

Report: Review of the Workforce Development and Support Units Program

National Indigenous Australians Agency

June 2023

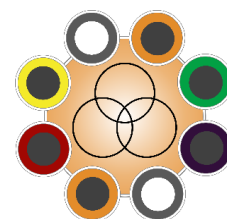


Table of contents

Executive summary	3
Introduction.....	9
Methodology	10
Program description	14
Review findings	18
What do WDSUs do? How do WDSUs benefit SEWB and AOD practitioners and the communities that they support?.....	18
How can WDSUs better meet the needs of SEWB and AOD practitioners and the communities they support?.....	28
How can government better support WDSUs and hence SEWB and AOD practitioners?	46
How can monitoring and evaluation better support understanding of the impact of investing in WDSUs?	47
Note from the review team	49
Appendix 1. Review questions	50
Appendix 2. Quantitative sample tables	51

List of acronyms and abbreviations

Aboriginal Community Controlled Health Organisation:	ACCHO
Aboriginal Health and Medical Research Council:	AH&MRC
Aboriginal Medical Services Alliance Northern Territory:	AMSANT
Alcohol and other drug:	AOD
Aboriginal Health Council of South Australia:	AHCSA
Aboriginal Health Council of Western Australia:	AHCWA
Full-time equivalent:	FTE
Kimberley Aboriginal Medical Service:	KAMS
Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual:	LGBTQIA+
National Aboriginal Community Controlled Health Organisation:	NACCHO
National Indigenous Australians Agency:	NIAA
Network of Alcohol and other Drugs Agencies:	NADA
Primary Health Network:	PHN
Registered Training Organisation:	RTO
Social and emotional wellbeing:	SEWB
Transforming Indigenous Mental Health and Wellbeing:	TIMHWB
Victorian Alcohol and Drug Association Inc:	VAADA
Victorian Aboriginal Community Controlled Health Organisation Inc:	VACCHO
Workforce Development and Support Unit:	WDSU

List of figures

Figure 1: Workforce profile	12
Figure 2: Organisational profile.....	12
Figure 3: Social and emotional wellbeing	16
Figure 4: Factors that affect ability to deliver SEWB and AOD services to clients and community	31
Figure 5: Training Courses Of Interest	35
Figure 6: Interest in training in the next 2 years	37
Figure 7: Interest in additional training to help support different groups of people.....	38
Figure 8: Workforce support available to staff	40
Figure 9: Interest in additional supports	40
Figure 10: Engagement with WDSUs	43



Executive summary

In July 2022 Whereto and Dilli Wollo were commissioned by the National Indigenous Australians Agency (NIAA) to undertake a review of the Workforce Development and Support Units (WDSUs).

There are currently seven WDSUs:

- Aboriginal Health and Medical Research Council of NSW (AH&MRC), NSW
- Aboriginal Medical Services Alliance Northern Territory (AMSANT), NT
- Kimberley Aboriginal Medical Service (KAMS), Kimberley, WA
- Aboriginal Health Council of Western Australia (AHCWA), WA
- Nunkuwarrin Yunti of South Australia, SA
- Queensland Aboriginal and Islander Health Council (QAIHC), QLD
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO), VIC.

WDSUs provide professional development and support to NIAA funded social and emotional wellbeing (SEWB) and alcohol and other drug (AOD) practitioners.¹

The review examined

- the current scope of practice of WDSUs
- how the role and value of WDSUs is understood by WDSUs and their intended beneficiaries
- the utility of current monitoring and evaluation mechanisms.

The key review questions are detailed in the table below.

TABLE 1. REVIEW QUESTIONS

	Key review question
Service delivery	What do WDSUs do?
Role and value	How do WDSUs benefit SEWB and AOD practitioners and the communities that they support?
Workforce needs	How can WDSUs better meet the needs of SEWB and AOD practitioners and the communities they support?
Role of government	How can government better support WDSUs and hence SEWB and AOD practitioners?
Monitoring and evaluation	How can monitoring and evaluation better support understanding of the impact of investing in WDSUs?

Methodology

Data collection was undertaken between July 2022 and February 2023 using a mixed methods approach. This comprised a brief review of the literature, qualitative interviews and small group discussions with WDSU staff, qualitative interviews with SEWB and AOD sector stakeholders, and qualitative interviews and online surveys with NIAA funded SEWB and AOD practitioners and service leaders. Following data collection, sense-making workshops were held with WDSUs and NIAA to validate findings and future opportunities. Approval for the primary research was provided by the Victorian University Human Research Ethics Committee (HREC).

¹The term 'practitioner' has been used to reflect the range of different frontline worker roles funded by the NIAA.

Key findings

What do WDSUs do?

WDSUs are funded to identify practitioner needs, facilitate accredited and non-accredited training, provide emotional support and regular communication to funded services (e.g. e-newsletters) and access to networking (e.g. face-to-face and online forums). Some also take on an advocacy role, promoting best practice in SEWB, trauma-informed and traditional healing methods, and subsequent workforce needs. The work of WDSUs is informed by their regular engagement with SEWB and AOD services, as well as their own perceptions of what is required to support good practice.

Key to the success of WDSUs is their ability to form relationships of trust with practitioners and services and their knowledge of the communities in which they operate. The value of WDSUs is amplified by their position in influential peak bodies/services. For example, some WDSUs are positioned in Registered Training Organisations (RTOs) with a track record of developing and delivering culturally appropriate training, and organisations with an interest in promoting SEWB policy and models of care and integrating traditional/cultural healing with clinical services. Peak bodies bring networks of influence. The organisational capacity and capability of the host service both informs and elevates the work of the WDSU.

The challenges facing WDSUs are multifaceted and are:

- environmental (COVID-19 and lack of an appropriate education and training offer for SEWB and AOD practitioners)
- attributable to the nature of the grant agreement and relationship with government (lack of alignment between funding and grant agreement scope, success defined by narrow and inflexible outputs, and need to build communication and trust between NIAA and WDSU staff), and to NIAA funded services (lack of clarity on which staff are eligible for WDSU services and, for some, reluctance to engage with WDSUs).

How do WDSUs benefit SEWB and AOD practitioners and the communities that they support?

This review has highlighted the importance of a skilled and capable workforce in effective delivery of SEWB and AOD supports to Aboriginal and Torres Strait Islander peoples. WDSUs play a nuanced and valued role through providing professional development and emotional and cultural support to NIAA funded SEWB and AOD practitioners. The review identified a number of benefits attributable to WDSUs, all of which contribute to growing and upskilling the workforce and so helping the sector meet the needs of the communities they serve. These include:

- practitioners gaining technical skills
- practitioners having emotional and cultural support, role clarity, and confidence in their work
- non-Indigenous staff becoming more culturally competent
- team and senior leaders becoming better managers
- services having access to an increased supply of capable practitioners.

Opportunities to better meet the needs of the NIAA funded SEWB and AOD workforce

The NIAA funded SEWB and AOD workforce is highly diverse, with practitioners involved in delivering

primary and mental health care, youth and family support services, Stolen Generations search and reunion, residential rehabilitation, AOD prevention and education services, and other related support services.

Whilst SEWB and AOD practitioners are highly motivated to support their communities, and the work can be immensely rewarding, it can also be challenging. Issues reported by practitioners included the high risk of vicarious trauma and burnout, and the difficulties that come with balancing family and cultural obligations as a member of the community. Where non-Indigenous services or leaders don't acknowledge or respect cultural expertise, this can be damaging for practitioners and for service effectiveness. Staff shortages and capability gaps pose further difficulties.

Achieving equitable access to development and support for SEWB and AOD services and practitioners will require a combination of activities, including:

- increasing awareness of what funded training and education opportunities already exist
- making existing funded opportunities easier to access
- addressing service resourcing and staff shortages which mean that services aren't able to release staff to undertake training or backfill positions to support this
- further developing the education and training offer to be fit for purpose for SEWB and AOD practitioners, including place-based options
- providing more access to emotional and cultural supports
- addressing gaps that mean some services don't have access to funded education and training opportunities.

In addition, there are opportunities to address whole of workforce planning, development of a national SEWB skills framework, and pay parity for SEWB and AOD practitioners working in community controlled organisations compared with government and other services.

How can WDSUs better meet the needs of SEWB and AOD practitioners?

WDSUs are mainly funded to facilitate skills training and some practitioner networking. Within the current funding envelope, WDSUs could better meet practitioner and service needs through improved promotion of their services. To illustrate, just under half (47%) of the service leaders surveyed for the review reported that they or their staff had attended a WDSU forum or other networking event in the last 2 years, whilst 40% recalled being contacted by a WDSU to discuss workforce development and support needs.

However, there are also opportunities for the NIAA to consider the flexibility and scope of WDSU grant agreements to better support a range of training and education opportunities and culturally appropriate and emotional and cultural supports. Concrete recommendations for this are addressed below.

WDSUs already collaborate, including through an ongoing community of practice and forums such as the SEWB Gatherings. However, the review revealed a desire for more formalised engagement. WDSUs called for one or more face-to-face meetings a year, as well as a formal remit for WDSUs to advocate for, and facilitate furthering of, workforce development needs. This would help share good practice across WDSUs, foster leadership and a national workforce voice.

Other actions identified in the review appear to be outside the scope of WDSUs because they go to service and system resourcing.

How can government better support WDSUs and hence SEWB and AOD practitioners?

WDSUs report historically thin communication between their services and government. This includes lack of clarity about the practitioners they should be targeting, and limited feedback on whether their activities are viewed by the NIAA as successful. There is a desire for stronger engagement with central policy functions in the NIAA national office to ensure that community and government strategic priorities are aligned. To support this, WDSUs suggested a number of principles to support more transparent and productive relationships between government and WDSUs. These were not linked to specific actions, but rather put forward as a set of broad principles that should underpin ways of working. The principles included:

- bipartisanship – so that funding arrangements and priorities do not change with governments
- collaboration, involving partnership and allyship
- being Aboriginal and Torres Strait Islander led, including reflecting cultural engagement protocols
- recognising data sovereignty.

In addition to addressing strategic relationships, there is also an opportunity for the NIAA to consider how the WDSU grant agreements might better reflect the needs of services and communities in their remit, and a more flexible approach to service delivery. WDSUs report that current grant agreement output requirements are a barrier to achieving this. Outcomes-based funding is an emerging area of practice that may support WDSUs to deliver on, and be accountable for meeting, community needs. The idea was discussed with WDSUs, however, developing this would require a substantial investment of time and resources, and co-design with WDSUs and the NIAA funded SEWB and AOD practitioners they support. Further investigation is required to understand whether this is appropriate and feasible from the point of view of WDSUs and the NIAA.

This review has suggested that change can be addressed in two stages: initial review of current grant agreements in the short term, and consideration of a shift to outcomes-based funding in the medium to long term.

How can monitoring and evaluation better support understanding of the impact of investing in WDSUs?

Currently, whilst WDSU outputs are monitored at a high level, this does not provide the NIAA with a good understanding of the work of WDSUs and the outcomes they are aiming to contribute to.

There is an opportunity to provide more specific reporting for outputs, report on outcomes, and strengthen feedback loops that support the NIAA to discuss performance with WDSUs.

Developing a joint understanding of the need for monitoring and evaluation will be a critical first step. Finalising the draft theory of change developed as part of this review in collaboration with WDSUs, along with an evaluation framework, and resourcing data collection will all be important steps.

Building in an (at least) annual mechanism for the NIAA SEWB policy team to discuss outputs and outcomes with WDSUs, and collectively agree on areas for improvement for the WDSUs and overall model, would support operationalisation of findings. This would support accountability for government and WDSUs.

Recommendations

TABLE 2. RECOMMENDATIONS

	Key review question	Recommendations
Service delivery	What do WDSUs do?	1. The NIAA consider engaging with WDSUs and other relevant stakeholders to develop a theory of change for WDSUs for clarity on expected reach, activities and outcomes..
Workforce needs	How can WDSUs better meet the needs of SEWB and AOD practitioners and the communities they support?	2. Consider better supporting the work of WDSUs through the establishment of a formal community of practice and to work more closely with SEWB thought leaders. 3. WDSUs consider better promoting their service offer so that NIAA funded SEWB and AOD services can plan their involvement.
Role of government	How can government better support WDSUs and hence SEWB and AOD practitioners?	4. Government consider better collection and dissemination of information to support workforce planning, including for the: <ul style="list-style-type: none"> • NIAA funded SEWB and AOD workforce • total SEWB and AOD workforce (e.g. not just NIAA funded) • total SEWB and AOD workforce that identify as Aboriginal and Torres Strait Islander or that support Aboriginal and Torres Strait Islander people. 5. The NIAA consider working with the SEWB/AOD policy sector to address systems issues relating to: <ul style="list-style-type: none"> • developing a national professional framework of skills and qualifications for the SEWB sector, including for AOD roles (long-term goal) • having a national approach to workforce planning, including development of career pathways to support recruitment and retention into SEWB and AOD roles • supporting SEWB and AOD practitioners to access more resource-intensive services, including coaching, mentoring and supervision • developing a sustainable backfilling and a brokerage model that supports services and practitioners • enabling SEWB and AOD practitioners to access professional development and emotional and cultural wellbeing from a variety of sources • achieving pay parity for SEWB and AOD practitioners working in community controlled organisations (cf. government services) • further developing strength-based education and training options for SEWB and AOD practitioners, including place-based options. 6. The NIAA work collaboratively with WDSUs so that new and future grant agreements incorporate: <ul style="list-style-type: none"> • KPIs that better reflect the number and range of services WDSUs are required to engage with • enabling activities undertaken by WDSUs • additional system changes as a result of Recommendation 5 • appropriate outputs and outcomes reporting. 7. The principles for engaging with WDSUs identified in the review should be considered and applied by all funding partners.

	Key review question	Recommendations
Monitoring and evaluation	How can monitoring and evaluation better support understanding of the impact of investing in WDSUs?	<p>8. Better outcomes measurement against the theory of change at the practitioner and service level is needed to support a deeper and more robust understanding and measurement of the impact of the work of the WDSUs.</p> <p>9 The NIAA implement a feedback loop to regularly discuss performance and outcomes with WDSUs.</p>
Other	Other	<p>10. An outcomes-based funding model to support increased self-determination/Aboriginal and Torres Strait Islander led approach, and development of an associated measurement framework could optimise the work of the WDSU sector (medium-term). The development of an approach should be co-designed with WDSUs, other relevant service providers, community and NIAA.</p>



Introduction

Review aim

Where to and Dilli Wollo were commissioned by the NIAA to undertake a review of WDSUs. The purpose of this review was to examine:

- the current scope of practice of WDSUs
- how the role and value of WDSUs is understood by WDSUs and their intended beneficiaries
- the utility of current monitoring and evaluation mechanisms.

The key review questions are detailed below. These were developed by Where to at the request of the NIAA, based on more questions developed by the NIAA (included at Appendix 2).

TABLE 3: KEY REVIEW QUESTIONS

	Key review question
1. Service delivery	What do WDSUs do?
2. Role and value	How do WDSUs benefit SEWB and AOD practitioners and the communities that they support?
3. Workforce needs	How can WDSUs better meet the needs of SEWB and AOD practitioners and the communities they support?
4. Role of government	How can government better support WDSUs and hence SEWB and AOD practitioners?
5. Monitoring and evaluation	How can monitoring and evaluation better support understanding of the impact of investing in WDSUs?

Key users and intended uses of the review

The report has been commissioned by NIAA to support discussions with Closing the Gap partners, including Aboriginal and Torres Strait Islander community controlled organisations, government decision makers, and on-ground service providers. It is intended to inform:

- recommendations to strengthen the WDSU program
- future funding decisions in relation to WDSUs
- the development of grant opportunity guidelines
- future work to strengthen monitoring and evaluation arrangements.

Structure and contents of the report

This report is structured as follows:

- executive summary
- introduction
- findings against the key review questions
- conclusions
- recommendations
- appendices.

Methodology

The review adopted a mixed methods approach. This involved the conduct of primary qualitative and quantitative research, supplemented by a review of the literature and program administrative data. The design reflected the need to build on the existing evidence, review the program grant agreement and reporting arrangements, and gain a breadth and depth of perspectives. Dilli Wollo, an Indigenous owned consultancy, led design, data collection and interpretation and reporting of findings.

Overall, the methodology comprised:

- cultural leadership
- approval from a HREC
- a review of the literature
- initial qualitative fieldwork with WDSUs and sector stakeholders
- subsequent qualitative and quantitative research with NIAA funded SEWB and AOD practitioners and service leaders
- sense-making workshops with WDSUs and the NIAA.

