National Consultations on the 'Strengthening Aboriginal and Torres Strait Islander Alcohol and Other Drugs Treatment Services' Measure

Stage One
Key Findings Report

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

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Terminology and Acronyms

Terminology Used

Aboriginal community-controlled organisation (ACCO)	An ACCO "delivers services, including land and resource management, that builds the strength and empowerment of Aboriginal and Torres Strait Islander communities and people and is: a. incorporated under relevant legislation and not-for-profit b. controlled and operated by Aboriginal and/or Torres Strait Islander people c. connected to the community, or communities, in which they deliver the services d. governed by a majority Aboriginal and/or Torres Strait Islander governing body."[1]
Aboriginal community-controlled health organisation (ACCHO)	Refers to a "primary health care service initiated and operated by the local Aboriginal community to deliver holistic, comprehensive, and culturally appropriate health care to the community which controls it, through a locally elected Board of Management."[2]
AOD sector	Used in this report to refer to the Australia-wide group of organisations across the public, private, and community sectors that are working to address and mitigate the social issues and health impacts stemming from the use of alcohol and other drugs (AOD).[3] It includes those working at the policy and funding levels, as well as those working directly in AOD treatment. With respect to the latter, the AOD treatment system comprises many parts funded by the federal Department of Health and Aged Care, State/Territory health departments including hospital-based services; those provided in primary care settings; non-government mainstream community organisations; and Aboriginal Community-Controlled Organisations (ACCOs) and Aboriginal Community-Controlled Health Organisations (ACCHOs) who provide AOD services for Aboriginal and Torres Strait Islander people.
Country	The Australian Institute of Aboriginal and Torres Strait Islander Studies defines Country as "the term often used by Aboriginal [and Torres Strait Islander] peoples to describe the lands, waterways, and seas to which they are connected. The term contains complex ideas about law, place, custom, language,

[1] Closing the Gap in Partnership, *National Agreement on Closing the Gap: July 2020*, Commonwealth of Australia, accessed 27 September 2022, p. 8.
[2] National Aboriginal Community-Controlled Health Organisation (NACCHO), *Aboriginal Community-Controlled Health Organisations (ACCHOs)*, NACCHO, accessed 27 September 2022.
[3] Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K., & Gomez, M., *New Horizons: The Review of Alcohol and Other Drug Treatment Services in Australia*, 2014, Department of Health and Aged Care, accessed 27 September 2022.

	spiritual belief, cultural practice, material sustenance, family, and identity."[4]
Cultural responsiveness	Refers to an ethical, strengths-based approach to working with Aboriginal and Torres Strait Islander people that includes but also goes beyond older notions of cultural sensitivity, cultural awareness and cultural competency. Its point of difference is that, rather than simply being an attitudinal stance or intellectual exercise, it is an ongoing practice involving continual learning, re-learning and self-reflexivity in order to respond more effectively to, with, and build on the varying cultural and community norms of Aboriginal and Torres Strait Islander peoples.[5]
Cultural safety	In the Australian context, this refers to the ethical practice and principle of fostering an environment that is safe (in a broad holistic sense) for Aboriginal and Torres Strait Islander people. This means freedom from racism as well as any 'assault, challenge or denial of their identity and experience'.[6] It also means "ensuring self-determination for Aboriginal [and Torres Strait Islander] people".[7]
Empowered Communities (EC)	Refers to a reform that represents a new way of working led by Indigenous people to empower communities. The objective of Empowered Communities is to create a genuine partnership between Indigenous organisations, government, and corporate Australia to work toward a shared agenda.[8]
Indigenous Australian and First Nations people	Refers to "a person of Aboriginal or Torres Strait Islander descent who identifies as Aboriginal or Torres Strait Islander and is accepted as such by the community in which he or she lives."[9] Indigenous Australian is used throughout the report and refers to Aboriginal and Torres Strait Islander peoples.
Initiative, the	Refers to the National Indigenous Australians Agency (NIAA) funding initiative entitled *Strengthening Aboriginal and Torres Strait Islander Alcohol and Other Drugs Treatment Services.*
Model of Care	Refers to the particular modality (and often associated setting) by which health services are delivered, outlining "best practice care and services for a person, population

[4] Australian Institute of Aboriginal and Torres Strait Islander Studies (AIATSIS), *What is Country?*, AIATSIS, accessed 27 September, 2022.
[5] Indigenous Allied Health Australia, *Cultural Responsiveness in Action: An IAHA Framework*, IAHA, accessed 27 September 2022.
[6] Victorian Department of Health, *Aboriginal and Torres Strait Islander Cultural Safety*, 2022, accessed 23 September 2022.
[7] Victorian Department of Health, *Aboriginal and Torres Strait Islander Cultural Safety*, 2022, accessed 23 September 2022.
[8] Empowered Communities, *Empowering individuals, families and communities to create a better life for themselves*, accessed 27 September 2022.
[9] AIATSIS, *Indigenous Australians: Aboriginal and Torres Strait Islander People*, 2022, accessed 23 September 2022.

