Mid Term Evaluation of the Indigenous National Alcohol and Other Drug Workforce Development Program

Draft Report

Prepared by: Department of Health and Ageing
MDP 27 GPO Box 9848
CANBERRA ACT 2601

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Introduction

The Australian Government Department of Health and Ageing (the Department or DoHA) conducted a mid term program review of the Indigenous National Alcohol and other Drug Workforce Development Program (the Program). The review was conducted in April/May 2007.

The aim of the review was to examine the extent to which:

- the goals and objectives of the Program (long and short term) are been achieved;
- the consequences (positive and negative) of the Program; and
- where possible, the appropriateness, effectiveness and efficiency of the Program in terms of balancing inputs and outputs to the relative gains.

Background

In 2004-05, the Ministerial Council on Drug Strategy (MCDS) endorsed a Cost Shared Funding Model Project, *Indigenous Alcohol & Other Drug National Train the Trainer Pilot Program,* developed by the West Australian Drug and Alcohol Office (WADAO). This was first stage of a comprehensive and strategic approach to culturally secure workforce development and capacity building in Australia. The program commenced in December 2004 and was working towards the:

- Establishment of national partnerships across jurisdictions and development of local partnerships within jurisdictions to participate in the program
- Review and consolidation of current and developing culturally secure AOD resources for the National Indigenous AOD Best Practice Training Package
- Identification of participants with AOD expertise from each jurisdiction to attend the National Train the Trainer Pilot Program
- Facilitation of the National Train the Trainer Pilot Program to be held in Perth in October 2005, with view to preparing participants to deliver nationally recognised training aligned to the Australian Quality Training Framework (AQTF), to the Indigenous Alcohol and other Drug (AOD) workforce within partnering jurisdictions

The completion of the above program established the basis for the long-term aim, which was to implement an on-going Indigenous National Alcohol and other Drug Workforce Development Program. The initial proposal that MCDS endorsed only involved three jurisdictions (WA, SA, QLD) as key stakeholders. During the first stage of this project the NT and ACT expressed their desire to become key stakeholders in the implementation phase. Therefore 5 jurisdictions (WA, SA, QLD, NT and ACT) were seeking funding for the implementation phase.

In January 2006 the Department agreed to fund the implementation of the Program for the next two years. A variation to the contract was signed in July 2006 to include funding for two new jurisdictions (NSW and TAS).

Methodology

The methodology used for this evaluation was reasonably straightforward and incorporated discussions with WADAO staff, a review of program documents (including progress reports) and stakeholder discussions with 14 people within the participating jurisdictions involved in the management and implementation of the Program. Three field visits were conducted in Brisbane, Adelaide and Sydney. Other interviews were conducted by telephone. Semi-structured interview discussion schedules for the evaluation were developed in consultation with WADAO.

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Context of the Indigenous National Alcohol and other Drug Workforce Development Program

Key policies

The key policy relevant to the funding of this Program is *The National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009* (The Complimentary Action Plan). It states that the following principles must underpin any action in this area:

> *Use of alcohol, tobacco and other drugs must be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social wellbeing, community development and capacity building.*
>
> *Local planning is required to develop responses to needs and priorities set by local Aboriginal and Torres Strait Islander communities.*
>
> *Culturally valid strategies that are effective for Aboriginal and Torres Strait Islander peoples much be developed, implemented and evaluated.*
>
> *Aboriginal and Torres Strait Islander communities should have control over their health, drug and alcohol and related services.*
>
> *Resources to address the use of alcohol, tobacco and other drugs must be available on the basis of need, and at the level required to reduce disproportionate levels of drug-related harm by Aboriginal and Torres Strait Islander peoples.*

The Complementary Action Plan identifies *Six Key Result Areas*, and prescribes a range of objectives in each area, as well as examples of action. The Key Result Areas are:

- Key Result Area 1: Enhanced capacity
- Key Result Area 2: Whole of government approaches
- Key Result Area 3: Substantially improved access
- Key Result Area 4: Holistic approaches
- Key Result Area 5: Workforce initiatives
- Key Result Area 6: Sustainable partnerships.

Overview of the Indigenous National Alcohol and other Drug Workforce Development Program

The Indigenous National Alcohol and other Drug Workforce Development Program

This program will assist in the development of a professional Indigenous AOD workforce. Due to the absence of training for Indigenous AOD workers it is important to consider an appropriate entry level to training. Many existing workers in the AOD field may not have had any formal education for many years and/or limited formal education in the first place. This is further compounded for many Indigenous people working in regional or remote areas where English may be a second or third language.

The CHC30802 Certificate III Community Services Work (AOD) is an appropriate entry level to support Indigenous workers gain nationally recognised qualifications in the AOD field. This course provides the opportunity to develop strong professional boundaries, gain knowledge and understanding of culturally secure AOD theoretical models that underpin evidence based practice and consolidates AOD counselling skills.

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Objectives of the Program

The objectives of the Indigenous National Alcohol and other Drug Workforce Development Program is to:

- Support and increase the capacity of partnering jurisdictions to deliver nationally recognised, culturally secure evidence based AOD training to the Indigenous AOD workforce. This approach will be based on a comprehensive and strategic workforce development model.
- Establish two training pilot programs within each participating jurisdiction, the first program to be held in 2006 and the second program in 2007. Working across jurisdictions over the two year period will build and consolidate Indigenous AOD evidence based practice and the workforce development program nationally resulting in a highly developed program.

Key Findings

Program management

Stakeholder feedback about the management of the Program was very positive. Stakeholders in general indicated that the level of support from WADAO was better than expected and were very responsive to issues that had arisen. WADAO provided practical guidance in the delivery of the Program.

Impact of the Program

When viewed overall, there is evidence (largely based on stakeholder consultation) that the Program has had a significant impact in a number of areas - particularly the development of a nationally recognised, culturally secure evidence based AOD Indigenous workforce and the development of sustainable partnerships among participating organisations but also stronger links with government and mainstream services.

Some of the key impacts which are either evident now, or should become evident in the near future, include the following:

- The implementation of a quality, evidenced-based and culturally secure workforce development program which is:
  - perceived as credible by both Indigenous and mainstream stakeholders;
  - able to be implemented;
  - portable and adaptable to suit different regions; and
  - supporting participants with clinical support in the workplace.
- There has been substantial development in the quality of evidenced-based clinical skills of workers
- The process of implementing the program provided the opportunity for engaging new service providers and service networks in order to better serve Indigenous clients and communities.
- There has been significantly improved identification of resources (products, people, communities and organisations).
- There has been a significant development of linkages and networks which supports the Program.
- The Program supports an appropriate entry level for Indigenous workers to gain nationally recognised qualifications in the AOD field, and to develop their skills and enhance their career opportunities in the AOD field.

- There is evidence that, in general, the Program has achieved significant 'value adding' by:
  - building on and enhancing the existing program and resources;
  - facilitating partnerships and collaborations among different levels of government, and between governments and a wide range of stakeholders eg Indigenous organisations, educational institutions and treatment services and communities;
  - attracting a significant degree of in-kind assistance; and
  - using both Indigenous and mainstream networks to extend the 'reach' of the Program.

Limitations on outcomes

Early delays in the recruitment of suitable participants and a lack of understanding of some organisations of their management role and the clear understanding of the Australian Quality Training Framework (AQTF) standards for reporting as required by RTO's for the delivery of certified training have limited the potential outcomes of the Program to date. However, many residual effects of these early delays appear in general, appear to have been remedied.

Another issue that has limited the effectiveness of the Program in some jurisdictions is finding suitable people to provide clinical supervision in the workplace for participants. This is of issue in particular to some of the more remote service providers who are already under resourced and it has added further workload to senior staff of these organisations.