Each of these aspects is described in more detail below.

Cultural leadership

The Dilli Wollo team led design, data collection and interpretation and reporting of findings.

HREC

The Victoria University HREC provided approval for this review. The committee included a number of members experienced in reviewing Aboriginal and/or Torres Strait Islander research/evaluation.

Literature review

To inform conversations with WDSUs and other stakeholders, a rapid scan of the grey and published literature was undertaken in July 2022. This included reviewing documentation provided by the NIAA, as well as searches of Google Scholar, Google and academic databases. The literature review took a narrative approach and was intended to capture key concepts to inform development of research instruments.

Qualitative fieldwork with WDSUs and sector stakeholders

We engaged flexibly with each WDSU, honouring their preferences for group discussions or individual interviews with team members. All WDSUs (including Yorgum) engaged in at least one group discussion with researchers. Team members from AH&MRC, AMSANT, KAMS and VACCHO also engaged in additional one-on-one interviews. Immersions with WDSUs took place from August to October 2022. In addition to this qualitative engagement, a review of relevant documentation (including Training Needs Analyses) and an activity audit was conducted for each WDSU.

Sector stakeholder consultations

Twenty-nine key sector stakeholders were interviewed across n=17 consultations from August 2022 to

February 2023. Initially, these were undertaken to inform the development of the program logic and review approach, ensuring that the scope of enquiry was appropriate. Later in the review, stakeholder interviews were utilised to review and contextualise emerging key findings. These interviews were undertaken by telephone, Teams or Zoom at the convenience of stakeholders. The stakeholder sample frame included NIAA regional staff from NSW, QLD and VIC. Other government departments interviewed included the Department of Health and Aged Care and the Department of Social Services. Several ACCHOs and workforce peak bodies were consulted during the project, including the National Aboriginal Community Controlled Health Organisation (NACCHO), the Aboriginal Health Council of South Australia (AHCSA), the Aboriginal Health Council of Western Australia (AHCWA), the Network of Alcohol and other Drugs Agencies (NADA), and the Victorian Alcohol and Drug Association Inc. (VAADA), Gayaa Dhuwi and Transforming Indigenous Mental Health and Wellbeing (TIMHWB). Empowered Communities leaders were also offered the opportunity to inform the review, and one leader from the Far West Community Partnerships was consulted.

Qualitative and quantitative research with NIAA funded SEWB and AOD practitioners and service leaders

Qualitative interviews with SEWB and AOD services

This review included qualitative interviews to capture in-depth perspectives of SEWB and AOD practitioners. N=42 practitioners were interviewed between December 2022 and February 2023. Roughly equal numbers of SEWB and AOD practitioners as well as leaders and workers were interviewed. The sample frame is outlined below.

TABLE 4: QUALITATIVE SAMPLE FRAME

Jurisdiction	SEWB/AOD Practitioners
NSW/ACT	6
NT	4
WA	6
SA	9
QLD	11
VIC/TAS	6

NIAA funded SEWB/AOD organisation and workforce surveys

Quantitative surveys were undertaken to understand the extent to which the perspectives of the qualitative interviews were reflected across the sector, and to better understand the demographic profile of the NIAA funded SEWB and AOD workforce. The service leader survey captured demographic data and key workforce profile needs. The practitioner survey covered personal characteristics, experiences and the value of training provided through the WDSU and other avenues.

Two online surveys were distributed – one to all NIAA funded service leaders (n=195), and one to SEWB and AOD practitioners (disseminated through their service leaders).

Paper surveys, translation services, and assistance in completing the surveys were available upon request. A number of strategies were undertaken to optimise the sample, including service briefings, and direct follow-up by NIAA and Where to staff. Counselling sessions were offered if required.

A total of n=43 service leaders completed the service leader survey and n=110 practitioners completed the practitioners survey. Demographic data for both practitioners and service leaders are outlined

below.

Quantitative fieldwork was completed between 28 November 2022 and 20 February 2023. As there is currently no reliable data to determine the exact number of NIAA funded practitioners in SEWB or AOD roles across Australia, we are unable to weight the data to be representative of the population. Due to sample size, survey findings are reported at an aggregate level through this report. The sample is summarised below and then included in full at Appendix 2.

FIGURE 1: WORKFORCE PROFILE

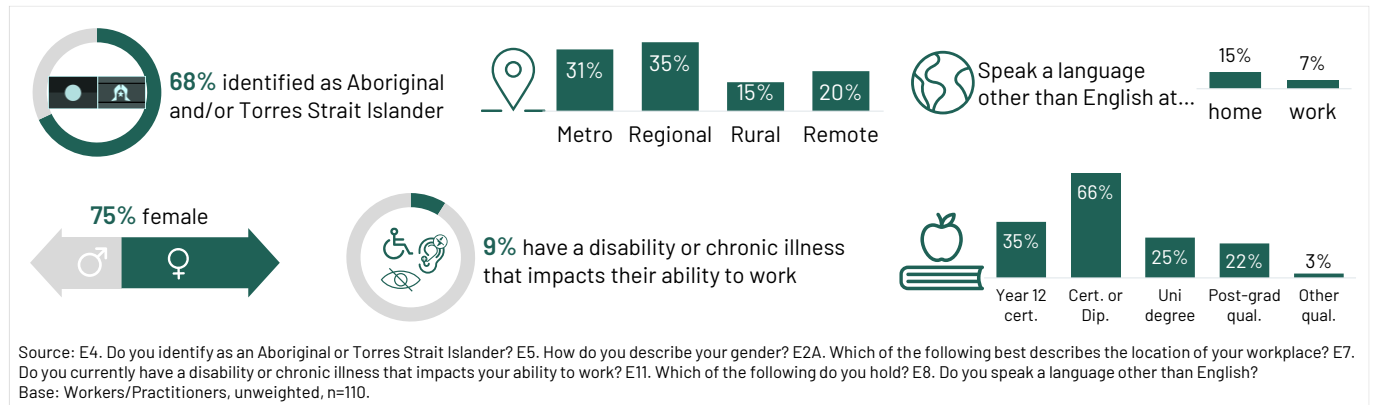
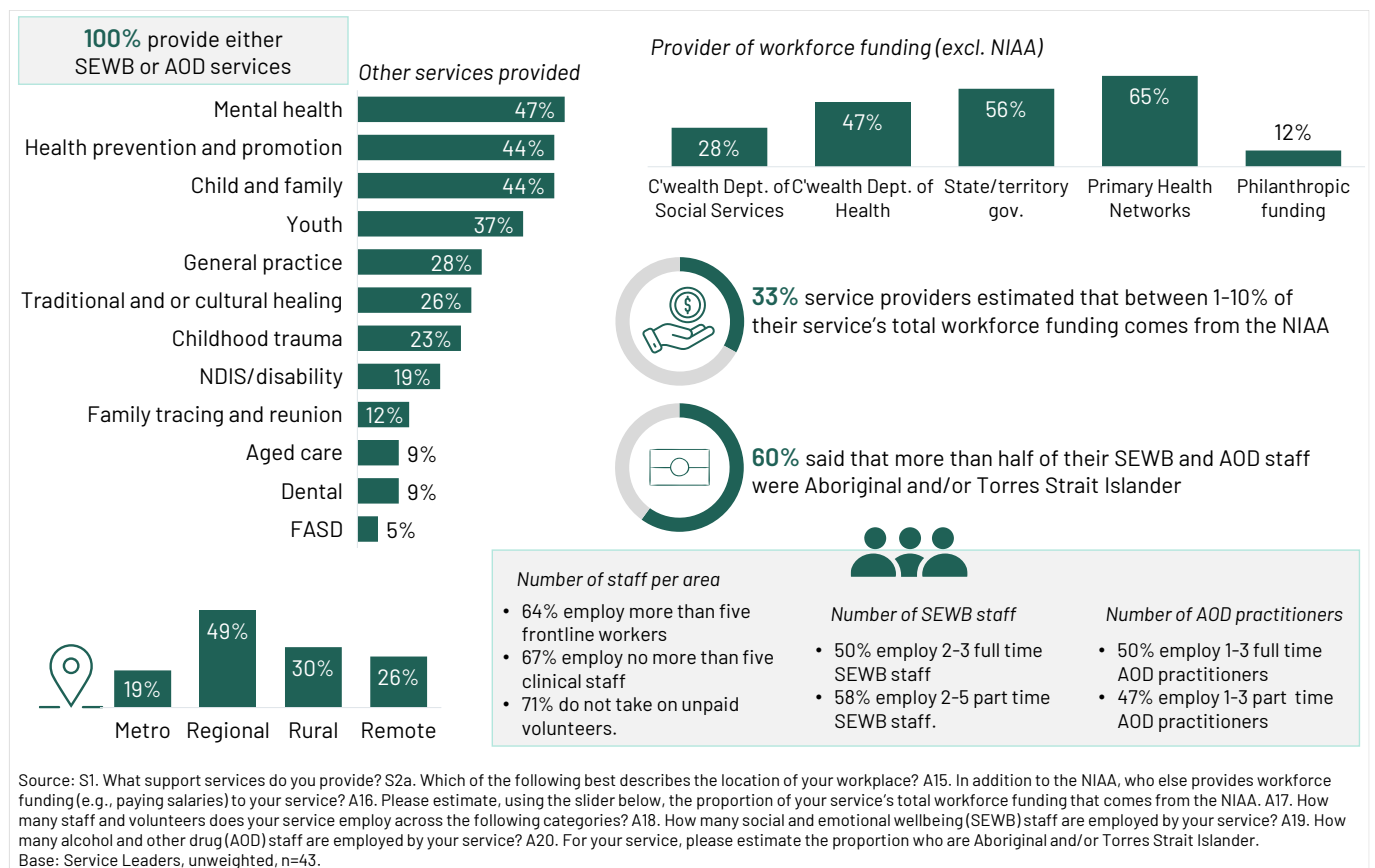


FIGURE 2: ORGANISATIONAL PROFILE



Sense-making workshops

Sense-making workshops were undertaken on 20-21 and 23 February 2023 to test key findings and shape

recommendations with WDSUs and the NIAA. Participants included all WDSUs except AMSANT due to existing commitments, and NIAA National Office and regional staff.

Limitations and need for future work

Lack of data held by the NIAA on the number and type of SEWB and AOD practitioners it funds and lack of data on the overall SEWB and AOD workforce has made it challenging to ascertain the extent to which WDSUs are reaching all practitioners or to comment on the representativeness of the quantitative sample.

The qualitative and quantitative sample for the NIAA funded SEWB and AOD service leaders and practitioners was also not sufficient to report by jurisdiction. For these reasons, findings and recommendations have been made at the overall WDSU level, rather than for individual WDSUs. Recommendation 4 addresses better workforce data collection and dissemination. A further limit on findings was lack of detailed reporting by WDSUs on the number of practitioners enrolled in and successfully completing accredited and non-accredited courses or involved in networking and communication activities, and the extent to which they have engaged with different services. There is an opportunity to adapt grant agreement requirements for greater clarity.

In addition, at the time of the review the Greater Western Australia WDSU service transitioned from Yorgum to KAMS (and then subcontracted to AHCWA). Because of this, the Greater Western Australia service is not addressed in the review.

The recommendations section identifies the need for future work, including with respect to data collection, and measuring and reporting on outcomes.

Program description

Following the *Ways Forward Report* in 1995 and the *Bringing them Home* report in 1997, the Australian Government funded a number of initiatives to support the reunion and SEWB needs of individuals, families and communities affected by child removal. Funding for the WDSUs commenced in 1996. WDSUs were originally funded by the Office for Aboriginal and Torres Strait Islander Health as SEWB Regional Centres to provide professional support to Link-Up services and the *Bringing them Home* program. When funding for SEWB services was transferred from the Department of Health to the Department of the Prime Minister and Cabinet and then the NIAA, funding for professional support followed. Over the years, the number of organisations providing professional support has varied, as well as the organisations themselves. In 2007, 14 organisations were providing professional support. In 2016-17, 9 community controlled organisations and 6 RTOs were funded. The scope of service was also expanded to include AOD roles.

The work of WDSUs aligns with Closing the Gap Outcome 14: Aboriginal and Torres Strait Islander people enjoy high levels of social and emotional wellbeing. Furthermore, this review aims to support the Priority Reforms, particularly Priority Reform Two (Building the Community Controlled Sector) and Priority Reform Three (Transforming Government Organisations).

There are currently 7 WDSUs. They are: AH&MRC, NSW; AMSANT, NT; KAMS, Kimberley, WA; AHCWA, Greater Western Region, WA; Nunkuwarrin Yunti, SA; QAIHC, QLD; and VACCHO, VIC.

The following table summarises the key features of WDSUs.²

TABLE 5. WDSUS

Organisation	AH&MRC of NSW	AMSANT	KAMS	Nunkuwarrin Yunti	QAIHC	VACCHO
Location/ Jurisdiction	NSW	NT	Kimberley, WA	SA	QLD	VIC
Organisation type	State peak body for community controlled organisations	Territory peak body for community controlled organisations	Regional peak body for community controlled organisations	Aboriginal community controlled service	State peak body for community controlled organisations	State peak body for community controlled organisations
RTO status	RTO	–	RTO	RTO	–	RTO
NIAA funded Activities (#)	43	33	12	20	31	21
SEWB	39	10	7	16	22	20
AOD	17	6	3	5	4	1
Residential Treatment Programs	7	9	2	4	11	0
WDSU FTE (#)	4	3	4	6.7	5	3

Context: SEWB and AOD landscape

This section briefly discusses the context in which WDSUs operate: the SEWB and AOD sectors.

²As mentioned in the methodology limitations section, because AHCWA became a WDSU in late 2022 they are not addressed in this review.

SEWB sector

Gee, Dudgeon, Schultz, Hart and Kelly (2014) trace initial usage of SEWB to the emergence of the Aboriginal community controlled health sector in the late 1970s and describe its initial use as a 'signifier of Aboriginal and Torres Strait Islander concepts of health'.³ The *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*⁴ outlines guiding principles for SEWB:

- 1 Aboriginal and Torres Strait Islander health is viewed in a holistic context that encompasses mental health and physical, cultural and spiritual health. Land is central to wellbeing. Crucially, it must be understood that when the harmony of these interrelations is disrupted, Aboriginal and Torres Strait Islander ill health will persist.
- 2 Self-determination is central to the provision of Aboriginal and Torres Strait Islander health services.
- 3 Culturally valid understandings must shape the provision of services and must guide assessment, care and management of Aboriginal and Torres Strait Islander people's health problems generally, and mental health problems, in particular.
- 4 It must be recognised that the experiences of trauma and loss, present since European invasion, are a direct outcome of the disruption to cultural wellbeing. Trauma and loss of this magnitude continues to have intergenerational effects.
- 5 The human rights of Aboriginal and Torres Strait Islander people must be recognised and respected. Failure to respect these human rights constitutes continuous disruption to mental health. Human rights relevant to mental illness must be specifically addressed.
- 6 Racism, stigma, environmental adversity and social disadvantage constitute ongoing stressors and have negative impacts on Aboriginal and Torres Strait Islander peoples' mental health and wellbeing.
- 7 The centrality of Aboriginal and Torres Strait Islander family and kinship must be recognised as well as the broader concepts of family and the bonds of reciprocal affection, responsibility and sharing.
- 8 There is no single Aboriginal or Torres Strait Islander culture or group, but numerous groupings, languages, kinships, and tribes, as well as ways of living. Furthermore, Aboriginal and Torres Strait Islander people may currently live in urban, rural or remote settings, in traditional or other lifestyles, and frequently move between these ways of living.
- 9 It must be recognised that Aboriginal and Torres Strait Islander people have great strengths, creativity and endurance and a deep understanding of the relationships between human beings and their environment.
- 10 Another way of conceptualising SEWB is through the model developed by Gee, Dudgeon, Hart,

³Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. 2nd ed., p.55-58. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-1-chapt-4-final.pdf>

⁴ Department of the Prime Minister and Cabinet (2017). *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017-2023*. p.3. https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf



Schultz and Kelly (2014).⁵ This model articulates a number of components for SEWB, linked to political, historical and social determinants. The components are connection to country, spirit, spirituality and ancestors, body, mind and emotions, family and kinship, community and culture.