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

[10] NSW Agency for Clinical Innovation, *Understanding the Process to Develop a Model of Care*, 2013, accessed 23 September 2022.
[11] Empowered Communities, *NPY Lands*, 2018, accessed 27 September 2022.
[12] AIHW, *Primary Health Care in Australia*, 2016, accessed 27 September 2022.
[13] Reif, S., George, P., Braude, L., Dougherty, R. H., Daniels, A. S., Ghose, S. S., & Delphin-Rittmon, M. E., 'Residential treatment for individuals with substance use disorders: assessing the evidence', *Psychiatric Services*, vol. 65, no 3., pp. 301-312.

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

Acronyms Used

ACCHO	Aboriginal Community-Controlled Health Organisation
ACCO	Aboriginal Community-Controlled Organisation
AOD	Alcohol and other drugs
CPI	Consumer Price Index
IAS	Indigenous Advancement Strategy
KPI	Key Performance Indicators
NIAA	National Indigenous Australians Agency
OAT	Opioid Agonist Therapy
PHN	Primary Health Network

Stage One Consultation Summary

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

Consultation Aim

The overarching aim of the consultation process is to reach consensus among AOD sector stakeholders to determine how the funding available through the Initiative should best be applied to obtain maximum benefit for Indigenous Australians seeking AOD treatment.

The national consultation process is taking place over two stages. This Key Findings Report 1 details the key findings and overarching themes identified following the completion of Stage One. The expertise and experience of a wide range of key stakeholders were drawn upon to identify the priority areas for funding to make an informed assessment about the optimal, overall split of the available funding across the three streams:

- Stream 1: Service delivery,
- Stream 2: Workforce support and data processing, and
- Stream 3: Capital infrastructure.

NIAA acknowledges that the amount of additional funds available will not address all the unmet needs and gaps in Aboriginal and Torres Strait Islander AOD treatment service across Australia. However, through Stage One, NIAA encouraged stakeholders to voice broad ranging concerns throughout the consultation process with a view to using the information to further work with all jurisdictions to help address those issues. The information may also be useful to participating stakeholders in Stage Two of the consultations and in a broader sense.

Consultation Methodology

Stage One was designed to draw on the stakeholders' respective areas of experience and expertise to identify service gaps, possible options for improving existing treatment services, and opportunities for trialling innovative new treatment models for AOD services for Indigenous Australians.

A Subject Matter Expert, Professor Alison Ritter, was engaged to assist in the consultations and the development of a discussion paper to inform participants ahead of the consultation process.

The objectives for Stage One specifically were as follows:

- identify service needs and gaps and determine options for enhancing the delivery of existing Indigenous Advancement Strategy (IAS)-funded AOD treatment services,
- consider the overall distribution of available funding across the three focus areas (Streams 1, 2, and 3 as above),
- identify opportunities to support existing IAS-funded AOD treatment services in the short-term, with a focus on enhancing service delivery (through Stream 1) and infrastructure (through Stream 3), and
- scope innovative models of delivery and evaluation.

Inside Policy took an inclusive, strengths-based, and culturally responsive approach to the consultations. Participating stakeholders in the national consultations all had an interest in, or responsibility to provide AOD treatment services suited to the needs of Indigenous Australians.

Stage One of the national consultation took place between 16 August and 15 September 2022. All sessions were held online via the videoconferencing technology Microsoft

Teams®. Twelve in-depth qualitative consultation sessions were held during this time, involving a total of 96 individual participants.

Twelve consultations sessions were completed in Stage One:

- three were national meetings involving a broad cross-section of AOD sector stakeholders, and
- nine sessions with specific stakeholder groups including Indigenous AOD and health peaks, mainstream AOD peaks, health organisations, the tertiary sector, Empowered Communities, and State/Territory government and AOD sector representatives (NSW, ACT, QLD, VIC, TAS, NT, SA, and WA).

The key findings and overarching themes of Stage One will go on to inform the next stage (including written materials) prior to the outset of Stage Two of the national consultations.