While the development of partnerships in general is a positive of the Program, not all of these partnerships function effectively. These issues are in part due to a lack of effective communication between the partners in the jurisdiction and in some cases more to do with the personalities involved that have hindered both the communication and the coordination for the delivery of the training.

Future directions

The initial stated objectives of the Indigenous National Alcohol and other Drug Workforce Development Program is to:

- Support and increase the capacity of partnering jurisdictions to deliver nationally recognised, culturally secure evidence based AOD training to the Indigenous AOD workforce. This approach will be based on a comprehensive and strategic workforce development model.
- Establish two training pilot programs within each participating jurisdiction, the first program to be held in 2006 and the second program in 2007. Working across jurisdictions over the two year period will build and consolidate Indigenous AOD evidence based practice and the workforce development program nationally resulting in a highly developed program.

Despite the developmental nature of the Indigenous AOD sector, stakeholders clearly identified a number of priority areas. In particular, workforce development was described by most stakeholders as a top priority and there was a high level of stakeholder support for the Program to build on its achievements in this area. There was particular concern that there are sufficient resources be identified to support the continuation of the Program. This was based on the experience of many stakeholders that the implementation of successful programs in the past have often been under funded and resulted in good programs being underutilised by Indigenous workers and communities.

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The other priority issue commonly identified was the enhancement of the capacity of community controlled organisations to support drug and alcohol workers and implement evidence based drug and alcohol programs. While the training of Indigenous workers was seen by many stakeholders to be significant step in addressing this issue, there was some concern that worker training may not be sufficient on its own, and that some specific strategies including training may be needed to develop the skills of community organisations to better support the newly trained workers.

In addition to infrastructure related issues, there were also some areas of need and/or target groups identified by most of the stakeholders interviewed for this evaluation. These include:

- the need to focus on the issue of dual diagnosis and co-morbidity (developing links between mental health and drug and alcohol use)
- the need to target emerging trends such as ice, meth amphetamine, poly drug use and volatile substances as most services target alcohol use as there main focus.

Thought must also be given to the development of Certificate IV course. A number of states already have the requirement of Certificate IV as the entry level qualification for employment in the AOD sector. While this Program is for Indigenous AOD workers already employed in the sector who in general have no formal certified training, and has improved the quality of evidenced-based clinical skills of workers it also raises questions about whether investing in the Certificate III training into the future or using it as a bridging course until a Certificate IV has been developed is the best approach at this time.

A number of the jurisdictions have partnerships with State Government agencies which provide in-kind service through providing trainers, assist with identifying the appropriate participants for the Program and assist in the clinical supervision of participants. If these agencies could make their involvement in the Program part of their core activities by having a more hands on involvement in the management and delivery of the Program this should ultimately increase the Programs' potential for sustainability over the long term.

This would also increase the access to mainstream services to provide clinical supervision and mentoring of participants given this has been an issue in some jurisdictions. This would also open further employment opportunities and career pathways for the participants.

Given the unexpected workload that WADAO had in the contract management of the jurisdictions in the implementation of the Program, The Department of Health and Ageing could take over the management of these contracts in the future. This will reduce the workload of WADAO and given that there are a number of RTO's already involved in the management and delivery of the program some thought should be given to utilising their skills and status and further strengthen partnerships with other jurisdictions by these organisations taking on the RTO role for a partnered jurisdiction.

This would further utilise the skills of some of the organisations already involved while further reducing the workload of WADAO and allowing them to focus more on providing advice on delivery and assessment, quality improvement processes, moderation, validation and evaluation, develop assessment tools to jurisdictions for which they were contracted to provide.

Another issue worth considering would be expanding the pool of trainers within each jurisdiction. A number of the jurisdictions don't have a large pool of trainers for the delivery of the program and given that most of the trainers are engaged on an in-kind basis and their first priority is to their place of employment, this can cause delays in delivery pending their availability.

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While the Program is designed for Indigenous AOD workers who work with Indigenous clients, a number of stakeholders felt that there were workers in a number of other sectors such as corrections, emergency workers, hospital and police liaison staff and non-Indigenous Australians who work with indigenous clients (Aboriginal Medical Services, etc) who would benefit from undertaking the training.

1 Introduction

Introduction

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The aim of the review was to examine the extent to which:

- the goals and objectives of the Program (long and short term) are been achieved;
- the consequences (positive and negative) of the Program; and
- where possible, the appropriateness, effectiveness and efficiency of the Initiative in terms of balancing inputs and outputs to the relative gains.

1.1 Background

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The completion of the above program established the basis for the long-term aim, which was to implement an on-going Indigenous National Alcohol and other Drug Workforce Development Program. The initial proposal that MCDS endorsed only involved three jurisdictions (WA, SA, QLD) as key stakeholders. During the first stage of this project the NT and ACT also expressed their desire to become key stakeholders in the implementation phase. Therefore, five jurisdictions (WA, SA, QLD, NT and ACT) were seeking funding for the implementation phase.

In January 2006, the Department agreed to fund the implementation of the Program for the next two years. A variation to the contract was signed in July 2006 to include funding for two new jurisdictions (NSW and TAS).

1.2 Aims of this evaluation

The objective of this evaluation was to measure the overall effectiveness, efficiency and appropriateness of the Program. To achieve this objective the evaluation was required to:

- assess the full costs and benefits of the Program;
- assess the effectiveness of the Program;
- examine the strengths, weaknesses, opportunities and threats of the Program; and
- assess the requirements of future planning and development.

It should be noted that at the time of this evaluation, in most of the jurisdictions, the participants have just completed the Program training.

This report is presented in the following chapters:

- Chapter 1 Introduction
- Chapter 2 Methodology
- Chapter 3 Context of the Program
- Chapter 4 Overview of the Program
- Chapter 5 Appropriateness of Program
- Chapter 6 Effectiveness of Program
- Chapter 7 Efficiency of Program
- Chapter 8 Conclusions and future directions

In addition the report contains:

- Appendix A Stakeholders consulted for the evaluation
- Appendix B Discussion guides for stakeholder interviews
- Appendix C Bibliography

2 Methodology

2.1 Introduction

The methodology for this evaluation was reasonably straightforward. The key stages were:

- project planning;
- documentation review;
- stakeholder consultation; and
- analysis and reporting.

2.2 Methodological considerations

The methodology used for this evaluation was reasonably straightforward and incorporated discussions with WADAO staff, a review of program documents (including progress reports) and stakeholder discussions with 14 people within the participating jurisdictions involved in the management and implementation of the Program. Three field visits were conducted in Brisbane, Adelaide and Sydney. Other interviews were conducted by telephone. Semi-structured interview discussion schedules for the evaluation were developed in consultation with WADAO.

The fact that in most jurisdictions, the first group of participants have not long completed the Program and delays in the implementing in the other jurisdictions has meant that there is limited performance and outcome data available. The evaluation was largely dependent on information provided through stakeholder consultations, and the progress reports provided by WADAO.

2.3 Project planning

At the outset of the evaluation, the evaluation team met to ensure that we had a complete understanding of the issues surrounding the evaluation. This meeting included a discussion of:

- program goals, objectives, outcome areas and existing/potential performance indicators;
- project funding to date;
- relevant departmental/program documentation and data of relevance to the consultancy;
- accessing relevant data sources and documentation; and
- stakeholders to be consulted and the most appropriate way to contact them.

2.4 Documentation review

The following documents were examined:

- *The National Drug Strategy Australia's Integrated Framework 2004-2009*, and *the Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009*;
- Program schedules; and
- Program progress reports, evaluation documents and resource material where available.

2.5 Stakeholder consultation

A list of stakeholders was identified in consultation with WADAO (Appendix A). These stakeholders included workforce development officers, trainers and represented a number of the different organisations (NGO's, State Governments) involved in the partnerships which are responsible for the management and delivery of the Program within each jurisdiction. Two discussion guides were developed by the Department and approved by WADAO. These consisted of a semi-structured interview guide to ensure that key issues were covered in each interview but the guides also

provided the opportunity for those interviewed to raise whatever other matters they regarded as important. The discussion guides are attached in Appendix B.