FIGURE 3: SOCIAL AND EMOTIONAL WELLBEING



In this review, two main usages of ‘social and emotional wellbeing’ emerged. This includes SEWB as a frame or lens for holistic service delivery, and SEWB as a specific role or work function. Both ways of envisaging SEWB seek to value and embed Aboriginal and Torres Strait Islander ways of being and doing with Western (clinical) service delivery and address historical and social determinants of health and wellbeing. However, whilst the review indicated that both ways of conceptualising SEWB are considered valuable, it also found that lack of clarity about what SEWB service delivery entails is believed to undermine practitioner role clarity and service integration.

The SEWB Gatherings⁶ (the third of which was held during this review), and the work of various collaborative partnerships such as the Transforming Indigenous Mental Health and Wellbeing (TIMHWB) project have worked to create long-term impact by ensuring research is designed, implemented and translated with cultural values and integrity in best responding to the needs of First Nations communities. The Closing the Gap Social and Emotional Wellbeing Policy Partnership, which first met in March 2023, is another opportunity to further this momentum, as are the SEWB trials being undertaken in Western Australia (embedding SEWB in clinical mental health services).⁷

AOD sector

Since the 1950s, both government and non-government AOD treatment services have been available in Australia.⁸ In the non-government sector, foundations (such as the Australian Drug Foundation) were initially established, providing access to counselling, and promoting community education and research.

⁵ Gee, G., Dudgeon, P., Schultz, C., Hart, A., & Kelly, K. (2014). Aboriginal and Torres Strait Islander Social and Emotional Wellbeing. In P. Dudgeon, H. Milroy, & R. Walker (Eds.), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice*. 2nd ed., p.55-58. <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/wt-part-1-chapt-4-final.pdf>

⁶ The aim of the SEWB Gatherings is to bring together SEWB network members to showcase best practice services and programs from across the country and to discuss the future of Aboriginal and Torres Strait Islander SEWB policy, practice, and research. The SEWB network includes SEWB and mental health representatives from Aboriginal and Torres Strait Islander peak bodies and Aboriginal community controlled organisations (ACCOs), academics, practitioners, policy-makers, and front-line workers’. From: [Social and Emotional Wellbeing Gathering #3 \(SEWBG-3\)\(cbpatpatsisp.com.au\)](https://www.cbpatpatsisp.com.au)

⁷ [Media Statements - Mental health pilot to boost Aboriginal social and emotional wellbeing](https://www.cbpatpatsisp.com.au)

⁸ Ritter, A., Berends, L., Chalmers, J., Hull, P., Lancaster, K., & Gomez, M. (2014). *New Horizons: The review of alcohol and other drug treatment services in Australia*. Sydney: *Drug Policy Modelling Program*. p.43. <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/New%20Horizons%20Final%20Report%20July%202014.pdf>

Around the same time, government hospitals also began providing 'alcoholism clinics'. By 1985, the National Campaign Against Drug Abuse had come into action, resulting in the significant growth of the AOD sector. By the 1990s, a focus on early intervention, engagement with primary care providers, and prevention began emerging. Presently, the AOD policy context is largely characterised by harm minimisation – under the three pillars of the National Drug Strategy 2017-2026: supply reduction, harm reduction, and demand reduction (including treatment and prevention).

Current providers of AOD treatment remain diverse, ranging from primary health care settings, to hospitals, and specialist AOD services. However, the majority of AOD care in Australia is now provided by NGOs (72% of all episodes of care delivered by NGOs).⁹ Funding for AOD services comes from a multitude of sources, including the Commonwealth and state/territory governments, as well as private sources (philanthropy and client co-payments).

Funded AOD services provide various treatment types such as screening and brief interventions, withdrawal (detoxification), psychosocial counselling, residential rehabilitation, and pharmacotherapy maintenance. In 2019 it was estimated that approximately 200,000 individuals were accessing an AOD treatment, including 140,000 accessing this treatment from AOD specialist services.¹⁰ Of those accessing specialist treatment, 17% were Aboriginal and/or Torres Strait Islander.

The AOD sector is deeply constrained by funding and resources. It is estimated that around 140,000 individuals miss out on accessing AOD treatment annually. Resource and funding challenges include ageing infrastructure, a lack of available services in regional and remote areas, limited cultural safety and competency amongst non-Indigenous staff, and significant workforce shortages. Given the current demand for services, it is estimated that thousands more full-time equivalent (FTE) practitioners are required to join the AOD workforce to meet client needs.¹¹

⁹ Roche, A., Skinner, N. (2021). The non-government alcohol and other drug workforce in Australia: Findings from a national survey. *Drug Alcohol Review*. p.1003-1012. <https://nceta.flinders.edu.au/application/files/8416/1602/1019/dar.13278.pdf>

¹⁰ Ritter, A., Chalmers, J. & Gomez, M. (2019) Measuring unmet demand for alcohol and other drug treatment: the application of an Australian population based planning model. *Journal of Studies on Alcohol and Drug*, 18, p.42-50. <https://doi.org/10.15288/jsads.2019.s18.42>

¹¹ Ritter, A., Chalmers, J. & Gomez, M. (2019) Measuring unmet demand for alcohol and other drug treatment: the application of an Australian population based planning model. *Journal of Studies on Alcohol and Drug*, 18, p.42-50. <https://doi.org/10.15288/jsads.2019.s18.42>

Review findings

What do WDSUs do? How do WDSUs benefit SEWB and AOD practitioners and the communities that they support?

This section discusses:

- the services WDSUs are providing
- enabling factors
- the benefits and value of WDSUs
- challenges to WDSUs meeting workforce development needs.

Services WDSUs are providing

Overview

WDSUs:

- provide accredited and non-accredited training and other professional development opportunities
- provide supervision, debriefing, cultural mentoring and peer support
- improve worker wellbeing and reduce burnout/vicarious trauma
- support recruitment and retention
- engage in strategic planning to identify and address workforce development gaps.

WDSU activities are tailored to the work of SEWB and AOD services, which may include:

- individual counselling
- SEWB support and group therapy
- case management and referral (SEWB/AOD-specific)
- cultural healing, including healing camps
- community engagement, outreach
- promotion, advocacy and partnerships
- family tracing, research and reunions, e.g. outreach support, referral and liaison
- AOD residential and non-residential rehabilitation, aftercare and transitional support services.

WDSUs are required to:

- be responsive to SEWB and AOD workforce needs
- be evidence based
- be strengths-based, culturally safe, trauma-informed and healing aware
- meet the needs of diverse and intersectional individual circumstances, including with respect to age, gender, location, disability status and LGBTQI+ and other identification.

WDSUs cannot address:

- primary health care activities (the exception is AOD counselling, addiction specialists, AOD nurses, neuropsychiatrists and/or psychologists working in AOD/Foetal alcohol spectrum disorder /trauma)
- sport and recreation activities focused on promoting healthy lifestyles
- activities that duplicate services funded by other Commonwealth agencies, e.g. health through Primary Health Networks (PHNs), the Attorney-General's Department, or state and territory governments.

Below we describe the work of WDSUs in more detail.

Identifying need

WDSUs identify professional development and emotional and cultural support¹² needs through sector/jurisdiction-wide and service- and worker-specific methodologies. Sector/jurisdiction-wide methods typically involve primary qualitative or quantitative research across a wide range of services, as well as secondary data and literature analysis.

Some WDSUs undertake need identification activities at the service level, including reviewing organisational structures and policies/procedures for their ability to support practitioner capability and emotional and cultural wellbeing. This helps to identify where service level barriers and enablers to professional development and support need to be addressed in addition to individual worker needs, and to develop strategies to address this need. For instance, this might include leadership capacity to help workers develop career plans.

However, for the most part, the focus of WDSUs is on identifying career development needs through yarns with individual practitioners and developing strategies at the practitioner level. How this is done varied from WDSU to WDSU. Some systematically develop plans across their region, others engage with workers on a service-by-service basis.

Results from the need identification process are presented annually to the NIAA as a consolidated *Training Needs Analysis*.

There is an opportunity for the NIAA to place more emphasis on planning at the service and regional level, however WDSU funding would need to be commensurate with this.

Services offered

The work of WDSUs can be hard to disentangle from the broader work of the services in which they are embedded. For instance, where the service is also driving SEWB thought leadership or trauma-informed practice, or offering clinical supervision, this informs and benefits the work of the WDSU service. This means that the service offered is slightly different across each WDSU – this includes the accredited and non-accredited training on offer, as well as type of networking and communication activities and emotional and cultural support on offer. WDSUs reported that within their current funding it can be difficult to effectively engage every relevant service and practitioner in their jurisdiction. WDSUs openly acknowledged this, and this is reflected in the survey data.

Accredited training

A core grant agreement requirement is for WDSUs to increase numbers of the workforce who attain at least a Certificate IV or diploma qualification in vocational education and training courses relevant to SEWB and AOD practitioners. This requirement does not recognise size of population (e.g. where numbers of potential students in a particular region are temporarily exhausted), and where practitioners prefer other development pathways. WDSUs tell us that they follow the best interests of practitioners over the need to meet grant agreement requirements.

A key role for WDSUs is supporting practitioners to undertake training. On occasion, WDSUs provide considerable emotional and practical support to practitioners to facilitate ongoing engagement in, and

¹²Emotional and cultural support range from informal psychosocial support to more formal supervision.

successful completion of, training. For example, this might involve travelling with a practitioner from a remote community to a metropolitan or regional training destination, or engaging with practitioners on an ongoing basis to help them successfully complete qualifications.. This support is especially important where practitioners have to travel long distances to train or have limited experience of post-school study. Of note, the importance of this support role is not recognised in grant agreements.

“When staff go for the very first training module, we’ll sit with them for the first week just so they get used to it... we’re talking to them before training, we’re talking to them as they enrol, and when they start, then we check in on how they’re tracking.” WDSU

Where WDSUs are also registered training providers, practitioners are usually, but not always, enrolled in their qualifications. Where WDSUs are not training providers, they also establish relationships with appropriate providers to support practitioner enrolment. For example, QAIHC has a relationship with Gallang Place, and AMSANT with Charles Darwin University. These relationships can take time to develop, as can negotiations on tailoring course offers from mainstream institutions.

Non-accredited training

WDSUs deliver and arrange non-accredited training courses on a variety of topics and formats. These range from generalist courses that are delivered in other contexts (e.g. mental health first aid, SMART recovery facilitator training) to courses developed by their organisation for the SEWB and AOD workforce (e.g. Liyan Natural Helpers, Mooditj Leader Training, Kimberley Empowerment Healing and Leadership Program), and training developed to meet the needs of NIAA funded SEWB and AOD practitioners (e.g. case notes).

During COVID, non-accredited training was delivered online, although as the following section indicates, many practitioners prefer face-to-face training. WDSUs emphasise the importance of embedding skills training in practice. For example, this might include training to a team in situ, and post-training follow-up to answer questions that practitioners might have about operationalising training.

As we will go on to discuss, while WDSUs try to target training to NIAA funded workers, it can be very difficult to identify who these are. Typically, where funding arrangements are unclear or there are additional training places available, WDSUs will offer these to non-NIAA funded practitioners. To WDSUs and the organisations they support, this makes sense on a number of levels: it increases the skills of the workforce overall, as well as the pool of qualified and trained candidates for NIAA funded positions when they become vacant. Importantly, it also reduces the risk of tensions being created within the workforce.

Emotional and cultural support

For most WDSUs, emotional and cultural support is not a formal role, with only one service offering supervision as part of its core offer, and one suicide postvention support. However, WDSUs have good interpersonal relationships with many practitioners and service leaders, both of whom can ask for advice and support on a regular basis. This can be particularly important for Aboriginal and Torres Strait Islander staff with a non-Indigenous manager.

“Sometimes it is a shame job for people to go to their manager. Non-Indigenous managers can struggle to understand the cultural load.” WDSU

Communication and networking

WDSUs offer a variety of communication and networking activities, including disseminating email newsletters, and online and face-to-face forums for practitioners and leaders to engage with each other.

Newsletters typically offer information on practice updates/technical expertise, sector news and achievements, and promote opportunities to up and reskill. Whilst networking forums are held by each WDSU, the focus for these differs. At a minimum, forums address self-care and celebrating sector achievements; however some are for all practitioners, others are for leaders, and the subject matter focus can also shift. Practitioners and services especially valued these opportunities for their own wellbeing, and contribution to upskilling and retention.

"It's a time for everyone to come together and feel a sense of pride. It's easy to get caught up with the negative stuff and not celebrate what we are doing well. It is about slowing down and removing self from the stress of everyday lives and the huge caseloads." WDSU

"There are not a lot of opportunities for networking, yarning, building relationships. Community led training provides people with a lot of time to catch up, work through the issues in that community, what is working well." WDSU

"There was a regional state gathering last week in Brisbane. That was great... awesome to be a part of it, quite enjoyed it. Getting together and having those yarns. We did a presentation this year... I quite enjoyed that... it was something out of the ordinary." Practitioner

"All the networking... the programs, the ideas... hearing how other people go about things... I really enjoy it... have a yarn with fellow AOD practitioners, swapping and sharing ideas... It's awesome." Practitioner

"At the regional one they had community speakers... not the well-known speakers, just people from communities sharing stories... they're not trained speakers, they're just ordinary folk telling their stories... I'd like to see more of it". Practitioner

Enabling factors

The review identified a number of underpinning activities undertaken by WDSUs that are critical to their success.

Relationships with SEWB and AOD services

Building relationships with SEWB and AOD practitioners and services and engendering trust have been identified as critical to being able to successfully undertake the above activities. This can take months or even years of engagement to achieve and is reliant on the cultural expertise and standing of WDSU staff.

"It's about being really flexible and being open minded. It is really two way learning. You can learn a lot from them and need to be open to changing to meet the needs and challenges of the region. It is really about deep listening to what people want and how people do their work." WDSU

"We don't only work in response to NIAA funding, we work in response to the community and region. We take an integrated approach, looking at interdependencies and overlaps." WDSU

Culturally appropriate and place-based service delivery

WDSU success is also attributable to prioritising Aboriginal and Torres Strait Islander ways of knowing, doing and being, and supporting place-based ways of working and local knowledge systems. In practice, this means WDSUs having deep knowledge of the communities they support, and the needs of communities and SEWB and AOD workers. As much as possible (given grant agreement requirements and available resources), WDSUs tailor their efforts to meet these needs, including embedding training in the workplace.

"[Good practice] is a combination of yarning, data and reflective practice. It's about how to look at clients not as a whole heap of problems, but building creative self-agency and resilience, a sense of self-capacity. When people have got such complex needs [there can be a temptation to focus on the immediate need, for example] to get a licence so they can go to Territory Families to put in a housing application. Talking about all these processes has nothing to do with building resilience and self-reliance and self-agency. The core work around social and emotional wellbeing comes out of reflection and growth, not an AOD course or training. It is a practice that an organisation has to build into teams. If you don't get that way of working, any training that you get is really hard to implement, especially when you have all of these complex elements". WDSU

Nature of WDSU host organisations

The value of WDSUs is amplified by their position in influential peak bodies/services. They are variously positioned in RTOs with a track record of developing and delivering culturally appropriate training, and organisations with an interest in thought leadership for SEWB policy and models of care and integrating traditional/cultural healing with clinical services. The organisational capacity and capability of the host service in turn informs and elevates the work of the WDSU.

"We have an interest in embedding a best practice social and emotional wellbeing model of care across the workforce. Because it is not really clear for people working in an AMS or doing work around the periphery, how [SEWB] fits in." WDSU

Enabling factor case study

Mike is a 52-year-old Aboriginal man, living and working in a remote community. He is new to the area but has been working in various roles for community controlled organisations for many years (most recently as a youth worker). Due to staff shortages, Mike was asked if he could step into an AOD role one day a week. Mike doesn't drink or smoke and has never worked in AOD before and was nervous about taking on the new job. His boss suggested he speak to the WDSU about getting qualified in AOD. They recommended starting off with a Certificate III in Addictions, and helped to find a course that was offered in blocks. Whilst being away from home wasn't easy, he found the face-to-face interaction and support from teachers and other students in the course invaluable, and suspects that he would not have been able to complete the course if the only option was to do it online. He has also attended a number of workshops and forums organised by the WDSU. Mike told us that having these opportunities to yarn with and learn from fellow AOD workers has been invigorating and helpful and helps motivate him to keep doing this work even when it gets difficult. Having regular face-to-face contact with the WDSU team at these events has also helped to build good relationships with staff. He feels that because of this he could call on them anytime for support if he had problems with training or issues he was with struggling with at work.

