Additional Alcohol and Other Drug Treatment Services funding – Consultation Outcomes Report

Key findings from consultations in the regions of Ceduna (SA), Bundaberg-Hervey Bay (QLD), East Kimberley (WA), and the Goldfields (WA)

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We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of the lands and waters in which we work and the knowledge-holders of the oldest continuous cultures in the world. We pay our respects to Elders past and present.

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# Introduction

CIRCA was contracted by the Department of Health & Aged Care (the Department) to review the draft Grant Opportunity Guidelines (GOGs) which have been developed to fund new and support existing alcohol and other drug (AOD) treatment services in the regions of Ceduna, South Australia; Bundaberg-Hervey Bay, Queensland; East Kimberley, Western Australia; and Goldfields, Western Australia.

This aspect of the project involved consultations with key national, state, and local community stakeholders across the four regions. This consultation outcomes report outlines the key findings from the consultations, and the specific findings that are relevant to each community.

An in-depth final report will then be developed and delivered to the Department. This report will detail the methodology, additional findings, and recommendations and other considerations suggested from the consultations.

## Consultations

Consultations were conducted across three levels: national, state, and local, to capture a variety of viewpoints. The consultations and broad cohort of stakeholders are outlined in Table 1 below.

Table 1: Participating consultation stakeholders

|  |  |  |  |
| --- | --- | --- | --- |
| Level | Region | Participating stakeholders | # participants |
| National |  | NIAA and DSS | 10 |
| National |  | NACCHO | 2 |
| State | Ceduna, SA | AOD Peak, AOD expert, State Health Dept | 3 |
| State | Bundaberg-Hervey Bay, QLD | AOD Peak, AOD expert, State Health Dept, Aboriginal Health Peak, Australian Government Department of Health and Aged Care (State Office of QLD) | 6 |
| State | East Kimberley, WA | AOD Peak, State Health Dept, State Primary Health Network | 4 |
| State | Goldfields, WA | AOD Peak, State Health Dept, Aboriginal Health Peak, State Primary Health Network  | 5 |
| Local | Ceduna, SA | ACCHO representative, Aboriginal leaders, PHN representative, Empowered Community representatives | 7 |
| Local | Bundaberg-Hervey Bay, QLD | ACCHO representative, Aboriginal leaders, PHN representative | 4 |
| Local | East Kimberley, WA | ACCHO representatives, Empowered Community representatives, PHN representatives, Aboriginal leaders | 6 |
| Local | Goldfields, WA | ACCHO representatives, PHN representative, Aboriginal leaders  | 6 |
| Total |  |  | 53 |

# Key Findings

While state and local consultations focussed on each region to understand the localised context and specific needs of each region, there were some key findings uncovered that are relevant across regions. These findings were either gathered through the national stakeholder consultations with National Indigenous Australians Agency (NIAA), Department of Social Services (DSS), and the National Aboriginal Community Controlled Health Organisation (NACCHO), or from state and local discussions that spoke of broader findings. Localised findings relevant to each of the four regions are then outlined, focussing on the AOD context of the region, eligibility criteria for the grant and activities to be proposed, the cultural appropriateness of the grant, and the process for application.