Field consultations were conducted with stakeholders in South Australia, Queensland and New South Wales. Additional phone consultations were undertaken with stakeholders in the Northern Territory, Tasmania and the ACT. Phone consultations were also conducted with program staff from WADAO.

In all, interviews were conducted with 14 stakeholders either face-to-face or by telephone.

2.6 Analysis and reporting

All of the data gathered in the preceding stages was incorporated, analysed and reported on, in this final report which also includes a number of recommendations to help inform WADAO for future planning and management of this Program.

3 Context of the Program

This chapter examines some aspects of the complex policy and service delivery context of the Indigenous National Alcohol and other Drug Workforce Development Program. The chapter describes the key policy areas that are relevant and the role of various players such as the Australian Government, State/Territory and local governments, peak bodies, research bodies, community-controlled organisations and non-government organisations. Finally, the chapter presents some of the key issues of the policy and service delivery 'landscape' which are most relevant to this Program as identified by key stakeholders.

3.1 Key policies

3.1.1 *The National Drug Strategy 2004-2009*

The National Drug Strategy was formerly known as the *National Campaign Against Drug Abuse* which was initiated in 1985. It was developed by the Ministerial Council on Drug Strategy (MCDS) which is a national ministerial forum that has overall responsibility for developing alcohol and other drug policies and programs and is responsible for facilitating the development of a 'nationally coordinated and integrated approach' (MCDS, 2004 p1). This approach aims to coordinate responses and promote partnerships between health, law enforcement and education agencies, drug users, people affected by drug-related harm, community-based organisations and industry (MCDS, 2004, p23).

The *National Drug Strategy 2004-2009* reiterates the commitment of Australian governments to the principle of harm minimisation, and provides an integrated framework for developing a comprehensive approach to achieving a balance between *demand-reduction, supply-reduction and harm-reduction* strategies' (MCDS, 2004, p2).

The National Drug Strategy is supported by a number of structures:

- the Interdepartmental Committee on Drugs (IGCD);
- the Australian National Council on Drugs (ANCD); and
- the National Expert Advisory Panel.

In addition, the National Drug Research Centres contribute expertise and undertake research on priority areas identified under the National Drug Strategy.

The National Drug Strategy made a specific commitment to undertake extensive consultation with Indigenous communities in order to provide a national direction to dealing with licit and illicit substance issues affecting Aboriginal and Torres Strait Islander peoples. This resulted in the development of the *Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2006* (The Complimentary Action Plan). In March 2006, the MCDS approved the extension of the National Aboriginal and Torres Strait Islander Peoples Complementary Action Plan from 2003-2006 to 2003-2009 to bring it into line with the *National Drug Strategy - Australia's Integrated Framework 2004-2009*."

The Complementary Action Plan is to be implemented within the life of the National Drug Strategy, therefore specific action areas for Indigenous drug and alcohol programs were identified in the Strategy such as: (MCDS, 2004, pp 9-10).

- building community capacity
- actively promoting whole of government and community approaches
- improving access to a range of health and well-being services
- recognising the role of holistic approaches to prevention, treatment and continuing care.

3.1.2 The *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009*

The *National Drug Strategy Aboriginal and Torres Strait Islander Peoples Complementary Action Plan 2003-2009* (The Complimentary Action Plan) recognises that numerous inquiries have already recognised the 'detrimental effects of dispossession and alienation on health and well-being' and the dramatic and negative impact of the use of licit and illicit drugs on Aboriginal and Torres Strait Islander peoples.

It states that the following principles must underpin any action in this area (MCDS, 2003, p 4):

> *Use of alcohol, tobacco and other drugs must be addressed as part of a comprehensive, holistic approach to health that includes physical, spiritual, cultural, emotional and social wellbeing, community development and capacity building.*
>
> *Local planning is required to develop responses to needs and priorities set by local Aboriginal and Torres Strait Islander communities.*
>
> *Culturally valid strategies that are effective for Aboriginal and Torres Strait Islander peoples much be developed, implemented and evaluated.*
>
> *Aboriginal and Torres Strait Islander communities should have control over their health, drug and alcohol and related services.*
>
> *Resources to address the use of alcohol, tobacco and other drugs must be available on the basis of need, and at the level required to reduce disproportionate levels of drug-related harm by Aboriginal and Torres Strait Islander peoples.*

The Complementary Action Plan identifies *Six Key Result Areas*, and prescribes a range of objectives in each area, as well as examples of action:

> *Key Result Area 1: Enhanced capacity of Aboriginal and Torres Strait Islander individuals, families and communities/neighbourhoods to address current and future issues in the use of alcohol, tobacco and other drugs and promote their own health and well-being.*
>
> *Key Result Area 2: Whole of government effort and commitment, in collaboration with community-controlled services and other non-government organisations to implement evaluation and continuously improve comprehensive approaches to reduce alcohol, tobacco and other drugs related harm.*
>
> *Key Result Area 3: Substantially improved access for Aboriginal and Torres Strait Islander peoples to the range of services, programs and interventions that play a role in addressing alcohol, tobacco and other drugs issues.*
>
> *Key Result Area 4: A range of holistic approaches, from prevention through to treatment and continuing care that is locally available and accessible.*
>
> *Key Result Area 5: Workforce initiatives to enhance the capacity of Aboriginal and Torres Strait Islander community-controlled and mainstream organisations to provide quality services.*
>
> *Key Result Area 6: Increased ownership and sustainable partnerships of research, monitoring, evaluation and dissemination of information.*

There are a number of Performance Indicators identified in the Complementary Action Plan. These include some specific measures of the incidence of problems associated with licit and illicit substance abuse eg number of associated deaths, number of hospital admissions, numbers of assaults and so on. In addition, there are a number of specific national indicators which have some relevance to this Initiative (MCDS, 2003, p 40):

An increase in the capacity to report nationally on improvements for Aboriginal and Torres Strait Islander populations in meeting the mainstream performance indicators specified by substance-specific national action plans.

The number of regional health plans developed under the partnerships agreements that incorporate ATOD strategies listed in the complementary action plan.

Evidence that all appropriate workforce, research and evaluation and monitoring actions that arise from funding for the substance specific action plans are in line with the intentions of the complementary action plan to improve capacity and to promote holistic models of intervention.

The implementation of the Complimentary Action Plan is supported by the National Indigenous Drug and Alcohol Committee (NIDAC). NIDAC is a sub committee of ANCD and is comprised of individuals with expertise in a range of areas that relate to Indigenous alcohol and other drug policy that provide advice to the Prime Minister on alcohol and drug related issues. (www.ancd.org.au)

3.2 The Indigenous drug and alcohol policy and service delivery landscape

There are a number of other features of the Indigenous policy and service delivery landscape which need to be taken into account in any analysis of programs in this area.

If mainstream drug and alcohol policy and service delivery issues are complex, those affecting Aboriginal and Torres Strait Islander peoples are much more so.

In addition to the complexities which arise when considering whole-of-government approaches, there is an additional level of Indigenous stakeholder representation and community organisation involvement which needs to be taken into account. Also, the whole area of how to respond appropriately to the needs and issues of Aboriginal and Torres Strait Islander peoples is characterised by significant public and government attention and scrutiny.

When considering Australian Government responses to Indigenous drug and alcohol issues, there are numerous departments and programs which have responsibilities in these areas. It is not within the scope of this evaluation to describe all of the relevant programs or linkages. However, some of the programs which are particularly relevant to this Initiative are described below.

Commonwealth Department of Health and Ageing

Within the Department of Health and Ageing, the Office of Aboriginal and Torres Strait Islander Health (OATSIH) and Population Health Division have responsibility for a number of Indigenous health or drug and alcohol related programs and initiatives.