The benefits and value of WDSUs

WDSUs provide great benefit to the practitioners and services they support, and hence in meeting the social and emotional wellbeing needs of clients and communities.

Emotional benefits

WDSU activities provide emotional benefits to practitioners. Networking events and group training activities enable practitioners to connect with their peers and share experiences and practical ideas and

solutions. This can leave practitioners feeling less lonely and isolated in their work (something that many report) and validate their challenges and successes. Whilst most WDSUs don't provide formal supervision, they typically act as an informal emotional and cultural support. They also believe that having an option for workers to seek support and advice outside their current management structure, and from a culturally safe source, can be important for wellbeing.

Confidence and positivity

As a result of engaging with WDSUs, practitioners reported feeling more confident and positive about their role, arising from a combination of emotional and cultural support, peer connection and sense of mastery from undertaking training or coaching. In the qualitative fieldwork, fostering positivity was also reported as supporting practitioner retention.

Role clarity

Some WDSUs are very intentional in providing training and support that contributes to role clarity. Where WDSUs provide induction support or training on core work tasks such as case notes, this contributes to workers better understanding their roles. To illustrate, how this activity can develop role clarity, induction support can help practitioners understand what a SEWB role entails, and training in case notes helps practitioners develop an understanding of the risk management aspects of their role.

"[Workforce churn means] it's not uncommon for people to be put in roles with no idea about what they are meant to be doing, about the social and emotional wellbeing scope of practice, the range of activities, how this fits with the social and emotional wellbeing framework. There is a need to support workers at the most basic level." WDSU

"One week someone is a driver, the next they might be an outreach worker. They mightn't have ever used a computer but often those sorts of things aren't visible until reporting times comes and when everyone starts panicking. We sit with people in the jobs and yarn about what the job looks like every day. It is about building that voice of the local Aboriginal workforce from the ground up. It is not training, but is absolutely the role of a WDSU." WDSU

Technical skills

As a result of engaging with WDSUs and undertaking accredited and non-accredited training, SEWB and AOD practitioners develop technical and workplace skills that help ensure their capabilities are appropriate to their roles. Non-Indigenous practitioners and their peers reported that WDSU involvement contributed to their becoming more culturally competent. Team leaders and senior managers also learn management skills.

Value and benefits case study

Joshua lives and works in a country town 4 hours' drive from the city. He grew up in the town but left after year 11 to escape family problems and get work in the city. In his mid-twenties, he decided to return. He felt the time had come to reconnect with his family and community. Finding work was difficult – jobs in his field were scarce. A cousin told him about an opportunity that had come up in the local community service as a youth worker. Although he had no training or work experience in this field, he had an affinity with young people and was given the job, on condition that he undertook a certificate in community services, which is only offered online. Joshua found studying online very challenging, but thanks to support from colleagues he has nearly finished and will gain his qualifications. He has also attended some short courses delivered by the WDSU at a nearby town, which has helped him make connections with people doing similar work and motivated him to complete his certificate course. Over the next few years he hopes to gain more qualifications and would like to eventually become a qualified counsellor. He loves sharing this story with young people from his home town, to show them what's possible, and to encourage them to dream big about their future.

Challenges to WDSUs meeting workforce development needs

Challenges that affect the ability of WDSUs to effectively and efficiently undertake their work include environmental challenges, impacts attributable to the nature of the grant agreement and relationship with government, and to communication with and characteristics of NIAA funded services.

Environmental challenges

Challenges and delays due to COVID-19

COVID-19 led to training programs that can only be provided in person being put on hold, and made engagement with service providers more difficult. In person training has now recommenced.

Workforce shortages

Whilst the need for ongoing training and workforce support is acknowledged by the sector, workforce shortages mean that employers can be reluctant to release staff from their regular duties to take part in professional development and networking forums – particularly if it involves travel or being away for extended periods of time. A number of WDSUs also identified COVID-related staffing shortages in their own organisations as a barrier to delivery.

Appropriate training is not always available

The available courses for SEWB and AOD practitioners, whether informal, vocational or part of the university system, aren't always fit for purpose. This includes content not being appropriately tailored to SEWB and AOD roles, and being delivered in modes that are not accessible and suitable for practitioners living in regional and remote communities, and with those with little previous access to post-school formal education.

WDSUs that were RTOs noted a shortage of qualified trainers, and recent instability in the Aboriginal and Torres Strait Islander RTO sector, as further barriers to appropriate training.

Related to this, continuity of funding for training and education approaches that work is critical. WDSUs described instances where government invested in the design of programs that were then proven effective, but failed to attract more funding for ongoing implementation.

Challenges due to the nature of the funding arrangements and relationship with government

Impact of resourcing constraints

For WDSUs to be able to support the SEWB and AOD workforce, they need to have an in-depth understanding of, and strong relationships with, the workforce. This includes an understanding of individual practitioners and their goals and training needs, as well as the organisations they are employed by, and the communities they are working with. Building and nurturing these relationships is time consuming and nuanced work – and no-one understands this better than the WDSUs themselves.

“A critical part of the work is networking. I am from the Kimberley, I saw all these sort of issues growing up. At [WDSU] I can advocate for change. It is about knowing and understanding your local community and then being able to represent them. Building relationships with managers and workforce and delivering social and emotional wellbeing and mental health support.” WDSU

“Each of the services [that we support] is structured uniquely. If there are good relationships they will pick up the phone and call or ask any question.” WDSU

In an ideal world, WDSUs would meet face-to-face with individual staff to discuss their needs and career goals and work with them and their managers to develop a personalised training plan. Whilst some WDSUs aim to do this every year as part of their *Training Needs Analysis*, they struggle to identify (let alone reach) every NIAA funded SEWB and AOD practitioner within current resourcing. Feedback from organisations and practitioners suggests that WDSUs have been making excellent progress in some locations. However, it is not possible for WDSUs to reach every community, organisation and practitioner within current funding. Our consultations with the workforce confirmed that some service providers (particularly those in rural and remote locations) do feel neglected and have limited awareness of what WDSUs can do. In addition, WDSUs are limited in the extent to which they can practise more resource-intensive activities, such as coaching, mentoring and supervision.

“One of the KPIs is engage with 90% of services within a year. We would say 2 people couldn’t do that. We work with organisations in-depth. We probably work with 2-3 organisations at a time for a short period of time, to support what they need in that moment. Then we don’t hear from them for a little while and we work with other organisations. We do put out general invites for the monthly online forum and the monthly managers forum but we don’t always get good engagement and we are trying to think of different ways of working. Next year we’ll deliver more face-to-face workshops, open to anyone who wants to come can come, try to get that broader engagement. If you are doing things 1:1, you can’t be everything to everyone.” WDSU

WDSU grant agreements

Related to the above, WDSUs note current grant arrangements with the NIAA as a barrier to meeting workforce needs. This includes being too prescriptive about outputs (e.g. requiring a certain number of practitioners to achieve formal qualifications, only funding training in the jurisdiction, the requirement to produce two journal articles per year). This, in turn, limits the extent to which WDSUs feel they have permission to practise self-determination, and reflect the needs of practitioners, services and communities in their jurisdiction. A recommendation of this review is to consider a shift to outcomes-based funding to support increased self-determination and accountability for communities. This would be one way to address the issue of grant agreements being defined by overly narrow outputs. A shift to outcomes-based funding was discussed at the WDSU sense-making workshop, however this would require significant investigation and a co-design process to understand whether this is appropriate and feasible for WDSUs, the communities they operate in and services they support, and for government. The preconditions for a transition to outcomes-based funding would depend on the funding model

selected.

In addition, the grant agreements don't reflect some of the underpinning activities undertaken by WDSUs. The following could be better captured in the grant agreement:

- building relationships with practitioners, services and RTOs, as relationships of trust have been identified as critical to being able to successfully undertake the above activities
- supporting projects that will enable better integration of SEWB and traditional healing with clinical and other services (including, for example, as part of national projects such as the SEWB Gatherings and policy partnership)
- undertaking administration, including NIAA grant agreement management.

"You'd have to say that there are some valued activities that are not easily integrated into KPIs." WDSU

Relationships with NIAA and other government SEWB and AOD policy functions

There is a desire for stronger relationships with NIAA national office policy teams. This would support working together to solve problems and find innovative and better ways for WDSUs to support the workforce.

Some WDSUs feel that the NIAA doesn't understand or appreciate the importance and complexity of their work or have a good understanding of the SEWB workforce and the diverse range of communities they aim to support. They can argue that when the WDSU program was administered by the Department of Health, engagement with WDSUs was more constructive and that there was a stronger commitment to program sustainability.

Limiting WDSU delivery to NIAA funded services

WDSUs can be under a large amount of pressure to deliver to non-NIAA funded services. WDSUs that sit within peak bodies can face strong criticism from organisations that are not NIAA funded for being unable to provide them access to WDSU training and courses. Whilst in the short term WDSUs are looking for clarity on which practitioners they have been funded to engage with, the larger need is for a sector-wide approach to workforce development and support. This sector-wide approach will ideally integrate the numerous workforce plans and sources of funding that already exist. This approach would hopefully also provide clarity to on-ground services so that they can understand what they have access to.

"We cop it from members that aren't NIAA funded, members say we own you, why can't we access this training... you're making this training available for non-Indigenous organisations." WDSU

Challenges related to SEWB and AOD services

SEWB and AOD service staff shortages and high turnover create further challenges

In addition to the huge geographical area that WDSUs are expected to cover, high turnover rates within the SEWB and AOD workforce can make the task of identifying SEWB practitioners and assessing their individual training and support needs very challenging. Service managers may be reluctant to release staff to take part in training opportunities due to staff shortages, and day-to-day work challenges can result in a high number of last-minute cancellations to appointments. It can be particularly difficult to schedule time to meet with AOD staff who work evening and night shifts, as they are often not available during standard business hours.

"Our primary health care services are so overstretched. There is no time for us to come and visit or even engage online. We have got these short windows when the service takes a breath that we capitalise on."

Some services take most of a year to get a 2 day program. It might be 3 months waiting while they get a new manager, 3 months for the manager to settle into the role, and another 3 months to start thinking about training.” WDSU

“It’s really hard for a whole organisation to stand down a team for 2 days.” WDSU

“We have worked hard to develop relationships, but some organisations are harder to engage with than others. COVID took a big toll, the workforce is burnt out. They don’t have headspace for any more time for any more training. They are just exhausted.” WDSU

“Once they get their qualifications they get offered 1.5 times more or two times the wage...so there’s a high turnover in that space.” WDSU

“When you’re an AOD or mental health worker working in community, it’s 24/7, you don’t get a break from it when you’re out shopping or at the footy, they don’t have a coat that they hang up when they get home.” WDSU

“The cultural burden on our workforce – if they’re the only First Nations worker in the organisation, they hold the burden of making sure everything is culturally safe.” WDSU

Difficulty in identifying funded workers

As part of their funding arrangements, WDSUs are required to prioritise services for NIAA funded SEWB and AOD practitioners. Identifying who is in scope can be difficult as positions are often co-funded through a variety of funding measures. Many services report receiving workforce funding from multiple sources, including from different federal and state government agencies, the National Aboriginal Community Controlled Health Organisation (NACCHO), primary health networks (PHNs), and philanthropic entities. Multiple funding results in increased administrative and reporting burden for services, and means that it can be hard to identify which practitioners might be eligible for WDSU services. Some managers can also be reluctant to offer training and professional development opportunities to their NIAA funded staff and deny it to others. This can create tensions and unhelpful divisions within their own teams.

Buy-in from funded services

WDSUs rely on managers of SEWB and AOD services to pass on information about opportunities to practitioners or support training and support practitioner uptake of WDSU supports. WDSUs would like the NIAA to more strongly encourage engagement with WDSUs with the SEWB and AOD services they fund.

Challenges case study

Sally is a qualified AOD counsellor who started working at an Aboriginal Medical Centre in a small rural community 12 months ago. She loves working with and supporting mob, but staff shortages at the clinic mean that she is often asked to do other work, such as patient transport. She feels that her skills as a trained and experienced counsellor are underutilised, and that the medical staff at the clinic do not see her work as important. Sally is aware of the WDSU and the SEWB gatherings that happen each year and would very much like to attend to learn about new ideas and approaches, and to build networks of support amongst people who do similar kinds of work. She is also keen to participate in more training on topics such as trauma and cultural competency. However, management has been reluctant to let her attend the gatherings or training offered by the WDSU because they don’t have enough staff on site to keep services running.

How can WDSUs better meet the needs of SEWB and AOD practitioners and the communities they support?

This section discusses the:

- profile of the NIAA funded SEWB and AOD workforce
- joys and challenges of the work from the point of view of practitioners and service leaders
- professional development and support needs of the NIAA funded SEWB and AOD workforce
- SEWB and AOD workforce awareness of and engagement with WDSUs
- opportunities to better meet the needs of the NIAA funded SEWB and AOD workforce
- potential future role of WDSUs.

Profile of the NIAA funded SEWB and AOD workforce

Profiling the SEWB and AOD workforces is not straightforward. Many community controlled organisations provide SEWB services. NACCHO, for instance, has estimated that 95% of its member services deliver SEWB services and 87% employ a dedicated SEWB team. However, there isn't good data to suggest how many SEWB practitioners exist in Australia (ascertaining this is further complicated by multiple and overlapping definitions of SEWB, as well as multiple funders). Around 7% of the AOD workforce is estimated to be Aboriginal and Torres Strait Islander.¹³ As with the non-Indigenous AOD workforce, most Aboriginal and Torres Strait Islander practitioners are female. Aboriginal and Torres Strait Islander practitioners are more likely to be located in non-metropolitan locations.¹⁴ There isn't data that shows the number of AOD practitioners who provide services to Aboriginal and Torres Strait Islander peoples.

The large majority of SEWB and AOD services funded by NIAA are embedded in community controlled organisation or other multi-disciplinary health services. Many of these services report also receiving workforce funding from other federal and state government agencies, PHNs and philanthropic sources. In addition to the sheer diversity of these services, it is worth noting that the consultations suggested that SEWB staff often provide support to those with AOD needs, and staff in AOD roles often work with a SEWB lens. In the qualitative interviews, SEWB and AOD practitioners also described similar motivations and challenges for the work. Subsequently, we have reported on SEWB and AOD practitioners as a single cohort, distinguishing differences for the different sectors where this is relevant.

The NIAA does not currently have access to population data on the SEWB and AOD practitioners it funds. This review has highlighted the need to better understand the workforce, and the funding available for professional development and emotional and cultural support. A recommendation of this review is that better workforce profiling data is built into NIAA funding of SEWB and AOD services to provide an accurate ongoing picture of the nature of the workforce. A better understanding would enable:

- more accurate forecasting/funding against professional development and emotional and cultural support needs
- top-down workforce planning (e.g. required additional numbers of SEWB practitioners/trained practitioners).

¹³ McEntee, A., & Skinner, N. (2022). Addressing AOD Aboriginal and/or Torres Strait Islander Workers' Salaries and Professional Development Needs. National Centre for Education and Training on Addiction.p.3.

https://aodknowledgecentre.ecu.edu.au/healthinonet/getContent.php?linkid=680239&title=Addressing+AOD+Aboriginal+and%2For+Torres+Strait+Islander+workers%E2%80%99salaries+and+professional+development+needs&contentid=45293_1

¹⁴ Ibid.

Joys and challenges of SEWB and AOD work

Through the survey, and as a part of the qualitative research conversations, we consulted with practitioners from all around Australia who were working in a range of NIAA funded SEWB and AOD roles. Some had only recently started working in SEWB or AOD, whilst others had careers that spanned several decades in Aboriginal health and community services and had extensive knowledge of local cultures, systems and protocols. Whilst their roles and responsibilities varied along with their formal qualifications and experience, they shared an unwavering passion and commitment to supporting Aboriginal and Torres Strait Islander peoples and communities. Both SEWB and AOD practitioners commonly described their work as meaningful and rewarding and were energised by the people and communities they were engaging with and supporting. Every day in the job is different, and practitioners can spend a large part of their day responding to unexpected issues and crises that emerge. Whilst this could be frustrating at times, it was also clear that these practitioners enjoyed the variety and the challenge to find creative solutions – as one person said, “no two days are the same, and it never ever gets boring.”

