National AOD Workforce Development Strategy

Submission By:
Primary Health Tasmania

Discussion Questions

Primary Health Tasmania is a non-government, not-for-profit organisation working to connect care and keep Tasmanians well and out of hospital. We are one of 31 similar organisations under the Australian Government's Primary Health Networks program. Nationally the following objectives for PHNs are:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

Our activities are based on national priorities set by the Australian Government as well as the identified needs of local communities and priority population groups. Our role in alcohol and other drugs includes service delivery, provider support and health system improvement. We undertake this role with strong working relationships across government and with a broad range of private, public and community sector organisations traversing primary, acute, aged and social care. This puts us in good stead in our push for a coordinated, primary care-focused health system delivering the right care in the right place at the right time by the right people. We engage at the community level to identify local health needs and work with health system partners and providers on innovative solutions to address service gaps, including through commissioning services.

GENERAL WFD QUESTIONS

Discussion question 1: What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

- Changing service delivery models including and because of COVID-19.
- The need for more specialised skill sets to address complex presentations and comorbidities.
- A requirement for training to support the growth in the proportion of the service delivery system provided by the NGO sector.
- Growth in digital and online service provision requiring ongoing WFD and better system support for step-up, step-down options.
- The need for greater capacity building to support the Aboriginal and Torres Strait Islander AOD workforce.
- Stronger emphasis on integration of the peer/lived experience workforce into service provision, including funding to support appropriately remunerated positions.
- Ensuring increasing recognition of the importance of consumer representation and participation in service delivery.
- A larger number of 'early career' workers in the AOD sector and the concomitant ageing of the workforce.
- The need to address AOD workers' wellbeing, and strategies to address widespread stress and burnout.
- Ongoing challenges related to stigma of AOD work, which may impact worker wellbeing, recruitment, and retention.

Discussion question 2: What are the <u>priority actions to improve WFD</u> at the a) systems, b) organizational, and c) individual worker levels in the short-medium (3-5 years) and longer (6-10 years) terms?

Systems

- The need for stronger shared WFD planning and implementation between State and National funding streams (short-medium term).
- Reviewing and improving funding models to ensure AOD services have optimal support for capacity building and effective service delivery (short-medium term).
- Addressing remuneration and other employment conditions for AOD workers, including the peer workforce, to achieve parity with similar sectors (e.g., mental health) (short-medium term).
- Development of a national AOD workforce census to guide workforce planning and WFD (short-medium term).
- Increased understanding and use of peer workforce within the AOD sector (short-medium term).
- Developing and implementing public campaigns to address stigma associated with AOD use and AOD work (short-medium term).

Organisational

- Development and promotion of recruitment pathways into the AOD sector from related fields (e.g., public health, community services) (short-medium term).
- Building and supporting structured career pathways within AOD organisations and the sector in general, including pathways into leadership and management roles (short-medium term).
- Implementing programs and strategies to increase the accessibility of professional development, clinical supervision and practice support for the AOD workforce (short-medium term).

Individual

- Access to clinical supervision and practice support - particularly in rural, regional and remote areas to enable the recruitment and retention of specialist workers in these areas (short-medium term).

Discussion question 3: Thinking about <u>specialist AOD workers</u>:
(a) What are the priority WFD issues for AOD specialist workers?
(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)
(c) What are the major steps in the short-medium and longer term to achieve these goals?

- Access to clinical supervision and practice support - particularly in rural, regional and remote areas to enable the recruitment and retention of specialist workers in these areas.

- Increased availability and support for accessing advanced training (e.g., funding support for backfill costs).
- Programs to address wellbeing (e.g., burnout), including addressing secondary stigma that may be associated with AOD work.
- Strategies to build and improve career development pathways.
- A focus on improving knowledge and skills around treatment and support for mental health/AOD comorbidity. Increased training and support for the management of blood borne viruses which may result from injecting drug use.
- The recruitment and retention of qualified AOD workers in this space is integral to improving the health outcomes of Australians with lived experience of AOD.
- Incentives to attract and retain suitably qualified AOD workers.
- Recognising the specialist role of Peer Workers - Primary Health Tasmania recently opened the Head to Health Centre in Launceston to address the gap in services for adults with lived experience of mental health and alcohol and other drugs. The role of Peer Concierge within the centre holds a shared position occupied by people with a lived experience of mental health recovery.
- Community-based treatment services in Tasmania have been effective in addressing the gaps and needs in community-based alcohol and other drug interventions, thus enhancing access for individuals with lived experience of AOD. There remains insufficient access to specialist AOD workers and AOD specialists, and systemic or policy limitations to support alternative/effective response in this space particularly for more severe client profiles.

Discussion question 4: Thinking about <u>generalist workers</u>:
(a) What are the priority WFD issues for generalist workers?
(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)
(c) What are the major steps in the short-medium and longer term to achieve these goals?

- Integration of AOD content into pre-employment training at vocational and tertiary levels.
- Increased accessibility to AOD-related training and professional development for established workers - particularly in rural, regional, and remote areas to enable the recruitment and retention of generalist workers in these areas.
- Strategies, programs and support to facilitate integrated care that incorporates AOD professionals and organisations.
- Targeted professional educational campaigns to address stigma and discrimination that may be associated with AOD use and AOD work.
- A focus on improving knowledge and skills around treatment and support for mental health/AOD comorbidity.