OATSIH is responsible for a number of these Indigenous specific programs and policy frameworks including:

- the National Strategic Framework for Aboriginal and Torres Strait Islander Health 2003
- the *Petrol Sniffing Prevention Program* (PSPP)
- the *National Aboriginal and Torres Strait Islander Sexual Health and Blood Borne Virus Strategy 2005-2008*
- the Indigenous Social and Emotional Well Being 2004-2009 Framework.

There is also a 10 year commitment to build the competencies of the health workforce to address the health needs of Aboriginal and Torres Strait Islander peoples through the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework.*

The *Indigenous Health Project* has also funded Royal College of General Practitioners (RACGP) to improve the skills and knowledge of General Practitioners and GP Registrars, working in both mainstream and Aboriginal community controlled general practice services, by providing enhanced

professional and personal support programs. Funding has also been provided to provide more support for Indigenous medical practitioners.

The Drug Strategy Branch, as part of Population Health Division, also manage a number of other Initiatives that address AOD issues. While many of these are Initiatives are not Indigenous specific the Indigenous Programs and Psychostimulants Section (which has carriage of this Program) which has responsibility for two Initiatives the *'Tough On Drugs' Indigenous Communities Initiative* and the *National Illicit Drug Strategy – Capacity Building Indigenous Communities.*

Other relevant programs

There are many other policy areas which may impact on programs funded under this Initiative. These include *supply reduction* initiatives such as various law enforcement activities, programs to address liquor licensing laws and programs to control the availability and sale of inhalants. Demand reduction initiatives include substantial funds directed to the development of court-mandated drug diversion programs; various community based strategies and programs; the development of Shared Responsibility Agreements which attempt to address supply and demand issues. Harm reduction initiatives including the provision of safe houses, night patrols and community based treatment and rehabilitation programs.

3.2.1 State, territory and local government responses

Adding to the complexity of the policy and service development landscape are the numerous programs, initiatives, services and projects operated by State and Territory government departments, as well as local government initiatives. Any of these levels of government can be funding similar projects to those funded by the Australian Government at any given time. While many of these are now developed in partnership with other agencies and levels of government and are in line with the various national frameworks, this is not necessarily so, and service providers/organisations typically receive funding from numerous departments and levels of government.

3.2.2 Non-government organisations and community controlled health services

A significant feature of drug and alcohol services to Aboriginal and Torres Strait Islander peoples is the role of non-government organisations and community controlled health services.

The fundamental role played by these two types of organisations is recognised in the Complementary Action Plan (MCDS, 2003, p5).

There are also numerous peak representative bodies which need to be taken into account. Of particular relevance to this Initiative is the National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak Aboriginal health body representing Aboriginal Community Controlled Health Services throughout Australia. Community controlled health services include over 130 Aboriginal Medical Services (AMS) nationwide. 40% of AMS's provided some form of drug and alcohol intervention. (www.naccho.org.au)

3.3 Key issues about the current 'landscape' identified by stakeholders

There are certainly common themes in the numerous statements, strategies and initiatives cited above. However, in consultation with key stakeholders regarding this Program specifically, a number of key issues were identified as being particularly important:

- There is a need to significantly raise the standard of drug and alcohol services for Indigenous Australians in terms of clinical practice and expected outcomes.
- There is a need for significant resources to be directed towards workforce development.
- There is concern that programs will continue to fail without major and constructive emphasis on the development of community based infrastructure. This means that while education in 'clinical'

subject areas and skills and so on is important, equal attention needs to be given to appropriate training and education in community development strategies and the basics of running community organisations.

- One size does not fit all. That is, while all stakeholders recognised the significant benefits in focussing on programs of national significance, they were also very clear about the need to not lose sight of the importance of locally developed initiatives, and the understanding that one size does *not* fit all. There was general concern to reiterate that templates developed in one location can rarely be applied across the board due to significant differences in the needs of different Indigenous groups. This is particularly true when considering the differences between programs developed for urban communities in comparison to ones developed for regional and remote communities. The specific nature of addictive behaviour also makes generalising from one community to another difficult.
- There is a need for 'culturally secure' community resources which take into account that English may not be the first language of a significant proportion of the target audience, and that there may be significantly differences in values between 'western' approaches to problem solving and Indigenous community responses which, if left unacknowledged or unaddressed, contribute to program failure.
- That successful Indigenous programs targeting communities directly understand that attention to process issues and the development of appropriate relationships is equally as important as achieving tasks and outcomes, and that the development of proper relationships must come first, particularly in traditional communities. The development of such relationships takes time and often cannot be achieved in short-term projects.

4 Overview of the Program

This chapter provides a descriptive overview of the Indigenous National Alcohol and other Drug Workforce Development Program.

This Program is to assist in the development of a professional Indigenous AOD workforce. Due to the absence of training for many Indigenous AOD workers it is important to consider an appropriate entry level to training. Many existing workers in the AOD field may not have had any formal education for many years and/or limited formal education in the first place. This is further compounded for many Indigenous people working in regional or remote areas where english may be a second or third language.

The CHC30802 Certificate III Community Services Work (AOD) is an appropriate entry level to support Indigenous workers gain nationally recognised qualifications in the AOD field. This course provides the opportunity to develop strong professional boundaries, gain knowledge and understanding of culturally secure AOD theoretical models that underpin evidence based practice and consolidates AOD counselling skills.

4.1 Objectives of the Program

The objectives of the Indigenous National Alcohol and other Drug Workforce Development Program is to:

- Support and increase the capacity of partnering jurisdictions to deliver nationally recognised, culturally secure evidence based AOD training to the Indigenous AOD workforce. This approach will be based on a comprehensive and strategic workforce development model
- Establish two training pilot programs within each participating jurisdiction, the first program to be held in 2006 and the second program in 2007. Working across jurisdictions over the two year period will build and consolidate Indigenous AOD evidence based practice and the workforce development program nationally resulting in a highly developed program

4.2 Funding of the Program

The Department provided initial funding of $1,691,535 to WADAO to support the implementation of the Program in five jurisdictions (WA, SA, QLD, NT and ACT). In June 2006 the contract with WADOA was varied to add two new jurisdictions (NSW and TAS) to the Program. This variation increased total funding to $2,347,772.90. The allocated funds per financial year are provided in Table 4.1.

Table 4.1 Allocated funding by financial year

Financial year	2005-06	2006-07	2007-08
Allocated funds	$325,752.90	$1,045,781.00	$976,239.00

4.3 Allocation of funds

Funds were allocated to WADAO as the lead agency in this Program. WADAO as the Registered Training Organisation (RTO) for this Program will provide advice on delivery and assessment, quality improvement processes, moderation, validation and evaluation, develop of assessment tools for the jurisdictions and issue the qualifications and/or Statements of Attainment for participants who have successfully completed the training.

WADAO through service agreements provides the funding to each of the lead agencies within each jurisdiction who will be responsible for on-going program delivery, project management, provision of reports and information to the WA Drug and Alcohol Office for the Program within their State.

Table 4.2 provides details of the funding allocated to each jurisdiction, as well as the time period for funding.