Limitations

Several limitations emerged throughout Stage One of the national consultations on the Initiative. These limitations included that several invited representatives within the AOD sector were unable to participate due to their unavailability in the context of short timelines, strategic limitations owing to the swift construction of the consultation process, and several participants declining to participate in voting exercises across the consultation process.

Service Needs and Gaps

Service funding is lacking, contracting, and is not indexed:

- A chronic lack of funding exists across the AOD sector affecting capacity to deliver services. This general lack of funding is further compounded by the decade-long absence of indexation, which has led to a contraction of funding in real terms. These issues are seen as the foundation of many of the resulting issues discussed below.
- NIAA's AOD Initiative is viewed as 'maintenance money' within a context of funding insecurity and Indigenous workforce issues, rather than providing an opportunity for necessary foundational support for the AOD sector.
- NIAA's proposed Initiative spend is understood to be insufficient in scale to improve Indigenous AOD sector function.

Workforce support and development is currently lacking:

- For stakeholders, a key priority is to increase, attract, train, support, and retain the Indigenous and non-Indigenous AOD workforce.
- There are calls to strengthen Indigenous workforce to meet demand, facilitate capacity building, and improve service delivery through a systematic approach to workforce development.
- There is a need to better support the current AOD workforce, particularly with professional development, retention, and avoiding burnout.
- There also needs to be an improvement in capacity of mainstream services to deliver culturally safe services.

The current demand for AOD services is not being met:

- There is an existing need to develop AOD sector capacity to meet current demand that exists across infrastructure, service delivery, and policy settings.
- There are current needs in delivering support services and providing continuity of care.
- Both ACCOs/ACCHOs need more support to meet current demand for AOD services.

Support for more Indigenous-led service delivery:

- Both ACCOs/ACCHOs need funding prioritisation to ensure Indigenous workforce salary equity to support retention, and to ensure best practice service delivery continues.
- There is a requirement to address need and funding provision for culturally safe services and supports, and for services based on culturally safe frameworks for Indigenous clients.

Insufficient services and clear gaps identified by cohort, service type, and setting:

Cohorts that are underserviced:

- Families.
- People with children.
- Gender diverse people.
- Young people.
- People in prison and post-release care.

Service types that are lacking:

- Residential rehabilitation.
- Detox services.
- Pre-treatment and post-treatment support, including creating clear service linkages for continuity of care, safe housing, and GP accessibility.
- Care coordination, supported referral, case management.
- Harm reduction.
- Opioid Agonist Therapy (OAT).

Settings/locations where there are service gaps:

- OAT, especially in residential rehab and in regional and remote communities.
- Services in regional, rural locations, and on Country.

The AOD sector is lacking national structure and governance:

- There is a need for greater alignment across various policy frameworks and strategies.
- Resourcing governance and related committees such as the former National Indigenous Drug and Alcohol Committee (NIDAC) and the Aboriginal Drug and Alcohol Residential Rehabilitation Network (ADARRN) for national-level strategy.
- There is a broader need for national governance and AOD sector planning, including by the Commonwealth Department of Health and Aged Care.

A lack of AOD sector-wide planning and information sharing (including funding):

- The AOD system needs to be made more cohesive, and both planning visible for all stakeholders.
- A lack of sector-wide planning at the jurisdictional level and nationally, particularly on needs.
- Gaps in data collection and evaluation of services results in difficulties in long-term planning around needs, services, and investments in infrastructure.
- Lack of coordination and integration across service funding and policy arrangements at national and State/Territory levels.

Enhancing Services

Adopt a sustainable, transparent, and equitable approach to allocating funding:

- Most stakeholders felt that due to the relatively small amount of funding, the focus of the Initiative should be on the recognised needs of existing services. However, stakeholders articulated their desire for all jurisdictions to work towards determining

priorities for AOD services through a systematic, equity-based approach to funding. Stakeholders used the term 'equity' to refer to a range of preferences regarding the allocation of funds, including considerations of existing funding and services population, geographic spread, place-based service provision, and local needs and decision making.
- Ensure continuity and consistency between programs nationally but allow flexibility for service providers to adapt to local-based priorities.
- Ensure a national, system-level response mechanism to ensure sustainability of existing funding.
- Map services across the country to determine how to prioritise funding.
- Ensure adherence to the *National Quality Framework for Drug and Alcohol Treatment Services* in approach to service provision.[15]
- Avoid over-consulting each time funding is announced for the AOD sector.

