Northern Territory Alcohol and Other Drug Workforce Development Strategic Framework
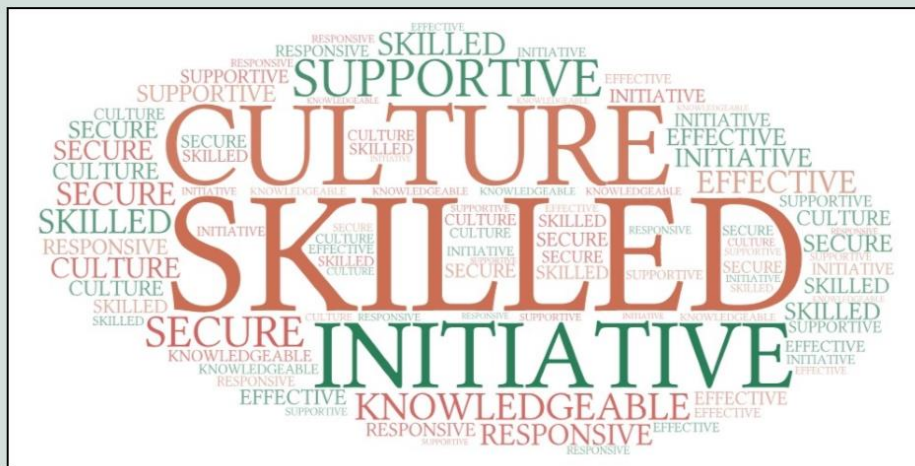
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Foreword

The Northern Territory Alcohol and Other Drugs Workforce Development Strategic Framework (Strategic Framework) builds upon the work of many organisations which have investigated the workforce development needs of the Northern Territory (NT) alcohol and other drugs (AOD) sector in recent years. In 2017, Northern Territory PHN (NT PHN) commissioned the National Centre for Education and Training on Addiction (National Centre for Education and Training on Addiction) to undertake a comprehensive examination of the Territory's AOD sector workforce development (WFD) needs. The Needs Assessment involved:

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

Eight Recommended Action Areas emerged from the Needs Assessment:

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.*

In 2018, NT PHN subsequently commissioned NCETA to consult with key Territory stakeholders to operationalise the eight Recommended Action Areas, in alignment with the National AOD WFD Strategy 2015-2018 and relevant NT strategies and policy initiatives. This Strategic Framework is the culmination of that work, with the eight recommended Action Areas forming the basis on which is was developed.

We note that during the development of this Strategic Framework the Menzies School of Health Research was commissioned by the NT Department of Health to undertake a Demand Study of Alcohol Treatment Services in the NT. Where possible we have tried to ensure that there is a degree of alignment between the two complementary initiatives.

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Executive summary

NT PHN commissioned the National Centre for Education and Training on Addiction (NCETA) to develop an alcohol and other drugs (AOD) Workforce Development (WFD) Strategic Framework for the NT.

The Strategic Framework covers the period 2019-2024 and identifies high level WFD strategic planning initiatives designed to operationalise the Recommended Action Areas from a 2017 NT AOD WFD Needs Assessment. It is aligned with the National AOD WFD Strategy 2015-2018, a range of NT-specific strategic frameworks and policy initiatives, and national and jurisdictional WFD initiatives contextualised to address the unique needs of the NT AOD sector.

The Strategic Framework takes a systems approach. It also focuses on specialist AOD services and workers, but in doing so also acknowledges the WFD needs of the broader health sector, services and providers. It identifies both new and builds on a range of existing WFD initiatives currently underway in the NT.

The Strategic Framework incorporates:

- Findings from consultations undertaken with 11 key stakeholders (identified by NT PHN, Department of Health and the Association of Alcohol and other Drug Agencies)

- Identified WFD needs of the NT Aboriginal Workforce

- Models of Recruitment, Retention, Professional Development and Career Pathways.

The Strategic Framework is designed to provide guidance on the identification, development and implementation of AOD workforce development initiatives and to strengthen the capacity of the NT AOD service delivery system to provide contextually and culturally appropriate evidence-based services to clients and communities.

It is intended to be used as an overarching document to assist NT funders, policy makers, peak bodies and service providers implement strategies to support and grow the NT AOD workforce over the next five years.

The Strategic Framework contains 10[1] Action Areas. Each Action Area includes a rationale, summary of key stakeholder responses, potential initiatives and options for monitoring change over time.

The 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. Improve professional development processes (inclusive of education and training)

7. Clinical supervision and mentoring opportunities

8. Support practice innovations

9. Enhance career pathways

10. Increase awareness of AOD use and related harms in the NT.

In implementing the Action Areas, it is imperative that AOD organisations, NT PHN, NT Health, peak bodies, Aboriginal and Torres Strait Islander organisations, professional bodies, universities and vocational training organisations work together to ensure that the NT AOD workforce is diverse, competent, capable and supported to meet current and future needs.

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[1] The 2017 WFD Needs Assessment initially identified 8 Recommended Action Areas. During the Strategic Framework consultations two additional Action Areas were identified and included in Strategic Framework.

Part A: Introduction

Strategic Framework development

In 2018, NT PHN commissioned NCETA to develop a 5-year NT-specific AOD WFD Strategic Framework (2019-2014) which aligned to the National AOD WFD Strategy 2015-2018 ([1](#)), other relevant government initiatives e.g., Demand Study for Alcohol Treatment Services in the Northern Territory ([2](#)), and incorporated consultations with key Northern Territory Stakeholders. The Strategic Framework:

- Operationalises the Action Areas recommended in an initial Needs Assessment[2]
- Includes the WFD needs of the NT AOD Aboriginal workforce
- Incorporates models for recruitment, retention, professional development and career pathways
- Builds on extensive consultation with the sector (see Appendix 1)
- Identifies new initiatives and consolidates a range of existing WFD initiatives currently being undertaken in the NT.

The document is comprised of three parts:

Part A outlines the purpose of the Strategic Framework and provides a brief background and context to its development.

Part B outlines the priority areas and models to address some of the highest priority issues covered in the Strategic Framework. These are a) recruitment, b) retention, c) professional development, and d) career pathways. These areas are addressed further in Part C.

Part C presents the Strategic Framework organised around 10 Action Areas.

Further details pertaining to the Strategic Framework, its content and development, are contained in the Appendices.

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[2] The 2017 Needs Assessment recommended eight Action Areas: Enhance understanding of the NT AOD workforce; Improve intersectoral collaboration; Improve recruitment and retention; Enhance access to education and training; Support workers in remote and rural communities; Enhance clinical supervision and mentoring opportunities; Support the Aboriginal workforce; and Support practice interventions.

Purpose

The two-fold purpose of this Strategic Framework is to:

1. Provide guidance on the identification, development and implementation of AOD workforce development initiatives in the NT
2. Strengthen the capacity of the NT AOD service delivery system to provide contextually and culturally appropriate evidence-based services to individual clients and the communities in which clients live.

For the Strategic Framework to be effective it needs to be embedded in government policy supported by high-level endorsement, and appropriately funded to achieve the goals identified as required to improve the workforce and AOD services that they support.

Focus

The Strategic Framework focuses primarily on specialist AOD services but recognises the crucial AOD-related roles played by the broader health and human services sectors (Figure 1). AOD services include government and non-government organisations whose employees may include AOD workers, nurses, social workers, doctors, peer workers, needle and syringe program workers, prevention workers, addiction medicine specialists and specialist psychologists and psychiatrists (3). Workers in primary care, community health services or hospitals, community services and welfare and support services may also work with individuals and communities with AOD concerns (1).
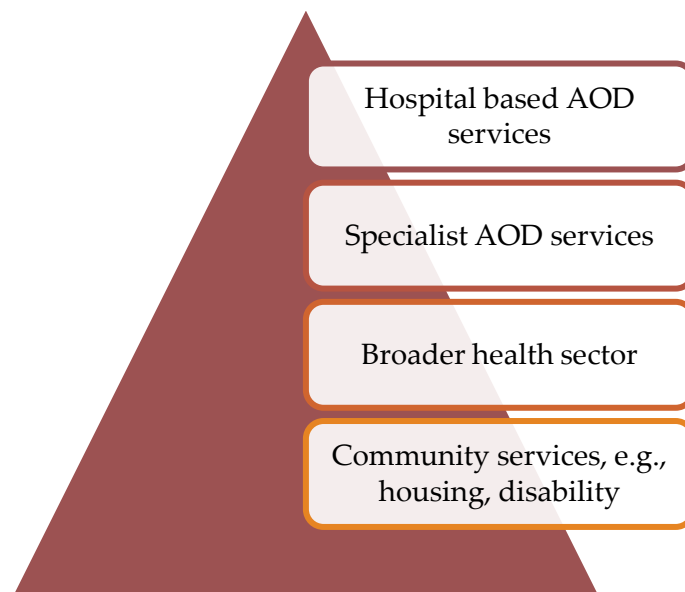
Figure 1. Tiers of activity involving different services/workers

Context

The Northern Territory covers 1.34 million square kilometres, with a population of 245,740 including 57,552 Aboriginal people (4). The population is relatively young (median age 32 years) and ageing at a slower rate than Australia overall (5, 6). Alcohol and other drug (AOD) use and related harms are a substantial problem. Nationally, the NT has the highest:

- Per-capita alcohol consumption (7)
- Proportion of alcohol-related deaths - approximately three times more than the national average (16.7 vs. 5.1 deaths per 100,000 persons nationally) (8)
- Prevalence of recent illicit drug use – almost 50% higher than the national average (9).
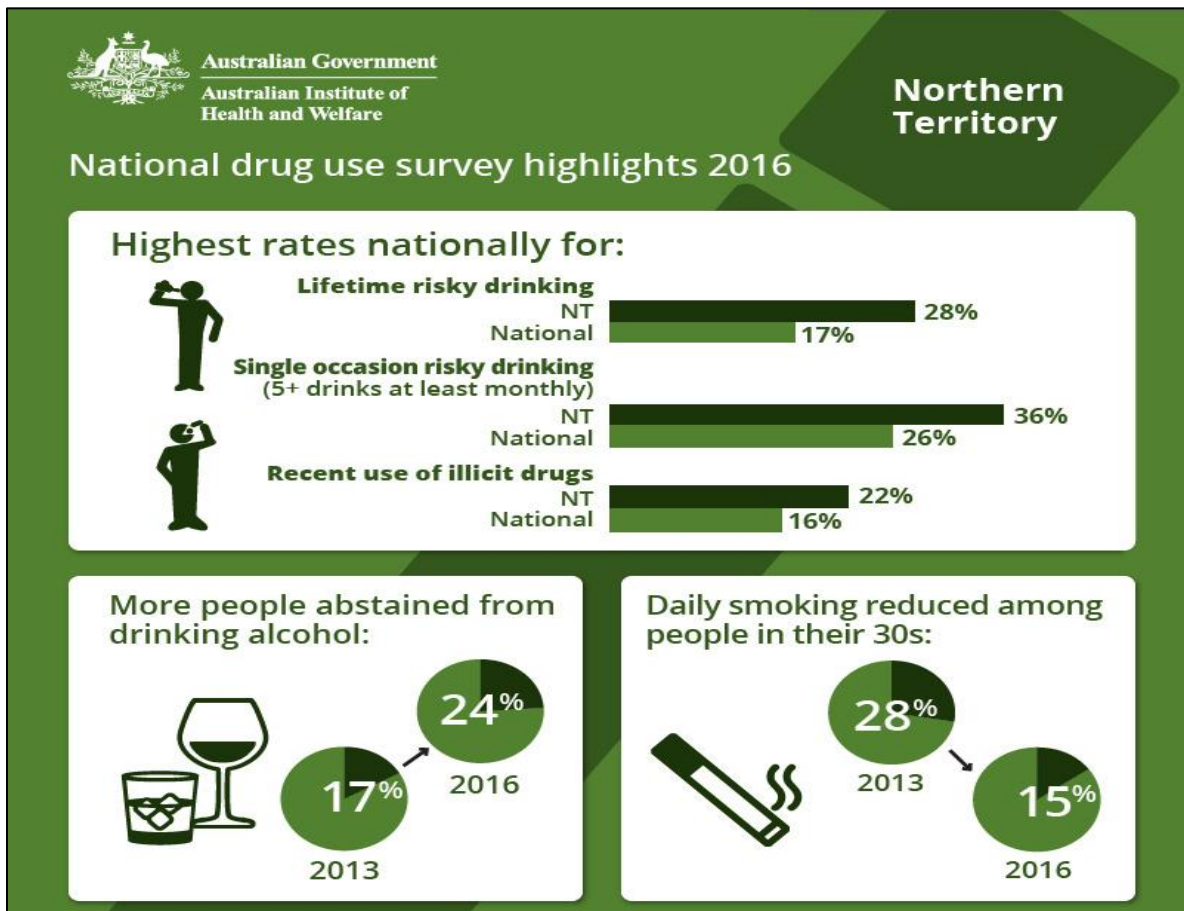
Figure 2. National drug use survey highlights – Northern Territory
Source: AIHW (2017)

Total NT social and economic costs and harms of alcohol consumption equates to $1.38 billion (tangible $701.3mil and intangible $685.5mil costs) ([10](#)). Per individual adult, the estimated total social costs of alcohol in 2015/16 were $7,577.94 (excluding costs of alcohol dependence to the dependent drinker and their family) ([10](#)).

Very high levels of use, strong cultural AOD norms, and a challenging environment make it especially difficult to address these problems. Additional factors include:

- Significant economic contributions from supply, purchase and consumption of alcohol
- High workforce mobility
- A large proportion of population from an Aboriginal[3] background
- Communities experiencing poor health, wellbeing, social disadvantage and inequities
- Disproportionately high levels of harm from alcohol ([11](#))
- Complex problems compounded by isolated, rural, remote and dispersed communities ([6](#)).

These contextual factors informed the development of the Strategic Framework.

NT AOD workforce

Responding to AOD issues requires a skilled, flexible and responsive AOD workforce, and highlight the importance of effective workforce development (WFD) measures. Limited information is available on the NT AOD workforce. Estimates have ranged from approximately 200 to approximately 400 fulltime equivalent staff[4] ([2](#)).

A 2016 AOD Specialist Workforce Profiling Survey (N=29) conducted by AADANT found AOD workers were mainly located in Darwin (69%), female (62%) in full time positions (75%) and more than half (52%) worked unpaid overtime ([12](#), [13](#)). Approximately 14% were Aboriginal and 24% had a CALD background.

In terms of appointment details: 35% were appointed against no specific award and 38% were on Social and Community Services (SACs) awards (21% at the top level), 65% earnt less than $80,000 pa, and 41% received annual increments. Provision of incentives and positive work conditions were reported to be limited (52% time in lieu, paid leave 24% (Xmas/NY), 55% flexible work arrangements, 31% paid study leave, 3% unpaid study leave, 24% conference leave, 28% EAPs, 24% other) ([12](#)).

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[3] Throughout this document the term "Aboriginal" includes Aboriginal and Torres Strait Islander peoples.
[4] This does not include an estimated additional 150 workers to provide transport support.

Workforce development approach

The Strategic Framework takes a systems approach. This entails a broader definition of WFD which extends beyond provision of education and training to include issues such as recruitment and retention, workforce planning, professional and career development and worker wellbeing. This approach focuses on the wide range of individual, organisational, structural and systems factors impacting the ability of the workforce to effectively prevent and respond to AOD harms. Without addressing these underpinning and contextual factors, the ultimate aim of increasing the effectiveness of the workforce is unlikely to be achieved (3).

The following definition of workforce development, endorsed by the Intergovernmental Committee on Drugs, provides the conceptual foundation for the NT AOD WFD Strategic Framework:

> *…a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug-related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers (14).*

AOD workforce development in the NT

A range of complex and diverse factors impact the AOD workforce in the NT. The initial NT AOD WFD Needs Assessment (15) undertaken in 2017, and the consultations completed as part of the development of this Strategic Framework in 2018-19, identified the following factors as pivotal in ensuring the effectiveness and resilience of the NT AOD workforce:

a) Work conditions and opportunities
b) Community development capacity
c) Organisational support and systems
d) Monitoring Change / performance
e) Government initiatives
f) Cultural safety and security
g) Knowledge, skills and experience.