Table 4.2 Allocation of funds by Jurisdiction

Jurisdiction	Organisation	Funding -(gst Exclusive)	Funding period – Financial Year
Western Australia – Lead Agency (RTO) Principal National Workforce Development Officer Senior State Workforce Development Officer Project Administration Assistant Training Resources Re-print	WADAO	$823,656.00	20005/06 to 2007/08
Queensland Senior State Workforce Development Officer Travel – state wide training support Training Venue & Associated Costs (e.g. catering) Training Resources Printing (manuals etc.)	Queensland Aboriginal and Islander Health Council	$271,561.00	20005/06 to 2007/08
South Australia Senior State Workforce Development Officer Travel – state wide training support Training Venue & Associated Costs (e.g. catering) Training Resources Printing (manuals etc.)	Aboriginal Drug and Alcohol Council (SA) Inc.	$266,561.00	20005/06 to 2007/08
Northern Territory Administration support Travel – (Trainers and state-wide training support) Training Venue & Associated Costs (e.g. catering) Training resources printing (manuals etc.)	Council for Aboriginal Alcohol Program Services Incorporated	$128,000.00	20005/06 to 2007/08
Australian Capital Territory Senior State Workforce Development Officer Training costs (catering etc) Training resources printing (manuals etc)\	Winnunga Nimmityjah Aboriginal Health Service ACT	$212,561.00	20005/06 to 2007/08
Tasmania Project Officer to identify training partnerships with key stakeholders Senior State Workforce Development Officer Travel – state wide training support Training costs (catering etc) Training resources printing (manuals etc)	University of Tasmania	$212,000.00	20006/07 to 2007/08
New South Wales Senior State Workforce Development Officer Travel – state wide training support Training costs (catering etc) Training resources printing (manuals etc)	Aboriginal Health & Medical Research Council of NSW - AH&MRC.	$220,000.00	20006/07 to 2007/08

5 Appropriateness of the Program

This chapter examines the appropriateness of the Program taking into account current Australian Government direction and stakeholder feedback. In considering stakeholder feedback, it is important to keep in mind that consultation for this evaluation was limited to stakeholders who had some direct involvement in the delivery or administration of the Program

5.1 Relationship between the Program and Australian Government priorities and strategies

The stated objectives of the Indigenous National Alcohol and other Drug Workforce Development Program are to:

- Support and increase the capacity of partnering jurisdictions to deliver nationally recognised, culturally secure evidence based AOD training to the Indigenous AOD workforce. This approach will be based on a comprehensive and strategic workforce development model
- Establish two training pilot programs within each participating jurisdiction, the first program to be held in 2006 and the second program in 2007. Working across jurisdictions over the two year period will build and consolidate Indigenous AOD evidence based practice and the workforce development program nationally resulting in a highly developed program

The Program addresses two of the Key Result Areas identified in The Complementary Action Plan. The Complimentary Action Plan recognises that numerous inquiries have already recognised the 'detrimental effects of dispossession and alienation on health and well-being' and the dramatic and negative impact of the use of licit and illicit drugs on Aboriginal and Torres Strait Islander peoples

Key Result Area 5 of the Complementary Action Plan clearly outlines the need for *'Workforce initiatives to enhance the capacity of Aboriginal and Torres Strait Islander community controlled and mainstream organisations to provide quality services'.*

The *Aboriginal and Torres Strait Islander Primary Health Care Review: Consultant Report No. 7, Substance misuse and primary health care among Indigenous Australians*, stated:

'Several evaluations of substance misuse intervention programs have reported that program staff believe they have insufficient training and skills to adequately address substance misuse problems at either the individual or community level. Despite this a study of substance misuse organisations found that in 1999-2000 less than 4% of funding allocations were set aside for staff development…Such resources need to be increased – especially given the limited formal education many Indigenous workers have received'.

In addition, the report recommended that *'Workforce development of both Indigenous and mainstream health professionals needs to focus on specific, accredited skilling'.*

This is further supported and acknowledged within Objective 3 of the *Aboriginal and Torres Strait Islander Health Workforce National Strategic Framework (AHMAC, 2002).* This objective outlines the importance to *'address the role and development needs of other health workforce groups contributing to Aboriginal and Torres Strait Islander health'.* This includes the recognition of a broad range of health workforce groups, including alcohol and substance misuse workers, and that training programs need to be aligned to the Australian Quality Training Framework (AQTF).

The Program has also seen the development of networks between Federal and State Governments and Indigenous non government organisations who all contribute to the implementation and delivery of the Program in six jurisdictions around Australia. This network also falls within *Key Result Area 2* of the Complementary Action, *Whole of government effort and commitment, in collaboration with community-controlled services and other non-government organisations to implement evaluation and continuously improve comprehensive approaches to reduce alcohol, tobacco and other drugs related harm.*

While the Program is designed for Indigenous AOD workers who work with Indigenous clients, a number of stakeholders felt that there were workers in a number of other sectors such as corrections, emergency workers, hospital and police liaison staff and non-Indigenous Australians who work with indigenous clients (Aboriginal Medical Services, etc) who would benefit from undertaking the training.

6 Effectiveness of the Program

The fact that in most jurisdictions, the first group of participants have not long completed the last training block of the Program and delays in the implementing the Program in the other jurisdictions has meant that there is limited performance and outcome data available. The evaluation was largely dependent on information provided through the stakeholder consultations, and the progress reports provided by WADAO. The first intake for the program started with a full number of participants (12) in each jurisdiction bar NSW which had 9. While some jurisdictions have had to put on hold training for some participants due to illness or family reasons, these participants are intending to complete the program in the future and will be supported by the jurisdictions to do so. All the positions for intake two of the Program are full with waiting lists in case of participation drop out in all jurisdictions.

6.1 Performance measurement of the Program

At the time of the evaluation being conducted most of the jurisdictions had either just completed or were about to complete the training of the first intake of participants. A review of program documents indicates that the project level performance measures are predominantly process and output related. The use of such measures is not unusual for this type of program. However, it does limit this evaluation and makes the evaluation largely reliant on stakeholder consultation.

The Program is having a impact on in the area of workforce development. The Program has already been piloted and rolled out in all states and territories except Tasmania and Victoria. The rollout has involved the development of Memoranda-of-Understanding and partnerships with a wide range of government departments and service providers, as well as the identification and resourcing of appropriate organisations capable of delivering the program. There is evidence that the development and delivery of the program has already developed new linkages and networks from the local community level, through to government and peak body level.

6.2 Impact of the Program

When viewed overall, in spite of the slow start in some jurisdictions, and the absence of documented performance measures, there is evidence (largely based on stakeholder consultation) that the Program has had a significant impact in some areas - particularly in the area of upskilling of the workforce and the development and identification of credible resources and the establishment of a networks between NGO's and State and Australian Government.

Some of the key impacts which are either evident now:

- There has been substantial development in the quality of evidenced-based clinical skills of workers and the culturally secure component of the package has helped participants identify some of the historical and cultural issues that trigger substance misuse with some clients. This in turn, along with the community sharing of experiences in the classroom has identified good and bad practises and improved the way that participants engage clients when addressing their issues.
- The identification and development of a National pool of appropriately qualified and experienced trainers to deliver the Program on an ongoing basis.

And some key impacts that should become evident in the near future, include the following:

- There has been a development of partnerships and networks that now support a nationally coordinated Indigenous AOD Workforce Development program. This is a major achievement which will in turn help create employment opportunities and a career path for Indigenous health workers (particularly if the program is used as the basis for future workforce or tertiary level programs). Furthermore, as workers become more skilled, it is anticipated that employer organisations will also raise their standards, including the training organisations in each region.

- The identification and the development of appropriate culturally secure resources both in terms of products, but also in terms of people, communities and organisations, which can assist workers to better serve Indigenous clients and communities.
- The partnerships developed between NGO's and State Governments in some of the jurisdictions should help in securing the long turn viability of the Program in those jurisdictions. These partnerships should also increase the opportunities for further collaborations on projects between the partners in the future.

6.3 Limitations on the effectiveness of the Initiative

Early delays in the recruitment of suitable participants and a lack of understanding of some organisations of their management role and the clear understanding of the Australian Quality Training Framework (AQTF) standards for reporting as required by RTO's for the delivery of certified training have limited the potential outcomes of the Program to date. However, many residual effects of these early delays appear in general, to have been remedied.

Another issue that has limited the effectiveness of the Program in some jurisdictions is finding suitable people to provide clinical supervision in the workplace for participants. This is of issue in particular to some of the more remote service providers who are already under resourced and it has added further workload to senior staff of these organisations.