Ensure identification of need is undertaken in approach to funding:

- There are significant gaps between supply and demand for AOD services.
- The distinct differences and challenges in delivering AOD treatment services in urban settings versus regional and remote locations must be understood.
- Identification of need through national strategy for local assessment of need across state and territory jurisdictions.

Create AOD sector sustainability:

- There is a clear articulation that the gap is widening between service provision, current funding, and increasing need.
- There are rising costs for existing AOD services.
- Flexible, place-based service design and reporting should be prioritised across the sector.
- There were calls for additional resourcing for evaluation, in particular for forecasting and future planning across the AOD sector.

Ensure funding enables adequate and sustainable services:

- There are calls to increase the available funding NIAA is providing to the AOD sector: *"this funding has not increased in nearly 20 years [while the] issues have gotten bigger, [and the] Aboriginal population has gotten bigger"*.
- Create opportunities for flexible funding that is able to be adapted to community needs and aspirations, including the provision of holistic, multidisciplinary service provision.
- Additional risks of non-recurring funding identified included the potential social impact of short-term service provision for clients and lack of planning for future service provision by organisations.

Provide adequate funding for existing services:

- The priority for many stakeholders is for current services to receive additional funding over new services, particularly recognising non-recurring funding.
- ACCOs/ACCHOs should be prioritised for NIAA's funding, as they are already currently providing culturally safe, holistic AOD services.
- Fund culturally safe service provision of ACCOs/ACCHOs and non-Indigenous workforce/mainstream service providers where ACCOs/ACCHOs are not present.

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[15] Department of Health and Aged Care, *National Quality Framework for Drug and Alcohol Treatment Services*, 2019, accessed 21 September 2022.

Support community-led and self-determined service provision:

- Stakeholders discussed the tension between models of care: providing primary health care through holistic, integrated service provision versus care provided by stand-alone AOD residential rehabilitation.
- Most stakeholders called for developing and supporting more holistic and culturally responsive models of care already undertaken by ACCOs/ACCHOs, including the provision of holistic care that does not start with the symptom (i.e. alcohol or drug use) and works with clients over the course of their journey.
- Several stakeholders articulated their preference to support AOD residential rehabilitation models of care that puts culture at the centre of healing within a single organisation.
- Additional support needed to ensure continuity of care and integration of services across client's journey, particularly where there are no services in remote communities, and clients return with no opportunities for ongoing access to care.
- Sector-wide need for greater self-determination and participatory planning between Indigenous service users, organisations (including ACCOs/ACCHOs), and communities.
- Desire to recognise the community-controlled sector as specialist AOD providers.
- Lessons learned from traditional approaches and community methods need to be acknowledged and valued – often they are not seen as equal to, or complementary of, other treatments.

Prioritise the development of local and Indigenous AOD workforces:

- Attract, train, support, retain, and further develop Indigenous staff members in the AOD workforce.
- Increase salary levels across the AOD sector, as remuneration is not increasing commensurate with increasing standards of care. This results in staff leaving for better pay and conditions, and loss of institutional knowledge/key relationships with clients and community. **Increase cultural responsiveness of mainstream service providers:**
- For mainstream providers, this includes creating measures and indicators, and an accountability framework, that ensures culturally appropriate and service AOD service provision.

Supporting Effective Models and Approaches

Funding new services should not come at the cost of existing services:

- Rather than funding new services or approaches, stakeholders preferred that existing services are invested in first.
- Stakeholders raised concerns regarding the amount of funds available, arguing that it would not be enough to support system-level transformation.
- Scope for $66 million needs to be determined by NIAA to ensure "expectations are proportionate to funding": what is inside and outside scope as priority.

Potential enhancements to be explored further:

- There was a majority preference for "building on what's there", including boosting evidence-based practices within existing services, as opposed to providing funding to establish new services.
- Examples of boosting evidence-based practices may include, for example:
  - Making pharmacotherapy treatments available to clients in both residential rehabs and outpatient units, particularly for ACCOs/ACCHOs (currently insufficient provisions to deliver this treatment), including OAT and medications to treat alcohol dependence.

- Consideration around subsidising opiate treatment as innovative public health response (currently very expensive for clients owing to dosing fees).
- Medication to treat alcohol dependence, home detox for carefully selected clients, as well as more places at alcohol detox centres.
- Home or outpatient/ambulatory detox for carefully selected clients.
- Detox beds within residential rehabilitation.
- Take-home naloxone.
- Men's programs expanded to take in their children and families.