These seven factors (A-G) and their contributory role in WFD are depicted in Figure 3 and described below.
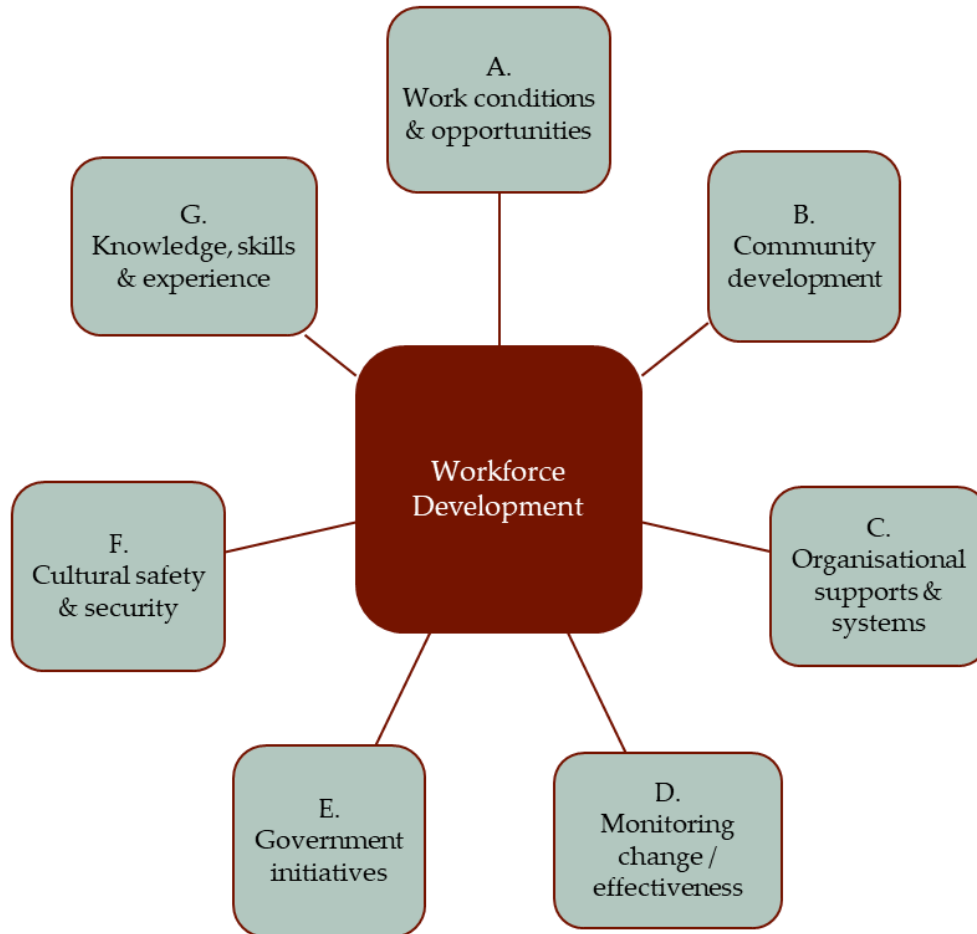
Figure 3. Issues of relevance to workforce development

Derived from Roche & Pidd, 2010 ([3](#)), NT government initiatives & the McKinsey 7S strategic framework model ([16](#))

A. Work Conditions and opportunities

Regardless of role, function, service size or location there is an imperative to create work environments and conditions where the AOD workforce is valued, supported and operates in a setting of mutual collaboration ([17](#)). Similarly, issues of appropriate remuneration, adequate work conditions (e.g., physical environment, workloads), industrial awards and career paths, all impact the AOD sector's ability to recruit and retain appropriate staff ([17](#)). Supporting organisations to develop and promote career paths and opportunities for their workforce is a key element in ensuring that workers have access to well defined career advancement including leadership and management development opportunities ([17](#)).

B. Community development

Community development entails working with communities to assist them to build the capacity of their AOD workers and organisations to enhance community safety and amenity and reduce

harms to families and individuals from AOD related issues (adapted from Tjapaltjarri et al., 2012) (18). This is particularly salient for workers who provide support to Aboriginal populations, given the critically important relationships between individual clients, their families, community and Country.

C. Organisational support and systems

Effective organisational workforce systems are an investment (19), which enable agencies, through their workforces, to deliver high quality, innovative AOD services that meet client and community needs. Organisational systems operate both internally and externally. Internally, they include the development of clear and transparent policies and procedures; clear role descriptions; employment conditions; the provision of supervision and mentoring programs and professional development opportunities to support skill utilisation; and establishing and maintaining safe workplaces (20). Externally, they entail the development and maintenance of good working relationships with other agencies, funders, and the community to deliver person-centred care that is safe and effective.

D. Monitoring change / effectiveness

Change is a continuous process. Change takes time and requires worker, community and organisational engagement, before, during and after the implementation of new ways of operating. The ability to monitor change processes, and to monitor the effectiveness of service provision, is critical for strengthening the NT specialist AOD workforce and its ability to deliver evidence-based services to individual clients, and to the communities in which they live.

E. Government Initiatives

A range of government initiatives also impact the effectiveness and resilience of the NT AOD workforce. This Strategic Framework was developed in cognisance of, and is aligned with, a range of national and Northern Territory policies, strategies, frameworks and plans. These include:

National:

- *National Drug Strategy 2017-2026*
- *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*
- *Indigenous Allied Health Australia Workforce Development Strategy 2018-2020*
- *Future Focus: 2013 National Workforce Development Strategy.*

Northern Territory:

- Alcohol and Other Drugs Strategic Plan 2015-2018
- Alcohol Harm Minimisation Action Plan 2018-2019

- Alcohol Policies and Legislation Review: Final report (Riley Review)
- The Remote Alcohol and Other Drugs Workforce Program: Community development framework
- Aboriginal Cultural Security Framework 2016-2026
- Indigenous Employment and Career Strategy 2015-2020
- Northern Territory Aboriginal Health Plan 2015-2018
- Northern Territory Health Strategic Plan 2018-2022
- The Best Opportunities in Life: Northern Territory Child and Adolescent Health and Wellbeing Strategic Plan 2018-2028.

F. Cultural competence, safety and security

Cultural safety / security develops as a result of activities, behaviours and policies that promote the highest level of cultural competence at individual, community and organisational levels (Figure 4). This means that regardless of context, people feel culturally acknowledged, safe, secure and respected. This enables them to access, participate and express themselves freely in a workplace, program or initiative without fear of judgement, shame or condemnation (18). Cultural safety and security are important to both organisational working environments and to the relationships between workers and clients.

In the context of providing services to Aboriginal clients, cultural safety and security stems from the interaction between:

- Consumer participation and self-determination
- Effective policies and procedures
- Responsive organisational culture
- A skilled and culturally reflective workforce (21).

These four factors are depicted in Figure 4.
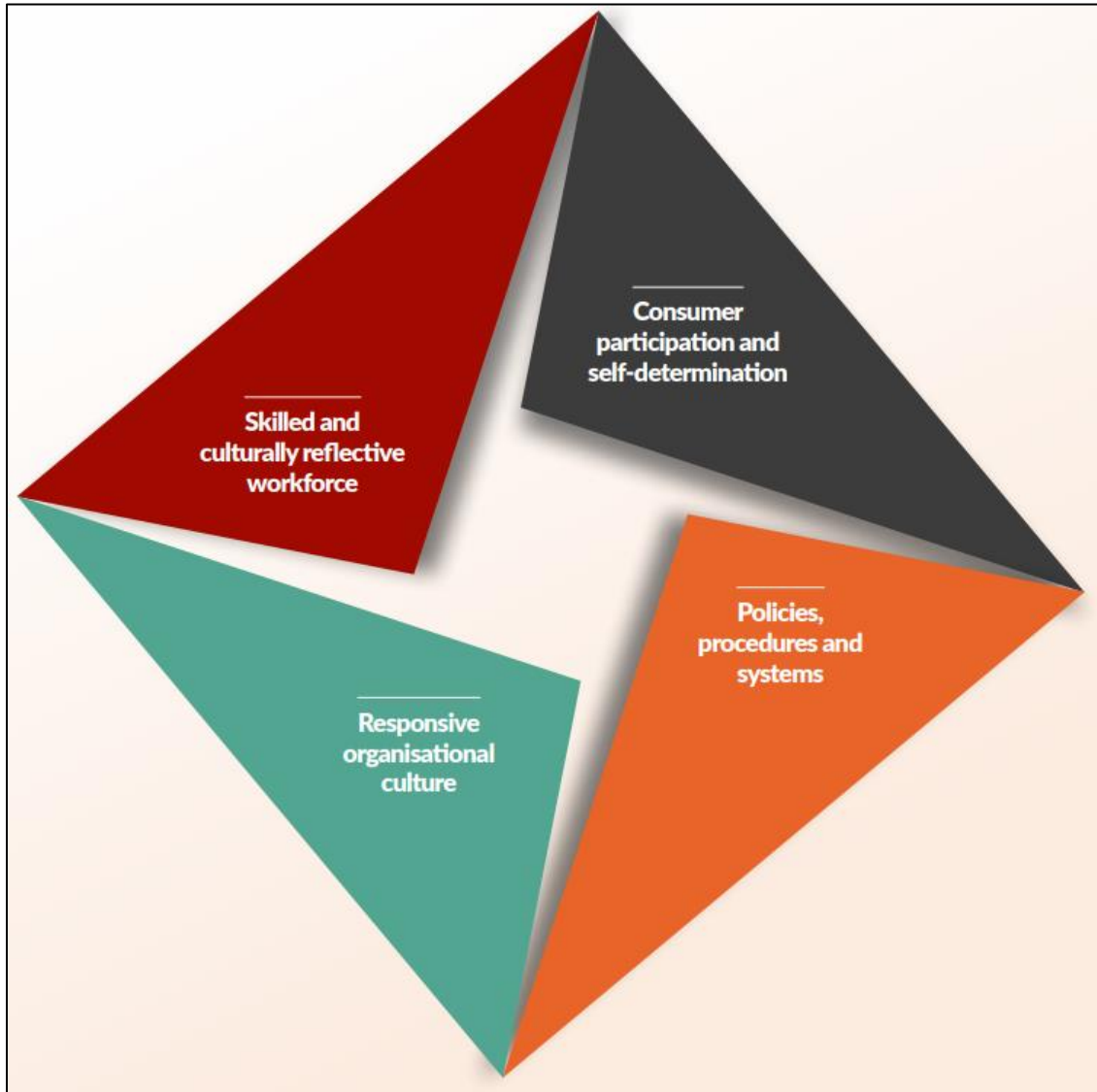
Figure 4. Aboriginal cultural security, the sum of many parts
Source: Northern Territory Health, Aboriginal Cultural Security Framework 2016-2026, p.17

G. Knowledge, Skills and Experience

To ensure workers have the capacity to deliver evidence-based services to individual clients and communities, the workforce needs to be:

- Knowledgeable
- Skilled
- Experienced
- Competent.

Each of these qualities is important, but their development is a life-long process (19). Consequently, the Strategic Framework takes a life-long learning career development approach (19). Such an approach involves upskilling and increasing the size of the workforce as well as removing barriers to workforce participation for people experiencing disadvantage (19).

What's next?

Part B presents WFD models in relation to the core areas of recruitment, retention, professional development and career pathways.

Part C outlines in 10 Action Areas potential initiatives that may be executed as part of the Framework, together with indicators to monitor change over time.

Part B: Priority area models

This Framework identifies a number of areas to be addressed, however priority is placed on four areas:

a) Recruitment
b) Retention
c) Professional development
d) Career pathways.

Reasons for a central focus on these issues and how they might be tackled are outlined below. Specific actions that align with each area are detailed in **Part C** under the Action Areas. Attached at the end of this section are two schematic representations of the challenges and approaches that can be taken to address recruitment, retention, professional development and career pathways (see Figures 5 and 6).

Recruitment

One of the greatest WFD changes facing the NT AOD sector is the availability of sufficient numbers of appropriately skilled and trained workers. This long-standing issue is predicted to increase in severity and urgency (2, 22). The NT also has the highest workforce mobility of any jurisdiction in Australia, especially in the community services domains.

In view of this, effective strategies to both recruit and retain AOD workers are an imperative. In particular, there is a need to recruit locally and provide training and professional development opportunities to local workforces as they are best placed to ensure longevity and continuity of care (22). There is also a need to recruit and develop generic health and human services workers who can work effectively across a range of areas, including AOD. This is an important consideration as the overall workforce shortfalls and retention issues will not be resolved in a short time frame.

On a pro-rata basis, adjusting for higher AOD prevalence and environmental factors (demographic differences, geographical distance, remoteness, rurality, and infrastructure limitations), it is conservatively estimated that an AOD workforce of approximately 200 workers is required to support current NT needs (using current workforce estimates from other jurisdictions as an unadjusted base). However, the DASPM model estimated the workforce required is closer to approximately 400 workers (with an additional 150 workers to provide transport support).

A comprehensive recruitment model requires the following steps to be implemented.

1. Calculation of numbers and types of workers needed by establishing:
    a. Reliable data on the number and profile of the current workforce
2. An agreed service delivery model[5] with workers' roles designated and enumerated.
3. Calculation of gaps in the numbers, roles, location and types of workers (between the reality and the ideal model).
4. Development of targeted strategies to fill specific identified worker gaps.
5. Establish workforce goals to match the targets set above.
6. Agreed strategies to fill gaps at different levels include:
    a. Vocational education scholarships to recruit Aboriginal students at school level (note success achieved elsewhere e.g., in NSW) ([23])
    b. Student placements in AOD services
    c. Cross sector AOD initiation programs
    d. Enhanced mentoring.

The selection of specific recruitment strategies however pivots on the agreed approach to strengthening the service delivery system and the identification of the composition and location of services and the roles required. Generic recruitment strategies are not supported. They are likely to be costly and ineffective.

The following Box provides a recruitment and workforce planning template, and outlines the specific recruitment strategy steps required to be undertaken and examples of associated tasks to achieve those steps.

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[5] Stephens et al. (2019) argue for the need for the development of a multi-agency treatment service plan with a substantially different geographical distribution of services and by service type.

Box: Recruitment and planning template

Recruitment Strategy Steps	Tasks
NT AOD Workforce Data	Estimated current NT AOD workforce: 70. Ideal target workforce: 150-200 (based on agreed service planning model).
NT Service Delivery Model	An agreed service delivery model delineating the types and range of services required to meet NT needs, together with the workforce specifications required for the service delivery model.
Staff Specifications to match Service Delivery Model	N nurses, N counsellors, N etc ….
Workforce Gap Assessment	Ideal – Current worker complement
Set Target Workforce Goals to bridge gap (numbers of workers by type to be achieved by specific time points – insert details below)	E.g., N workers (specify role/skills/quals) to be recruited to designated geographical locations.
Insert details	….

Retention

Staff turnover and mobility is exceptionally high in the NT. The AOD sector is no exception to this pattern. While there may be some advantages to workers rotating through different sectors to acquire new skills and experience, there is a need for workforce stability and continuity to ensure the delivery of quality care and well-run services.

A range of strategies are required to improve retention rates. Many of these strategies centre around employment conditions and worker benefits. The 2016 AADANT AOD Specialist Workforce Profiling Survey (12) identified under-utilised strategies that could be increased to improve retention including (AADANT survey figures in brackets):

- Time in lieu (52%)
- Paid leave (e.g., Xmas/NY) (24%)
- Flexible work arrangements (55%)
- Paid study leave (31%)
- Unpaid study leave (3%)
- Conference leave (24%)
- EAPs (28%)
- Other (24%).

There is scope to increase the level and range of worker benefits, such as those above. Specific targets and designated funding are required to support employers to provide such worker benefits.

To achieve improved retention rates:

1. Select salient retention strategies
2. Establish extent of current utilisation of these strategies (noting that some strategies may already be in place in other parts of the NT)
3. Set goals for improved levels of utilisation with designated targets and time frames (e.g., 80% of AOD services will begin offering monthly clinical supervision to 80% of all staff by 2021)
4. Monitor and assess extent to which targets are met.

Having set up a mechanism to implement and monitor strategies to improve retention, it is then necessary to monitor changes to the workforce to assess the extent to which these strategies have been successful or otherwise.

Retrospective financial incentives

Consideration is warranted for the introduction of bonus payments for completion of the previous 6 or 12 month's service i.e., retrospective rewards. These incentives would serve to retain existing staff rather than using higher salaries to attract workers who intend only staying a short period of time. In the latter instance, provision of higher salaries may have the perverse effect of increasing high turnover rates. A retrospective bonus model on the other hand may help avert this.

Professional development

Professional development (PD) plans for the NT AOD sector should reflect both the current and planned service configuration. The PD needs of workers in the system, as currently configured, may differ if proposed system realignment occurs (2). System strengthening in terms of geographical redistribution of services, and the nature of the services offered, will impact the PD activities required by workers. This notwithstanding, there are important PD initiatives that can be undertaken.

Reversing deep-end immersion

The NT AOD service delivery system is currently dominated by service provision for chronic, complex problems. Comparatively little resourcing is directed to less severe earlier stage problems (2). As a result, workers are likely to be introduced to the AOD sector through deep-end immersion working with clients with multiple morbidities that would challenge skilled and experienced workers. Relatively inexperienced and under-trained workers are unlikely to have the required skills in complex case management to support high need clients. A more appropriate process of gradual exposure to less complex and severe cases is required.

Graduated exposure to AOD skill development

Together with a realignment of the NT service delivery system to increase the quantum of care provided at earlier stages of problems, a similar professional development process is required whereby workers are introduced to the AOD sector through a progressive, staged approach from least difficult to more difficult cases. Such a WFD approach would complement a proposed extended coverage of care with expanded emphasis on the less severe non-dependent end of the continuum than is currently the case.

Introducing workers to the AOD sector in this graduated sequential way may also help reduce burnout and associated attrition, as the evidence indicates that less well trained and less experienced workers experience higher levels of work-related stress and burnout (24).

Counselling skill development

Approximately 49 % of AOD service utilisation involves provision of counselling (2). Demand for such services will likely continue and expand into the future. Hence, the development and enhancement of counselling skills constitutes a core component of requisite PD activities. Use of current training and counselling expertise, as well engaging FIFO clinical workers as trainers (see below) and mentors, is recommended. Similarly, capitalising on technology to support online counselling skill development is also supported.