Many practitioners brought lived experience of alcohol and drug addiction and other complex life challenges such as homelessness, family violence, chronic health issues and childhood trauma. They expressed a strong desire to ‘walk with’ others on their healing journey and ease their burden and had a high degree of empathy and respect for the people and communities they were working with and supporting. Aboriginal and Torres Strait Islander staff particularly relished the opportunity to engage with mob and make a positive contribution to community. They get tremendous satisfaction from helping people and were often natural leaders – the ‘go to’ person in their families and communities for information, guidance and support. They clearly enjoyed spending time in community, building connections, and supporting people in any way they could.

“In AOD I don’t always have the answers, but I’m the other side of 50 so I’ve had that experience... I’ve always conducted myself really well. I love the challenge of trying to change people’s habits... I tell a lot of stories.” Practitioner

“It’s really fulfilling – when you see a client who’s homeless and really unwell, and has drug and alcohol issues, we love to help them and we can really make a difference.” Practitioner

“I get to work and support my mob in community and make a positive impact in our clients’ life each and every day.” Practitioner

“Addiction is something that impacts so many of our mob, so I love knowing I am helping those overcome their addictions and get the necessary help they require.” Practitioner

“The privilege of hearing peoples’ stories and supporting people to take stances against unsupportive systemic institutes.” Practitioner

In health and community services, SEWB practitioners can be an important interface between clinical services and the local community and play a critical role in engaging and linking community members with clinical and other services. A number of organisations have created a separate ‘SEWB space’ – a home-like environment where community members can come in any time for a cup of tea and have a yarn with each other as well as with practitioners. Doctors and specialists often go the SEWB centre to meet with patients, at least initially, rather than insist that patients come to their clinic.

“All our clients know the [SEWB] team now. There’s a separate area that’s less clinical, there’s an outdoor area. It has a really important role in engaging community, and there’s a sense of ownership for clients. The psychiatrist goes over to SEWB now – and the GP goes over there, one afternoon a week. A lot of our clients won’t come into the clinic, but they’ll happily see the GP if they go there.” Service leader

"Our SEWB support practitioner does an amazing job, and is so important for the rest of our services. He grew up here, so he knows everyone in community. If someone doesn't turn up to an appointment, he knows where to find them and what to say to encourage them to come in." Service leader

Whilst working in SEWB and AOD was often described as immensely rewarding, it can also be difficult and frustrating work. Below we discuss the key challenges from both an individual practitioner and organisational perspective.

A high risk of vicarious trauma and burnout

By nature of their job, SEWB and AOD practitioners are supporting people with complex challenges and circumstances and can be exposed on a daily basis to tragic stories and traumatic events. Despite their remarkable strength and resilience, most practitioners and service leaders have experienced times when they have felt exhausted, burnt out, disheartened, and even traumatised by their work. Insufficient funding for services and a lack of resources can add to their stress and workload. There can be despair that many of the circumstances that contribute to ongoing disadvantage and trauma in Aboriginal and Torres Strait Islander communities, such as lack of housing and health infrastructure, are not improving and in some cases are getting worse. In the survey of service leaders, 49% indicated that burnout and stress among practitioners was a key barrier (Figure 4).

"[The] majority of my clients have very complex trauma, this can be challenging to work with as listening to intense and upsetting stories all day is incredibly tiring and takes a toll on my own mental health. Within my organisation there is not enough support in the workforce, whether that be regular supervision or an opportunity to debrief with colleagues. We are not provided with enough appropriate support to be able to combat the vicarious trauma that we are faced with daily." Practitioner

"So much work to do with minimal resources, particularly when you consider the geographical spread our organisation works across." Practitioner

"Living in a rural and remote area we face many challenges - lack of services that visit our community, poor education to the community into what is available and where to get the help. Having no-one to support people to access services that may be available and encourage them to continue to make connections, attend appointments, keep up with appointments." Practitioner

"The SEWB work we do is difficult and underpaid and requires at least 5 weeks on annual leave to help prevent vicarious trauma and burnout which I see amongst colleagues all the time." Practitioner

Maintaining professional boundaries can be hard, especially in small or remote communities

SEWB and AOD practitioners admitted that they often struggled with maintaining boundaries between their work and home lives and managing the (sometimes conflicting) expectations of their employers, family, friends and other community members. Those who live and work in the local community say they are frequently approached out of hours with questions and issues relating to work, and can find it hard to turn down requests for help particularly if people are distressed and have no-one else they can turn to. This is intensified in remote communities, particularly during the wet season when there are limited opportunities to leave community and take a proper break.

"If you're living in Ceduna with a pop of 3000 you're never not at work. You're going to run into clients wherever you go. A lot of their own family are caught up in drug and alcohol issues... you never really switch off. Service leader

"People come up to me all the time on the weekends, even other professionals. The other day, the school teacher approached me in the freezer section of IGA, wanting to talk about a child. You have to learn to say no and set firm boundaries. It's really useful for staff to have some comebacks prepared for situations

like that, that you can pull out. Like – ‘why don’t you come to see me tomorrow at the Centre’, or ‘you know I can’t talk to you about that.’ Service leader

Staff shortages and lack of organisational resources

There are significant staff shortages in SEWB and AOD services. To illustrate, in the recent NACCHO SEWB survey, 61% of services reported not having enough staff to meet demand, 64% difficulty in attracting staff, and 48% difficulty in retaining staff.¹⁵ In the survey of service leaders conducted for this review, 60% nominated staff shortages and 44% retention as key barriers to being able to deliver effective services to the community (Figure 4).

FIGURE 4: FACTORS THAT AFFECT ABILITY TO DELIVER SEWB AND AOD SERVICES TO CLIENTS AND COMMUNITY¹⁶



Source: A12. Do any of the following negatively affect your ability to deliver services to your clients and community?

Base: Service leaders, unweighted, n=143

The impacts of staff and resource shortages on practitioners are multi-layered. For example, it can result in staff being pulled into work that is outside their job description. Practitioners may also be asked to ‘step up’ into different roles, including management, without additional recognition or support. Whilst some welcomed these opportunities and relished the additional challenges and responsibilities, others admitted that they often felt isolated and out of their depth. Requests to attend training and professional development that would support them to do this work may be denied because the organisation doesn’t

¹⁵This information was presented at the SEWB Gathering 3.

¹⁶Figures in tables may appear different to figures in text due to rounding.

have enough resources in place to release staff to attend.

"Working with people is no drama... but all the reporting and compliance stuff is really demanding, especially with COVID. I'm a people person... I was really thrown into the compliance stuff, to be honest I don't really know what I'm doing." Practitioner

"After COVID we lost a couple of our AOD practitioners... so they asked if I'd like to do an extra day doing that. I think they were pretty desperate. Before then I'd never done AOD before... it's a good opportunity to do something different, but it's also pretty scary because it's just me at the moment, and there's no-one really to guide me or show me what to do." Practitioner

Balancing work with family and cultural obligations

For some staff, family and cultural responsibilities can mean that they frequently have to take leave from work. As discussed below, managers generally understand and respect this – sometimes their most experienced and capable practitioners have immense responsibilities outside of work. However, running programs and services is challenging if key staff are often absent or late to work, particularly if they are short-staffed.

Gaining acceptance from the community

For both Aboriginal and Torres Strait Islander and non-Indigenous staff who are not from the area, it takes time to build trust and relationships with the community and to learn about local cultural ways and systems. As discussed in the section below on professional development and support needs, there was a strong interest amongst both Aboriginal and Torres Strait Islander and non-Indigenous staff in undertaking ongoing cultural competency and responsiveness training.

"Around here, they don't take too well to outsiders. It takes a long time to build trust... If you're an Aboriginal person coming from another community you can get a hard time. If you're non-Indigenous, you're just another white fella – that can sometimes be a positive. They might see the white fellas as having better qualifications. I've earned my respect in the community ... but it's taken time." AOD outreach practitioner

Recognition of Aboriginal and Torres Strait Islander cultural expertise

Engaging with community was seen by SEWB and AOD practitioners as a critical part of their work, and often the most enjoyable, but some say they have been chastised by managers for spending too much time 'sitting around having cups of tea' with community members. Some felt that senior management, particularly if they are not Indigenous, did not always have an understanding and appreciation of cultural ways and the intricacies of SEWB work. Practitioners noted the impact of lack of recognition for their cultural expertise on their enjoyment of the work, and on retention and effectiveness.

"We have a cuppa and yarn... the bosses probably think we are just sitting around drinking tea but this is critical to our work... it's so important in breaking down barriers." Practitioner

"In our organisation, the focus is on medical services. There's not an understanding of how important SEWB is. I suspect it's because Medicare funded services bring in the dollars, but also we haven't had a SEWB manager for over a year." Practitioner

Lack of pathways for career progression

Whilst some practitioners were content in their current roles, others were eager to progress their careers. This could include progressing within their and other organisations, as well as undertaking vocational training and university education to support career changes. However, they could be blocked

by a lack of access to career planning as well as opportunities to study. This could include for reasons of cost, unsupportive employers, or a lack of suitable and accessible training opportunities.

Creating career and professional development plans for individual staff members was not top of mind for most of the service leaders consulted as part of this review, and there were also varying degrees of confidence in their ability to provide this. However, those who have had particularly high rates of success in retaining staff felt that it was essential to developing and retaining a qualified and motivated workforce.

"What we try to do is recruit the right people for the positions, and train them up. To keep staff we also have a clear career development pathway and succession planning. For example, if someone wants to be a health practitioner, we talk to them about what's required and develop a training plan so they can achieve it. This supports the retention of staff." Service leader

Service leaders also spoke about the need to develop varied recruitment pathways into the workforce, including school-based traineeships, strategies for recruiting to entry level positions/traineeships in services from the local community and then growing talent. Whilst youth and recruiting the next generation of SEWB and AOD workers was a particular concern, male practitioners were also identified as a key need by some.

Workforce challenges for organisations and service leaders

In addition to difficulties with attracting and retaining staff, service leaders in the survey cited a number of workforce issues affecting service delivery including: skills and training gaps (58%), qualification gaps (53%), burnout/stress amongst practitioners (49%), family commitments/caring responsibilities (44%), cost of living/housing for practitioners (44%), and challenges related to regional and remote environments (44%).

In the qualitative interviews, managers and service leaders confirmed that one of the biggest challenges they face is recruiting and retaining suitably qualified and experienced staff to run their services, especially in rural and remote areas. The ageing workforce and lack of male practitioners have been identified as particular issues.

Staff shortages were attributed in part to chronic underfunding of services. Service providers say that demand for services is increasing, and that each year they are being asked to deliver more, with less. Qualified and experienced staff are being lured away to higher paying and less stressful jobs. Community controlled services acknowledged that their funding means they can't pay similar wages to government – so they often lose newly trained staff to better paid and resourced roles.

The staff who remain are under increased pressure – often doing the jobs of two or more people, with little support and supervision. Short-term funding for programs means that they can only employ staff on short-term contracts and may have to let them go when funding ceases.

"We train staff up, and then they leave us for better paid jobs. You can't blame them, but it breaks my heart. We've lost so many to the mines." Service leader

"It's impossible to have a full complement of staff. We strive for 70% Aboriginal practitioners, but it's not really possible. We can't get suitably qualified staff. Some of our most experienced staff have cultural obligations that means that they are absent quite a bit." Service leader

Many organisations find it particularly difficult to recruit Aboriginal and Torres Strait Islander staff for roles that require a minimum of Certificate IV or higher qualifications, as the pool of qualified candidates in the local area can be very small. Whilst we heard many success stories of people with lived experience (including former clients) and/or knowledge of local culture being hired based on equivalent

competencies, organisations admitted that this can present risks for both the organisation and employees. There needs to be excellent support, training and supervision in place for this to work well.

“If people don’t have the quals already, we take them on having equivalent competencies, but you have to be careful. People with lived or living experience can be fantastic, but it’s also a risk – we don’t want them to get triggered so we’ve got to be really careful to ensure they’re ready and that they’re trained and supported.” Service leader

In rural and remote locations, local staff are highly valued assets who bring knowledge and expertise in local systems and culture. However, their community, family and cultural responsibilities can sometimes get in the way of holding down a full-time job. Conversely, a dire shortage of housing means that service providers may be unable to offer accommodation to people who are willing to move to their community.

Service leaders also confirmed that staff shortages present barriers to providing both cultural and clinical supervision and allowing practitioners to take up training and professional development activities. In addition, not all were aware of the (funded) training and development opportunities available to their staff, either from WDSUs or from other government sources. Whilst some had ample knowledge and access to this (to illustrate, one provider mentioned accessing approximately \$100,000 worth of state government support a year) others had spent some time fruitlessly searching for options that would meet their needs.

Professional development and support needs of the NIAA funded SEWB and AOD workforce

SEWB and AOD workforce development needs are heterogeneous, and depend on:

- the personal and education/professional history of the practitioner
- their current role and career ambitions
- the needs of the community they serve
- service and resource gaps in their area.

The review has highlighted the need to address workforce needs strategically, with a focus on service structure (and policies, processes and procedures) and leadership capability and capacity, in addition to the skills of individual practitioners.

A number of stakeholders argued that workforce should be seen as part of a systems focus: as part of developing a SEWB model of care, and culturally responsive care in community controlled and mainstream services, and considering opportunities for career planning and pathways for individuals, and whole of workforce planning for the SEWB and AOD sectors. Better knowledge sharing about ‘what works’, including within and across community controlled and mainstream services, but also with policy makers, funders and community, is also required.

Below we discuss workforce development needs against the following themes:

- accredited qualifications
- non-accredited training
- supporting emotional and cultural wellbeing
- leadership and systems
- whole of sector workforce development.

Accredited qualifications

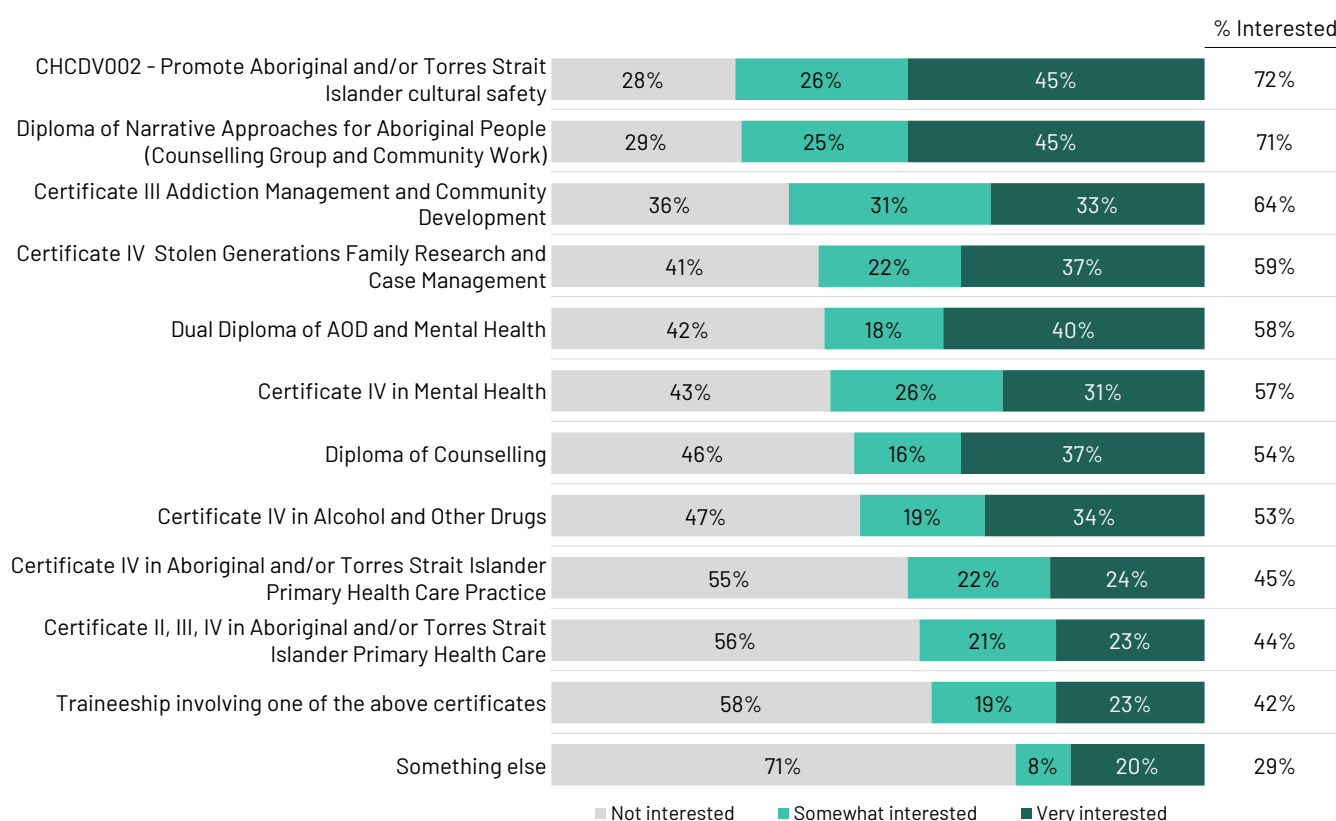
There isn’t clear evidence for how many SEWB practitioners have a relevant post-school qualification. In a recent study conducted by the National Centre for Education and Training on Addictions (NCETA), 33%

of Aboriginal and Torres Strait Islander people working in the AOD sector nationally reported having tertiary qualifications and 39% an AOD-specific post-school qualification.¹⁷

The survey for this review revealed a strong interest amongst practitioners in undertaking formal study (Figure 5):

- 72% of SEWB and AOD practitioners indicated that they would be interested in starting a Certificate II in Promote Aboriginal and/or Torres Strait Islander cultural safety within the next 2 years
- a similar proportion (71%) were interested in a Diploma of Narrative Approaches for Aboriginal People
- interest was also high in undertaking a:
 - Certificate III in Addictions Management and Community Development (64%)
 - Certificate IV in Stolen Generations Family Research and Case Management (59%)
 - Dual Diploma of AOD and Mental Health (58%)
 - Certificate IV in Mental Health (57%)
 - Certificate IV in Alcohol and Other Drugs (53%).