Infrastructure Needs

Sector infrastructure needs vary but most require overdue maintenance and repairs. In some cases the need is significant:

- Infrastructure in the AOD sector is aged, and some are in urgent need of repairs, maintenance, and in some cases, to rebuild.
- The AOD sector is constrained by infrastructure needs and many ACCO/ACCHO and mainstream service needs some type of infrastructure support.
- Infrastructure needs to enhance service delivery range from basic requirements (e.g. safety needs and/or leaking roofs that prevent working at full capacity) to small projects (e.g. adding an extra room or a minibus to transport clients) through to workforce development projects (e.g. purchase of software systems / expertise to enhance data collection, monitoring, reporting etc.) or expanded operations into new premises.
- However, service needs are prioritised by most stakeholders over major investments into infrastructure – with several perceiving infrastructure as outside the scope of the Initiative – following their assessment of the amount of funding being made available by NIAA.
- More broadly, stakeholders recognised that the sector infrastructure debate is limited owing to a lack of national and state and territory jurisdictional data. This effects planning for future needs at a national level.

Lack of residential accommodation:

- Clients often must leave Country in remote areas for treatment.
- Many clients return home to a lack of services in remote communities.

Additional infrastructure needs: transport and staff accommodation:

- Transport options to support clients to seek out the most appropriate treatment option more readily, as opposed to the closest treatment option.
- Staff accommodation and housing is needed, especially in rural and remote locations.
- The ability for service providers to purchase assets, such as the transport options detailed above.

Data, Reporting, and Evaluation

Resource data management by service providers, uphold data sovereignty, and ensure data is used to ensure continuous improvement:

- Data gathering, analysis, and evaluation were understood as essential for workforce development, including through the training of staff, and forecasting of future service need.
- Services should be supported and funded to collect data, own this data, and evaluate their service provision.
- Need for significant IT investment for services to capture and assess data.
- Services would like access to demand data, forecasting models and prevalence data, as demand is currently understood by the needs of "who walks through the door".

- Data management roles and data systems within service providers should be funded.
- ACCOs/ACCHOs should have ownership, control, and sovereignty over their data.
- Partnering ACCOs/ACCHOs with University sector for evaluation development.

Need for a broad, flexible evaluation approach:

- Shifting the focus of evaluations from the use of substances to people and their journeys.
- Capturing outcomes from the client's perspective.
- Creation and use of Key Performance Indicators (KPIs) that are meaningful and relevant, and consistent with different evaluations at the Commonwealth and State/Territory levels, while also allowing for flexibility for local data and evaluation needs.
- Aligning evaluation expectations to the funding invested in the evaluation.
- Narratives of a client's journey and experience helps funders and providers understand quantitative data and improve their responses.
- A future role for a body such as the former NIDAC would be to provide guidance on a national evaluation approach as a market steward to help advise and advocate on strategic issues in the AOD sector.

There is a need for monitoring via a performance and evaluation framework:

- Large number of KPIs exist in the AOD sector, but there is a need to investigate their efficacy, relevance, and capacity to influence change.
- Evaluation is resource intensive and should be funded in funding agreements.
- Stakeholders articulated that evaluation should aim to assess the implementation of NIAA's funding to ensure enablers and barriers are identified to best achieve future AOD sector objectives.

Evaluation presented as opportunity for learning and improvement:

- Evaluation of services should be viewed as opportunities to continually learn and improve provision across the AOD sector.
- Understanding how services and the funding are being implemented (and their related enablers and barriers) is as important as understanding what outcomes are being achieved.
- Some providers would like to know the longitudinal impacts of the support they provide and have access to additional data from funders.
- More evaluations undertaken of AOD services could be undertaken to highlight successful initiatives and build an evidence base around effective practice in the sector to extract lessons from such evaluations.

Sector View on Funding Priorities

Need for long-term sustainable service delivery funding:

- Stakeholders identified a clear need for a strategic, long-term focus to funding services across the AOD sector, including through a national governance framework, such as the *National Drug Strategy 2017-2026*.[16]
- Stakeholders articulated their preference for NIAA to work with existing services instead of "reinventing the wheel" and creating new services or programs.
- Ensure the capacity of the AOD sector does not diminish or erode over time due to lack of funding.
- Ensure service sustainability as a key funding focus for future.

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[16] Department of Health and Aged Care, *National Drug Strategy 2017-2026*, 2017, accessed 21 September 2022.

- Support AOD sector sustainability over the long-term.