Screening and brief interventions (SBI) training

Expanded support to develop skills in SBI is also required for the broader workforce that either currently or could potentially provide AOD services.

Use FIFO workers to provide PD as well clinical services

The NT relies heavily on a range of fly-in/fly-out workers (FIFO). They provide an effective way to supplement provision of essential and more specialised services not readily available otherwise. Scope exists to use specialist FIFO workers to also provide a wider range of WFD support in the form of training and mentoring. This would be an effective way of providing immediate, ongoing and expanded training and mentoring for diverse workforces.

Working in team-based models of care training

In the NT, as across Australia overall, workers enter the AOD sector from a diverse array of backgrounds and from many different sectors. In Victoria for instance, it was estimated that the AOD workforce in 2018 was comprised of approximately 1,500 workers of whom it was estimated that 46% were from another AOD role, 45% were from another sector and 9% were from student placements (25). Comparable data are not currently available for the NT, but a similar pattern is likely. Working in multi-disciplinary teams is increasingly the norm. Development of skills in team work and working with colleagues from other sectors is essential.

Basic training needed

The 2016 AADANT AOD Specialist Workforce Profiling Survey[6] identified that the education and training level of the NT AOD workforce was generally low, and specific AOD training very limited (12). There is a pressing need to increase educational levels overall of the NT AOD workforce, and particularly to increase AOD-specific training. To do so, requires provision of appropriate educational opportunities as well as access to such training opportunities.

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[6] Approximately a quarter (28%) of workers had undergraduate degrees and/or Diplomas, while 21% had a Master's Degree and 21% had a Certificate IV. However, high school completion was the highest qualification of 21% of AOD workers. Nearly half (41%) had no specific AOD qualification, and few possessed a Cert IV in AOD (14%) or a Diploma in AOD and Mental Health (14%). In the previous 12 months, 17% of workers had completed no training 17% had undertaken some self-directed learning and a further 17% had completed a short course. Most workers (70%) were currently not undertaking any formal training and 52% had no plans to undertake any soon.

This Strategy identifies:

- the types and levels of training appropriate for an AOD workforce (see service delivery model (as noted in 1a under Recruitment) and associated workforce requirements)
- where and how such training can be accessed
- how it can be made possible (i.e., through funding models that include scholarships, incentives, study leave options, mentoring and support, back fill, supervision schemes)
- changing expectations of managers, organisations and workers about the importance of ongoing professional development
- building in contractual requirements for each worker to undertake ongoing professional development.

Moreover, a range of other strategies are needed to ensure appropriate ongoing professional development for the AOD sector. These strategies also include clinical supervision and mentoring.[7]

Career pathways

Career pathways need to reflect the service system in which workers operate. As noted, there is a need for service system strengthening. The service delivery system dictates the different roles, functions and qualifications of workers. A complex mix of training, qualifications and experience is required in the current service system, but these requirements may vary if changes are made to the service delivery system into the future. The development of career pathways is therefore contingent upon the future shape of the service delivery system.

Overall, current career pathway options are relatively limited. Active government and sector intervention is required to create a broader array of career options. It is essential that the sector and organisations within the sector ensure that positions exist that offer sufficient diversity and seniority that allow for appropriate career progression. This includes provision of entry level positions as well as more advanced positions into which workers can progress as outlined below. The acquisition of formal, and often expensive qualifications is not always matched by career advancement or salary increases. This is a source of substantial frustration on the part of some workers.

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[7] The 2016 AADANT worker survey (N=29) reported that only 50% of workers received monthly clinical supervision and only 50% considered this to be adequate.

Pre-vocational Entry

At the basic entry level, a worker might be mentored into the AOD sector through school or vocational training programs (such as cadetships, scholarships or work experience). Career progress would rest on the acquisition of further formal qualifications and training and the provision of further ongoing mentoring and support.

Aboriginal workers

For many Aboriginal workers, entry level positions often entail low pay but heavy demands and expectations from employers and community in dealing with complex clients. Career progression can be facilitated by the provision of cadetships and traineeships and the implementation of Aboriginal-specific leadership and management programs.

AOD workers

Many workers in the Australian AOD sector are generic workers who hold a Certificate IV in AOD and who require further specific training for career progression.

Professionals

A range of professionals work in the AOD sector including nurses, psychologists and social workers. Most professionals enter the AOD sector after having acquired their pre-registration qualifications and obtained experience in another sector or a generic health or human services area. They often enter the AOD sector with no specific AOD training and require upskilling. Opportunities to acquire AOD training and qualifications are required together with commensurate salary rewards and promotional opportunities.

Senior Positions

For the diverse range of workers in the AOD sector to be able to advance to more senior levels there are several pathways currently available. Regardless of background or qualifications, workers can potentially aspire to managerial or supervisory roles. Such positions often require a set of personal attributes rather than specific formal qualifications. For other more senior positions, the acquisition of formal qualifications and/or training is required.

	External Environment	Service Environment	Opportunities	Incentives	AOD Worker Characteristics	AOD Work Role

Drivers	• Location (remoteness & isolation)
	• Cultural differences
	• Connections with local community
	• Severity of health / wellbeing / social issues effecting community
	• AOD sector image & reputation
	• Availability of funding
		• Degree of cultural sensitivity and safety
		• Presence of supports for rural & remote workers
		• Presence of supports for Aboriginal workers
		• Reputation as a supportive workplace
		• Opportunities for professional development, supervision & mentoring
		• Governance arrangements
			• Number of possible entry points to position
			• Number of potential career options and pathways
				• Level of remuneration
				• Employment conditions (e.g. work hours, leave entitlements)
				• Inducements (e.g. monetary, housing)
				• Lifestyle
				• Community resources, or easy access to them (e.g., sporting, retail, health / medical, schools, partner employment opportunities)
					• Awareness of & interest in AOD issues / sector
					• Relevant:
					  ○ Skills
					  ○ Experience
					  ○ Qualifications
					• Personal circumstances
					• Future work intentions
						• Concordance between job description and actual work role
						• Concordance between qualifications / skills / experience and position
						• Potential for work satisfaction
						• Potential for work-life balance

Actions	• Ensure adequate support systems are in place for workers
	• Ensure workers' training / background are appropriate for specific positions
	• Promote AOD sector in relevant forums (e.g., med school, career expos)
		• Provide and mandate cultural sensitivity training
		• Provide specific supports for rural / remote and Aboriginal workers
		• Undertake regular service reviews and institute robust feedback processes
		• Provide appropriate and ongoing training and professional development
			• Ensure multiple entry points to the sector:
			  ○ Pre-employment opportunities
			  ○ Student placements
			  ○ Traineeships / internships
			  ○ Sector transition
			• Provide identified positions (e.g., specifically for Aboriginal people)
			• Provide pathways for career progression
				• Provide incentives and inducements for work (e.g., above sector pay, flexible work arrangements)
				• Ensure internal support mechanisms are in place
				• Formally recognise and celebrate achievements and good work
					• Provide support for personal circumstances that may impact work performance (e.g., EAP)
					• Institute targeted recruitment drives
					• Provide mentoring, supervision, and upskilling opportunities
					• Ensure hiring practices accurately ascertain degree of 'fit' between applicants and organisation
						• Ensure job descriptions provide a clear and accurate statement of position
						• Contextualise education and training to the NT
						• Provide staff support strategies
						• Provide professional development opportunities

Goal

Improving Recruitment & Retention

Figure 5. NT AOD workforce recruitment and retention model

Current role / status	Target role/status	Professional Development Needs

Pre vocational → **Member of AOD workforce**

- Foundational skills development
- Literacy and numeracy support
- Mentoring and support
- Induction and orientation

- In-depth induction, orientation, and ongoing support
- Clinical supervision
- Mentoring
- Supportive employment conditions (e.g. study leave, cultural safety, etc)
- Education and training to develop knowledge and skills in engagement, assessment, brief interventions, referral, case-management
- Qualifications in AOD, or working towards this, with service/sector support options (i.e. cadetships, internships, scholarships)

Outside AOD sector → **Member of AOD workforce**

Junior worker in AOD → **Senior worker in AOD**

- In-depth induction, orientation & ongoing support
- Clinical supervision & mentoring
- Supportive employment conditions (e.g. study leave, cultural safety, etc)
- Qualifications (or working towards) in AOD or related disciplines
- Consolidation of AOD skills and knowledge in: engagement; assessment; brief interventions; provision of support services to clients, families and communities; providing counselling, referral, health promotion and community capacity building activities
- Opportunities for developing skills & experience in: multi-disciplinary case management; providing support and guidance to staff; supervising less experienced staff; collaborating with internal and external sector services; completing relevant documentation
- Education & training to consolidate/build knowledge and skills in: working with clients with complex needs; community development; capacity building; financial and human resource management

Senior worker in AOD → **Manager / leader / coordinator in AOD**

- Management, leadership & governance professional development
- Opportunities to develop collaborative relationships within the sector and with stakeholders
- Supportive employment conditions (e.g. study leave, etc)
- Postgraduate qualifications (or working towards) in AOD and or/management studies
- Opportunities for developing skills & experience in: managing / leading teams and projects; leading multi-disciplinary case management; participating in cross-sector and multidisciplinary collaborations; applying skills and knowledge in the context of capacity building, training &/or community development in remote & rural environments; obtaining inter-sector and across-sector experiences in related areas; leading team developments and reviews; creating culturally safe workplaces
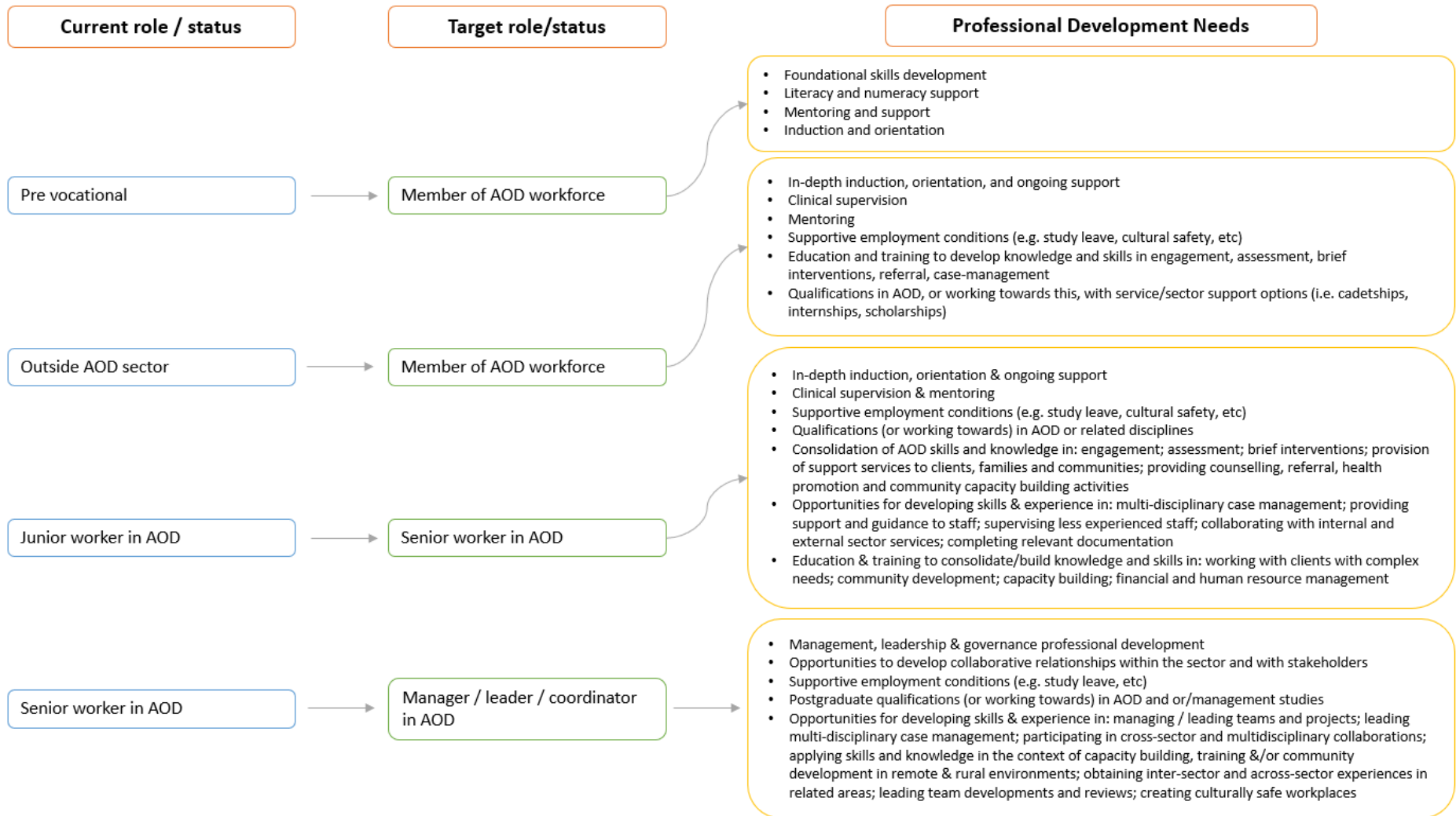
Figure 6. NT AOD workforce professional development and career pathways model

Part C: Action Areas

The NT AOD WFD Strategic Framework contains 10 Action Areas:

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

Each Action Area is structured in as follows:

- Rationale
- Stakeholder response summary
- Potential initiatives and options to monitor change.

It is anticipated that NT AOD services already have implemented some of the potential initiatives and the Action Areas in the Strategic Framework are intended to complement, support or extend WFD initiatives already in place in the NT (some of these examples are shown in green in the following text). The 10 Action Areas contain a degree of overlap and/or similarity in focus or solution. Hence, some Action Areas may contain the same recommended potential initiatives.

A summary table of the 10 Action Areas, and Potential Initiatives, is included in Appendix 2.

Action Area 1. Enhance understanding of the NT AOD workforce

WFD and workforce planning require a comprehensive understanding of the current workforce and the service system in which they operate. AADANT and NT PHN have undertaken recent work to identify the characteristics and WFD needs of the AOD sector. However, available information remains limited (15).

Expanded data is required to match needs against the planned service delivery system in relation to:

- Existing AOD workforce and its characteristics e.g., nature and demographics
- Entries to, and exits from, the AOD workforce
- Estimating future workforce demands workforce planning.

Key stakeholders

Key stakeholders emphasised the need for accurate and reliable organisational and sector workforce information in order to:

- Understand who, how and why workers move into and out of the AOD sector
- Improve understanding of different sectors, and the respective roles and responsibilities of organisations and workers.

Potential initiatives and monitoring change

Action Area 1. Enhance understanding of the NT AOD workforce
No.	**Potential Initiatives**	**Monitoring Change**
1.1	**Worker and organisational surveys** Establish detailed information about the NT AOD workforce. Undertake regular surveys of workers and organisations to better understand NT AOD workforce characteristics, diversity, organisational structures, employment intentions, WFD needs & changes across time. Incorporate questions about experiences of stigma in working in AOD.	Document patterns & trends in AOD workforces across the NT over time. Link data to other WFD initiatives to access success of measures applied. Document how survey data has been used to inform AOD organisational & workforce planning initiatives. Examine qualitative data regarding stigma associated with working in the AOD sector.
1.2	**Workforce planning** Use workforce data from sector surveys (1.1) to inform workforce planning, and enable ongoing workforce monitoring, mapping and progress. Establish identified workforce requirements in terms of worker numbers and roles against planned service system changes and strengthening.	Demonstrate use of workforce survey data in organisational workforce planning.

Action Area 2. Improve recruitment and retention

Attracting and retaining high-quality AOD workers is a central concern for NT services. It is predicted that this concern will increase in severity and urgency (2, 22). Challenges include geographical and professional isolation, the demands of working in remote settings, and inaccurate and stigmatising media portrayals of AOD use / users / workers (26, 27).

Priority recruitment and retention issues include: 1. workforce undersupply, 2. high levels of workforce turnover, 3. Addressing AOD-related stigma, 4. remoteness of communities / services, 5. limited career pathways, and 6. limited and inconsistent training options (15).

To address these recruitment and retention challenges the AOD sector has provided a combination of community based positions and fly-in/fly-out (FIFO) roles where the need or ability to fund a fulltime position did not exist (2).

It is also important to ensure that any future planned revisions to the NT AOD service delivery system are accompanied by concomitant adjustments to the workforce through specific recruitment strategies that reflect the composition and location of services and the required worker roles (2).

Key stakeholders

Stakeholders identified the imperative for planned and proactive recruitment and retention strategies that included:

- Attracting students, young adults, workers from associated fields, and interstate into the NT AOD sector
- Addressing short-term funding contracts
- Undertaking AOD service-specific workforce planning
- Encouraging and supporting individual professional development plans
- Address community stigma towards AOD work.