FIGURE 5: TRAINING COURSES OF INTEREST



Source: C1. Would you be interested in starting any of the following accredited training courses in the next 2 years?
Base: Workers/Practitioners, unweighted, n=110.

In the qualitative interviews, SEWB and AOD practitioners also expressed interest in courses beyond those currently funded through WDSUs (e.g. undergraduate degrees in psychology and postgraduate studies) as well as tailoring existing courses (e.g. for AOD services, a lack of AOD-specific content in some of the more commonly available and easily accessible courses can be a frustration). Many also

¹⁷See: https://healthinonet.ecu.edu.au/healthinonet/getContent.php?linkid=680235&title=The+Aboriginal+and+Torres+Strait+Islander+alcohol+and+other+drug+workforce%27+infographic&contentid=45292_1, viewed on 26 July 2022

welcomed the idea of a SEWB-specific qualification.

Qualitative discussions with practitioners and service leaders suggest that despite high levels of interest in obtaining formal qualifications, in practice there can be a number of significant barriers to starting or completing a course. Some practitioners we spoke to had a strong appetite for formal training and were eager to take up any opportunity they could get. Others, however, were apprehensive about formal study. There were a range of reasons reported for this, including negative experiences with formal education in the past, or a lack of confidence in their ability to succeed – particularly if courses are primarily delivered online and without face-to-face support and encouragement. Several SEWB and AOD practitioners commented that studying part-time on top of a demanding job and heavy workload is extremely difficult and they can be put off by the time it can take to complete their course. For some, it was not entirely clear to them how gaining the qualification would help their career progression, and some questioned the relevance of what they are being taught to their day-to-day jobs.

"If I'm not in a classroom it's hard to stay on track. But self-directed study is so hard. I'm not so interested in doing a Bach or Dip – will never be able to complete with the current workload." Practitioner

"I started a Diploma in community service with TAFE and was an online learner but I learn face-to-face so struggled with this." Practitioner

"I've been doing a Diploma of Counselling for three years part-time. At this rate, it will take another 3 years or more to finish. There just isn't the time on top of work and family responsibilities." Practitioner

For those with caring responsibilities or living in a home environment that is not conducive to study (due to overcrowding, for example), it can seem almost impossible to commit to the demands of an accredited training course. Studying online can be especially challenging for those who don't love 'book learning', but face-to-face may not be an option for those who are unable or unwilling to travel due to family commitments, staff shortages at work, or lack of funding for travel and accommodation. As mentioned already, organisations that do not have the funding or staff to backfill positions may be unable or reluctant to release staff to take part in block training, as this would mean closing services, putting other staff at risk, or – in the case of residential AOD services – failing to comply with regulations.

"For safety reasons, we have to have two staff on at all times. If we let people go off to do block training, it would mean that we would have to close. There aren't enough people to run the service. It's a vicious cycle really – we don't have enough qualified staff to allow people to go and get qualified." Service leader

Where courses or practitioners aren't funded by WDSUs or other government or philanthropic sources, cost can be a key barrier to study. Some organisations require funding to be able to backfill positions when staff are on study leave. Some service leaders would also value advice on strategies to keep services running when staff are away, and support applying for grants to cover their travel and accommodation expenses. Complicating this, there appears to be a number of other funding sources for practitioner training at the state and federal level, however these are not evenly distributed or coordinated. What funding is available to them is also not clear to most services, who would benefit from further information on what they have access to.

Students may benefit from additional on-ground support, such as a quiet place to study. In remote areas, this could potentially be a regular time at the local community centre or TAFE where anyone who is studying online – not just SEWB practitioners – can come for a quiet place to study, and get access to the internet, computers, tutors and support if needed.

Non-accredited training

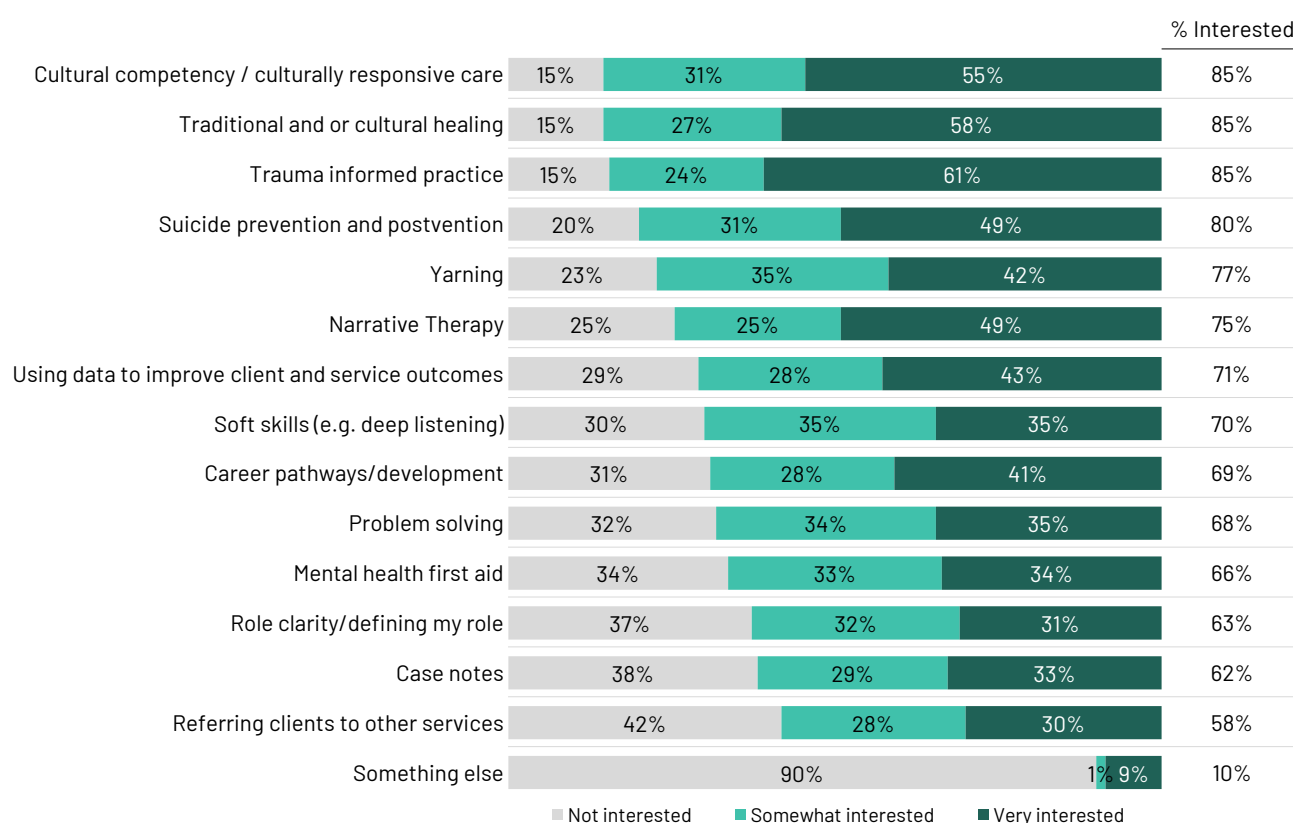
Consultations with the sector undertaken as part of this review suggest a very strong appetite for short

courses and workshops that provide introductory and practical skills training on a range of topics relevant to the SEWB workforce. In the workforce survey (Figure 6), at least eight out of ten SEWB and AOD practitioners indicated that they were interested in undertaking training on trauma-informed practice, cultural competency/culturally responsive care, traditional healing and suicide prevention and postvention. Other high interest topics were yarning (77%), narrative therapy (75%), using data to improve client and service outcomes (71%) and soft skills/deep listening (70%).

Whilst there were no significant differences in interest in these topics between SEWB and AOD practitioners, or as a function of location, we note that practitioners who identified as Aboriginal and/or Torres Strait Islander had a higher interest than non-Indigenous staff in the following topics:

- using data to improve outcomes (79% Aboriginal and Torres Strait Islander compared with 54% non-Indigenous staff)
- soft skills (77% Aboriginal and Torres Strait Islander compared with 54% non-Indigenous staff)
- problem solving (77% Aboriginal and Torres Strait Islander compared with 49% non-Indigenous staff)
- mental health first aid (75% Aboriginal and Torres Strait Islander versus 49% non-Indigenous staff)
- role clarity (73% Aboriginal and Torres Strait Islander versus 40% non-Indigenous staff).

FIGURE 6: INTEREST IN TRAINING IN THE NEXT 2 YEARS



Source: C2. Would you be interested in doing training on any of the following in the next 2 years?
Base: Workers/Practitioners, unweighted, n=110.

Across the board there was strong interest in additional training (Figure 7) to support people to work with Aboriginal and Torres Strait Islander peoples (89% net interested overall, and 72% very interested). At least eight in ten practitioners were interested in additional training to support their work with specific groups such as:

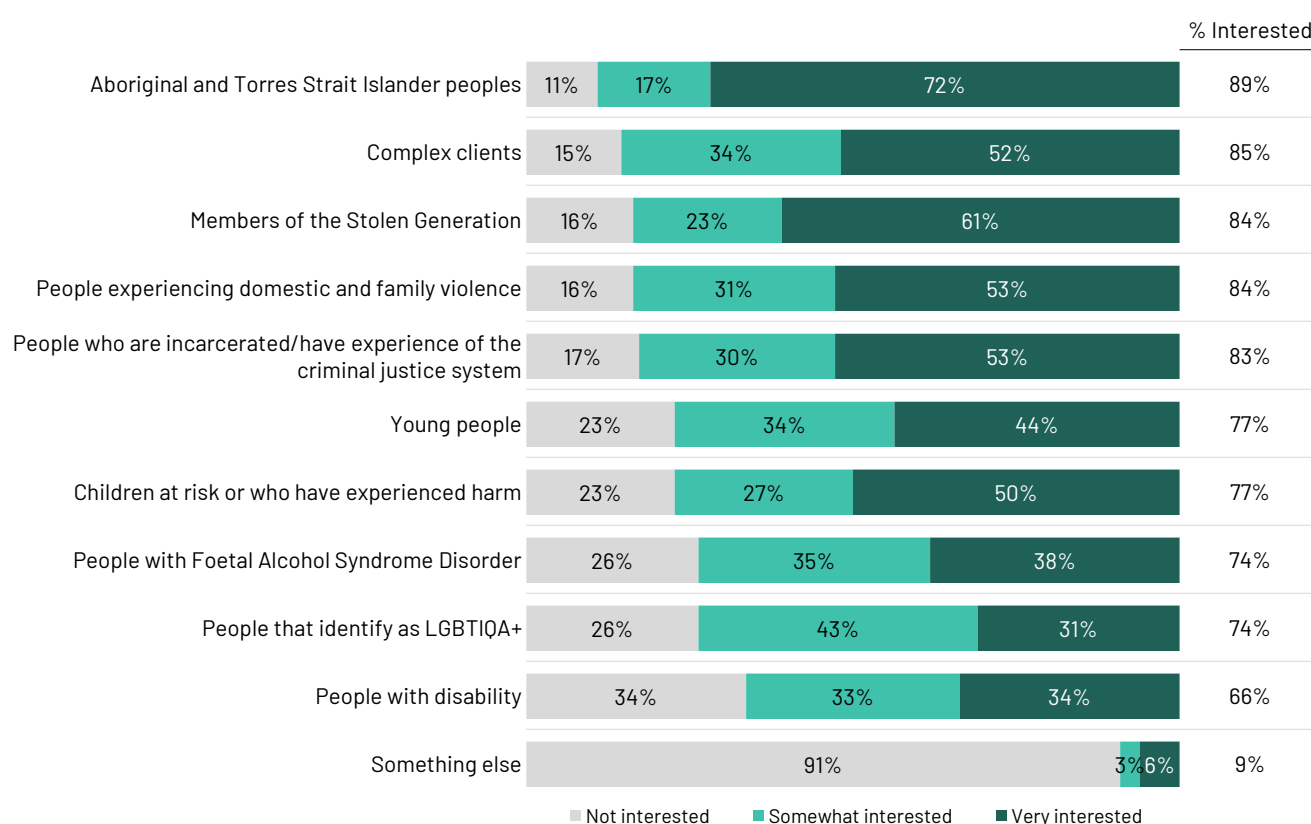
- clients with complex issues/needs (85% interested)
- members of the Stolen Generation (84%)

- people experiencing domestic and family violence (84%)
- people who are incarcerated or have experience of the criminal justice system (83%).

Stakeholders have also called for an increased focus on delivering training face-to-face in the communities where SEWB and AOD practitioners are working. Not only would this improve access to training opportunities, it would also help to contextualise the training and tailor it to the unique and specific needs of that community. Practitioners also told us that learning with colleagues and others providing services and support to their community helps to build their professional networks, gain a better understanding of what other services and supports are available for their clients, and provides them with an informal community of practice.

In addition to undertaking training in the workplace (whether accredited or not), many in the consultations grappled with the need to embed professional development in the workplace. This includes through coaching and mentoring, as well as clinical and cultural supervision.

FIGURE 7: INTEREST IN ADDITIONAL TRAINING TO HELP SUPPORT DIFFERENT GROUPS OF PEOPLE



Source: C3. Would you be interested in additional training to support you to work with?
Base: Workers/Practitioners, unweighted, n=110.

Supporting emotional and cultural wellbeing

Anecdotally, many SEWB and AOD practitioners have lived experience relevant to the services they deliver. The NCETA study of Aboriginal and Torres Strait Islander peoples working in the AOD sector found that 84% of practitioners had lived experience (they or a family member had a relevant experience).¹⁸ Supporting the emotional wellbeing of practitioners, managing trauma triggers and

¹⁸McEntee, A., & Skinner, N. (2022). Addressing AOD Aboriginal and/or Torres Strait Islander Workers' Salaries and Professional Development Needs. *National Centre for Education and Training on Addiction*.
https://aodknowledgecentre.ecu.edu.au/healthinonet/getContent.php?linkid=680239&title=Addressing+AOD+Aboriginal+and+Torres+Strait+Islander+workers%E2%80%99+salaries+and+professional+development+needs&contentid=45293_1

vicarious trauma, and preventing burnout are believed to be of critical importance.

Conversations undertaken with SEWB and AOD practitioners as part of this review suggest that whilst many work in close knit and supportive teams and have regular opportunities to debrief with their colleagues about the challenges, others feel alone and unsupported.

The consultations with SEWB and AOD practitioners and service leaders found that having the opportunity to meet other people who work in the sector was widely considered as very valuable. Those who have been able to attend the forums or gatherings organised by WDSUs were very positive about having this opportunity, seeing it as a chance to step out of their day-to-day work to share ideas, learn from, and to give and receive support from other people working in similar roles. However, the majority of practitioners who completed the survey were not aware that these networking opportunities were available, and many could not attend. Service leaders were not always willing or able to release SEWB or AOD practitioners to attend these events – often because of staff shortages. Hence, whilst the gatherings are an important and valued opportunity for practitioners, there is also a need for practitioners within a community or region to come together to share ideas. The extent to which this is already happening is varied – in some regions and communities there are strong local professional networks and structures to support this, whilst in other communities there are very limited opportunities for practitioners to network beyond their own organisation.