Invest in service diversity and accessibility:

- Stakeholders noted that the biomedical focus of AOD service delivery often excludes culturally appropriate, Social and Emotional Wellbeing approaches to provision for Indigenous clients. There is a need to invest in broadening and better recognising and supporting non-biomedical interventions, especially cultural healing approaches and holistic care provision.
- Ensure the funding supports a continuum of care for service delivery, such as detox and withdrawal, rehabilitation, and post-care services.
- Invest in on Country supports, programs, and services to ensure accessibility, particularly for regional and remote communities.

Workforce upskilling, safety and wellbeing, and increasing salaries:

- Attracting candidates to the AOD sector, upskilling, and retaining staff were considered key priorities for stakeholders.
- Increase salary levels across the AOD sector, as remuneration is not increasing commensurate with increasing standards of care. This results in staff leaving for better pay and conditions, and loss of institutional knowledge/key relationships with clients and community.
- Scoping is required for unmet need for the Indigenous workforce across the AOD sector.
- Need to prioritise the strengthening of the existing Indigenous AOD workforce.
- Incentivise participation in the AOD workforce through scholarships, qualifications (including re-examine entry level qualifications), training and career pathways.
- Placements, supervision, and mentorship/fellowship (including intra- and intersectoral opportunities).
- Build capacity for cultural awareness, safety, and knowledge within the non-Indigenous workforce and mainstream providers.
- Ensuring cultural safety in the workplace for Indigenous AOD staff members through cultural safety measures and wellbeing policies.

Improving and supporting reporting and data support:

- Improve demand modelling and mapping of service provision including to account for different jurisdictional needs across all States and Territories.
- Building data collection and reporting sector capacity, including significant investment in IT for services to capture and analyse their outcomes.
- Develop a performance and evaluation framework with consistent measurement to be undertaken independently rather than as the sole responsibility of service providers.

Cultural competency across the AOD sector:

- All service providers need to be assessed to determine the level of culturally competent service provision across the AOD sector.

Infrastructure needs and expenditure:

- Stakeholders identified the need for infrastructure expenditure for ACCOs/ACCHOs.
- Maintenance and upkeep was a key priority for stakeholders in any future infrastructure investment.

Suggested Funding Priorities: Results of Stakeholder Votes and Further Considerations

Stakeholder Voting on Distribution of Available Funding between Streams 1, 2, and 3

Participants in each of the nine sessions with specific stakeholder groups were asked to cast their vote against each of the funding streams throughout the Stage One consultation via the session's MURAL Boards. The following results represent the final voting tally from a total of 302 individual votes:

- Stream 1: Service delivery – 127 votes,
- Stream 2: Workforce support and data processing – 113 votes, and
- Stream 3: Capital infrastructure – 62 votes.

Most stakeholder votes went to Stream 1 and 2 for a total of 79.4 percent. This was consistent with the overall finding throughout Stage One that stakeholders sought to prioritise both service delivery and workforce support and data processing in the AOD sector over major infrastructure needs. Nonetheless, several stakeholders also noted that there is a consistent need for substantive infrastructure and repairs across the AOD sector to ensure service provision was as effective as possible, as further detailed in Overarching Themes, below.

Importantly, however, Indigenous AOD and health peaks in Session 8 did not participate in the voting exercise, but clearly articulated their preference for Stream 2: Workforce support and data processing as their key funding priority. In addition, participants in Session 6: Empowered Communities highlighted their limited capacity to make assessments regarding funding priorities without having community ownership of their data or being provided with sufficient data at the community level throughout the Stage One consultations, in alignment with principles of Indigenous data sovereignty.

Suggested Funding Priorities between Streams 1, 2, and 3

The following findings provide a high-level overview of funding priorities and additional considerations between Streams 1, 2, and 3 provided by participants from across the Stage One consultations for reflection prior to the outset of Stage Two.

Stream 1 – Service Delivery

- A chronic lack of funding exists across the AOD sector affecting capacity to deliver services, exacerbated by a lack of indexation (i.e. Consumer Price Index (CPI) linked increases) for nearly a decade.
- Enhancing and supporting current services and programs should be prioritised over the creation of new services.
- There is a clear preference for ACCOs/ACCHOs to receive funding to deliver place-based, culturally appropriate and safe AOD service provision, in alignment with Priority Reform 2 of the National Agreement on Closing the Gap.[17]

Stream 2 – Workforce Support and Data Processing

- The need for Indigenous AOD workforce development and support, and building workforce capacity, was consistently highlighted as a key priority throughout the Stage One consultations.
- The current lack of funding across the AOD sector has a direct impact on workforce development, including attracting candidates, upskilling and retaining staff, and increasing salary levels commensurate with similar roles with other employers such

[17] Closing the Gap, *Priority Reforms: National Agreement on Closing the Gap*, 2021, accessed 21 September 2022.

as in mainstream, government, or Primary Health Network (PHN) roles, increasing costs of living, and increasing costs of providing care.