Potential initiatives and monitoring change

Action Area 2. Improve recruitment and retention		
No.	**Potential Initiatives**	**Monitoring Change**
2.1	**Promote NT AOD sector as a career of choice** Use media, including social media, & conference / workshop presentations (in the NT & other jurisdictions), to highlight the benefits of working in NT AOD sector. Develop an NT recruitment campaign, similar to the Victorian *'Welcome to a World of Difference'*. Develop profiles of workers' success stories i.e., their positive experiences of working in the NT to use as a promotional tool. Contextualise & utilise the <u>Mindframe of Alcohol and Other Drugs: Guidelines for communicating about alcohol and other drugs</u> to the NT to support the media & other stakeholders to communicate safely, respectfully & responsibly & to counteract stigma about AOD issues.	Number of media mentions, Twitter feeds / Facebook posts. Number of conference / workshop presentations. Evidence of campaign awareness. Examples of non-stigmatising language & evidence-based reporting of AOD use & related issues.
2.2	**AOD services workforce planning** Use the findings from the *Demand Study for Alcohol Treatment Services in the Northern Territory* to develop an AOD sector-wide plan of action to ensure that the appropriate workforce is available to provide quality AOD services.	Evidence of an AOD sector-wide workforce plan having been developed, implemented and monitored.
2.3	**'Welcome to the Territory' incentives** Use the NT Government's '*Welcome to the Territory*' incentives to recruit workers, particularly for high priority occupations e.g. Aboriginal health workers & priority occupations e.g. drug & alcohol counsellors.	Number of staff recruited & retained by the NT AOD sector who have accessed the '*Welcome to the Territory*' incentives.

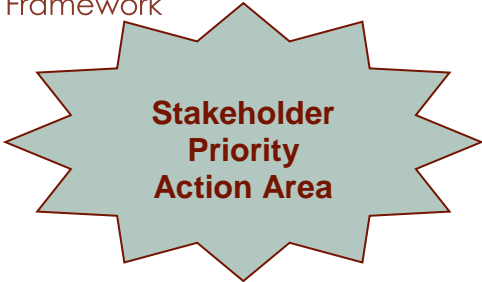| No.	Potential Initiatives	Monitoring Change
\-	**Action Area 2. Improve recruitment and retention**	
2.4	**Develop and/or identify multiple entry points into AOD sector for local community** • Support literacy & numeracy programs • Provide work experience for local high school students • Utilise initiatives undertaken by *YouthWorX NT* to identify suitable vocational opportunities for young adults (15-21 years) • Establish VET & university student placements schemes • Establish traineeship/entry level positions, in conjunction with existing programs e.g., *NT Foundation Skills & Investing in VET* programs.	Number of new staff recruited to the NT AOD sector through the following opportunities: • Work experience • Student placements • Internships • Entry level positions • Transitioning from other sectors.
2.5	**Online jobs board** Establish an NT-specific AOD employment website e.g. an online jobs board to support specialist AOD services to recruit staff needed to fill AOD vacancies.	Number of jobs posted and completed via the online board over time.
2.6	**Streamline job application processes** Implement simple, straightforward & easy to understand job application processes. Adopt simplified recruitment processes (e.g. consistent with the NT Public Sector Recruitment & Selection Policy) to suit the role(s) being advertised.	Documented evidence of concise & easy to understand job descriptions. Documented evidence of simplified recruitment / selection processes being implemented.
2.7	**Cross sector transition recruitment and support program** Develop a local sector transition support program to enable workers to more readily move between the AOD & other sectors. Develop a recruitment campaign to encourage workers in other sectors in the NT who have relevant undergraduate degrees (e.g. psychology, social work or nursing) & experience to work in the AOD sector.	Number of workers transitioning into the AOD sector from other sectors. Recruitment campaign developed and implemented.

Action Area 2. Improve recruitment and retention		
No.	**Potential Initiatives**	**Monitoring Change**
2.8	**Induction, orientation and ongoing support programs** Provide support tools to organisations to undertake comprehensive inductions & orientations for all new workers (focusing on role clarity / delineation; organisational mission statements, roles & responsibilities & the development realistic role expectations).	Evidence of the availability and distribution of support tools. Number of staff at all levels receiving: • Comprehensive induction & orientation programs • Clinical supervision • Mentoring.
2.9	**Culturally safe and secure services/workplaces** Use the NT Health Cultural Security Framework 2016-2022 to establish & maintain culturally appropriate workplaces by ensuring staff are trained in cultural security & are culturally responsive.	Document how organisations have incorporated Aboriginal ways of working into policies & procedures & acknowledge workers for their traditional knowledge & skills. Document workplace practices implemented to support & respond to the cultural safety of Aboriginal AOD workers.
2.10	**Aboriginal-identified AOD worker positions** Continue to establish, in consultation with communities and community-controlled organisations, Aboriginal Identified AOD worker positions.	Number of Aboriginal Identified AOD worker positions.
2.11	**Fly-in/fly-out (FIFO) positions** Continue to use FIFO positions (e.g., AOD specialist clinicians & psychiatrists) in regional, rural & remote areas particularly where full-time positions are not feasible or required. (See Action Area 6 below for more information on an expanded role for FIFO AOD workers).	Number of FIFO roles & frequency of visits.
2.12	**Staff turnover – minimise loss of corporate knowledge**	Evidence of documented policies & procedures for formal record keeping being implemented.

No.	Action Area 2. Improve recruitment and retention	
	Potential Initiatives	**Monitoring Change**
	Adopt strategies to minimise loss of corporate knowledge when staff leave, e.g., emphasising comprehensive document trails for all programs, services & projects to assist continuity at the point of staff turnover. Establish processes for the formal hand over of work & / or case notes.	
2.13	**Support organisations to use innovative models of job design and employment conditions** • Invest in retaining current staff through: • Competitive wages & employment conditions • Retrospective rewards (e.g., 12 months bonus on completion of a specified period) • Stable, good quality accommodation • Personal, familial, cultural & study leave provisions • Job sharing options • Longer term contracts • Professional development opportunities • Establishment of clear NT AOD career pathways • Leadership development opportunities • Clinical supervision & mentoring.	Number of staff at all levels retained by specialist AOD services. Staff feedback regarding current and future retention intentions.
2.14	**Funding duration** Adopt stable/long term funding for staff positions to encourage worker retention.	Document increases in long/er term funding and evidence of increased length of contracts over time.
2.15	**Annual NT AOD sector awards** Establish awards to promote individual worker, service and sector successes.	Establishment and continuance of annual awards for NT AOD sector work.

Action Area 3. Support workers in remote and rural communities

Stakeholder Priority Action Area

A large, sparsely populated geographical area, high rates of AOD use, high workforce mobility, and large populations of Aboriginal people present multiple challenges for workers in remote and rural communities (6). Further challenges for AOD workers in remote and rural communities include the importance of being accepted by the community in which they live and work and the need to travel long distances to visit clients (6).

A current unique NT initiative designed to support workers in remote and rural communities is the Remote AOD Workforce Program. It has been successful in:

- Physically locating workers within primary health care services to work directly with remote communities
- Providing culturally appropriate and evidence-based services
- Developing an AOD workforce with a professional identity and clear role (28).

Its ongoing operation and potential for further implementation is supported and highlighted in the Potential Initiatives for this Action Area.

Key stakeholders

Stakeholders stressed the need for the AOD sector and organisations to provide comprehensive support for remote and rural area workers through:

- Continued support for the Remote AOD Workforce Program and examining options to implement program components in other remote and rural areas of the NT
- Implementation of schemes designed to encourage and facilitate local people to work in AOD and related sectors
- Enhancing worker wellbeing through increasing access to social and emotional wellbeing programs
- Organisations and the broader AOD sector actively supporting staff working and living in remote and rural communities, through provision of:
  - Competitive wages
  - Enhanced working conditions, e.g. leave options, flexible hours/days, working from home options
  - Improved living conditions e.g., housing, recreational supports
  - Aboriginal staff being able to fulfil cultural practices within work arrangements/conditions
  - Ongoing professional development, including education and training, clinical supervision and mentoring.

Potential initiatives and monitoring change

Action Area 3. Support workers in remote and rural communities		
No.	Potential Initiatives	Monitoring Change
3.1	**Remote alcohol & other drugs workforce program** Continue support for the NT Remote AOD Workforce program. Expand implementation of the NT AOD Workforce Program to other remote and rural areas of the Territory.	Continued funding & program expansion.
3.2	**Incentives to work in remote & rural areas** Use incentives e.g. '*Welcome to the Territory'* program to encourage workers to take up positions in remote & rural communities throughout the NT.	Evidence of incentives provided to work in remote & rural areas e.g., financial, housing, mentoring, clinical supervision. Number of staff recruited & retained by the NT AOD sector who have accessed the 'Welcome to the Territory' incentives.
3.3	**Remote and rural clinical supervision** Continue to support the Remote AOD Workforce Program's clinical supervision scheme & utilise the Yarning about Work clinical supervision tool.	Number of remote & rural NT AOD workers: • With a designated clinical supervisor • Having regular clinical supervision • Who are also clinical supervisors.
3.4	**NT AOD workforce mentoring scheme** Develop & implement an NT-specific AOD workforce mentoring scheme, similar to the Indigenous Allied Health Australia (IAHA) Mentoring Program.	Number of NT AOD workers: • With a designated mentor • Having regular mentoring (formal or informal) • Who are mentors.

	Action Area 3. Support workers in remote and rural communities	
No.	**Potential Initiatives**	**Monitoring Change**
3.5	**Organisational commitment to supporting remote and rural workers** Adapt existing NT employer guides e.g. NT Government's Your Workforce: A guide for employers to support remote & rural AOD workers.	Number of remote and rural AOD staff retained by services. Feedback from remote and rural AOD staff regarding current and future retention intentions, satisfaction with job design and current career pathway (sector survey).
3.6	**Culturally safe and secure services/work places** Use the NT Health Cultural Security Framework 2016-2022 to establish & maintain culturally appropriate workplaces by ensuring staff are trained in cultural security & are culturally responsive.	Documenting how organisations have incorporated Aboriginal ways of working into policies & procedures & acknowledge workers for their traditional knowledge & skills. Obtaining regular feedback on workplace practices designed to support & respond to the cultural safety of Aboriginal AOD workers and of people receiving care.
3.7	**Innovative models of job design and employment conditions** Work with service providers and employee representatives to develop for / with Aboriginal AOD workers and other AOD workers: • Competitive wages & employment conditions • Retrospective rewards (e.g., 12 months bonus on completion of a specified period) • Stable, good quality accommodation • Personal, familial, cultural & study leave provisions • Job sharing options • Longer term contracts • Professional development opportunities • Establishment of clear NT AOD career pathways • Leadership development opportunities • Clinical supervision & mentoring.	Evidence of the effect of job redesigns & improved employment conditions on worker satisfaction.

Action Area 3. Support workers in remote and rural communities		
No.	**Potential Initiatives**	**Monitoring Change**
3.8	**Worker support programs** Embed worker self-care initiatives into every day work & utilise NCETA's Feeling Deadly / Working Deadly Resource Kit to reduce stress & burnout & enhance wellbeing among remote & rural & Aboriginal workers.	Number of AOD workers who are aware of & have accessed NCETA's Feeling Deadly / Working Deadly Resource Kit. Number of remote & rural AOD staff retained by specialist AOD services.
3.9	**Develop and/or identify multiple entry points into the AOD sector for the local community** • Support literacy and numeracy programs • Provide AOD-related work experience opportunities for local high school students • Utilise initiatives undertaken by *YouthWorX NT* to identify suitable vocational opportunities for young adults (15-21 years) • Establish student VET and university student placements • Establish traineeship / entry level positions in AOD services, in conjunction with engaging with the NT Foundation Skills Programs & Investing in VET programs • Develop an NT-specific intersectoral worker transition support program • Establish Aboriginal Identified AOD worker positions.	Number of staff attracted to the NT AOD sector through the following opportunities: • Work experience • Student placements • Internships • Entry level positions • Identified positions • Transitioning from other sectors.

Action Area 4. Support the Aboriginal workforce

Stakeholder Priority Action Area

Ensuring that the NT Aboriginal AOD workforce is adequately resourced and supported is central to the provision of appropriate AOD services in Aboriginal communities. While working in the AOD sector can be very rewarding, many Aboriginal AOD workers encounter challenges from excessive workloads, 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 (29). Additionally, Aboriginal workers may face barriers to obtaining requisite AOD qualifications, skills and experience. These barriers include low completion rates and attainment in secondary education; cost of courses; and high levels of family and community responsibility (30).

The *NT Aboriginal Health Plan, Strategic Direction 4: Strengthen Aboriginal health workforce* (31) and the *NT Indigenous Employment and Career Development Strategy 2015-2020* (32) identified five critical success factors to supporting Aboriginal workers work in health care settings:

1. Developing culturally appropriate recruitment and retention strategies
2. Mentoring at all stages of the career journey
3. Cultural responsiveness and inclusion
4. Leadership development
5. Career Pathways.

These five factors are relevant to supporting the NT Aboriginal AOD workforce and each is addressed in the Potential Initiatives for this Action Area.

Key stakeholders

Key stakeholders identified the importance of supporting Aboriginal AOD workers as a priority area for the NT and particularly the need to:

- Provide culturally safe and secure work-places
- Address barriers to entering the AOD sector
- Build a local, future workforce
- Ensure equitable employment conditions, particularly leave provisions
- Provide ongoing clinical supervision and mentoring to Aboriginal AOD workers
- Clarify the scope of practice, particularly for remote and rural AOD workers
- Ensure that all AOD workers provide trauma informed care
- Ensure that organisations commit to and provide PD for Aboriginal staff
- Support Aboriginal staff to undertake higher qualifications
- Provide accessible and relevant education and training opportunities, particularly in terms of cultural relevance, local availability, and content (i.e. health promotion and community development).

Potential initiatives and monitoring change

Action Area 4: Support the Aboriginal workforce		
No.	**Potential Initiatives**	**Monitoring Change**
4.1	**Attract and retain Aboriginal AOD workers** Implement targeted recruitment strategies e.g., by focusing on areas of greatest need in regional & remote Aboriginal communities to attract local community members to work in AOD. Focus on the school to work transition to encourage young Aboriginal people to consider a career in the AOD sector. Consult with & involve local communities in recruitment & selection of Aboriginal AOD workers.	Number of Aboriginal workers employed in the NT AOD sector.
4.2	**Develop multiple entry points into the AOD sector for Aboriginal workers** • Use literacy & numeracy programs to support Aboriginal people in remote communities who are considering working in AOD • Provide work experience opportunities for local high school students • Utilise initiatives undertaken by *YouthWorX NT* to identify suitable vocational opportunities for young adults (15-21 years) • Establish student VET and university student placements • Establish traineeship/entry level positions, in conjunction with engaging with the NT Foundation Skills Programs and Investing in VET programs • Develop a local sector transition support program • Establish Aboriginal Identified AOD worker positions.	Number of Aboriginal AOD workers attracted to the NT AOD sector through the following opportunities: • Work experience • Student placements • Internships • Entry level positions • Identified positions • Transitioning from other sectors.
4.3	**Induction, orientation and ongoing support programs**	Number of Aboriginal AOD workers at all levels receiving comprehensive induction & orientation programs.

Action Area 4: Support the Aboriginal workforce		
No.	**Potential Initiatives**	**Monitoring Change**
	Implement comprehensive inductions for all new workers focusing on role clarity / delineation; organisational mission statement, roles & responsibilities including realistic role expectations, wellbeing and self-care.	
4.4	**Remote and rural clinical supervision for Aboriginal AOD workers** Utilise the Remote AOD Workforce Program's clinical supervision scheme for Aboriginal remote & rural AOD workers.	Number of remote & rural Aboriginal NT AOD workers: • With a designated clinical supervisor • Having regular clinical supervision • Who are also clinical supervisors.
4.5	**NT AOD workforce mentoring scheme** Develop & implement an NT-specific AOD workforce mentoring scheme, similar to the Indigenous Allied Health Australia (IAHA) Mentoring Program.	Number of NT AOD Aboriginal workers: • With a designated mentor • Having regular mentoring (formal or informal) • Who are mentors.
4.6	**Organisational commitment to supporting Aboriginal AOD workers** Use existing NT employer guides e.g., Indigenous Governance Toolkit and the NT Government's Your Workforce: A guide for employers to identify strategies to support Aboriginal AOD workers.	Number of Aboriginal staff retained by specialist NT AOD services. Feedback from Aboriginal staff regarding: • Current & future retention intentions • Satisfaction with job design • Satisfaction with current career pathway (sector survey).
4.7	**Culturally safe and secure services/work places** Use the NT Health Cultural Security Framework 2016-2022 to establish & maintain culturally appropriate workplaces by ensuring staff are trained in cultural security & are culturally responsive.	Documented evidence of organisations: • Incorporating Aboriginal ways of working into policies & procedures • Acknowledging workers for their traditional knowledge & skills.

	Action Area 4: Support the Aboriginal workforce	
No.	**Potential Initiatives**	**Monitoring Change**
		Obtain regular feedback on workplace practices designed to support & respond to the cultural safety of Aboriginal AOD workers.
4.8	**Innovative models of job design and employment conditions** Work with service providers and employee representatives to develop for & with Aboriginal AOD workers and other AOD workers: • Competitive wages & employment conditions • Retrospective rewards (e.g., 12 months bonus on completion of a specified period) • Stable, good quality accommodation • Personal, familial, cultural & study leave provisions • Job sharing options • Longer term contracts • Professional development opportunities • Establishment of clear NT AOD career pathways • Leadership development opportunities • Clinical supervision & mentoring.	Documented evidence of job redesigns to include competitive employment conditions & salary. Interviews with Aboriginal AOD workers about their experiences working in AOD including employment conditions.
4.9	**Develop clear career pathways for Aboriginal AOD workers** Develop & implement succession plans & defined career pathways along with associated resources for Aboriginal AOD workers. Use the findings from the Careers Pathways Project managed by AMSANT and University of NSW to identify & implement career pathways for Aboriginal AOD workers.	Evidence of succession plans& document career pathways. Documented application of the findings from the Careers Pathways Project. Qualitative and quantitative descriptions of current & intended pathways (sector survey).

