • No locally delivered AOD post graduate training • Lack of specialist AOD trainers in the NT • Limited access to training in AOD counselling and current best practice • Lack of ongoing funding for the provision of AOD training • Some non-specialists may need mentoring and information about how to better understand client boundaries	Recognise the workforce's broad range of education, training & skill requirements: • Provide supervisors / managers with appropriate training and qualifications • Management training should also include interpersonal skills training and how to provide structured and constructive feedback to staff • Corporate / organisational management training should be provided separately to clinical management training • Conduct training on recognising and responding to vicarious trauma • Provide qualified staff with greater access to ongoing professional development opportunities • Provide bridging courses to assist with literacy issues • Enhance Recognition of Prior Learning (RPL) mechanisms to circumvent literacy issues Explore options for delivering AOD Certificate IV & post graduate training in the NT: • Enhance opportunities for career and skills development through AOD-specific education • Provide support for study assistance / funding for training the AOD workforce • Conduct localised training rather than having to attend major centres and / or other states • Create opportunities for NT-based addiction studies – similar to what is available elsewhere

Theme	Challenges	Participant Suggested Strategies / Approaches
		• Ensure that the available Certificate IV AOD courses are contextualised to the NT • Develop quality control mechanisms for NT Certificate IV courses • Explore the use of subsidies for Certificate IV courses to encourage greater uptake Meet NT nursing qualification requirements: • Engage more with the Royal Australian College of Nursing • Increase incentives to attain higher qualifications • Provide adequate / appropriate study leave • Enhance access to AOD programs which attract Continuing Professional Development (CPD) points Enhance education and training for specialist AOD workers: • Provide education and training in trauma aware practice • Implement flexible workplace arrangements to facilitate WFD • Provide adequate notice of training events / centralised calendar • Provide adequate / appropriate study leave • Enhance access to AOD programs which attract CPD points • Provide cultural awareness training to non-Aboriginal and Torres Strait Islander AOD workers Enhance skills and knowledge of non-specialist AOD staff: • Enhance the provision of education and training for non-specialists • Provide adequate notice of training events

Theme	Challenges	Participant Suggested Strategies / Approaches
		• Enhance access to AOD programs which attract CPD points • Clarify / reinforce the importance of and information about referral pathways (internal and external), harm minimisation, separating clients' behaviours (e.g., intoxication-related) from the person, and their role in reducing AOD-related harm • Ensure that staff are provided with evidence-based information to help them overcome fear, lack of interest (not my job), separatism, misconceptions • Provide workers with evidence-based information to pass onto clients e.g., about the health effects of drinking while pregnant • Explore the use of student placements – promote rural placements and provide incentives • Adopt a 'grow your own' (i.e., by focusing on locally based people) approach to professional student placements • Explore the option of sending identified staff on professional placements to interstate organisations • Enhance AOD-related induction and orientation programs for all new staff Enhance the AOD sector's Information Technology (IT) literacy: • Increase the use of online learning • Increase the provision of digital literacy training • Use technology (e.g., webinars, Skype, e-readers, social media) more often to support learning opportunities • Ensure workers have access to appropriate IT and support.

Theme	Challenges	Participant Suggested Strategies / Approaches
9. Improve intersectoral collaboration between AOD services and across sectors	• Lack of collaboration is a key ongoing issue but is slowly improving • Service provision overlap - services do not always understand each other's roles • Lack of collaboration may sometimes result in over servicing of clients and confusion for clients and services	Enhance collaboration between, and integration of, AOD and other services to address comorbidities: • Develop funding models that reduce the reliance on competitive tendering and encourage greater agency collaboration • Explore the potential for, and engage in ongoing partnership opportunities to identify and respond to gaps in existing service provision • Enhance executive, manager level collaboration between services and sectors • Develop Memoranda of Understanding (MOU) to formalise collaboration / partnerships / information sharing • Enhance the capability of AOD services / workers to test for blood borne diseases (BBDs) and sexually transmitted diseases (STD) among their clients to address the overlap between BBD, STD and AOD issues • Revisit service entry criteria which may be overly prescriptive and preclude clients from services (i.e., encourage a 'no wrong door' approach Increase the sector's knowledge of NT AOD services: • Develop an annually updated NT-wide centralised Directory of AOD and other related services, including what they provide and who can access them Support opportunities for inter-agency worker interaction: • Enhance the use of videoconferencing for interagency meetings • Conduct joint intra and inter sectoral training – to share experiences & knowledge • Enhance inter-professional education between the AOD and other sectors / disciplines e.g. mental health

Theme	Challenges	Participant Suggested Strategies / Approaches
		• Enhance professional networking opportunities • Creating formal and informal worker support groups / networks to share information and strategies • Conduct more AOD networking events throughout the year focusing on key NT-specific AOD issues – structured shared planning days • Promote the use of staff movements / secondments between organisations and agency co-location • Place a greater emphasis on role clarification and enhanced understanding of each other's roles (between services and across sectors) • Create a central service coordination model – including central electronic records system and sharing knowledge about what each service is doing Enhance NT-wide coordination: • Support the central coordination / collaboration role of AADANT and encourage greater engagement between peak bodies e.g., AADANT and AMSANT • Create communication sharing opportunities e.g., through the creation of MOUs.
10. Enhance the capacity of the non-government sector	• Concerns about NGOs taking on more than they have capacity for • NGOs unable to compete with government agencies for staff e.g., NGOs recruit and train staff but government agencies are able to offer better salaries & career pathways • NGOs often have limited funding & lack funding certainty	Improve organisational governance measures: • Provide information & training on organisational governance e.g., how to effectively manage organisations / services and budget oversight Enhance service funding arrangements: • Place less emphasis on competitive tendering and explore the use of longer-term and collaborative funding contracts • Include WFD costs in service purchasing costs including backfill

Theme	Challenges	Participant Suggested Strategies / Approaches
		• Include client transport costs in service purchasing arrangements Encourage a level employment playing field between government and NGO services: • Explore the use of appropriate pay rates and additional flexible working conditions in NGO services • Reinforce the use of five year funding and staffing contracts for NGO services • Enhance support / professional development opportunities / career pathways for all AOD workers.
11. Ensure appropriate & effective service delivery	• No common assessment / treatment tools across the AOD sector, and between AOD organisations and other services • Lack of compatibility between services' data collection systems and no overall data collation processes • Lack of service provision integration between the AOD and mental health sectors • Lack of after-hours services – places greater pressure on workers and communities	Enhance data collection & collation: • Enhance data collection compatibility across services • Explore the use of streamlined data management systems – consistent data entry system across services • Feed data back to services to enhance service provision • Implement a staff award process e.g., 'most improved' to encourage data collection and entry Increase the use of outcome measures: • Enhance the focus on client outcome measurement • Implement and report on identified client outcome measures in all AOD services in the NT.