The review did not find adequate data on whether SEWB practitioners have access to supervision. As a proxy, the 2021 VACCHO survey of Victorian SEWB practitioners¹⁹ found that only 31% had access to cultural mentoring, with around half of those accessing mentoring (45%) reporting that this met their needs well. In the same survey, 36% reported accessing peer supervision and 17% from a community member or Elder (although it was not clear that the latter was through a workplace initiative). The NCETA study cited above reports that a majority of surveyed Aboriginal and Torres Strait Islander AOD practitioners had regular access to line supervision (68%), peer supervision (73%) and cultural supervision (56%).²⁰

According to the survey of service leaders undertaken as part of this review, 79% of the organisations in the sample provide clinical supervision, 77% provide staff with access to an employee assistance program, and 53% provide cultural supervision (Figure 8). However, discussions with practitioners and service leaders suggest that staff can be reluctant to approach employee assistance programs due to concerns around privacy. It was also reported that both clinical and cultural supervision can take a 'back seat' to the day-to-day demands of the job. A number of organisations said there was a very limited pool of people who have the training and skills to provide clinical supervision. There may also be a lack of recognition and understanding of its relevance and value for SEWB and AOD practitioners, who are not required to do this as part of their professional registration requirements. With dramatically increased funding, WDSUs could fill this role for services within their remit, however not all services will want to source this service from WDSUs. This should be further investigated by the NIAA.

"In two and a half years I have not had supervision - not once." Practitioner

According to the workforce survey, there was high interest in a range of additional supports (Figure 9):

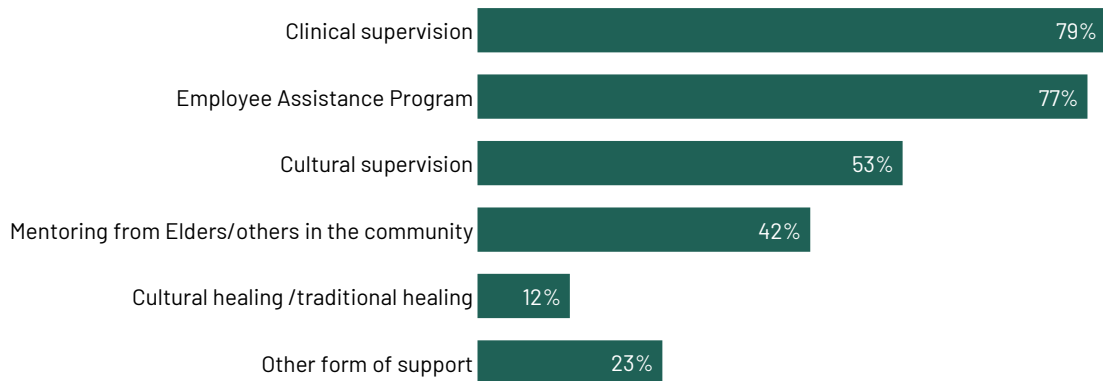
- tools to manage vicarious trauma (89% interested)
- tools to build resilience (87%)
- tools to manage stress (85%)

¹⁹ Provided to the review team

²⁰ Ibid.

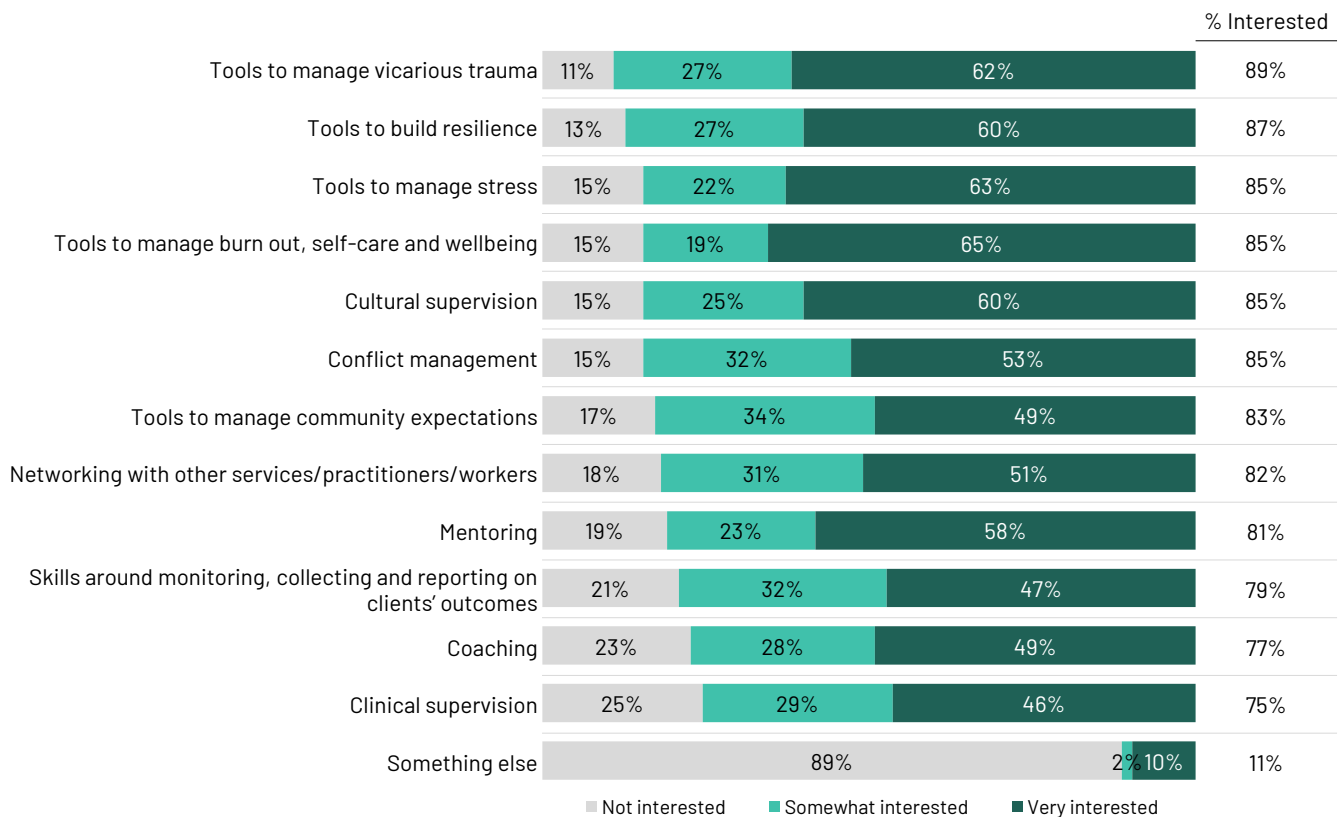
- tools to manage burnout, self-care and wellbeing (85%)
- cultural supervision (85%)
- conflict management (85%)
- tools to manage community expectations (83%)
- networking with other services/practitioners (82%)
- mentoring (81%)
- skills around monitoring, collecting and reporting on clients' outcomes (79%)
- coaching (77%)
- clinical supervision (75%).

FIGURE 8: WORKFORCE SUPPORT AVAILABLE TO STAFF



Source: S3. What workforce supports do your staff have access to on a regular basis (e.g. at least monthly)?
Base: Service Leaders, unweighted, n=43.

FIGURE 9: INTEREST IN ADDITIONAL SUPPORTS



Source: C4. Would you be interested in any of the following supports?
Base: Workers/Practitioners, unweighted, n=110.

Leadership and systems

The review consultations emphasised the need to develop manager and leadership capabilities for NIAA funded SEWB and AOD services. This includes developing pathways into leadership roles.

In addition, some WDSUs advocated for the need to review and develop organisational policies and procedures to support the workforce, as well as upskilling individual practitioners. There is an opportunity to expand this offer to NIAA funded SEWB and AOD services across Australia.

Whole of sector workforce development

Analysis undertaken for this review suggests that a number of workforce needs were not specific to individual practitioners or services, but rather require a systems focus. These include:

- development of skills and capability descriptors for SEWB roles
- more support for individuals to undertake career planning – in the workforce survey conducted as part of this review, more than two-thirds (69%) of SEWB and AOD practitioners indicated an interest in career planning and, as reported above, 63% indicated an interest in clarity around roles
- development of career pathways that support recruitment and retention in SEWB across a variety of roles, including traineeships for people at various life stages – the ageing workforce, and lack of male practitioners have been identified as particular issues
- greater support for community controlled organisations to support retention, including wellbeing strategies and pay parity for SEWB and AOD practitioners compared with government and other services.

Overarching theme: Cultural competency and approaches

The October 2021 *Social and Emotional Wellbeing Gathering Report* identified that ensuring non-Indigenous people are working in a culturally safe way is a priority and called for a national standard for cultural supervision. This is echoed across the literature, including in the Australian Indigenous Doctors' Association's Submission to the Review and Revision of the National Alcohol and Other Drug Workforce Development Strategy – '[Cultural safety] training should be available for all non-Indigenous AOD practitioners and needs to meet the requirements of the Australian Commission on Safety and Quality in Health Care National Standards for Working with Aboriginal and Torres Strait Islander peoples (especially Action 1.21 on the cultural awareness and competency of the workforce)'.¹ In this context we note Nunkuwarrin Yunti's development of an accredited unit of competency CHCDV002 – *Promote Aboriginal and/or Torres Strait Islander cultural safety*.¹

The SEWB Gathering 3 called for a focus on developing and disseminating cultural therapies. Of relevance to this is the Diploma in Narrative Therapies developed by Nunkuwarrin Yunti. However, there is currently not a systematic focus for developing and sustaining courses that are designed by and for Aboriginal and Torres Strait Islander peoples. An organisation might get funding to develop a syllabus, but then lack ongoing funding for implementing it. The past years have been precarious for Indigenous RTOs and future funding is reportedly not stable. A key theme across the consultations was that developing qualifications and non-accredited training that support cultural therapies will require consistent funding, coordinated across Commonwealth and state/territory governments.

Qualitative discussions with WDSUs, service leaders and practitioners suggest that there is particularly high demand for accredited courses that have been developed by and for those who are working with Aboriginal and Torres Strait Islander people and communities and provide an Aboriginal worldview through the introduction of cultural models of practice and ways of working. Those who had commenced or completed mainstream accredited training were often critical that there was not enough focus on Aboriginal and Torres Strait Islander perspectives in these courses, and that they were not always culturally safe for the Aboriginal and Torres Strait Islander SEWB workforce. Service leaders also shared concerns that mainstream qualifications (e.g. Certificate IV in Alcohol and Other Drugs) do not have enough emphasis on cultural competence or Aboriginal and Torres Strait Islander perspectives on health in accredited AOD courses.

Overarching theme: Cross skilling staff

Service leaders also said they need staff who are skilled in a range of service delivery areas. This is seen as important for providing holistic services for clients and communities. A multi-skilled workforce also increases the ability of organisations to backfill positions when regular staff are on leave or participating in training. For example, some service leaders felt that all frontline staff working with Aboriginal people and communities (including administrative and reception staff) would benefit from some basic training in AOD issues, such as a one-day session or series of workshops that look at topics such as what is addiction, what are the underlying issues, what are some practical skills for working with clients who are intoxicated, what AOD services are available, and how to make a referral for clients who are seeking help. They also felt that all staff should receive training in cultural competency, trauma-informed practice, and mental health first aid.

SEWB and AOD workforce awareness of and engagement with WDSUs

According to the surveys conducted with the workforce and service leaders, 65% of surveyed service leaders and 40% of practitioners were aware of WDSUs prior to taking part in the research. This relatively low figure appears to be due to a combination of limited resourcing for WDSUs, and the need for more coordinated communication of opportunities offered by WDSUs.

"This is all new to us... This is the first time I've heard of the WDSUs. Mind you, there's been so much organisational change in the last few years, we've had that many CEOs, so it's possible that they are talking to people in our organisation and the information isn't being passed on." Service provider

Just under half (47%) of the surveyed service leaders reported that a WDSU had run a forum or other networking event that they or their staff have attended in the last 2 years, whilst 40% recalled being contacted by a WDSU to discuss workforce development and support needs. One in four (26%) reported that a WDSU had run informal training sessions that their staff attended, whilst 21% reported that they arranged and paid for their staff to do accredited training. (Of note, 40% of service leaders said that in the past 2 years another organisation that wasn't a WDSU had arranged and paid for their staff to do accredited training – this included TAFEs, PHNs and other organisations.) A relatively small number reported that a WDSU had provided staff with clinical supervision (9%), cultural supervision (5%) or other emotional and cultural support (5%) (Figure 10).

Around one in three practitioners reported that a WDSU had put out a newsletter that they had read (36%) and/or run a forum or other networking event that they had attended (31%). However, only 12% reported that a WDSU had arranged and/or paid for them to do accredited training, whilst 11% said WDSUs had run informal training sessions that their staff had attended (Figure 10).

In the qualitative research, among service leaders who have had contact with WDSUs in the past 2 years, satisfaction appeared to be high and feedback was generally positive. For example, one organisation said that the WDSU had been instrumental in the development of their SEWB framework. Others said they had played an important role in developing their workforce recruitment and retention strategies. The main source of dissatisfaction amongst service leaders in the qualitative interviews appeared to be due to a lack of engagement in recent years, and some argued that it would be more efficient if funding for training and workforce support went directly to service providers, rather than being funnelled through WDSUs. There was also some frustration around the lack of AOD content in accredited courses.

"Staff from [the WDSU] have come and spoken to our executive and our team re different options going forward. They have been amazing in supporting us with our clients on the ground through the AMS."
Service leader

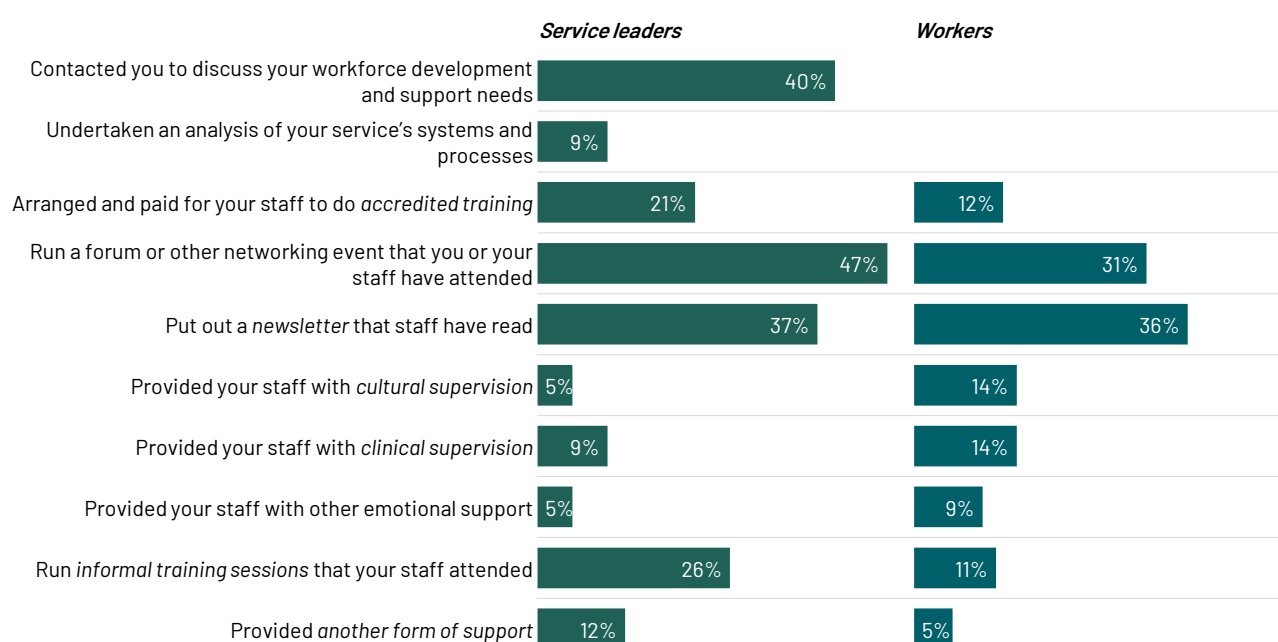
"[The WDSU] was instrumental in the development of our SEWB framework." Service leader

"They run regular workforce development programs and always contact my team to attend." Service leader

"They are constantly getting in touch with us to say there are other courses we're planning for next year... want to take up opportunities? It's great." Service leader

"The funds should be distributed directly to the on-the-ground providers. That way the appropriate professional development and supports remain within and build the capacity of that service." Service leader

FIGURE 10: ENGAGEMENT WITH WDSUS



Source: A2. As far as you know in the last 2 years, have any of the WDSUs (e.g. AM&MRC, KAMS, AMSANT, Nunkuwarrin Yunti, QAIHC, VACCHO, Yorgum)? D2. As far as you know in the last 2 years, have any of the WDSUs (e.g. AH&MRC, KAMS, AMSANT, Nunkuwarrin Yunti, QAIHC, VACCHO, Yorgum)...
Base: Service Leaders, unweighted, n=43. Workers/Practitioners, unweighted, n=110.