Action Area 4: Support the Aboriginal workforce		
No.	**Potential Initiatives**	**Monitoring Change**
4.10	**Aboriginal AOD workers leadership development** Use existing resources, such as the NT Public Sector Kigaruk (Men's) and Lookrukin (Women's) Aboriginal Leadership Development Program, as a model to support Aboriginal AOD workers undertake senior positions. Implement a program to recognise & reward Aboriginal AOD workers' leadership & mentoring functions, including work undertaken to support non-Aboriginal colleagues to understand cultural protocols.	Inclusion of leadership development opportunities into professional development plans. Number of NT AOD Aboriginal workers appointed and retained in: • Managerial positions • Team leader/ co-ordinator positions • Acting in higher positions • Identified as key people within their specialist AOD service.
4.11	**Education and training design and delivery** Collaborate with the NT education sector & training providers to develop & support programs linking schools, vocational training & tertiary education to the AOD sector. Promote the use of workplace-based learning & education programs. Provide Aboriginal AOD workers with vocational training & support for participation in higher education. Provide cultural awareness training for all NT AOD workers using NT Health's Aboriginal Cultural Security Framework 2016-2022.	Number of Aboriginal AOD workers participating in specific education and training activities over time. Feedback on the design and delivery of education and training initiatives. Number of all specialist AOD service staff who have undertaken: • Trauma informed care • ACAP.
4.12	**Worker support programs** Utilise worker wellbeing strategies, for example those contained in NCETA's Feeling Deadly / Working Deadly Resource Kit, to reduce stress & burnout & enhance wellbeing among remote & rural & Aboriginal workers.	Number of Aboriginal AOD workers who are aware of, have accessed / engaged in the Remote AOD workforce program 'Looking After Yourself' initiative. Number of Aboriginal staff retained by specialist AOD services.

Action Area 4: Support the Aboriginal workforce		
No.	Potential Initiatives	Monitoring Change
4.13	**Funding duration** Adopt stable/long term funding for positions to encourage Aboriginal AOD worker retention.	Documenting length of contracts over time.
4.14	**Promote grant seeking for WFD initiatives** Support organisations to access & apply for NT government grants e.g., Aboriginal Workforce Grants, NT Workforce Program, *Industry Buildskills Program* to support Aboriginal AOD workforce development initiatives.	Number of grants applied for and obtained to support NT Aboriginal AOD workforce development.

Action Area 5. Improve intersectoral collaboration

Stakeholder Priority Action Area

Strong formal and informal relationships and networks between service providers, particularly in regional, rural and remote areas, is crucial. It facilitates information sharing, joint problem solving, and identification of and responses to priority WFD issues (1).

The recent establishment of a high-level NT AOD Coordination Group overseen by the NT Department of Health's Mental Health and AOD Branch and with input from other stakeholders provides a foundation for improving inter and intra-sector collaborations with primary health care, mental health, the broader health sector, law enforcement justice / corrections and human services (15).

Scope exists within this Strategic Framework to extend and consolidate collaborative partnerships at service provision and frontline worker levels.

Key stakeholders

Improving intersectoral collaboration was identified as a priority Action Area by key stakeholders, and particularly for workers and organisations in remote and rural communities. Stakeholders stressed the need for:

- Effective and improved communication processes within and across the AOD sector
- Formal top down structures and processes to support intersectoral collaborations
- Co-ordinated case management for continuity of care for clients with complex needs
- Collaboration and communication within communities to build partnerships and support local processes.

Potential Initiatives and Monitoring Change

Action Area 5. Improve intersectoral collaboration
No.	**Potential Initiatives**	**Monitoring Change**
5.1	**Memoranda of understanding** Develop Memoranda of Understanding among services /agencies & across sectors to formalise collaborations / partnerships / information sharing.	Number of memoranda of understanding between organisations & feedback on their utility.
5.2	**Intersectoral collaborations** Undertake formal & informal networking & collaborations at all levels of AOD work to improve individuals' & organisations' understanding of the AOD sector and other sectors in the NT.	Document examples of intersectoral collaboration & networking e.g. agency / sector representation on cross sector committees & working groups at different levels e.g. • Senior management • Middle management • Frontline workers.
5.3	**Staff exchanges** Implement staff exchanges (e.g. job shadowing) across services & sectors to enhance understanding of workers' roles & responsibilities.	Implementation of sector wide staff exchange program; & monitoring the number of participants.
5.4	**Share / promote information & events** Expand the use of social media (e.g., Facebook, Twitter etc.) to share information about upcoming events, new resources and offer support to colleagues. Establish a Community of Practice to act as an online communication network & support portal for AOD, mental health, human services workers & training providers to identify professional development & e-learning opportunities for organisations & workers.	Evidence of: • Twitter feeds • Facebook posts • Establishment of an NT WFD Community of Practice.

Action Area 5. Improve intersectoral collaboration		
No.	**Potential Initiatives**	**Monitoring Change**
5.5	**Continue support for AADANT's central coordination / capacity building WFD role** Provide ongoing funding to support AADANT to deliver initiatives aimed at enhancing the capacity of AOD service providers to deliver evidence-based services.	Evidence of WFD / capacity building clauses in AADANT funding agreement.
5.6	**Information sharing** Utilise existing NT Information Sharing Guidelines to ensure continuity of care and the delivery of coordinated case management across AOD services e.g., refer to AADANT's Case Management in Non-Government Alcohol and Other Drugs Services :A Practical Toolkit as a starting point.	Feedback from AOD workers & clients on information sharing & coordinated case management efforts.
5.7	**Handbook of NT AOD and related services: Community and worker versions** Develop & maintain a handbook (physical & electronic) of information on NT AOD and related services for use by workers, organisations & communities.	Awareness of & use of an information resource regarding NT specialist AOD & related services.

Action Area 6. Improve professional development processes

Professional development provides ongoing opportunities to grow and improve workers' skills, competencies and knowledge. Benefits for individuals, organisations and clients include:

- Improved worker performance and skill base
- Increased confidence and motivation
- Improved retention
- Improved service delivery range and quality
- Higher levels of organisational commitment ([33]).

Education and training is one component of professional development. Access to appropriate ongoing education and training opportunities is essential for a skilled, knowledgeable and effective workforce. Investing in education and training has numerous benefits for AOD services and the broader sector, including:

- Improved worker performance and skill base
- Improved retention
- Improved service delivery ([33]).

Opportunity exists to expand the roles of FIFO workers to support professional development of on-the-ground workers, particularly in relation to the provision of:

- Education and training
- Clinical supervision and / or mentoring.

Key stakeholders

Stakeholders described current professional development processes as 'ad hoc' and stressed the importance of professional development in addressing:

- The need for a continued commitment by organisations to support ongoing professional development
- The imperative for all workers to have individualised professional development plans, from the commencement of their career through to specialisation and management
- The provision of ongoing and coordinated clinical supervision and / or mentoring, particularly for remote and rural workers and Aboriginal AOD workers.

Potential initiatives and monitoring change

Action Area 6. Improve professional development processes		
No.	**Potential Initiatives**	**Monitoring Change**
6.1	**Professional development planning** Develop, implement & fund individualised professional development plans for all staff. Establish a Community of Practice to act as an online communication network & support portal for AOD, mental health, human services workers & training providers to identify professional development & e-learning opportunities for organisations & workers.	Number of staff with individualised professional development plans. Feedback from staff about their professional development experiences and how they have implemented education and training insights, information, skills or ideas into their practice. Evidence of establishment of WFD Community of Practice.
6.2	**Professional development / training calendar** Develop a calendar of multi-disciplinary / multi-organisational education and training opportunities, with resourcing available for travel to attend such programs & for provision of back-fill where required.	Documented evidence of the implementation of and participation in an NT AOD Training Calendar.
6.3	**Coordination of professional development processes** Establish a subgroup of the NT AOD Coordination Group to oversee the identification, development and implementation of AOD professional development activities across the NT.	Evidence of establishment of NT AOD Professional Development Coordination Subgroup.
6.4	**Education and training opportunities** Provide education & training opportunities (e.g., screening and brief interventions, motivational interviewing, trauma informed care) for workers at all levels in the sector. Establish links between the NT AOD Coordination Group & training bodies & providers including:	Number of staff enrolled, attending, & retained in education and training activities (e.g. seminars, workshops, short courses, Certificate, diploma and university courses).

	Action Area 6. Improve professional development processes	
No.	**Potential Initiatives**	**Monitoring Change**
	• Central Australian Remote Health Development Services (C.A.R.H.D.S) training provider for remote health services • Industry Skills Advisory Council Northern Territory • Workforce development funding programs; e.g. NT Industry Buildskills Program.	
6.5	**Cultural awareness training** Provide mandatory cultural awareness training for all NT AOD workers using NT Health's Aboriginal Cultural Security Framework 2016-2022.	Number of all specialist AOD service staff who have undertaken cultural awareness training.
6.6	**Counselling skills development** Provide counselling skills development to new & existing AOD workers using a mix delivery options e.g., face-to-face & online provided by local & interstate training organisations. Provide education & training to all AOD workers to enhance the use of Screening & Brief Interventions.	Number of staff who have received counselling skills training.
6.7	**Worker education and training support** • Use bursaries administered by AADANT & funded by NT PHN to assist AOD workers to complete short courses or training in Certificate IV & Diploma • Embed study leave into enterprise bargaining agreements/working condition/position descriptions, particularly as part of rural & remote work • Identify & publicise opportunities for financial support to offset associated costs of professional development opportunities (e.g. conferences and seminars) & for "backfilling".	Number of bursaries provided Document the provision of education & training; clinical supervision; mentoring; & study leave in: • Industry awards • Job descriptions • Professional development plans.

Action Area 6. Improve professional development processes		
No.	**Potential Initiatives**	**Monitoring Change**
6.8	**Education and training design and delivery** • Offer flexible work & leave arrangements to support staff attend training • Develop &/or implement workplace-based learning & education programs • Encourage Aboriginal AOD workers to participate in vocational and higher education.	Feedback on the design & delivery of education & training initiatives.
6.9	**Sector transition support program** Develop a series of tailored short transition courses to fast track workers new to the AOD sector who have relevant undergraduate degrees (e.g. psychology, social work or nursing) but require non-assessed AOD professional development. Such a "Professional Introductory Courses to Alcohol and Drugs" would be unique to NT.	Number of staff who have transitioned into the NT AOD sector from other sectors.
6.10	**Recognition of prior learning** Work with Registered Training Organisations (RTOs) to apply their Recognition of Prior Learning (RPL) processes to the NT.	Evidence of RPL / diverse work experiences in position descriptions & professional development plans.

Action Area 7. Enhance clinical supervision and mentoring opportunities

Ongoing clinical supervision and mentoring are fundamental components of a comprehensive WFD plan to build workforce skills and capacity (34). Clinical supervision and mentoring also enhance service provision, ensure evidence-based practice and prevent stress and burnout (35).

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 (1, 36). Mentoring is a less structured approach to worker support; it can be organised through formal structured programs or it can occur informally (37).

Key stakeholders

Stakeholders strongly supported regular clinical supervision and mentoring, particularly development of supervision and mentoring schemes as a priority for Aboriginal AOD workers. They identified the following priority concerns:

- Organisational commitment to clinical supervision and mentoring is required, particularly when there are staff shortages
- Clinical supervision and mentoring should be provided to all AOD workers (including entry-level, managers and policy makers)
- Financial support is required for organisations to provide clinical supervision and mentoring
- Mentoring support is particularly important for remote and rural, and Aboriginal AOD workers
- Organisations should consider cross-sectoral opportunities for the provision of clinical supervision and mentoring.

Potential initiatives and monitoring change

**Action Area 7. Enhance clinical supervision and mentoring opportunities**		
No.	**Potential Initiatives**	**Monitoring Change**
7.1	**Clinical supervision and mentoring policy and plan** Develop a sector wide policy & plan for clinical supervision & mentoring in collaboration with AOD services & employee representatives.	Development & implementation of an NT AOD workforce sector clinical supervision & mentoring policy and plan.
7.2	**Organisational commitment to clinical supervision and mentoring** Support specialist AOD services to develop & implement clinical supervision & mentoring schemes for all workers employed in the NT AOD sector.	Documented evidence of how clinical supervision & mentoring opportunities have been embedded within: • Sector & service policies • Funding arrangements • Employment conditions • Position descriptions • Professional development plans.
7.3	**Funding for clinical supervision and mentoring** Embed the provision of clinical supervision & mentoring in funding agreements.	Specified funding for clinical supervision & mentoring in specialist AOD service funding agreements.
7.4	**Remote and rural clinical supervision** Continue to support the Remote AOD Workforce Program clinical supervision scheme & utilise the Yarning about Work clinical supervision tool.	Number of NT AOD workers: • With a designated clinical supervisor • Having regular clinical supervision • Who are themselves clinical supervisors.
7.5	**Mentoring / clinical supervision using digital technology** Use videoconferencing / teleconferencing & other digital technology (where available) to provide real-time clinical supervision & mentoring to workers throughout the NT.	Documented evidence of clinical supervision / mentoring using digital technology.

Action Area 8. Support practice innovations

The National AOD WFD Strategy recognises the importance of creating a workforce that is able to meet current and future challenges of innovation and reform (1). Central to this is providing ongoing support to AOD workers in the NT to identify, contextualise and adopt innovations aimed at enhancing their skills and practice. These innovations may include e.g., new evidence-based practices; the development of new resources to support evidence-based practice; establishing links between frontline services and research bodies to support research translation; the use of new technologies to support workers undertake their roles.

New technologies provide AOD workers in the NT with greater opportunities to overcome worker isolation (38). The Australian and state governments, through the Council of Australian Governments (COAG) are reviewing technology driven responses to health and the potential impact on workforce development and service provision (15, 38).

New and emerging digital technology will enable AOD workers in rural and remote areas to:

- More readily share information with colleagues / other organisations
- Receive ongoing, real-time support / specialist advice from supervisors and colleagues
- Access ongoing mentoring and clinical supervision (15, 38).

Key stakeholders

Stakeholders interpreted innovation in a variety of ways and identified the need to ensure that workers are provided with up-to-date information about new and emerging evidence-based practice and applying that evidence directly to their work. Specifically, they recommended:

- Enhancing the capacity of the NT AOD workforce to undertake research and research translation by forming closer links with research bodies
- The development and implementation of new evidence-based harm reduction resources (both in hard copy and electronic format) which can be delivered by workers to clients, communities and other services.

Key stakeholders also highlighted the need for new technology to support their daily practice whilst recognising that workers needed to be upskilled to use the technology and that the technology needs to be tested and is working efficiently in remote and rural settings prior to roll out.

Potential Initiatives and Monitoring Change

	Action Area 8. Support practice innovations	
No.	**Potential Initiatives**	**Monitoring Change**
8.1	**Digital technologies** Use digital technologies to support workers in rural & remote locations e.g. • Online induction and short course training • Videoconferencing e.g., Skype or Zoom for real-time supervisor / co-worker support; mentoring & clinical supervision.	Documented evidence of organisations using digital technology. Record AOD workers' experiences with digital technology over time (sector survey).
8.2	**Electronically available harm reduction resources** Expand the use & develop electronically available & culturally appropriate resources e.g. *"No Grog and No Ganja"* to support workers in rural & remote communities.	Number & type of electronically-based harm reduction resources tailored for NT clients & communities.
8.3	**Encourage research partnerships between AOD services and universities to build research capacity** Contextualise the NSW Rural Research Capacity Building Program to the NT to build the research capacity of the AOD workforce. Establish formal partnerships between AOD service providers & NT-based research bodies to upskill organisations & workers to: • Collaborate on research initiatives. • Apply new & emerging research findings into practice.	Documented evidence of research links between specialist AOD services and universities. Examples of research capacity building initiatives. Number of staff & organisations conducting local research projects.

Action Area 9. Enhance career pathways

The NT AOD workforce comprises workers from diverse backgrounds who possess a range of knowledge, experience and skills. They may also have substantial experience in working in other sectors (both in the NT and / or other jurisdictions).

Regardless of whether a worker enters the AOD sector at the pre-vocational level or are working in AOD or another sector, providing staff with appropriate and diverse career pathways is essential to building the workforce (25).

A career pathway is a recognised and structured sequence of advancement within a job or profession. It provides workers with opportunities for professional growth, advancement and increased remuneration.

Key stakeholders

Stakeholders expressed concern about a lack of clearly defined career pathways for people working in the NT AOD sector. They noted:

- The absence of structured professional development opportunities including an established core-skills set and qualifications framework to enable career progression
- That, due to staff shortages, workers were often placed in leadership and management roles without appropriate professional development and mentoring
- The need for Aboriginal staff to be provided with well-defined career progression options from pre-employment and entry level through to managerial, leadership and professional education, training and workplace opportunities.