While the development of partnerships in general is a positive of the Program, not all of these partnerships function effectively. These issues are in part due to a lack of effective communication between the partners in the jurisdiction and in some cases more to do with the personalities involved that have hindered both the communication and the coordination for the delivery of the training.

7 Efficiency of the Program

7.1 Administration of the Program

All stakeholders reported high levels of satisfaction with the management of the Program by WADAO staff. The team is acknowledged as being very responsive and supportive when issues have been raised and address them as soon as possible. WADAO staff provided guidance and peer support especially to some of the jurisdictions who have issues with the administrative and reporting requirements.

The program management have visited many of the jurisdictions, and this was well received by all stakeholders interviewed for this evaluation. As a result of active fieldwork the team was seen to have a credible profile and be in touch with key issues. In general, staff where described as approachable and able to be engaged productively in problem solving.

It was also noted, that feedback from WADAO was both constructive and practical and provided a strategic perspective to jurisdictions in establishing networks with other organisations to provide both participants and clinical support to the participants.

In a number of jurisdictions the Program is run efficiently. These jurisdictions have a good understanding of the requirements in the management and delivery of certified training as they either are a RTO and the delivery of certified training is already part of their core activities and have already established networks within the AOD field, or the workforce development officer in that jurisdiction has a clear understanding of the management and delivery and assessment requirements of the Program.

Some of the jurisdictions did report that the administrative and reporting requirements were time consuming and some felt it to be excessive and caused delays in meeting WADAO's timeframes. This was in part due to not having a clear understanding of the AQTF standards for reporting as required by RTO's for the delivery of certified training. This and in some instances, the lack of cohesion and communication between partner organisations within the jurisdiction has resulted in these delays. These issues only relate to a couple of the jurisdictions.

7.2 Reporting

Most stakeholders reported satisfaction with the reporting requirements of the Program although some had problems meeting these requirements due to not having a clear understanding of the Australian Quality Training Framework standards for reporting as required by RTO's for certified training.

7.3 Staffing

While WADAO was funded to provide advice on delivery and assessment, quality improvement processes, moderation, validation and evaluation, develop assessment tools and issue the qualifications and/or Statements of Attainment, more of the staff's time was taken up with the contract management and administration issues.

This has resulted in one staff member having to now work full time managing the contracts with the jurisdictions and the National workforce development officer addressing more issues relating to administration of the Program than working with jurisdictions on developing the workforce and advising on delivery and assessment. This has resulted in WADAO requiring extra funding to address these issues and restricted other core activities that WADAO are responsible for.

All jurisdictions have sourced trainers to deliver the Program to the participants. Most of these trainers have been provided by organisations on an in-kind basis.

As part of the funding for jurisdictions the lead organisation is funded for a position as either workforce development officer and if there was one already in place within the organisation, for administrative support. This in most jurisdictions seen as sufficiently resourced.

7.4 Program costs

It is not within the scope of this evaluation to examine program costs in substantial detail due to the lack of baseline data. However, other than the 14 organisations including a number of State Governments that are currently involved in the implementation and delivery of the Program, there are another 51 organisations who contribute staff to deliver the training and provide clinical supervision, mentoring and support to participants on an in kind basis. This in-kind support has greatly reduced the costs of the Program and value added by providing additional support to participants while in the workplace. The current program management team appears to be effective and efficient and there do not appear to be any major concerns regarding program costs.

7.5 Cost savings to the Government and community as a result of the Initiative

Similarly, there is no baseline data with which to measure costs savings to Government or the community.

However, in addition to the commonsense savings that will result from improved skills of drug and alcohol workers servicing Indigenous clients and communities, there is evidence that this workforce initiative in particular has facilitated a significant amount of value adding. This includes the development of a wide range of formal and informal collaborative partnerships, cost-sharing agreements and funding partnerships; Memoranda-of-Understanding; and considerable amounts of in-kind assistance.

7.6 Suggestions for improving the efficiency of Program

Given the unexpected workload that WADAO had in the contract management of the jurisdictions in the implementation of the Program, The Department of Health and Ageing could take over the management of these contracts in the future. This will reduce the workload of WADAO and given that there are a number of RTO's already involved in the management and delivery of the program some thought should be given to utilising their skills and status and further strengthen partnerships with other jurisdictions by these organisations taking on the RTO role for a partnered jurisdiction.

This would further utilise the skills of some of the organisations already involved while further reducing the workload of WADAO and allowing them to focus more on providing advice on delivery and assessment, quality improvement processes, moderation, validation and evaluation, develop assessment tools to jurisdictions for which they were contracted to provide.

Another issue worth considering would be expanding the pool of trainers within each jurisdiction. A number of the jurisdictions don't have a large pool of trainers for the delivery of the program and given that most of the trainers are engaged on an in-kind basis and their first priority is to their place of employment, this can cause delays in delivery pending their availability.

8 Conclusion and future directions for the 'Tough on Drugs' Indigenous Community Initiative

8.1 Key Findings

8.1.1 The Program

When examining the Program overall based on stakeholder consultation and a review of program documents and, the key highlights are:

- There has been substantial development in the quality of evidenced-based clinical skills of workers and the culturally secure component of the package has helped participants identify some of the historical and cultural issues that trigger substance misuse with some clients. This in turn, along with the community sharing of experiences in the classroom has identified good and bad practises and improved the way that participants engage clients when addressing their issues.
- There has been a development of partnerships and networks that now support a nationally coordinated Indigenous AOD Workforce Development program. This is a major achievement which will in turn help create employment opportunities and a career path for Indigenous health workers (particularly if the program is used as the basis for future workforce or tertiary level programs). Furthermore, as workers become more skilled, it is anticipated that employer organisations will also raise their standards, including the training organisations in each region.
- The identification and the development of appropriate culturally secure resources both in terms of products, but also in terms of people, communities and organisations, which can assist workers to better serve Indigenous clients and communities.

8.1.2 Program management

All stakeholders reported high levels of satisfaction with the management of the Program by WADAO staff. The team is acknowledged as being very responsive and supportive when issues have been raised and address them as soon as possible.

The program management have visited many of the jurisdictions, and this was well received by all stakeholders interviewed for this evaluation. As a result of active fieldwork the team was seen to have a credible profile and be in touch with key issues. In general, staff where described as approachable and able to be engaged productively in problem solving.

8.1.3 Impact of the Initiative

When viewed overall, there is evidence (largely based on stakeholder consultation) that the Program has had a significant impact in a number of areas - particularly the development of a nationally recognised, culturally secure evidence based AOD Indigenous workforce and the development of sustainable partnerships among participating organisations but also stronger links with government and mainstream services.

Some of the key impacts which are either evident now, or should become evident in the near future, include the following:

- The implementation of a quality, evidenced-based and culturally secure workforce development program which is:
  - perceived as credible by both Indigenous and mainstream stakeholders;
  - able to be implemented;
  - portable and adaptable to suit different regions; and
  - supporting participants with clinical support in the workplace.

- There has been substantial development in the quality of evidenced-based clinical skills of workers
- The process of implementing the program provided the opportunity for engaging new service providers and service networks in order to better serve Indigenous clients and communities.
- There has been significantly improved identification of resources (products, people, communities and organisations).
- There has been a significant development of linkages and networks which supports the Program.
- The Program supports an appropriate entry level for Indigenous workers to gain nationally recognised qualifications in the AOD field, and to develop their skills and enhance their career opportunities in the AOD field.
- There is evidence that, in general, the Program has achieved significant 'value adding' by:
  - building on and enhancing the existing program and resources;
  - facilitating partnerships and collaborations among different levels of government, and between governments and a wide range of stakeholders eg Indigenous organisations, educational institutions and treatment services and communities;
  - attracting a significant degree of in-kind assistance; and
  - using both Indigenous and mainstream networks to extend the 'reach' of the Program.