* Overall, stakeholders across regions reported **that the context of AOD issues and service provision in each of the communities has not improved since the last round of consultations in 2021**. In some cases, there were anecdotal reports that the situation has worsened.
* There is **general frustration across all levels and stakeholders around grant funding mechanisms, and government consultations** which do not result in action or change. There are also reports of duplication in funding from state, federal, and other funding bodies such as NIAA. Stakeholders recommended that an assessment of this funding is undertaken, to ensure there is collaboration and connection, and so gaps in funding can also be identified.
* It was raised in a number of consultation interviews that **not all Aboriginal Organisations are registered under the Office of the Registrar of Indigenous Corporations (ORIC)**, which should be considered when articulating the eligibility criteria for grant applications. Stakeholders also suggested thatthere should be **more explicit reference to Aboriginal Community Controlled Health Organisations (ACCHOs) in the eligibility criteria**, and they recommend that non-ACCHOs that are applying must have a significant partnership (with a letter of support or Memorandum of Understanding) with an ACCHO.
* Some stakeholders raised the **issue of ‘black cladding’ in some regions**, where non-Aboriginal organisations identify as being at least 51% Aboriginal-owned or controlled, to take advantage of benefits or be awarded funding specifically targeting Aboriginal organisations and communities. Stakeholders recommended this is mitigated in the selection of grant awardees and addressed in the eligibility criteria.
* Further, participants raised that to be eligible for funding, organisations must be able to show they have **meaningful connections with the community**, and a successful history of working with local Aboriginal and Torres Strait Islander people living within the region.
* Participants also raised a concern about the **absence of a reference to Closing the Gap targets** in the GOGs and suggested that applicants should be encouraged to have strong reference to and compliance with the targets. The GOGs themselves, and design of the grant, should also be developed in compliance with the targets.
* There is **concern among the regions about large not-for-profits applying for and being successful in the grant**. While they **have the capacity to apply for funding, stakeholders suggested they lack the local knowledge to appropriately deliver services.** Instead, it was recommended that smaller organisations are encouraged and supported to apply, either through meaningful partnerships with larger organisations or being provided the support to apply and deliver grant activities themselves.
* National representatives and stakeholders across regions spoke about the **importance of holistic and alternative service provision and activities in AOD treatment for Aboriginal and Torres Strait Islander peoples**. They suggested that these approaches should be encouraged through the GOGs, and the Key Performance Indicators (KPIs) and outcome indicators should be flexible enough to support this.
* Participants across regions also discussed **the importance of including infrastructure and capital works as eligible** in this grant. Some stakeholders discussed the shortage of buildings for programs to be run out of in the regions, especially for residential rehabilitation services. Other existing infrastructure is reported as old and needing ongoing maintenance.
* **The consultation findings also revealed the importance of providing support to organisations when advertising the Grant Connect opportunity.** Many Aboriginal organisations delivering these services are understaffed and extremely busy and may not acknowledge notification emails from Grant Connect. Further, the relevant people in an organisation may not be signed up for Grant Connect emails. Stakeholders suggested that forums must be held, preferably in-person, to communicate the grant. NACCHO have contact with local organisations and ACCHOs and would be a useful conduit to communicate the opportunity on the ground.
* Many stakeholders also highlighted that the **GOGs must be written in plain English** to ensure equitable access to the application process and ultimately the grant funding.

## Ceduna, South Australia

### AOD context of the region

* Since the previous consultations in Ceduna, participants reported that **the AOD situation in the region has remained the same, with anecdotal reports of issues worsening**. Funding is needed, as the current support services are at capacity.
* Local stakeholders discussed the ways in which the **AOD needs of individuals in outer communities (Oak Valley, Yalata) increase the stress on the service system within Ceduna** which is already stretched.
* There are **current gaps in**:
	+ detoxification services
	+ post treatment services
	+ local ‘on Country’ rehabilitation and rehabilitation infrastructure
	+ professionally qualified staff and clinicians
	+ accommodation to house AOD clientele

### Eligibility criteria for the grant

* Some participants noted that **Ceduna Hospital delivers the only AOD treatment in the region**, so, if possible, the eligibility criteria should cover them to apply for funding as well. Some local stakeholders also suggested that **sole traders, such as psychologists and psychiatrists, should be eligible**, as well as small family businesses, as they are in high demand in the region and are key to delivering AOD services.
* Stakeholders discussed the number of **organisations and groups delivering informal services** in the Ceduna region, including community groups, churches, and Nana’s groups. In the current version of the GOGs, these services may not be eligible for funding, but stakeholders recommend that the Department consider how they might be involved.
* **Partnerships should be encouraged when applying for the grant. However, stakeholders suggested that the partnerships should not just include any Aboriginal Organisation, but local Aboriginal Organisations** who understand the context of the region.
* Within the GOGs, instead of labelling the target area as ‘Ceduna region and surrounding areas’, **participants suggested using ‘Far West Coast Region’**, which is consistent with the terminology of NIAA and Australian Bureau of Statistics (ABS) definition of the region.

### Cultural appropriateness and involvement of community

* Consultations with local and state stakeholders revealed that the **GOGs would be more culturally appropriate if they defined ‘significant role’** more clearly. There were recommendations that successful organisations should have identified Aboriginal positions and have a vision and mission statement that includes a role with the local Aboriginal communities.

### Proposed grant activities

* Participants reflected that the Department must be aware of the **transient nature of many Aboriginal people who are visiting the region and acknowledge that funded activities need to be able to provide for this**. They suggested that successful organisations should be able to provide services to people from outside of the region.
* Stakeholders reported that in the Ceduna region, there are instances of **different services treating the same clients without coordination or partnership**, so many individuals are either falling through the gaps or not being treated in an effective way. There were suggestions that funded organisations and ACCHOs should be linking in with the Local Health Networks and local GPs to improve the continuum of care for individuals.