Potential initiatives and monitoring change

Action Area 9. Enhance career pathways		
No.	**Potential Initiatives**	**Monitoring Change**
9.1	**Career Mapping** Audit position descriptions and practice experiences within the NT AOD sector to identify: • Career pathway options • Examples of existing career pathways.	Qualitative & quantitative descriptions of current & intended pathways (sector survey). Documented evidence of AOD workers': • Role descriptions • Professional development plans • Clinical supervision & / or mentoring participation • Qualifications.
9.2	**Professional development to support career advancement** • Utilise education & training programs e.g., Certificate IV & Diploma & other accredited training to enhance & consolidate junior / less experienced workers' AOD knowledge & skills • Implement leadership & management development programs including a focus on business and change management & clinical governance • Identify & utilise leaders & managers in other sectors to act as mentors for new and emerging leaders.	Number of workers enrolled, attending, & retained in education and training activities (e.g. seminars, workshops, short courses, Certificate, diploma and university courses). Number of workers undertaking leadership & management development programs. List of leadership mentors.
9.3	**Establish senior AOD worker positions** • Provide opportunities for clinical career advancement by further developing senior AOD worker positions.	Number of senior AOD workers.

Action Area 9. Enhance career pathways		
No.	**Potential Initiatives**	**Monitoring Change**
9.4	**Aboriginal AOD worker career advancement** • Develop & utilise cadetships & traineeships to support career advancement opportunities for Aboriginal AOD workers • Implement leadership & management development programs for Aboriginal workers • Consider & where appropriate adopt the findings of the Careers Pathways Project managed by AMSANT and University of NSW which aims to develop a set of guiding principles to improve career pathways.	Documented evidence of: • Cadetships and traineeships established • Number of workers undertaking cadetships & traineeships • Number of Aboriginal AOD workers undertaking leadership & management development programs

Action Area 10. Increase awareness of AOD use and related harms in the Northern Territory

Notwithstanding recent downward trends in alcohol use, the NT has the highest pure alcohol per capita consumption rate in Australia at 12 litres (7). The Territory also had the second highest proportion (25%) of non-Aboriginal adults at risk of long-term harm from excessive alcohol consumption in 2011-13 (7). In 2016, the prevalence of cannabis use in the past 12 months was the highest in the NT (9).

The 2017 Riley Review of NT Alcohol Policies and Legislation highlighted the need to raise awareness among health professionals and the wider community of the harms associated with high levels of alcohol use (39).

Provision of accurate, up-to-date, evidence-based information to workers, individuals, families and communities about the patterns and prevalence of AOD use in the NT is required to raise awareness, inform policy and practice, and support help-seeking behaviour (27).

Key stakeholders

Stakeholders noted that the high prevalence of AOD use and associated harms in the NT were not always well understood or recognised. Key stakeholders stressed the need for better understanding of AOD issues in the NT. They highlighted the importance of raising awareness within the AOD sector, other health and welfare service providers, and general community, about:

- The high prevalence of AOD use in the NT
- The impact and associated harms on individuals, families, communities service providers and workers
- The implications for AOD services and workers.

Potential initiatives and monitoring change

Action Area 10. Increase awareness of AOD use and related harms in the Northern Territory		
No.	**Potential Initiatives**	**Monitoring Change**
10.1	**Raise awareness of AOD use and associated harms in the Territory** To inform policy and practice, raise awareness, via information campaigns, about: • Patterns, prevalence & correlates of AOD use & related harms, relative to other jurisdictions • Factors that contribute to AOD use • Impact of AOD use on physical & mental health, families & communities • Harm minimisation, with an emphasis on harm reduction interventions • AOD treatment efficacy, including Screening and Brief Interventions • Evidence-based policy.	Worker, service & community feedback regarding knowledge of, attitudes & understanding of AOD use and related harms.
10.2	**Provide all workers with essential AOD information** Ensure workers undertaking AOD work are provided with evidence-based information e.g. nature of drug use & problems, about different drug types, patterns & prevalence of use, effects of AOD use on individuals, families & the community & the implications for service delivery. Understanding the nature of AOD use and its drivers will help inform policy & practice. Understanding the very high prevalence & severity of AOD-related problems will help avert burnout among workers & reduce turnover.	Number of new workers provided with basic information about AOD.
10.3	**Enhance linkages with universities, public health and communication experts** Establish linkages between service providers & NT-based universities to: • Conduct collaborative research on AOD use in the NT • Further explore the impact of AOD use on individuals, families & communities.	Examples of collaborative research between specialist AOD services &universities.

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Appendix 1: Key stakeholder consultations

To develop the Strategic Framework, NCETA undertook a consultation process with key stakeholders in the NT AOD sector.

Participants

Following advice received from NT PHN, representatives from the AOD service providers listed below were invited to participate:

- Aboriginal Medical Services Alliance Northern Territory (AMSANT)
- Association of Alcohol and Other Drug Agencies Northern Territory (AADANT)
- Industry Skills Advisory Council NT
- Central Australian Aboriginal Congress
- Menzies School of Health Research
- Northern Territory Government – Central Area Health Service
- Northern Territory Government – Top End Health Service
- Northern Territory Health – Mental Health/AOD Directorate
- Northern Territory Health Remote AOD Workforce Program
- NT PHN.

Methods

NT AOD sector representatives were invited to participate either through a telephone interview or via online completion of interview questions. All invited AOD service providers participated in the consultation process, with a total of 11 participants interviewed or completing the questions online. To aid the consultation process, an interview schedule was developed in discussion with NT PHN staff. The interview schedule comprised a series of open-ended questions. Participants were also invited to rank order the initial 8 recommended Action Areas[8] (1 to 8) in terms of priority preferences (with 1 their top priority and 8 their lowest).

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[8] The 2017 Needs Assessment recommended eight Action Areas: Enhance understanding of the NT AOD workforce; Improve intersectoral collaboration; Improve recruitment and retention; Enhance access to education and training; Support workers in remote and rural communities; Enhance clinical supervision and mentoring opportunities; Support the Aboriginal workforce; and Support practice innovations.

The following interview schedule was used to guide the consultations.

Topic Area	Questions
1. Current issues	What current issues are particularly relevant to addressing AOD workforce development in the NT?
2. Overall AOD workforce	How can the Recommended Action Areas be addressed for the overall NT AOD workforce in the short, medium and long term?
3. Aboriginal AOD workforce	How can the Recommended Action Areas be addressed for the NT Aboriginal AOD workforce in the short, medium and long term? What specific WFD strategies are required to address the needs of the NT AOD Aboriginal workforce (e.g., recruitment and retention strategies)?
4. Recent policy developments	What recent policy initiatives and other changes have occurred in the NT that may impact the WFD Strategic Framework? How can these recent policy initiatives/changes be addressed in the WFD Strategic Framework?
5. Potential strategies	What strategies are needed to enhance: ○ Worker capacity building? ○ Organisational capacity building? ○ Professional development? ○ Career pathways?
6. Other	What other WFD issues need to be addressed to build AOD workforce capacity in the NT?
7. Recommended Action Areas	Which Recommended Action Areas do you consider are most important to the overall NT AOD workforce? In what order would you rank the 2018 Recommended Action Areas, in order of importance.

Analysis

Responses to the open-ended questions were thematically analysed to identify consistent areas of concern. For each question, responses were coded into clusters of repeated statements presenting similar meaning, with frequency of repetition indicating the dominance of particular concerns (40).

To identify priority issues in the Strategic Framework, key informants were asked to rank order (1 highest, 8 lowest priority) the recommended Action Areas from the 2017 Needs Assessment. Nominations for Action Areas prioritised as first, second or third top priority issue were then collated.

Findings

A consistent theme throughout the consultations was the high degree of support for an NT AOD WFD Strategic Framework, particularly in relation to strengthening the Aboriginal workforce in rural and remote areas. Participants nominated the following Action Areas as priorities for the Strategic Framework:

- Supporting the Aboriginal workforce
- Supporting workers in remote and rural communities
- Improve intersectoral collaboration.

Other key messages to emerge from the consultation process were the importance of:

- Raising community awareness of the high levels AOD use and related harms in the Territory, and particularly the extent to which AOD use levels were substantially higher than in all other jurisdictions in Australia
- Increasing community and workers' understanding of the full range of AOD-related harms in the Territory
- Increasing understanding of the extent to which prevalence and harms could be improved through the application of evidence-based strategies
- Identifying and monitoring AOD workforce characteristics; using such information to inform the implementation workforce development strategies for the NT
- Tracking recruitment and retention trends and patterns, using such information to identify which recruitment and recruitment strategies demonstrated greater success than others
- Developing recruitment and retention strategies that were specifically designed to address the needs of the NT, and in particular to address the needs of remote and rural areas of work
- Taking a life-long learning career development approach to Territory NT AOD work that incorporated:
  - Organisational commitment to professional development for all levels of staff
  - Clear and expanded career pathways, accounting for cultural expertise, entry level, skill levels, experience, leadership and advancement opportunities
  - A scaffolding approach to education and training that addressed the needs of the NT AOD workforce
  - Undertaking NT-specific AOD research and ensuring that interventions were appropriate for the clients and communities in which they were to be delivered.

Some themes did not clearly fit into the existing recommended Action Areas. In these instances, several areas of concern were identified that were unique to the NT and required their own

specific action areas. Consequently, two additional Action Areas (below) were established and added to the Strategic Framework (bringing the total number of Action Areas to 10):

i. Action Area #9: Enhance career pathways – key stakeholders stressed the need for clear career progression and pathways for the AOD sector commencing at workforce entry level through to leadership / managerial positions.

ii. Action Area #10: Awareness of AOD use and related harms in the Territory – key stakeholders raised the need for greater awareness and understanding of the patterns, prevalence and harms related to AOD use in the NT and the need to communicate this clearly to the AOD sector, other health and welfare service providers, and community members.

Key stakeholders also highlighted the need for a broad approach to professional development that included but was not limited to education and training. To address this identified need, an existing Action Area #6 (Enhance access to education and training) was further refined and renamed to: Improved Professional Development Processes.

Themes by topic area

The summary below presents the main themes identified under each of the topic areas in the interview schedule.

Topic Area 1: Current issues relevant to addressing AOD WFD in the NT

- **Recognition of different workforce need:** The NT AOD workforce is a broad and diverse church with some workers involved in clinical services, whilst others work at the level of community development and are primarily based in remote communities. These different workforces have similarly diverse WFD needs.
- **Skilling/upskilling:** There are diverse AOD workforces who may not all have current or extensive skills to respond to AOD issues. The majority of AOD workers were in the process of upskilling through relatively recent employment in the AOD sector. Opportunities were needed for AOD workers to learn new skills, particularly to respond to clients with complex needs.
- **Co-ordination/communication/collaboration:** Collaborative relationships existed between government AOD services but to a lesser extent between government, non-government and remote AOD services. These latter service areas tended to work separately. At the policy level, AOD and mental health were working closely together but this did not necessarily translate to service delivery level (e.g., synergies exist in relation to primary and secondary prevention but there was divergence about the required level of tertiary qualifications for each sector). It was acknowledged that integration across different sectors / services can be challenging. For example, it was noted that integration of AOD, mental health and social and emotional wellbeing in Aboriginal community-controlled services (at the front line) seemed to be challenging. Government AOD and mental health services were still separate. There was a need for a coordinated and collaborative approach to training (across government, non-government and remote services and between the AOD and mental health sectors).

- **Diversity:** The NT is a large geographical area with many diverse communities / different languages. It was therefore considered imperative that these differences were recognised and addressed in education and training, clinical supervision and through mentoring, so that AOD workers located in these communities felt supported and were retained.

- **Professional development (PD) planning:** To develop a suitably informed and educated NT AOD workforce PD planning needs to occur in consultation with workers. A comprehensive program of education and training was required to support the development of the AOD workforce, particularly Aboriginal AOD workers.

- **Education and training design:** Concerns were expressed about the poor quality of some AOD training, specifically in terms of its relevance to the NT. Completing a Certificate IV fully online was considered sub-optimal. Qualifications need to be earnt rather than just "signing people off". There needed to be a sequence of education and training options; commencing with basic skills, consolidating this with further education and training, then developing advance skills, and finally specialised skills. Part of this process would be to encourage people interested in working in the AOD sector to obtain foundational skills, such as literacy and numeracy. For new workers, training needed to commence at time of employment, with on-the-job training considered most effective. Concerns were also expressed about AOD training being too Darwin-centric making it difficult for people in other areas of the NT attend.

- **Are staff qualified / do they have the skills to do the job?:** There is an imperative to ensure that staff with the appropriate qualifications were working with the right supports. It was further emphasised that consideration needed to be given to the high prevalence of comorbid AOD conditions and the WFD implications of this. Attracting qualified and experienced staff to work in the AOD sector was challenging. The history of using underqualified staff in the NT AOD sector working with complex clients and in difficult environments was noted.

- **Recruitment/retention**: The challenge of finding appropriate people with the requisite skills and experience was noted to be further compounded by the transient nature of people working in the NT. As a result, there needed to be a greater focus on recruiting locally based people and retaining staff for the longer term. This required placing more emphasis on identifying appropriate staff at the outset and increasing their capacity to take on more senior positions. An examination of the marketing of the AOD sector as an career/employer of choice to schools was suggested. It was also noted that more overseas trained nurses were coming to the NT, which had both positives and negatives elements for the AOD sector.

- **Understanding the AOD sector:** It was stressed that it was important to understand how and why people have moved into the AOD sector in the NT.

- **Employment conditions**: There needed to be an emphasis placed on flexible working arrangements; for instance, including greater focus on job sharing, and swapping jobs with workers in other sectors to gain additional experience.

- **Develop systemic support structures:** The importance of ensuring that essential WFD initiatives such as clinical supervision and professional development were supported over time at an organisational level was highlighted.

- **Research/evaluation capacity:** To build research and evaluation capacity of the AOD sector it was suggested that links between AOD services, Aboriginal community services and research institutions e.g., Menzies School of Health, be strengthened. This would also help identify collaborative research initiatives, for example AADANT as the NT AOD peak agency could lead a collaboration with the Menzies School of Health to further sector monitoring and evaluation processes.

- **Trauma informed care**: The need for appropriate cultural responses to trauma was stressed by many stakeholders. AMSANT delivers trauma informed care training which was considered particularly important for AOD workers located in Aboriginal communities.

- **Mentoring & supervision:** Mentoring needed to be encouraged and supported. Workers needed to be trained in how to mentor. Mentoring frameworks were required for the NT AOD sector to better support the workforce. In addition, the provision of quality /cross sectoral clinical supervision on a regular / planned / programmed basis was required.

Topic Area 2: Addressing the recommended Action Areas for the overall NT AOD workforce

Short term

- **Enhance understanding of the NT AOD workforce**: Provide accurate and timely information about the NT AOD sector to other key stakeholders, including the size and scope of the sector, and address misinformation about the nature of AOD work.
- **Recruitment and retention**: Recruiting AOD workers to smaller towns is challenging. Strategies for overcoming this difficulty included using work placements in AOD services when students were undertaking a Certificate II or III and providing staff with long-term employment contracts.
- **Support workers in remote and rural communities**: Strategies to support workers in remote and rural communities should include ready access to education and training, mentoring and clinical supervision. Workers should also be provided with flexible working arrangements and additional living supports.
- **Clinical supervision skills training**: Supervision training should be a priority initiative to increase the supply of clinical supervisors.
- **Workforce planning**: Adopt a collaborative approach to workforce planning. Workforce planning should include markers to indicate progress.
- **Service planning**: There is a need to determine gaps in service delivery along with what is working well. This planning process will also help to identify which services require enhanced workforce development support.
- **Support organisations who build links between agencies**: Continued support is required for AADANT's linkage and facilitation role in the NT. There is also a need for the sector to improve collaboration between AOD, mental health and primary care to ensure more holistic approaches to service provision.
- **Reduce the stigma of AOD work**: Develop a social marketing campaign to sell the sector as an area of work where staff can make a positive difference to individuals, families and communities. The campaign should include services promoting their work.
- **Recognition of workers' experiences**: Although AOD workers may not have formal qualifications they bring relevant experiences to their employment. Lived AOD experiences and connections with community should be acknowledged as positive contributions to AOD work.
- **Combining AOD and mental health work**: Combining AOD with mental health has provided a more holistic approach to client care. However, both AOD and wellbeing workers require professional development to better understand setting, content and their respective roles and responsibilities.
- **Intersectoral collaboration**: Provide AOD workers and services with formal and informal opportunities to network, particularly with key stakeholders.
- **Internet access**: Approximately 80% of remote and rural areas in the NT can access the internet, however the other 20% have substantial difficulties.
- **Education and training design**: New AOD workers should have access to education and training from commencement of employment in the sector.
- **Develop future leaders**: Provide and support Aboriginal AOD staff to take on leadership opportunities.
- **Supervision/mentoring**: Develop a mentoring/supervision framework for the NT AOD workforce.
- **Systems**: Support organisations to effectively manage service agreements and service delivery expectations.

Medium term

- **Improving retention and recruitment**: Recruit workers from the communities in which services are located and/or being delivered. Support for new appointed workers should focus on developing community acceptance (particularly Aboriginal workers). In local communities, change perceptions of AOD work amongst young people.

- **Career development pathways**: To develop clear career pathways for AOD workers, adopt a scaffolding approach to professional development and associated education and training. AOD career pathways should also be embedded into policies, procedures and management programs.