8.1.4 Limitations on outcomes

Early delays in the recruitment of suitable participants and a lack of understanding of some organisations of their management role and the clear understanding of the AQTF standards for reporting as required by RTO's for the delivery of certified training have limited the potential outcomes of the Program to date. However, many residual effects of these early delays appear in general, to have been remedied.

Another issue that has limited the effectiveness of the Program in some jurisdictions is finding suitable people to provide clinical supervision in the workplace for participants. This is of issue in particular to some of the more remote service providers who are already under resourced and it has added further workload to senior staff of these organisations.

While the development of partnerships in general is a strength of the Program, not all of these partnerships function effectively. These issues are in part due to a lack of effective communication between the partners in the jurisdiction and in some cases more to do with the personalities involved that have hindered both the communication and the coordination for the delivery of the training.

8.2 Future directions

The initial stated objectives of the Indigenous National Alcohol and other Drug Workforce Development Program is to:

- Support and increase the capacity of partnering jurisdictions to deliver nationally recognised, culturally secure evidence based AOD training to the Indigenous AOD workforce. This approach will be based on a comprehensive and strategic workforce development model.
- Establish two training pilot programs within each participating jurisdiction, the first program to be held in 2006 and the second program in 2007. Working across jurisdictions over the two year period will build and consolidate Indigenous AOD evidence based practice and the workforce development program nationally resulting in a highly developed program.

Despite the developmental nature of the Indigenous AOD sector, stakeholders clearly identified a number of priority areas. In particular, workforce development was described by most stakeholders as a top priority and there was a high level of stakeholder support for the Program to build on its achievements in this area. There was particular concern that there are sufficient resources be

identified to support the continuation of the Program. This was based on the experience of many stakeholders that the implementation of successful programs in the past have often been under funded and resulted in good programs being underutilised by Indigenous workers and communities.

The other priority issue commonly identified was the enhancement of the capacity of community controlled organisations to support drug and alcohol workers and implement evidence based drug and alcohol programs. While the training of Indigenous workers was seen by many stakeholders to be significant step in addressing this issue, there was some concern that worker training may not be sufficient on its own, and that some specific strategies including training may be needed to develop the skills of community organisations to better support the newly trained workers.

In addition to infrastructure related issues, there were also some areas of need and/or target groups identified by most of the stakeholders interviewed for this evaluation. These include:

- the need to focus on the issue of dual diagnosis and co-morbidity (developing links between mental health and drug and alcohol use)
- the need to target emerging trends such as ice, meth amphetamine, poly drug use and volatile substances as most services target alcohol use as there main focus.

Thought must also be given to the development of Certificate IV course. A number of states already have the requirement of Certificate IV as the entry level qualification for employment in the AOD sector. While this Program is for Indigenous AOD workers already employed in the sector who in general have no formal certified training, and has improved the quality of evidenced-based clinical skills of workers it also raises questions about whether investing in the Certificate III training into the future or using it as a bridging course until a Certificate IV has been developed is the best approach at this time.

A number of the jurisdictions have partnerships with State Government agencies which provide in-kind service through providing trainers, assist with identifying the appropriate participants for the Program and assist in the clinical supervision of participants. If these agencies could make their involvement in the Program part of their core activities by having a more hands on involvement in the management and delivery of the Program this should ultimately increase the Programs' potential for sustainability over the long term.

This would also increase the access to mainstream services to provide clinical supervision and mentoring of participants given this has been an issue in some jurisdictions. This would also open further employment opportunities and career pathways for the participants.

Given the unexpected workload that WADAO had in the contract management of the jurisdictions in the implementation of the Program, The Department of Health and Ageing could take over the management of these contracts in the future. This will reduce the workload of WADAO and given that there are a number of RTO's already involved in the management and delivery of the program some thought should be given to utilising their skills and status and further strengthen partnerships with other jurisdictions by these organisations taking on the RTO role for a partnered jurisdiction.

This would further utilise the skills of some of the organisations already involved while further reducing the workload of WADAO and allowing them to focus more on providing advice on delivery and assessment, quality improvement processes, moderation, validation and evaluation, develop assessment tools to jurisdictions for which they were contracted to provide.

Another issue worth considering would be expanding the pool of trainers within each jurisdiction. A number of the jurisdictions don't have a large pool of trainers for the delivery of the program and given that most of the trainers are engaged on an in-kind basis and their first priority is to their place of employment, this can cause delays in delivery pending their availability.

While the Program is designed for Indigenous AOD workers who work with Indigenous clients, a number of stakeholders felt that there were workers in a number of other sectors such as corrections, emergency workers, hospital and police liaison staff and non-Indigenous Australians who work with indigenous clients (Aboriginal Medical Services, etc) who would benefit from undertaking the training.

Appendix A:
Stakeholder List

appendices

West Australian Drug and Alcohol Office

Ms Wendy Casey
Ms Gretta Little

Other Stakeholders

Ms Julie anne Eisemann, *Queensland Aboriginal and Islander Health Council*
Ms Coralie Ober, *Queensland Drug and Alcohol Research Education Centre*
Mr Eddie Hollinsworth, *Queensland Indigenous Substance Misuse Council*
Mr Terry Smith, *Aboriginal Health & Medical Research Council*
Ms Simone Cormack, *Drug and Alcohol Services South Australia*
Mr Don Hayward, *Drug and Alcohol Services South Australia*
Ms Sharon Drage, *Aboriginal Drug and Alcohol Council (SA) Inc*
Ms Judy McKay, *Council of Aboriginal Alcohol Programs*
Ms Clair Andersen, *University of Tasmania*
Mr Tony Seviers, *Northern Territory Health*
Ms Terry Raine, *Northern Territory Health*
Ms Ginibi Robinson, *Winnunga Nimmityjah Aboriginal Health Service*

Appendix B:
Discussion Guides

appendices

Evaluation of the 'Tough on Drugs' Indigenous Community Initiative
Discussion guide for Departmental/Program Staff

Our independent research firm, Urbis Keys Young, has been commissioned by the Department of Health and Ageing to conduct an evaluation of the 'Tough on Drugs' Indigenous Community Initiative. The following questions provide a guide to the topics the review will need to cover. However, you will not be expected to answer all of the questions listed below, and may wish to comment in more detail on some topics than others.

Introduction

1. Can you tell me about your role in the Tough on Drugs Indigenous Community Initiative? How long have you been involved in the initiative? What are your main activities in relation to the Initiative.
2. How familiar would you say you are with the Initiative *overall*?

Appropriateness

3. What do you see as the main *community needs* that the Initiative was intended to address?
4. Are the current *goals and objectives* of the Initiative still appropriate and consistent with Government priorities and community needs? Has there been, or is there a need for, a shift in emphasis or objectives?
5. Are there other strategies (eg other Australian Government initiatives, State Government strategies) that target similar needs? To what extent do they overlap with the Initiative activities? Are there any inconsistencies in how strategies are administered? Is there potential for better integration of these initiatives?
6. To what extent have other strategies been influenced by the Initiative?
7. Do you have any observations to make about the *range or types of projects* that the Initiative has funded? Have they targeted the kinds of issues you anticipated?
8. What would have been the likely outcome if Indigenous community needs are not addressed by the Initiative?

Effectiveness

9. What do you see as the Initiative main *achievements*?
10. How effective do you think the Initiative has been in *achieving its goals*? Are there any aspects of the initiative, or any specific projects that it has funded, that you think have worked particularly well? Any aspects that have worked less well than was hoped or anticipated?
11. Has the Initiative been effective in addressing *community needs*? Have there been *particular groups or sections of the community* which have benefited, or not sufficiently benefited, from the Initiative?
12. Are you aware of any incidental or unintended consequences of the Initiative – either positive or negative?
13. Have there been any *limitations* or *gaps*? What should be done to address these gaps.