### Funding amount and application process

* Throughout consultations, there was **significant criticism regarding the funding mechanism generally**. In particular, participants noted the disconnected nature of funding, with many streams of funding coming from national, state, and other funding bodies such as NIAA.

## Bundaberg-Hervey Bay, Queensland

### AOD context of the region

* Since the last consultations conducted in the community, participants reported that there is a **new facility being built in Bundaberg to support withdrawal and rehabilitation needs** in Wide Bay. Aside from this, **the AOD context has not changed drastically nor improved**, and there are still major gaps.

### Eligibility criteria for the grant

* Participants representing the Bundaberg-Hervey Bay region noted that in their application for funding, **applicants should demonstrate**:
	+ their existing alcohol and drug workforce capacity
	+ their ratio of Indigenous to non-Indigenous workforce
	+ information to support their connection to the communities (which can be validated by ‘identified’ and accepted Aboriginal and Torres Strait Islander communities).
* Stakeholders strongly felt that **all applications should be Aboriginal and/or Torres Strait Islander led**, with one local stakeholder stating that only Aboriginal and/or Torres Strait Islander organisations should be eligible.

### Cultural appropriateness and involvement of community

* Participants suggested that **cultural appropriateness is perhaps not a strong enough criterion for organisations to demonstrate, and applications should require a demonstration of cultural safety** instead.
* There were also suggestions from local stakeholders that, **in theory, local leaders should have the opportunity to be involved in decision making** on grant funding. However, they acknowledged that this would be challenging and lead to unfair advantage or conflict of interest within some organisations, depending on the relationship of those involved with the applicants. Instead, **they suggested a local leadership group be set up** with people who may not work directly in the space.

### Proposed grant activities

* Local stakeholders for the Bundaberg-Hervey Bay region agreed that the kinds of activities that are **likely to be proposed include: rehabilitation services, AOD workforce development, outreach, early intervention programs that focus on connecting young people to Country programs, and men’s groups.**
* A suggestion was put forward that while funding **rehabilitation centres is essential in the region, they must be built close enough to town for families to visit**, and allow for this, to be considered culturally safe.
* **Opioid Substitution Treatment (OST) was raised by some participants as a potentially in-scope activity** to be funded, which is not currently explicitly listed in the GOGs.

### Funding amount and application process

* There was **criticism, especially among state-level stakeholders, about the structure of one-off funding payments**. Instead, to enable meaningful impact in a community and the organisations delivering services, funding should be continuous. Otherwise, organisations risk implementing activities that then need to be ceased as soon as the funding stops.
* Local stakeholders felt that **4 to 6 months was the minimum amount of time** for a grant application to be put together by the organisations likely to apply in the Bundaberg-Hervey Bay region.

## East Kimberley, Western Australia

### AOD context of the region

* According to consultation participants representing the East Kimberley region, the **AOD issues in the local community have worsened since the last consultations**. Stakeholders describe this as the impact of COVID, recent floods, inflation, and housing shortages. Participants spoke about the increase in overcrowded homes, which can lead to an increase in alcohol and drug use.
* **Transition services are needed** within the East Kimberley region, with reports of people leaving rehabilitation to an environment which encourages them to return to substance abuse and addiction. Further, there is a remaining **gap in prevention services**.

### Eligibility criteria for the grant

* According to stakeholders, **‘East Kimberley’ as a region should be more clearly defined in the GOGs, and list the associated communities** (i.e., Halls Creek, Wyndham, Kununurra). Stakeholders suggested that it encompasses the entire region that the Cashless Debit Card program applied to, and this should be outlined in the GOGs.
* Participants noted that **the GOGs should articulate and allow for people outside the region to access local services**, as the population in this region is particularly mobile and many people move in and out of the region, though continue to require AOD treatment and support.

### Cultural appropriateness and involvement of community

* In terms of having community input into the decision making around grants, according to stakeholders, as there a very small number of organisations in the region, local input would be difficult. However, **Empowered Communities** (given their mandate over grant process), **Kimberley Development Commission, and Kimberley District Leadership Group should be involved, and could advise on who is awarded funding**.