Stream 3 – Capital Infrastructure

- Major infrastructure overhaul and new builds were often rejected by stakeholders, and were instead viewed as secondary priorities to the possibility of increased funding for service delivery, and workforce support and data processing.
- However, many stakeholders expressed the need for infrastructure and repairs across the AOD sector to ensure service provision was as effective as possible.

Additional Funding Priority Considerations

- There is a general need across all jurisdictions to assess the entire AOD funding landscape to ensure funding is effectively prioritised on a systemic, equitable basis.
- A long-term approach to strategy is needed, through long-term funding for the AOD sector and indexation, while being "realistic" about amount of funding offer.
- The funding of a national coordinating and/or governance body was viewed as a key way to ensure long-term planning and strategy for the AOD sector. Resourcing a national, Indigenous-led governance body was a priority for many stakeholders.
- Finally, several participants highlighted their limited capacity to make assessment on funding priorities without sufficient information on funding and demand at local, State and Territory, and national levels.

Overarching Themes

The Stage One consultation process identified seven core overarching themes for NIAA's AOD Initiative vital to consider prior to the development of consultations for Stage Two.

The following overarching themes were identified following Inside Policy's in-depth and robust analysis of the Stage One consultation sessions (see Methodology, above) and emerged as the most recurring feedback provided by stakeholders across all 12 sessions.

Need for Sustainable Funding Arrangements for the AOD sector

A chronic lack of funding exists across the AOD sector affecting capacity to deliver services. This general lack of funding is further compounded by the decade-long absence of indexation, which has led to a contraction of funding in real terms. Combined, these are seen by most stakeholders as the foundation of many of the issues across the AOD sector. This lack of funding has a direct impact on the AOD workforce – including attracting, upskilling, and retaining staff, particularly Indigenous staff – and maintaining salary levels that are commensurate with increasing costs of living and standards of care.

While tension existed between the idea of distributing the funds via a needs vs equity basis across the Stage One consultations, it was clear that the majority of stakeholders felt that due to the relatively small amount of funding, the focus should be on the recognised needs of existing services. It is also clear that stakeholders want all jurisdictions to work towards determining priorities for AOD services through a systematic, equity-based approach to funding. Stakeholders used the term 'equity' to refer to a range of preferences regarding the allocation of funds, including considerations of existing funding and services population, geographic spread, place-based service provision, and local needs and decision making. Importantly, however, this approach also sat in tension with several articulations of taking a needs-based approach to funding allocation nationally. Additionally, the Initiative (NIAA's up to $66 million) was viewed as largely "maintenance" money with little capacity for systemic improvements across service provision, infrastructure, workforce, or broader system-level change across the AOD sector.

Clear Gaps, Unmet Needs, and Funding Opportunities in AOD Treatment Services

The lack of funding across the AOD sector affects providers' capacity to deliver services. Stakeholders clearly articulated that the gap was widening between service provision needs

and increasing costs, against current stagnant funding levels. Stakeholders made their preference clear for NIAA to fund existing services and ensure gaps and unmet needs were filled in existing services, rather than funding new services or approaches to AOD service provision.

Specifically, stakeholders identified gaps and unmet needs in AOD services for families, people with children, gender diverse people, young people, and people in prison and post-release care. Types of services that need additional funding include residential rehabilitation, detox services, pre- and post-treatment support, care coordination, supported referral, case management, harm reduction, and Opioid Agonist Therapy (OAT). Providing services in regional and rural locations, and on Country, were also seen as clear gaps across the AOD sector.

Preference for an Indigenous-Led and Informed AOD sector

Stakeholders argued that ACCOs/ACCHOs should be prioritised in any new funding provided by NIAA. Stakeholders clearly articulated the need for policy, funding priorities, and service provision that recognises the culturally-safe, trauma-informed services ACCOs/ACCHOs are currently providing across in the AOD sector. Participants noted that supporting and resourcing Indigenous-led service provision not only resulted in efficacy for AOD services, but that it also fostered culturally appropriate ways for clients to receive holistic support and care, that does not start with the symptom (i.e. alcohol or drug use).