In the qualitative consultations it became clear that practitioners who were regularly attending the SEWB forums had greater visibility of the WDSUs, greater clarity around their roles, better relationships with the team, and a stronger sense that they could approach them if they had a training request or problem with training. Some had met with a WDSU officer to discuss their career goals and training needs and put together a plan, and found this very helpful. However, it was less clear if they could talk to WDSUs around work-related issues, such as problems they might be having with a colleague or manager. However, it appears that information about WDSUs and the opportunities available is not reaching all practitioners.

I feel like I have a personal relationship with the WDSU. You see them around, at the workshops... It's a good relationship. If I had problems with the training, I could definitely go to them." Practitioner

Location may be a barrier – and it is important to note that people working in small rural towns in Victoria or NSW may feel less connected and more isolated from the sector as a whole than people working in larger centres in very remote areas such as Broome where there are a number of services that work closely together. In addition, there is no support for Tasmanian services (in previous WDSU grant agreements Victorian and Tasmanian agencies had provided these services).

Opportunities to better meet the needs of the NIAA funded SEWB and AOD workforce

This review has highlighted the desire of SEWB and AOD services and practitioners to have more holistic access to professional development and emotional and cultural support services. Currently, access is patchy and depends on a number of factors, including jurisdiction, remoteness, funding source, affiliation to community controlled peak bodies, promotion of opportunities, individual service resourcing and the extent to which the available SEWB and AOD education and training offer is fit for purpose. If these factors do not align, practitioners and services can miss out on much needed supports. There is also an opportunity to make sure that all services and workers have better access to the full range of opportunities identified as being of interest in this review.

Below we have mapped identified needs at the level of system, service, and training and education and emotional and cultural support. Addressing equitable access to professional development and emotional and cultural support services across these need areas will require a combination of activities, including:

- increasing awareness of what funded opportunities already exist
- making the diverse existing funded opportunities easier to access
- addressing service resourcing and staff shortages that mean that services cannot release staff to undertake training or backfill positions to support this
- further developing the education and training offer to be fit for purpose for SEWB and AOD practitioners, including place-based options
- providing more access to emotional and cultural supports
- filling the funding gaps for education and training, that mean some services don't have access to opportunities.

System

- whole of sector workforce planning, including strategies to attract and retain workers, developing career pathways
- development of SEWB models of care, role descriptors and qualifications
- pay parity for practitioners working in community controlled organisations compared with government and other services.

Service

- whole of service capacity building, with a focus on service structure (policies, processes and procedures), leadership capability and capacity and workforce planning (staff attraction and retention and career development)
- service induction processes and support
- cross-skilling staff to support staff shortages, and enable staff to be released for training

Training and education offer

- cultural competency and introductions for non-Indigenous workers and Aboriginal and Torres Strait Islander workers who are from out of area
- tools to manage vicarious trauma, build resilience, manage stress, burnout, self-care and wellbeing as well as coaching, mentoring and cultural and clinical supervision
- more diverse non-accredited and accredited training options
- more access to funding for non-accredited and accredited training
- more place-based training

- tools to manage difficult aspects of the job, including conflict management, data collection and reporting

Emotional and cultural support offer

- more extensive access to emotional and cultural supports, including clinical and cultural supervision
- networking and relationship building.

Potential future role of WDSUs

WDSUs are mainly funded to facilitate skills training and some practitioner networking.

WDSUs are addressing needs identified in the review, for example:

- identifying individual professional development and service capacity building needs
- paying for and facilitating accredited vocational education and training certificates and diplomas
- providing opportunities for professional networking
- in some instances, providing direct emotional and cultural support, including supervision and suicide postvention.

Within the current funding envelope, they could better meet practitioner and service needs through improved promotion of their services. However, there are also opportunities to increase the flexibility and scope of WDSU grant agreements so that NIAA funded SEWB and AOD practitioners have better access to a range of training and education opportunities and culturally appropriate and emotional and cultural supports. Greater collaboration between WDSUs would also be of benefit. Other action areas identified in the review appear to be outside the scope of the WDSUs because they go to service and system resourcing.

Improved promotion

Where practitioners have received WDSU services, they are generally highly complimentary. However, WDSUs are not reaching all NIAA funded SEWB and AOD practitioners and services in their jurisdictions/geographic scope and are not funded to meet all their needs. Better promotion of WDSU services will go some way to improving access. The NIAA funded SEWB and AOD services we spoke to requested more consistent promotion of opportunities, including where they were not member services or simply were not up to date on what was on offer. For example, to assist with planning, service leaders need training calendars provided at the start of each year (several complained that they only found out about training opportunities for their staff a few weeks before they were about to happen). It was not clear whether they had received communication from WDSUs and not connected with this, or if the opportunities were not well communicated by the WDSUs.

"I would like to know about the position and roles within the WDSU so I know who and where I can seek help from. There should be more contact between WDSU and the SEWB practitioner in terms of how they can be of support, especially for those working in isolation." Service leader

Increased flexibility and scope of practice

There also appear to be opportunities to increase the flexibility and scope of WDSU grant agreements. A key theme across these consultations has been that whilst there is strong value in increasing the trained SEWB and AOD workforces, formal qualifications are not appropriate for all practitioners. We consistently heard that more flexibility is needed in WDSU grant agreements, and that these shouldn't focus on practitioners achieving formal qualifications at the expense of other pathways (e.g. traineeships and placements) that might provide more appropriate options for practitioners.

Increasing WDSU resourcing could support practitioners to have access to a greater range of training, including place-based options, and increased access to culturally appropriate and emotional and cultural supports, including cultural supervision.

Collaboration/community of practice

WDSUs already collaborate, however, the sense-making workshops revealed a desire to more actively engage. This would include one or more face-to-face meetings a year at a national level, as well as a formal remit to advocate for, and facilitate furthering of, workforce development needs. The benefits of a closer inter-WDSU working relationship include:

- sharing learnings and ways of doing
- building on each other's strengths
- fostering leadership
- fostering a national workforce voice that can valuably inform the SEWB policy partnership and other forums.

Outside the scope of WDSUs

Most of the opportunities for action in this review are outside the scope of WDSUs. This includes:

- a national professional framework of skills and qualifications for the SEWB sector, including for AOD roles
- a national approach to workforce planning
- development of career pathways to support recruitment and retention into SEWB and AOD roles
- additional resourcing for practitioner access to more resource-intensive services, including coaching, mentoring and supervision
- increased local resourcing, including for backfilling and a brokerage model that supports practitioners and services to access funding for professional development and emotional and cultural wellbeing from a variety of sources
- pay parity for SEWB and AOD practitioners working in community controlled organisations
- further development of the education and training offer to be fit for purpose for SEWB and AOD practitioners, including place-based options.

How can government better support WDSUs and hence SEWB and AOD practitioners?

Relationships

As mentioned, some WDSUs felt that the NIAA does not understand or appreciate the importance and complexity of their work or have a good understanding of the SEWB workforce and the diverse range of communities they aim to support. There is also interest in strengthened engagement with government policy makers at the heart of the SEWB policy debate.

This analysis suggests an opportunity to re-align the relationship between WDSUs and government so that WDSUs:

- work more closely with relevant SEWB policy makers
- better ensure that their work reflects and responds to the needs of their communities.

WDSUs identified a number of principles for engaging with government in the future. They were:

- bipartisanship – so that funding arrangements and priorities do not change with governments

- collaboration, involving partnership and allyship
- being Aboriginal and Torres Strait Islander led, including reflecting appropriate protocols
- recognising data sovereignty.

Grant agreement requirements

In the short term, there is an opportunity to address the following in WDSU grant agreements:

- resources from the NIAA to establish a formal community of practice and work more closely with SEWB thought leaders
- funding that better reflects the number and range of services WDSUs are required to engage with
- better identification of NIAA funded practitioners, and requirement for funded services to engage with WDSUs
- more flexibility to deliver supports across state/territory lines and recognise national specialisation.

There is an opportunity to further explore outcomes-based funding to enable WDSUs to better reflect the needs of the communities and services in their remit, and support increased self-determination. It is likely that this approach would require considerable investment, including co-design of activities and success measures with WDSUs, services and communities. It may be that a pilot approach in a geographically defined region, including where there are well-established regional governance mechanisms such as the Empowered Communities, is a useful first step.

How can monitoring and evaluation better support understanding of the impact of investing in WDSUs?

What are the enablers and barriers to effective monitoring and evaluation of the WDSU program for NIAA and WDSUs?

Whilst WDSU outputs are monitored at a high level through highly templated performance reporting to regional grant agreement managers, this does not provide the NIAA with a good understanding of the work of WDSUs or encourage rich engagement between the NIAA and WDSUs on the purpose of WDSU work, and whether this is being satisfactorily achieved.

The barriers to effective monitoring and evaluation include:

- lack of an agreed theory of change or evaluation framework
- a grant agreement focus on outputs rather than outcomes
- lack of specificity about outputs that make it difficult to understand change (e.g. some grant agreement reporting mentions numbers of practitioners engaged, but aren't specific about what skills training or networking they have taken part in)
- lack of connection between NIAA-held information on and grant agreements for funded SEWB and AOD practitioners and WDSUs
- lack of feedback loops between the NIAA and WDSUs on performance and barriers to performance
- lack of mechanisms to measure outcomes.

The enablers include:

- agreeing on a theory of change and evaluation framework
- requiring that WDSUs further specify outputs in grant agreements
- specifying outcomes in grant agreements
- providing support to measure outcomes (including practitioner capability, intangible measures such as practitioner confidence and intention to remain in roles and linking this to organisational capacity)

- developing closer relationships with the NIAA and WDSU teams to discuss outputs, outcomes and what these mean for community
- ensuring interconnected management of funded SEWB and AOD practitioners and WDSUs
- discussing these outputs and outcomes with funded services and the communities in which they operate.

How could monitoring and evaluation be embedded in the program to support learning, continuous improvement, and periodic evaluation?

Monitoring and evaluation was not a top of mind focus for WDSUs, and developing a joint understanding of the need for this will be a critical first step. Finalising the draft theory of change developed as part of this review in collaboration with WDSUs, along with an evaluation framework, and resourcing data collection will all be important steps.

Building in an (at least) annual mechanism for the NIAA SEWB policy team to discuss outputs and outcomes with WDSUs, and collectively agree on areas for improvement for the WDSUs and overall model, would support operationalisation of findings. This would support accountability for government and WDSUs.

Note from the review team

WDSUs play a very important and valued role in providing professional development, culturally safe and culturally sound support to NIAA funded SEWB and AOD practitioners. The WDSUs see their work as being critical to change and the empowerment of communities and Aboriginal and Torres Strait Islander peoples, a well-supported sector and meeting the Closing the Gap targets. The WDSU role is often understated and not fully understood with their myriad of links to critical service support that is not reflected in their scope or their KPIs. Our finding overall is that WDSUs are working very well in some areas, but would benefit from additional support and direction as proposed in this report.

Appendix 1. Review questions

Area	Questions to be explored
Service delivery	<p>Key focusing question: what do WDSUs do?</p> <p>What types of services are WDSUs providing, to whom and where? How (and why) does this differ amongst WDSUs?</p> <p>How do WDSUs determine what services to deliver? Whose voices inform the work of WDSUs?</p> <p>Are there any other gaps or opportunities with current service delivery by WDSUs?</p> <p>What barriers and enablers do WDSUs face in being able to deliver services efficiently and effectively? Are current WDSU resources and staffing sufficient to meet demand?</p>
Role and value	<p>Key focusing question: how do WDSUs benefit SEWB and AOD practitioners and the communities that they support?</p> <p>How do WDSU practitioners see their role?</p> <p>How do WDSU, SEWB and AOD practitioners describe the benefits and value of WDSUs?</p> <p>What is the potential future role of WDSUs?</p>
Workforce needs	<p>Key focusing question: how can WDSUs better meet the needs of SEWB and AOD practitioners and the communities they support?</p> <p>What are the different SEWB and AOD practitioner types?</p> <p>What topics/issues do SEWB and AOD practitioners address in their roles (e.g. child harm, disability and caring, ex-offenders/criminal justice system, LGBTQIA+ etc.)</p> <p>What qualifications do SEWB and AOD practitioners currently have?</p> <p>What are the professional development and support needs of SEWB and AOD practitioners (including accredited and non-accredited training needs)?</p> <p>What changes should be made to strengthen the SEWB and AOD workforces nationally?</p> <p>Are WDSUs addressing key workforce issues in the SEWB and AOD sectors?</p> <p>To what extent are the services being provided by WDSUs meeting the professional development and emotional and cultural support needs of SEWB and AOD practitioners?</p> <p>Are services readily accessible by SEWB and AOD practitioners? What are the barriers and enablers to awareness and uptake?</p> <p>What changes (if any) could be made to the WDSU program to better meet the needs of SEWB and AOD practitioners and services?</p>
Role of government	<p>Key focusing question: How can government better support WDSUs and hence SEWB and AOD practitioners?</p> <p>How can NIAA best partner with WDSU services, other experts and organisations and communities (including regional voice arrangements) in the future to ensure that WDSUs meet the needs of SEWB and AOD services and the communities in which they operate?</p>
Monitoring and evaluation	<p>Key focusing question: How can monitoring and evaluation better support understanding of the impact of investing in WDSUs?</p> <p>What are the enablers and barriers to effective monitoring and evaluation of the WDSU program for NIAA and WDSUs?</p> <p>How could monitoring and evaluation be embedded in the program to support learning, continuous improvement, and periodic evaluation?</p>

Appendix 2. Quantitative sample tables

TABLE 6: PRACTITIONERS' DEMOGRAPHICS

Demographic		n=	%
Gender	Man or male	27	25%
	Woman or female	82	75%
	Non-binary	1	1%
Age	18-29	20	18%
	30-49	42	38%
	50-64	43	39%
	65+	4	4%
	Prefer not to say	1	1%
Location	Metropolitan area	34	31%
	Regional area	38	35%
	Rural area	16	15%
	Remote area	22	20%
Role	Practitioner (e.g. frontline service roles)	48	44%
	Clinician	12	11%
	Team leader/middle manager	17	15%
	Senior manager	10	9%
	Other	30	27%
Employment	Permanent full-time	94	85%
	Working part-time	16	15%
Education	Year 12 finishing certificate (e.g. HSC, VCE)	39	35%
	Certificate or Diploma	73	66%
	University degree	28	25%
	Postgraduate qualifications	24	22%
	Qualification recognised by my community (e.g. traditional and or cultural healing)	3	3%
	Prefer not to answer	10	9%
Other	Aboriginal and/or Torres Strait Islander	75	68%
	LGBTQIA+	6	5%
	Disability	10	9%
	Speak a language other than English at home	16	15%
	Speak a language other than English at work	8	7%

TABLE 7: SERVICE LEADERS' DEMOGRAPHICS

Demographic		n=	%
Support services provided	Alcohol and other drugs (AOD)	36	84%
	Social and emotional wellbeing (SEWB)	35	81%
	Mental health	20	47%
	Health prevention and promotion	19	44%
	Child and family	19	44%
	Youth	16	37%
	General practice	12	28%
	Traditional and or cultural healing	11	26%
	Childhood trauma	10	23%
	NDIS/disability	8	19%
	Link up /Family tracing and reunion	5	12%
	Aged care	4	9%
	Dental	4	9%
	Foetal alcohol spectrum disorder	2	5%
	Other services not listed	8	19%
Location	Metropolitan area	8	19%

Demographic		n=	%
	Regional area	21	49%
	Rural area	13	30%
	Remote area	11	26%
Role	CEO / Managing Director	13	30%
	Head of clinical services	7	16%
	Head of HR / People and culture	0	0%
	Other*, specify	24	56%

**Other roles include Executive manager, General manager, Operations manager, Program manager.*