- **Education and training design and delivery**: All AOD workers at all levels, should be provide provided with AOD education and training. As an alternative to a full qualification, training could be designed around core skills sets. Education and training developed and designed by Aboriginal workers for Aboriginal workers was thought to be particularly effective, for example, the Batchelor project.

- **Qualifications**: Explore establishing a minimum qualifications requirement for the NT AOD workforce.

- **Providing workers with clinical/team support**: Reduce worker burnout by providing them with support from appropriately trained clinicians. To bolster support for workers there also needs to be better working relationships between government, non-government and community-controlled organisations.

- **Regional health plans**: Develop regional health plans/strategies (e.g., Top End, Central Australia, Tennant Creek, Katherine etc.) to address health needs but also to demonstrate a commitment to the AOD workforce.

- **Employment conditions**: Explore the use of flexible working arrangements for remote staff, for example, generous leave provisions.

- **Culturally safe and secure workplaces**: Establish culturally safe and secure workplaces for Aboriginal staff.

- **Staffing**: Where possible employ two workers in remote areas rather than sole workers.

- **Reduce stigma attached to AOD work**: Change the perception of AOD work held by sectors and in the broader community.

Long term

- **ATOD service design and delivery**: Identify innovative workforce education and training practices from elsewhere that can be contextualised to the NT. There is also a need to upskill trainers so that they are proficient in both AOD content knowledge and working within the Territory context.
- **Promote career pathways**: Publish an NT AOD workforce career pathways model to promote jobs and career opportunities.

- **Future workforce needs**: Support AOD services that implement a 'grow your own' approach to recruitment.
- **Continuity of client care**: There is currently no Territory-wide means for services to share client information. A common record keeping platform would enable continuity of care and prevent clients from having to constantly retell their story.
- **A stable policy environment**: NT policy environment is currently dynamic, which has added to pressures on the AOD sector.
- **Mentorship schemes**: Develop a mentoring scheme comprising mentee cohorts who could be supported by previous participants.
- **Career pathways**: Develop clear NT AOD career pathways, encompassing the steps required to progress with increased knowledge, skills and experience.

- **Data collection**: There is a need to establish appropriate data collection systems that can provide clear, responsive and integrated Territory-wide information.

Topic Area 3: Addressing the recommended Action Areas for the Aboriginal NT AOD workforce

Short term

- **Recruitment/retention**: Re-conceptualise AOD sector entry points. Improve access for Aboriginal AOD workers by providing locally available employment and being more culturally relevant.
- **Redesign education and training**: AOD education and training requires a cultural context and cultural understanding. There is a need to restructure current training, potentially by: identifying previously successful programs and building upon their strengths, making VET more achievable by scaffolding learning and development, addressing the foundational needs of learners, and applying a skill set approach to learning.
- **Delivery of education and training**: Online learning is not always the preferred option for Aboriginal AOD workers. Work-based training with relevant content delivered with the support of colleagues may be more successful and cost effective. There is also a need for trainers who have both AOD content knowledge and an understanding of the NT context.
- **Promote staff exchanges**: Allow workers to go on exchange with AOD and related sector services. This will help frontline workers obtain a better understanding of the sector in its entirety.
- **Develop a stronger Aboriginal workforce**: There is a need to nurture both the public and AMS Aboriginal workforces. MOU's between public hospitals and AMS may aid in strengthening both Aboriginal workforces.
- **Retain workers in remote communities**: Develop health promotion and community development AOD initiatives in remote communities, as these are very attractive work roles for Aboriginal AOD workers.
- **Career pathways**: Develop career pathways to support the development of more experienced Aboriginal AOD workers.
- **Clinical supervision and mentoring**: Ongoing clinical supervision and mentoring is needed to support the Aboriginal AOD workforce, particularly workers engaged in remote and rural communities.
- **Collaboration**: Communication needs to be vertical as well as horizontal. Often the people sitting around the strategic table are not the people on the ground. Initiatives agreed upon need to be effectively communicated to front-line workers.
- **Role clarification**: Clarifying work roles and responsibilities. Currently there is 'scope creep' (i.e. work outside of stated work role/position) for Aboriginal AOD workers. For example, pressure put on Aboriginal AOD workers with the expectation they can work with complex clients because they are from the same community but well developed AOD skills are also required.
- **Innovation in service design**: Recognise the importance of language, kinship and country in program design and delivery.
- **More regional development strategies**: Establish more regional development strategies based upon Aboriginal cultural and geographical links.
- **Equitable funding**: Ensure that there is equitable funding between all Territory regions.
- **Reduce the stigma of AOD work**: Promote AOD work as a career choice in Aboriginal communities.
- **Look after workers/worker wellbeing**: Acknowledge that many Aboriginal AOD workers may have themselves experienced trauma. Services need to recognise the importance of family and community to Aboriginal AOD workers and that external factors, such as poor housing, may effect working capacity.
- **Build research/monitoring capacity**: There are few Aboriginal researchers. There is a need for funding to build Aboriginal research capacity, but also to develop worker's documentation skills so that an evidence base can be established.

- **Increase use of interpreters**: There is greater scope for the use of interpreters within the AOD sector than what currently occurs. Increasing the use of interpreters may have an added benefit of being an entry point into the AOD sector.
- **Program logic model**: Develop a program logic model for NT AOD workforce development. This would help the NT AOD sector establish workforce development priorities.

Medium term

- **Education and training design**: Within the design of education and training, include content which has direct workplace application and assessment which is project-based.
- **Traineeship model**: Establish a traineeship model that provides wrap around support for Aboriginal AOD trainees.
- **Support current staff**: Regularly bring workers together to provide opportunities for mutual support and sharing successes and challenges.
- **Develop clear treatment protocols**: Ensure services are tailored to the client group and ensure adequate support structures are in place for both workers and clients.
- **Aboriginal identified positions**: Establish Aboriginal identified positions.
- **Work roles and renumeration:** Design positions that sound and look appealing and will make a difference part of something substantial. Implement longer term funding contracts, with competitive wages. As part of employment conditions, recognise that work occurs outside of a standard 9-5 day, and that time is required for fulfilling cultural practices.
- **Support remote workers**: Support services to develop their local workforce. Part of this process may include integrating AOD workers/teams with other community-based programs for support.
- **Leadership development**: Support Aboriginal AOD workers to undertake leadership and management roles either within their service or within the sector generally.
- **Recognition of working "two ways"**: Recognise AOD work in the Territory requires working simultaneously within both cultural and clinical frameworks.

Long term

- **Employment conditions**: Examine current employment conditions. In particular, focus on aligning expertise, salary and conditions. More broadly, consider how support for workers can occur across programs within a local community.
- **Higher education participation**: Implement initiatives to encourage Aboriginal AOD workers to undertake higher level qualifications (e.g., social work, psychology). In the long term this will lead to a more skilled workforce, with improved effectiveness when working with complex clients who have the advantage of local and cultural knowledge.
- **More mentoring/supervision**: More suitably qualified mentors and clinical supervisors are required. One way of overcoming this shortage is to offer training to suitably qualified workers, who have some experience, aptitude, and want to be involved in worker development.
- **Self-determination**: Empower Aboriginal workers to guide policy development as one way towards Indigenous management of Indigenous AOD services.
- **Employment conditions**: Employment conditions should include flexible work arrangements and accommodation support in remote and rural communities.

Specific strategies

- **Senior staff skill development**: Invest in developing the skills of senior staff so that they can understand their role in workplace learning and in the development of others.
- **Clear career development pathways**: Establish entry level positions through to higher level positions.

- **Build working relationships**: Develop specific strategies to improve interagency working relationships and communications with local communities.
- **Improve employment conditions**: Align salaries with skills, knowledge and responsibilities; provide opportunities for job sharing and establish part-time roles; support ways to move to the territory e.g., cover relocation costs, provide stable housing.
- **Develop local support structures**: Develop mechanisms to support all staff across their careers, including new entrants, mid-career and long-term workers. These mechanisms can include initiatives for understanding trauma and providing cultural responses to trauma and encouraging peer support and mentorship.
- **Trainer recruitment plans**: Recruit the right people to deliver training in conjunction with supporting them to develop their own training skills.
- **Reduce stigma attached to AOD work**: Increase awareness of the role of Aboriginal AOD workers within their local communities, the sector and the Territory as a whole.

Topic Area 4: Recent policy initiatives and other changes in the NT that may impact the WFD Strategic Framework

- **Dynamic policy environment**: Currently the NT policy environment is in flux. There is a need for communication from the top down, along with acknowledgment of what front line people are already doing in the various policy areas.
- **National Quality Framework for Alcohol and Other Drug Treatment Services (NQF)**: To date it is uncertain what the standards underpinning this Framework will be. The impact of implementing the NQF in the Territory is uncertain given its small population base.
- **Addressing Fetal Alcohol Spectrum Disorder (FASD) in the NT - 2018-2024**: This policy will drive some treatment services and refocus some workers. There is a strong push to improve assessments and treatment and implement specialised teams in this area.
- **Inquest into the death of Edward James Laurie [2017]**: The inquest highlighted various program, policy and legislation failures in the Territory regarding petrol sniffing.
- **Chronic Conditions Prevention & Management Implementation Plan 2017 - 2020**: Work to develop a new plan will commence in 2019.
- **National Drug Strategy (NDS)**: The NDS has little impact on what occurs in the NT.
- **Mental health policy**: Several mental health and wellbeing policies have been recently released. These include the NT Mental Health Service Strategic Plan 2015 - 2021 and The Best Opportunities in Life: NT Child & Adolescent health & Wellbeing Strategic Plan 2018 - 2028. These will impact on the working relationship and programs delivered by both mental health and AOD workers.
- **Merging AOD with mental health in the Territory**: Future competition for AOD staff is likely. However, there may be benefits in a closer alignment, such as shared support structures and strengthening of regional health services to deliver a broad range of programs with very different models to the traditional MH and AOD silos. The merge may also bring a much more holistic approach to service delivery from which both Aboriginal workers and communities may benefit.
- **Youth services**: There are very few AOD treatment options for young people in the NT. The lack of youth-oriented services means young people get squashed into highly inappropriate adult services models, with programs still weighted towards residential rehabilitation.
- **Royal Commission into the Protection and Detention of Children in the Northern Territory**: This Royal Commission has driven much of the recent NT policy work. It has sparked a social justice call particularly in AMS. It has also led to increasing recognition of trauma informed practice and this has raised the bar for agencies to address delivery care within trauma informed frameworks. However, although there are new

models of practice in youth justice, it will still be hard for young people as there are few places for them to receive services and they will continue to 'bounce around the sector'.

- **Aboriginal Control of Health Services and the development of regional Boards**: Election commitment to transfer control of health services from government to community-controlled for the whole population, not only Aboriginal communities.
- **Territory Workforce Fund**: Provides support for Territorians to increase their qualification level, e.g. from a Certificate IV to a Diploma; however, the shift to employer 20% co-contribution to fund VET programs could be a barrier for some employers and individuals depending on their circumstances. However, there is a definite NT government preference to provide VET funding to local providers and public funded providers before funding interstate RTO's.
- **Northern Territory Whole of Government Youth Justice Framework 2015-2020**: The youth justice framework focuses on children and families and less on youth. Its recommendations further add to a fractured system for caring for NT adolescents.

Topic Area 5: Potential strategies

Worker capacity building

- **Role clarity**: Need for position roles and their associated responsibilities to be clearer. Workers need to have confidence in their skills and abilities to perform certain tasks, but they also need to know who to work and liaise with, and how to do so.
- **Professional development**: Professional development should be about making sure that workers have education and training to match their roles. This should include individualised professional development plans that are ongoing, and appropriate clinical supervision and mentoring.
- **Work facilities**: People need to be equipped to do their job. There needs to be improved access to technology, including greater access to mobile phones and iPads used for brief interventions.
- **Education and training**: Access to webinars specifically aimed at the NT workforce should be improved. Importantly, all workers should have access to culturally appropriate training. For example, AMSANT culturally responsive trauma informed care training is currently provided only on a "needs basis", and only to June.
- **Capacity building of policy staff**: The NT AOD sector is fortunate in having XX [named removed]. Many policy-makers have policy knowledge but not necessarily AOD content knowledge. The NT is very fluid in how people move from one policy context to another, which can be useful, but in-depth knowledge of a content areas is often lacking.
- **Worker wellbeing**: Organisations have a responsibility to support workers in their roles. Organisations should also provide workers with time to reflect on their work and practices.
- **Mapping NT services**: Mapping NT services is a useful way for the sector to know what programs are delivered, who is delivering them, and current gaps in service delivery.
- **Leadership development**: For Aboriginal workers this means developing their skills and knowledge to manage local issues that are often connected through family, kin or culture. For all leaders this means building resilience and capability to respond to AOD issues in a professional manner.

Organisational capacity building

- **Stakeholder involvement**: Including consumers in developing programs and particularly in creating culturally appropriate services, regardless of whether these are for Aboriginal people, LGBTIQ, young people, etc.
- **Develop collaborations**: There is a need to build partnerships and local support systems. Suggestions included: organising an AOD sector-wide workshop on what organizational capacity is, what it should look like, and how

to plan for it in the Territory; and education sessions across partner organisations regarding roles and opportunities for program engagement.

- **Funding/contracts**: Need to account for the administrative costs associated with workforce development. Contracts should specify how money is to be spent for particular activities (e.g., 10% for community development or 10% for IT) which provides an organisation with justification for expending funding in those areas.
- **Access to corporate support services**: Enable organisations to access external corporate support so that they can focus on program quality and improvement.
- **Management**: Encourage diversity in program management, regardless of whether they are government or non-government services. Managers need to develop and implement skills in team building, mentoring, coaching others in the workplace and in providing supervision.
- **Building NT specific AOD research capacity and translational research**: There is a need to ensure that continuous quality improvement is included in programs. More sector-wide work is required on data management and analysis so that programs can be reasonably reviewed, evaluated and improved.

Professional development (PD)

- **Future workers**: Provide opportunities for the Aboriginal workforce to have articulation pathways into higher education, in order to enable them to move into allied health/nursing health roles. PD is never wasted. Even if a worker moves out of the sector, they take this knowledge into other roles and never really stop "doing" AOD. Workers could also be rotated with other successful programs to experience how others are working.
- **Individualised professional development (PD) plans**: Workers should be supported in developing individualised PDs, not haphazardly attending what is available. Rather, PDs should be carefully developed and appropriate for the individual.
- **Training and delivery**: There is limited capacity to provide education and training in the NT. Compounding this problem is that even if interstate training is provided, it may not understand the needs of the Territory. For more experienced workers advanced AOD training is necessary, not the re-hashing of basic AOD content.
- **Organisational support for professional development (PD)**: The AOD sector needs to support PD. One way of achieving this is through budgets, which currently do not include specific funding for PD, clinical supervision, or mentoring. Some services will receive funds for the workforce, but not additional funding to cover supervision.
- **Electronic resources**: Electronic resources are often under-utilised in the Territory. There is a need to develop electronic resources which are relevant to AOD workers in the NT context.
- **Role/language clarity**: Currently various titles are used for ostensibly similar work. However, it is uncertain what many of these titles mean. It is important that the sector develops a common language in terms of positions. This is important across the board – for services, workers and also clients.
- **Agreement on core skills**: The sector should establish a core skill set in order to work effectively with clients in the NT.
- **Clinical supervision**: Clinical supervision for all workers is needed on a regular basis to support workers and to ensure quality in the delivery of services to clients. Organisations also need to be respectful of supervision as it also keeps managers on track.
- **NT Health Remote AOD Program**: This program has been very successful in supporting and developing remote AOD workers. Continued support for this program is imperative to ensure current AOD workers are retained within the sector.
- **Client outcomes**: Link PD to client outcomes and service improvement activities. In this way the most appropriate PD is provided for the service modalities being offered.

Career pathways

- **Professional development (PD)**: Establish long term individualised PD plans. Include what workers might be undertaking in future years. In time these PD plans can be used to create education and training models across the AOD workforce and be used as visual maps/tools for what PD should look like for workers at different points in their career.
- **Clear career pathways**: There is a need to improve clarity of roles in order to provide the sector and individual workers with a better picture of what work is possible in the AOD sector.
- **Clinical supervision**: Clinical supervision should be provided across the sector and for workers at all levels. For new entrants, clinical supervision can help them learn what AOD treatment is and how it works.
- **Funding contracts**: Funding contracts should reflect the provision of clinical supervision (which can be expensive). It is important to consider how funding is aligned and how to grow people within funding streams.
- **Advancement opportunities**: Poor retention rates in the NT mean that there is constant opportunity for advancement. However, AOD workers do not necessarily have the human resource and management skills required to support staff. Workers entering leadership and management roles also need support through education and training and mentoring.
- **Education and training strategy**: NT AOD workers are often qualified but are not particularly skilled. There is a need to develop an education and training strategy which accounts for a broad range of workers, including skill-based training (particularly on brief interventions and motivational interviewing) for those workers wanting to move beyond the Certificate IV level and undertake professional degrees.
- **Embed career pathways**: Career pathways should be embedded into policy, procedures and management practices. There should also be more levels of competency at the practical level to value people who are particularly good in this area.
- **Co-ordinated case management**: There is substantial anxiety concerning patient information sharing. However, there are initiatives to address worker concerns. For example, in Katherine ten agencies have come together to pilot coordinated case management.
- **Collaboration**: There is a need for workers to have a greater understanding of the sector and its components. One way of improving sector understanding is to form linkages between services, for example, in the form of secondments and staff exchanges.
- **Increase entry level opportunities with associated support for new recruits**: Stakeholders noted that on the one hand services were struggling to fill vacancies, but there were many people out of work and who struggled to find work. One suggestion was to develop entry level positions where workers could be provided with intense support along with time to adjust to the work and its responsibilities. There could be an AOD sector program which supports both organisations and new workers who were long term unemployed.