14. What are the current performance indicators to measure the effectiveness of the Initiative in meeting its objectives? Do you have any comment on the appropriateness of these performance indicators? Are there any other performance indicators which could be relevant?

Efficiency

15. How efficient do you think the arrangements have been for establishing and monitoring the Initiative? Could any significant improvements be made?
16. Have you any comment to make on other aspects of the Initiative administration? What, if any, impacts have these had on the efficiency or effectiveness of the Initiative to date? Is there a need to improve the Initiative structure or management? If so, what sorts of improvements are desirable and practical?
17. Have there been examples of *significant delays* in implementing various aspects of the Initiative, or any examples of significant *overspending or underspending*? Can you please provide examples? How have these issues been factored into future spending estimates for the Initiative?*
18. Can you describe the broad trends over time in the ratio of administrative to program costs for the Initiative?*
19. In what ways (if any) has the Initiative resulted in cost savings to the community or other governments? Has the Initiative resulted in any *significant additional costs* incurred by the community or other governments? Can you please provide examples?*
20. What are some of the ways in which administration of the Initiative could be *improved or simplified* in future?*

Future directions

21. What are the sustainability issues for funded projects? Will the outcomes be long-lived – if not, why not? What else is needed, and who is best placed to provide it?
22. Are you observing any emerging needs or trends regarding dealing with drug and alcohol abuse in Indigenous communities? If so, what needs to happen to for these needs/trends to be addressed?

*for program staff specifically.

appendices

Evaluation of the 'Tough on Drugs' Indigenous Community Initiative
Discussion guide for stakeholders August 2006

Our independent research firm, Urbis Keys Young, has been commissioned by the Department of Health and Ageing to conduct an evaluation of the 'Tough on Drugs' Indigenous Community Initiative. The following questions provide a guide to the topics the review will need to cover. However, please note that you will not be expected to answer all of the questions listed below, as some may ask about aspects of the Initiative which are beyond your knowledge or experience. You may wish to comment in more detail on some topics than others and you are invited to make additional comments about the Initiative as you see fit. If you can only answer questions from the perspective of your particular project, rather than commenting on the overall Initiative, please feel free to do so.

Introduction

1. Can you tell me a bit about your project/service/project? What are your main activities in relation to drug and alcohol abuse in Indigenous communities? How long has your project/service been running? How long have you been funded via the Tough on Drugs Indigenous Community Initiative? What are the key milestones?
2. What is your role in your organisation? How long have you been in that role? How familiar would you say you are with the Tough on Drugs Indigenous Community Initiative *overall*?

Appropriateness

3. What do you see as the main *community needs* that the Tough on Drugs Indigenous Community Initiative was intended to address?
4. Are you familiar with the current *goals and objectives* of the Initiative? If so, do you think that these goals and objectives are in line with community needs? Is there a need for a shift in priorities or objectives for the Initiative to bring it in line with what the community needs?
5. What other strategies do you know of (eg other Australian Government initiatives, State Government strategies) that target similar needs? How much, and in what ways, do these other strategies overlap with activities of the Initiative? Are there inconsistencies between the Initiative and other strategies that target similar needs? If so, how do these impact on projects like yours? Do you think the Initiative and other initiatives could be better integrated? How so?
6. Do you have any observations to make about the *range or types of projects* that the Initiative has funded? Have they targeted the kinds of issues you anticipated?
7. What would be the impact if the Initiative was not available or operating?

Please note, in the following sections you may comment from the perspective of your own project only, if that is most appropriate. If you have comments/views about the Initiative overall you may speak to these as well.

Effectiveness

8. In terms of its impacts on projects like yours and the people who benefit from them, what have you observed to be the main *achievements* of the Initiative to date?

9. If you are familiar with the goals of the Initiative, how effective do you think it has been in achieving its goals?
10. To your knowledge, have there been *particular groups or sections of the community* which have benefited, or not sufficiently benefited, from the Initiative?
11. Are you aware of any incidental or unintended consequences of Initiative – either positive or negative?
12. Have there been any *limitations* or *gaps* in its achievements? If so, how could they be addressed.

Efficiency

13. Other than funding, what type of support was/is given to your project through the Tough on Drugs Community Initiative? Could any significant improvements be made in terms of helping you run your project?
14. How efficient do you think the arrangements have been for establishing and monitoring the progress of projects under the Initiative? Have you any comment to make on other aspects the administration of the Initiative? What, if any, impacts have these had on the efficiency or effectiveness of your project to date?

Future directions

15. Are you observing any emerging trends regarding dealing with the abuse of drugs and alcohol in Indigenous communities? If so, in what areas, for which parts of the community? What would need to happen for these needs to be addressed?
16. What are the sustainability issues for projects like yours? What would be required for the outcomes achieved by your project to be sustained over time?

Appendix C:
Bibliography and Websites

appendices

Bibliography

Ministerial Council on Drug Strategy (2003) *National Drug Strategy Aboriginal and Torres Strait Islander People's Complementary Action Plan 2003-2009* National Drug Strategy Unit Canberra

Ministerial Council on Drug Strategy (2004) *The National Drug Strategy Australia's Integrated Framework 2004-2009* National Drug Strategy Unit Canberra

The Hon Tony Abbott MHR
Former Minister for Health and Ageing

PDF printable version of *Progress on plan to combat petrol sniffing* (PDF 30 KB)

2006
2005
2004
2003
previous Ministers'

Joint Release

The Hon Tony Abbott MHR
Minister for Health and Ageing

The Hon Mal Brough MP
Minister for Families, Community Services and Indigenous Affairs

22 Feburary 2006
ABB020/06

The Howard Government has announced further progress on a $9.5 million plan to combat petrol sniffing in Central Australia after a briefing in Alice Springs today.

Officials from the Office of Indigenous Policy Co-ordination and Department of Health met with Australian Government agencies to discuss implementing an eight-point strategy to address the issue.

Federal, State and Territory agencies are working closer together to better co-ordinate and utilise services across the region. A key aspect involves listening to Indigenous communities to hear their ideas about how to stop petrol sniffing.

An estimated 600 Indigenous people in Central Australia are believed to be petrol sniffers. The Howard Government is committed to working with state and territory governments in their efforts to reduce petrol sniffing in Indigenous communities through an eight-point plan.

The new strategic approach agreed with the SA, WA and NT governments involves:

- **Consistent legislation** - The SA, WA and NT governments have introduced strong penalties for offences relating to the sale or supply of volatile substances for sniffing
- **Appropriate levels of policing** - Including "zero tolerance" for traffickers
- **Further roll-out of non-sniffable petrol** - Such as *Opal* fuel, which does not give sniffers a "high"
- **Alternative activities for young people**
- **Treatment and respite facilities**
- **Communication and education strategies**
- **Strengthening and supporting communities** - To become real partners in solving the problem
- **Evaluation** - Capturing what works so it can be applied elsewhere.

Services will be targeted towards the needs of individual communities to address the range of ways petrol sniffing can impact on a community.

The Howard Government has committed about $20 million to combat petrol sniffing between 2004-05 and 2007-08. A significant amount of this funding will be used to subsidise unsniffable OPAL fuel. OPAL is currently in 52 Indigenous communities and there is one OPAL pump in Alice Springs.

Media contact: Craig Clarke (Mr Brough's office) 0417 889 423
For more information call Mr Abbott's office on ph 02 6277 7220.

To view PDF (Portable Document Format) documents, you will need to have a PDF reader installed on your computer. The Adobe Acrobat Reader is available free of charge from Adobe's website.

Media Release

MAL BROUGH MP	TONY ABBOTT MP
Minister for Families, Community Services and Indigenous Affairs	Minister for Health and Ageing

Wednesday 22 February, 2006 20/06

Progress on plan to combat petrol sniffing

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