Indigenous-led AOD services were considered the priority for all stakeholders. Additionally, participants were also clear that there is a need for mainstream service providers to be evaluated and monitored on their capacity and performance against measures of culturally responsive care provision and cultural safety of their services. For mainstream providers, this includes the creation of a performance and evaluation framework that ensures these measures are being upheld for Indigenous clients who access AOD services through mainstream providers.

Need to Build the Indigenous AOD Workforce

There are also major concerns for the professional development and growth in the number of Indigenous staff in the AOD workforce. Stakeholders repeatedly called for substantial investment to attract, train, support, retain, and further develop current and future Indigenous staff. This included the need to increase salary levels across the AOD sector, as remuneration is not increasing to be commensurate with increasing standards of care. This results in Indigenous and non-Indigenous staff leaving for better pay and conditions, and the loss of institutional knowledge/key relationships with clients and community.

Additionally, further work is needed to ensure staff members' capacity for cultural awareness, safety, and knowledge are developed within non-Indigenous, mainstream providers of AOD services. This would not only increase accessibility for Indigenous clients, but also ensure cultural safety in the workplace for Indigenous AOD staff members through cultural safety measures and wellbeing policies.

Necessity for Development of AOD sector Stewardship and National, System-Level Framework

Stakeholders clearly identified the need for a national strategy, mapping of services, and visibility of all funding across the AOD sector as necessary to plan the most efficient and effective use of NIAA's Initiative.

In addition, there is a need for greater alignment across various policy frameworks and strategies by the Commonwealth and state/territory governments. Doing so would ensure a national, system-level response mechanism to ensure sustainability of existing funding, improve demand modelling and mapping of service provision including to account for different jurisdictional needs across all States and Territories, and formalise coordination and system integration between funders through a single planning and reporting system.

Stakeholders posited that NIAA could be resourcing governance and related bodies for national-level strategy and ensuring Indigenous Australians' voices are included and integral to any national AOD governance and coordination. Additionally, this need for national governance and AOD sector planning could be assisted by the Commonwealth Department of Health and Aged Care given their oversight of the *National Drug Strategy, 2017-2026*. National strategic governance would address the lack of policy frameworks, the absence of treatment mapping, planning, and demand modelling, and the lack of funder coordination across the AOD sector.

Sector stewardship and national coordination would aim to ensure continuity and consistency of AOD service provision nationally. This also allows for flexibility so service providers can adapt to local-based priorities, through formalised communication and relationships across the sector. Without this coordination, there is a risk of wasted funding and the further exacerbation of ongoing workforce issues, unmet service demand, and decay of essential infrastructure across the sector.

Infrastructure Needs Are Clear Across the AOD Sector

Stakeholders highlighted that infrastructure in the AOD sector is aged and in need of repairs, maintenance, and in some cases, this need is significant and potentially requires construction of new buildings. This results in constraints to current service provision capacity and workforce utilisation, with many ACCO/ACCHO and mainstream service currently in need of some type of infrastructure support. These range from basic requirements (e.g. safety needs and/or leaking roofs that prevent working at full capacity) to small projects (e.g. adding an extra room or a minibus to transport clients) through to workforce development projects (e.g. purchase of software systems / expertise to enhance data collection, monitoring, reporting etc.) or expanded operations into new premises. Visibility of the status of AOD sector infrastructure was also limited for many stakeholders, owing to the lack of data and planning at the national level. This includes the capacity to capture data on this issue, owing to the vital need for new IT infrastructure, which in turn, effects planning for future needs.

Additionally, most stakeholders consulted throughout Stage One argued that service needs are more urgent than the potential development of new infrastructure following their assessment of the amount of funding being made available by NIAA.

Need to Increase Indigenous-Led Data, Reporting, and Evaluation Across the AOD Sector

Finally, stakeholders also articulated the necessity of data gathering, analysis, and evaluation by service providers to be essential for service improvements, workforce development and national coordination across the AOD sector. Most participants argued that services should be supported and funded to collect data, own this data, and evaluate their service provision, but that to do so, NIAA would need to invest in significantly improving services' IT resources.

Stakeholders also noted the need for renewal of government data gathering and analysis processes in the AOD sector, whereby service providers would be able to access demand data, forecasting models, and prevalence data to provide effective AOD services. This also included the creation of new KPIs (which are shared across the multiple funders), evaluation methods, and improving providers reporting to be consistent with principles of Indigenous data sovereignty, and to change focus from compliance with government audit and regulation to ensuring quality outcomes for clients of AOD services.