Topic Area 6: Other issues

- **NT economy**: It is an ideal time in the Territory for the AOD sector to promote itself as a valued and respected profession that has great opportunities.
- **Alcohol industry**: The alcohol industry is an influential lobby group in the Territory. There is a continuing need to raise awareness of the harms caused by alcohol on the NT population.
- **NT workforce factors.** Problems with recruitment and retention in the AOD sector occur across the Territory. In the Territory there are two groups of workers: those who come and stay, and those who come and leave quickly.
- **Recruitment and retention cycles**: Need to appreciate that recruitment and retention in remote and rural communities have their own "ebb and flow".

- **Growing workers:** Growing workers requires a long-term investment in local communities. Professional development for new entrants into the AOD sector requires work-ready education and training in problem solving, critical thinking, personal refection and IT skills.
- **Ensuring equitable distribution of resources:** When place-based settings and place-based responses are implemented there should be a conscious effort to ensure that resources (e.g., personnel) are evenly distributed.
- **Stakeholder recognition**: Initiatives must recognise the crucial role of Aboriginal organisations and local communities in developing the current and future AOD workforce.
- **Social determinants of health/invasion**: The demographic characteristics of the Territory are reflective of a third world country. We under-estimate the level of AOD skill and experience required. In particular, the AOD sector needs a substantial knowledge base along with the ability to appreciate, and respond to, cultural imperatives.

Topic Area 7. Key stakeholders rank order of recommended Action Areas

To identify priority issues in the Strategic Framework, key informants were asked to rank order (1 highest, 8 lowest priority) the recommended Action Areas from the 2017 Needs Assessment. Nominations for Action Areas prioritised as first, second or third top priority issue were then collated (Table 2). The three Action Areas highlighted in red below (#'s 3, 4, 5) in Table 3 received the most 'votes' and as such were identified as the top priority areas by the key informants.

Table 1. Recommended Action Areas rank ordered by key stakeholders

Key Informants	1. Enhance understanding of the NT AOD workforce	2. Improve recruitment & retention	3. Support workers in remote & rural communities	4. Support the Aboriginal workforce	5. Improve intersectoral collaboration	6. Enhance access to education & training	7. Enhance clinical supervision & mentoring	8. Support practice interventions
#1	1	-	-	3	2	4	-	-
#2	8	7	5	6	3	2	4	1
#3	7	6	1	2	5	3	4	8
#4	2	1	-	-	-	4	-	3
#5	-	-	2	1	3	4	-	-
#6	1	6	4	2	8	3	5	7
#7	-	-	1	-	2	-	4	3
#8	-	4	3	2	-	-	1	-
#9	7	1	5	2	4	3	8	6
#10	7	1	2	4	3	5	8	6
#11	1	7	2	6	5	4	3	8

Table 2. Key stakeholder priority areas

Recommended Action Area	No. of 1st Priority Votes	No. of 2nd Priority Votes	No. of 3rd Priority Votes	Total Votes For Priorities 1st-3rd
Enhance understanding of the NT AOD workforce	3	1	0	4
Improve recruitment & retention	3	0	0	3
Support workers in remote & rural communities	**2**	**3**	**1**	**6**
Support the Aboriginal workforce	**1**	**4**	**1**	**6**
Improve intersectoral collaboration	**0**	**2**	**3**	**5**
Enhance access to education & training	0	1	3	4
Enhance clinical supervision & mentoring	1	0	1	2
Support practice interventions	1	0	2	3

Appendix 2: Action Areas summary table

The following table provides a list of the potential initiatives by each Action Area and identifies where there is overlap between some Action Areas and Potential Initiatives.

Table 3. Summary table of Potential Initiatives by Action Areas

Potential Initiatives	Action Area									
	1	2	3	4	5	6	7	8	9	10
Sector workforce (worker and organisational) surveys	1.1									
Workforce planning	1.2									
Promote the NT AOD sector as a career of choice		2.1								
AOD services workforce planning		2.2								
'Welcome to the Territory' incentives		2.3								
Develop and/or identify multiple entry points into the AOD sector for the local community		2.4	3.9							
Online jobs board		2.5								
Streamline job application processes		2.6								
Cross sector transition recruitment and support program		2.7								
Induction, orientation and ongoing support programs		2.8		4.3						
Culturally safe and secure services/work places		2.9	3.6	4.7						
Aboriginal-Identified AOD Worker Positions		2.10								
Fly-in/fly-out (FIFO) Positions		2.11								
Staff turnover – minimise loss of corporate knowledge		2.12								

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

Potential Initiatives	Action Area									
	1	2	3	4	5	6	7	8	9	10
Support organisations to use innovative models of job design and employment conditions		2.13								
Funding duration		2.14	4.13							
Annual NT AOD sector awards		2.15								
Remote Alcohol & other Drugs Workforce Program			3.1							
Incentives to work in remote & rural areas			3.2							
Remote and rural clinical supervision			3.3							
NT AOD workforce mentoring scheme			3.4	4.5						
Organisational commitment to supporting remote and rural workers			3.5							
Innovative models of job design and employment conditions			3.7	4.8						
Worker support programs			3.8	4.12						
Attract and retain Aboriginal AOD workers				4.1						
Develop multiple entry points into the AOD sector for Aboriginal workers				4.2						
Remote and rural clinical supervision for Aboriginal AOD workers				4.4						
Organisational commitment to supporting Aboriginal AOD workers				4.6						
Develop clear career pathways for Aboriginal AOD workers				4.9						
Aboriginal AOD workers leadership development				4.10						
Education and training design and delivery				4.11		6.8				
Promote grant seeking for WFD initiatives				4.14						
Memoranda of Understanding					5.1					
Intersectoral collaborations					5.2					
Staff exchanges					5.3					
Share / Promote Information & Events					5.4					
Continue support for AADANT's central coordination / capacity building WFD role					5.5					
Information sharing					5.6					
Handbook of NT AOD and related services: community and worker versions					5.7					

Potential Initiatives	Action Area									
	1	2	3	4	5	6	7	8	9	10
Professional development planning						6.1				
Professional development / training calendar						6.2				
Coordination of professional development processes						6.3				
Education and training opportunities						6.4				
Cultural awareness training						6.5				
Counselling skills development						6.6				
Worker education and training support						6.7				
Sector transition support program						6.9				
Recognition of prior learning						6.10				
Clinical supervision and mentoring policy and plan							7.1			
Organisational commitment to clinical supervision and mentoring							7.2			
Funding for clinical supervision and mentoring							7.3			
Remote and rural clinical supervision							7.4			
Mentoring / clinical supervision using digital technology							7.5			
Digital technologies								8.1		
Electronically available harm reduction resources								8.2		
Encourage research partnerships between AOD services and universities to build research capacity								8.3		
Career Mapping									9.1	
Professional development to support career advancement									9.2	
Establish senior AOD worker positions									9.3	
Aboriginal AOD worker career advancement									9.4	
Raise awareness of AOD use and associated harms in the Territory										10.1
Provide all workers with essential AOD information										10.2
Enhance linkages with universities, public health and communication experts										10.3

Appendix 3: Examples of existing Australian WFD-related initiatives

The following list provides examples of existing (as at April 2019) WFD initiatives throughout the NT and other Australian jurisdictions. It is not meant to be an exhaustive list but provides an initial starting point for workers and organisations to consider.

Workforce (individual & organisation) surveys	*Agency*	*Association of Alcohol and Other Drug Agencies (AADANT)*
	Details	In 2016 AADANT conducted an AOD specialist worker survey of non-government organisation employees. In 2017 AADANT conducted an organisational survey of both NT government and non-government AOD service providers
	Link	https://www.aadant.org.au/
Treatment Works	Agency	Australian National Council on Drugs (ANCD)
	Details	Historical media campaign conducted by the ANCD which supported AOD services, particularly those in the non-government sector to celebrate their achievements and share information with others.
	Link	None Available
No Grog and No Ganja	Agency	Katherine Region Action Group (KRAG) & AADANT
	Details	Production of event signage, supporting No Grog and No Ganja initiatives, to be used at local celebrations and functions. The signs are available for use in the Katherine region for a small refundable deposit.
	Link	https://www.aadant.org.au/sites/default/files/uploads/files/1415a adant_annual-reportv1.pdf
Workforce planning and development planning booklet	Agency	NT Council of Social Services
	Details	A 13 page booklet designed for organisations to develop their own workforce planning and development model. The template includes current staff profiles, workforce profiles along with skill profile and professional development plan templates.
	Link	https://40v43l29oi7746hjwe36z22m-wpengine.netdna-ssl.com/wp-content/uploads/2014/10/Workforce-Planning-and-Development-Model_Booklet.pdf
	Agency	Lowitja Institute

Rural Careers Pathways Project	Details	Aims to enhance the capacity of the health system to retain and support the development and careers of Aboriginal and Torres Strait Islander people. Due for completion in May 2019.
	Link	https://www.lowitja.org.au/page/research/research-categories/health-services-and-workforce/workforce/projects/career-pathways
Work experience	Agency	NT Department of Education
	Details	Guidelines for the implementation and management of work experience programs conducted by NT government schools.
	Link	https://education.nt.gov.au/__data/assets/pdf_file/0007/495394/work-experience-guidelines.pdf
YouthWorX	Agency	NT Industry Training Bureau Inc
	Details	Aimed at 15 to 21 year olds, with schemes in Darwin, East Arnhem, West Arnhem Victoria Daly, West Daly and Roper Gulf Shires.
	Link	https://www.youthworxnt.com.au/
Health Student placements	Agency	NT Health
	Details	NT Health student placements (non-medical) for courses of study leading to vocational, undergraduate and postgraduate awards &/or health professional registration.
	Link	https://health.nt.gov.au/careers/student-placements/procedures-priorities
AOD Intern Program	Agency	Odyssey House
	Details	A graduate program, of full-time work with a number of rotations across the organisation over 12 months, along with a learning and development and supervision.
	Link	https://www.odyssey.org.au/graduate-program
Welcome to a World of Difference	Agency	Victorian Department of Health and Human Services
	Details	Social marketing campaign to promote AOD careers. Includes: AOD workers' testimonials; job vacancy, 'getting yourself ready for a new career", life-long learning sections.
	Link	https://www2.health.vic.gov.au/alcohol-and-drugs/aod-careers
NT Foundation Skills Program	Agency	NT VET
	Details	Provides RTOs with a training package from which they can select and deliver foundation skills units and qualifications that will enable learners to build the specific foundation skills required to achieve vocational competency
	Link	https://vetnet.education.gov.au/Public%20Documents/FSKv1.1%20Foundation%20Skills%20Implementation%20Guide.pdf

Investing in VET	Agency	NT Government
	Details	Package for enabling subsidised training; providing remote location loading and support of the Foundation Skills Training program
	Link	https://skillingterritorians.nt.gov.au/investing-in-vet
Welcome to the Territory	Agency	Department of Trade, Business and Innovation, NT Government
	Details	Government initiative to boost and retain the NT population and to help businesses attract workers into hard to fill jobs on the high priority occupation list.
	Link	https://business.nt.gov.au/news/2018/welcome-to-the-territory-incentives
Employer Resource Kit	Agency	NT Government
	Details	A guide for employers covering workforce planning, attracting, recruiting and selecting, inducting, training and developing, motivating, manage and rewarding performance, retain and support, lead and communicate
	Link	https://nt.gov.au/__data/assets/pdf_file/0020/204077/your-workforce-guide-for-employers.pdf
Culturally safe and secure workplaces	Agency	NT Health
	Details	Aboriginal Cultural Security Framework 2016-2026 is intended to guide and strengthen implementation of culturally secure services for Aboriginal people in the NT.
	Link	https://digitallibrary.health.nt.gov.au/prodjspui/bitstream/10137/730/8/Northern%20Territory%20Health%20Aboriginal%20Cultural%20Security%20Framework%202016-2026.pdf
Remote Alcohol and Other Drugs Workforce Program	Agency	Remote Alcohol and Other Drugs Workforce Program
	Details	Support for over 50 workers across 40 communities who are located in primary health care centres across the Territory.
	Link	https://remoteaod.com.au/
Looking after yourself	Agency	Remote Alcohol and Other Drugs Workforce Program
	Details	Resources for self-care for Aboriginal AOD workers in the NT
	Link	https://remoteaod.com.au/support/looking-after-yourself
Aboriginal Workforce Grants	Agency	NT Government
	Funder	Supports initiatives or projects that result in more Aboriginal Territorians entering employment and developing careers within the workplace.
	Link	https://nt.gov.au/industry/start-run-and-grow-a-business/grow-your-business/business-grants-and-funding/aboriginal-workforce-employment

Indigenous Governance Kit	Agency	Australian Indigenous Governance Institute
	Details	Tips for what organisations can do to recruit, support and retain staff.
	Link	http://toolkit.aigi.com.au/toolkit/7-4-staff-development-and-training
Bursaries	Agency	NT PHN & AADANT
	Details	Supports NT AOD workforce development through financial assistance with the costs of enrolment and training fees for: • CHC43215 Certificate IV in Alcohol and Other Drugs; and/or • CHC53215 Diploma of Alcohol and Other Drugs
	Link	https://www.aadant.org.au/training/aod-workforce-development-opportunity
Yarning About Work	Agency	Remote Alcohol and Other Drugs Workforce Program
	Details	A support resource for Aboriginal AOD workers in the Territory
	Link	Remote AOD Workforce Program http://remoteaod.com.au/sites/default/files/images/Yarning%20about%20Work%20FINAL%202014.pdf
Case Management Toolkit	Agency	AADANT
	Details	Case management in non-government alcohol and other drug services; a practical toolkit
	Link	https://www.aadant.org.au/sites/default/files/uploads/files/care-coordination.pdf
Professional development / training calendar	Agency	Western Australian Mental Health Commission
	Details	Online AOD Training calendar also available for download and printing
	Link	https://www.mhc.wa.gov.au/training-and-events/training-for-professionals/alcohol-and-other-drug-training/
Culturally Responsive Trauma Informed Care	Agency	AMSANT
	Details	The relevance of trauma and healing informed care to Aboriginal primary health care
	Link	http://www.amsant.org.au/wp-content/uploads/2014/10/PLENARY-TRAUMA-INFORMED-CARE-SARAH-HAYTHORNTHWAITE-AND-TANJA-HIRVONEN.pdf
Current Competency Project /	Agency	Victorian Department of Health and Human Services
	Details	Provides all AOD workers with advice and support to meet the requirements of the minimum qualification strategy through a standards workplace assessment strategy

Qualifications Framework	Link	https://www2.health.vic.gov.au/alcohol-and-drugs/alcohol-and-other-drug-workforce/aod-workforce-minimum-qualification-strategy
Central Australian Remote Health Development Services (C.A.R.H.D.S)	Agency	C.A.R.H.D.S
	Details	Registered Training Organisation based in Central Australia focusing on developing the capacity of Aboriginal people and health professionals to improve community health outcomes
	Link	https://www.carhds.org.au/
Industry Skills Advisory Council NT	Agency	Industry Skills Advisory Council NT
	Details	Independent not-for-profit organisation that provides advice to and gathers feedback from Northern Territory businesses on skills shortages and aims to increase industry skills capacity and capability across the NT
	Link	https://www.isacnt.org.au/what-we-do/workforce-development#accordion-0-0
Territory Workforce Program	Agency	NT Government
	Details	Funding for initiatives that support workforce development and training. Funding is available for initiatives that lead to employment and/or help train and skill the workforce for business and industry.
	Link	https://nt.gov.au/industry/start-run-and-grow-a-business/grow-your-business/business-grants-and-funding/territory-workforce-program
Industry Buildskills Program	Agency	NT Government
	Details	Targets NT jobs that have been effected by things such as regulation and legislative changes and job shortages
	Link	https://nt.gov.au/employ/for-employers-in-nt/funding-to-reskill-or-up-skill-employees
Indigenous Allied Health Australia's mentoring scheme	Agency	Indigenous Allied Health
	Details	Comprehensive and holistic package designed to support professional career development
	Link	https://iaha.com.au/get-involved/mentoring/about/
Menzies School of Health Research	Agency	Menzies School of Health Research
	Details	Medical research institute located in Darwin – aims to improve the health and wellbeing of Aboriginal people.
	Link	https://www.menzies.edu.au/
	Agency	NSW Government – Health Education & Training

Rural Research Capacity Building Program	Details	Aims to increase the number of rural and remote health workers with knowledge and skills in evaluation and research methods.
	Link	https://www.heti.nsw.gov.au/education-and-training/courses-and-programs/rural-research-capacity-building-program
Developing Pathways Into Higher Education For Remote Indigenous Communities	Agency	Charles Darwin University
	Details	A "whole of community engagement" initiative involving working six remote NT Aboriginal communities to explore community educational perspectives, and find ways that strengthen pathways into university for remote Indigenous peoples
	Link	https://remotengagetoedu.com.au/