### Proposed grant activities

* The **types of activities that stakeholders believe will be proposed** in East Kimberley include:
	+ ‘On Country’ services, cultural yarning
	+ Residential rehabilitation
	+ Men’s and women’s safe houses
* **Prevention services and activities were also raised by stakeholders as a need, and should be encouraged**, alongside culturally appropriate and holistic treatment services.
* Due to extreme workforce shortages in the region, stakeholders raised the **need for funded activities to also prioritise workforce development** and growing the skills of local Aboriginal and Torres Strait Islander peoples.

### Funding amount and application process

* State-level and local consultation participants recommended that for the Department to communicate the Grant Opportunity on Grant Connect**, forums should be conducted with potential applicants. These would be preferably held in-person, with local mediums to connect with people on the ground**. Facilitating this prior to the Grant Opportunity being released was also suggested, to allow for organisations to brainstorm and collaborate on proposed activities and organise meaningful partnerships.
* There were also suggestions that **all application documentation should be provided in a clear, succinct way, with visual formats.**

## Goldfields, Western Australia

### AOD context of the region

* As with other regions, stakeholders discussed that AOD issues in the Goldfields region have not improved over the last couple of years, and there has likely been an increase. Stakeholders suggested this was partially an impact of COVID, which also resulted in an increase in **workforce shortages and family and domestic violence**.
* Participating stakeholders reported that in the region, there are **gaps in AOD service provision, but also in the wraparound supports** that provide other services to the community, such as family and domestic violence services.

### Eligibility criteria for the grant

* Participants noted that **there** **is only one large Aboriginal Medical Service in the Goldfields that is equipped to deliver significant activities and is a ‘one-stop-shop’** – the other organisations in the region only deliver smaller services, and sometimes adjunct services. Some of the smaller organisations may not be eligible because their core service is not Primary Health, though stakeholders suggested that they should be.
* State stakeholders representing the region reported that some mainstream providers based in Perth could apply, though would have no understanding of the local or Aboriginal context in the Goldfields. Therefore, **local organisations should be prioritised**.
* Another suggested that to deliver AOD services, **organisations should need to show they are certified against one of the National Alcohol and Drug Treatment Quality Frameworks, and demonstrate evidence-based service delivery**.
* A stakeholder representing the Goldfields region suggested a **definition of Aboriginal Community Controlled Organisations that was recently agreed on in Western Australian government tenders, which could be utilised in the GOGs**:

“An Aboriginal Community Controlled Organisation is:

* + - Incorporated under State or Federal legislation and not for profit.
		- Controlled and operated by a majority of Aboriginal and/or Torres Strait Islander people.
		- Involved or connected to the community, or communities, in which it delivers the services.
		- Governed by a majority Aboriginal and/or Torres Strait Islander governing body.”

### Cultural appropriateness and involvement of community

* Consultation participants suggested that to ensure cultural appropriateness of the process of awarding the grant, **there should be a minimum number of Aboriginal or Torres Strait Islander representatives on the selection committee**, and preferably people from the Goldfields region who understand the local context.
* Representatives of the Goldfields region also **emphasised the need for all applications to clearly outline cultural appropriateness and cultural safety** and explain how they will deliver this in all proposed activities.

### Proposed grant activities

* Consultation participants suggested that **activities that aim to support individuals in more general social and emotional wellbeing should be encouraged**, especially in the areas of grief and loss. Stakeholders spoke about a very strong link between AOD issues and grief and Sorry Business.
* Participants also discussed how the Goldfields is an especially large region geographically, so **travelling between communities to deliver services is needed, but often limited by funding**. Participants recommended that this be acknowledged when developing the GOGs and overall funding arrangements.

### Funding amount and application process

* Participants found it difficult to estimate an appropriate amount for grant funding for an organisation. One stakeholder **suggested that the Department should first ask grantees what is required, personally visit organisations, and ask them to advise how much they require for programs to be delivered.**
* A local stakeholder spoke of the **importance for funding bodies to acknowledge there will be a need to allocate 20-25% of grant funding to operational costs and back-office support**.
* **Workforce shortages after COVID have also resulted in a skills shortage, where organisations do not have the internal capacity to apply for grant funding**. Stakeholders strongly recommended this be recognised by the Department and appropriate supports be given to allow organisations to apply.
* Local stakeholders suggested that **forums and information sessions should be held with organisations prior to the grant being released so they are informed about the expectations and criteria**. They reported that organisations will need **several months to apply for a grant, and then at least 6 months to execute the proposed activity.**