Remote Alcohol & Other Drugs Workforce
Northern Territory

What Works with an Indigenous Workforce:
an evaluation of the Remote AOD Workforce Program
In 2006 funding through the Council of Australian Government was provided to establish a Remote Alcohol and Other Drugs (AOD) Workforce to deliver services within remote communities.

Funding is provided to both
- Department of Health
- Aboriginal Medical Services

Program Support Unit is funded to provide service to both DoH and AMSs
Program Objective

To develop and implement a Remote AOD Workforce which is:

- based within a primary health care service
- providing a service to people that currently have limited access to AOD services
- culturally appropriate
- evidence based
- sustainable
Program Area

- Over 30 communities across the NT
- Central Australia
- Barkly
- Top End
Remote AOD Workforce  NT

Funded positions for 2014/2015

- Department of Health Centres
  - Borroloola
  - Nauriyu
  - Gunbalanya
  - Jabiru
  - Umbakumba
  - Angurugu
  - Elliott
  - Titjikala
  - Aputula
  - Ali Curung
Remote AOD Workforce  NT

- Aboriginal Medical Services
  - Danila Dilba  Darwin
  - Katherine West Health Board  Katherine West region
  - Miwatj Health  Nhulunbuy
  - Wurli Wurlinjang  Katherine
  - Anyinginyi  Tennant Creek
  - Central Australian Aboriginal Congress  Ltyentye Aperte
  - Western Arrernte Health Aboriginal Corporation  Ntaria Hermannsburg
Remote AOD Workforce Program

Program Support

Worker

Health Centre Support

Footprints across the Territory
Program Support Unit

Levels of support:

- Workforce coordination
- 24/7 phone support- knowing there’s someone always there
- Training & education- support to skill up in role
- Clinical supervision- debriefing & learning
- Mentoring- 1 on 1 clinical support
- Fortnightly workforce teleconferences
- Twice yearly workforce forums
- Facilitation of external training & education
Remote AOD Workforce Program
Remote AOD Workforce Program
Remote AOD Workforce Program Role

Develop tools, resources and pathways based on best practice:
- Assessment tools
- Supervision tools
- Client review
- Client referral pathways

Provide training, education & professional development support:
- Remote AOD Workforce website www.remoteaod.com.au
- Orientation package- new staff getting to know the landscape of Remote AOD
- In-service on-site education and training
- Provision of resources

“These forums are so good to connect in and I get a great sense of comfort from coming together again”. Peter Clottu, Katherine West
Remote AOD Workforce Achievements

- Growing workforce (8-34)
- Recent announcement by Commonwealth to receive funding for up to another 20 Remote AOD Workers
- Developed local people in their community that feel comfortable with the AOD service model within their PHC service
- Developed a culturally-appropriate framework that incorporates best practice and NT research
- Introduces and embeds AOD into primary care
Remote AOD Workforce Achievements

• Value and support two-way learning with a commitment to open and transparent communication through mutual recognition and respect

• Retention rate for Indigenous workforce is 40%. Over 85% are Indigenous workers. Role models.

• PHCC staff feel more confident in dealing with addressing substance misuse and mental health in primary care

• Workforce trained & up-skilled in evidence-based & culturally-appropriate tools

• The Remote AOD Workforce Leadership Group
Remote AOD Workforce Achievements

- Chief Minister’s Award for Excellence 2013
  Enhancing Health & Wellbeing category

“The greatest support I’ve ever gotten in all these years is Jenn and her team”. Patricia Raymond, Darwin
Remote AOD Workforce Achievements

- Nomination for Administrators Medal in Primary Health Care – team award
How Do We Know What Works?

- Feedback
- Leadership Group
- Forums
- Retention rate
- Growing workforce
- Evaluation

“How having an Indigenous AOD Worker in our community enhances the principles of self-determination for Indigenous people looking after Indigenous people and Supporting Non-Indigenous workers in their roles as AOD Workers or clinic staff”

Leon James, Gunbalanya
Workforce Evaluation

• Remote AOD Worker role is valued & has a clear identity
  “The Workforce is a very unique and special unit”. Barak Sambono, Nauiyu

• Importance of AOD staying within primary health care model and being embedded in PHC
  “I believe the Remote AOD workforce is leading the way in growing a strong Indigenous Workforce. It's about cultural collaboration and 2 way learning.”
Workforce Evaluation

• Workers felt supported by forums, teleconferences, phone & e-mail contact, training & supervision

• Access to advice & support both clinical and non-clinical a strength

• External people to talk and debrief with valued

• Supported by a larger workforce across the NT – a team / group identity vital to reduce issues of isolation

“To have a support network like this is invaluable. I’ve never felt more supported in my life”. Simon Casey, Katherine
Remote AOD Worker NT

The worker role has two key sets of activities:
- direct client / family service delivery
- community development

“We all have a skill and do our jobs with a heart. That’s why we do what we do. It takes special people to do these jobs.” Gawin Tjipiloura, Tiwi Islands
What we- the workers- say...

- This team is the magic. People say the most wonderful things about us, as a team. We encourage and support each other. Robert Wilson, Groote Eylandt

- We are like one big family, we are all connected across the Territory, through family, kinship, relationship. Sampson Henry, Jabiru

- Help is just a phone call away. It helps knowing you’re not alone. We have clinic staff to call on. I know it’s not an easy job but it’s a good job and I like it. Patricia Taylor, Borroloola

- I think they are one of the finest and best teams I have worked under for a very long time. I salute and praise them for a difficult job and field, they made it so easy and so enjoyable to work with. They are doing a lot for the workforce, the conferences, forums and clinical support from them are so fantastic and always so professional. Gregory Sheldon, Gunbalanya

- It’s the values that drive this Workforce. Claude Poulsen, Ntaria
AOD WORKER- ELLIOTT NT

Footprints across the Territory
Benefits of being local AOD

Immediate Intervention
Ongoing Support
Education
Relapse Prevention
Family Education
Treatment options
Outreach Support
COMMUNITY DEVELOPMENT

Footprints across the Territory
What are culturally-adapted tools?

- 30% Indigenous in NT: remote Central Australia 85%, remote Top End 77% (Primary Health Care statistics 2014)
- The AIMhi story
- Enhancing health literacy- Pictorial
- Best practice
- Strengths-based, family focused
- Drawing on resources- culture, country, family
- Client to keep, not worker
Assessment Tools

- Strengths based assessment & intervention
- Strengths first, worries after

- Risk assessment
- Goal setting
- AOD assessment timeline followback

STEP 1 Family and friends

I trust _________ and __________ to give advice about my treatment.

STEP 2 What keeps us strong?

Physical

Family and Social and Work

Spiritual and Cultural

Mental and Emotional

Grow Strong Tree

Footprints across the Territory
Resources

- Assessments 1A and 1B
- Yarning about Alcohol
- Yarning about Gunja
- Yarning about Relapse
- Yarning about Alcohol & Pregnancy
- Brief Wellbeing Screener
- Relapse Prevention Guide
- Community Development Framework manual & workbook
- Yarning about Work- supervision tool
- DVDs
- Website: www.remoteaod.com.au
Yarning about DVDs

- Yarning about Remote AOD Work
- Yarning about Gunja on Groote Eylandt

“Supervision is like a weight off my shoulders.”

“It takes a long time to feel like you can trust someone enough to talk.”

Footprints across the Territory
Thank you

Remote AOD Workforce forum April 2014

Footprints across the Territory
Resources

- For more information & resources
  (08) 8958 2503
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  www.remoteaod.com.au