- Building the understanding of primary care providers around the role of AOD workers and the nature of services they deliver (supporting GP/other allied health provider placements within AOD services).

PRIORITY GROUPS

Discussion question 5: Thinking about the <u>workforce groups who identify as Aboriginal or Torres Strait Islander</u>:

(a) What are the priority WFD issues for these workers?

Primary Health Tasmania engages with the Tasmanian Aboriginal Community regularly through the Tasmanian Aboriginal Centre, Karadi, Southeast Tasmanian Aboriginal Corporation, Flinders Island Aboriginal Association, Circular Head Aboriginal Corporation, Cape Barron Island Aboriginal Association, and Number 34 Aboriginal Corporation. Priorities in these organisations include:
- Culturally appropriate training, support mechanisms and sustainable practices.
- While organisation's have been able to access accredited and non-accredited training such as Certificate IV AOD, Aboriginal Cultural Safety, and SMART facilitator recovery training there is a need for improved availability and accessibility of education, training and professional development for new and established workers.
- Access to programs and actions to address provider wellbeing is also a priority.

(b) What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)

- The provision of the three priority training areas identified above would be the minimum objective to support this workforce group.

(c) What are the major steps in the short-medium and longer term to achieve these goals?

- The provision of appropriately directed funding to enable Aboriginal and mainstream organisations to access this training and support for their workers.

Discussion question 6: Thinking about other the <u>workforce groups with unique needs</u> (e.g. rural, regional and remote workers, peer workers, law enforcement and corrections workers):

What are the priority WFD issues for these workers?

- Availability and accessibility of education, training and professional development for new and established workers.

What WFD goals should be set for improving WFD outcomes for this group (i.e., what should be we aiming for?)

- Long-term service agreements with community sector organisations (especially those operating in rural/remote communities) to support staff recruitment, retention and security of employment.

What are the major steps in the short-medium and longer term to achieve these goals? Are there Australian or international examples of effective WFD for these groups that could be replicated/adapted?

- No response

Discussion question 7: What WFD strategies for the AOD workforce will best support and ensure effective service delivery for <u>client groups who identify as Aboriginal and Torres Strait Islander</u>? What are the immediate priorities for attention and action in this area?

Systems, organisational and individual strategies that meet the requirements of the Australian Commission on Safety and Quality in Health Care National Standards for Working with Aboriginal and Torres Strait Islander People (hereafter 'Aboriginal') and promote:

- recruitment and retention of Aboriginal staff
- a welcoming and safe environment that quickly establishes if clients identify as Aboriginal
- flexible service delivery options
- the use of practice strategies that engage Aboriginal people and their families
- community consultation and engagement and understanding local history and protocols.

Discussion question 8: What are the key WFD strategies for the AOD workforce will best support and ensure effective service delivery for <u>client groups with specific and unique needs</u> (e.g., younger or older people, people who identify as LGBTIQ+, clients with complex needs)? What are the immediate priorities for attention and action in this area?

- Encourage awareness of additional barriers to accessing AOD services that these groups experience.
- Promote access and equity to services.
- Prioritise diversity in the recruitment of workers into the AOD workforce.
- Ensure the comprehensive implementation of diversity training in AOD organisations.
- Collect, assess and share data about diverse populations to assist in preparedness for organisations and workers.

INTEGRATED CARE

Discussion question 9: How can integrated care with other sectors (e.g., mental health) best be achieved in practice to support clients with multiple and complex needs? Are there Australian or international examples of best practice in this area that could be replicated?

- Upskilling AOD workers to respond to other health issues and upskilling generalist and specialist workers from other sectors to respond to AOD problems.
- Promoting within-service holistic wrap-around client care and / or improving collaboration between AOD and other health services (no wrong door approach).
- Promoting and supporting client empowerment, individualised, client-driven treatment and being comorbidity-prepared.
- Screening at health system entry points for substance use problems.

- Implementation of the Equally Well Consensus statement and related actions. As mentioned earlier, Primary Health Tasmania has recently opened the Head to Health Centre in Launceston Tasmania. A consultation process with stakeholders and community informed the agreed 'Philosophy of Care' framework for the service to operate.
- To address the identified need for a single systems framework for AOD in Tasmania, Primary Health Tasmania has developed close partnerships with the Tasmanian Department of Health, Tasmanian Health Service, Tasmanian Alcohol, Tobacco and Other Drugs Council, people with liver experience and other key stakeholders on the development of the Tasmanian Alcohol and Other Drugs Reform Agenda and associated implementation plan.

FUNDING MODELS RETENTION AND TRAINING

Discussion question 10: Considering funding models and arrangements in the AOD sector: (a) What are the priority WFD funding issues for the AOD sector? (b) What are the immediate priorities for attention and action in relation to WFD-related funding? (c) What types of funding models would best support the capacity and effectiveness of the AOD workforce?

- Activity-based funding models adversely impacting WFD resources (particularly the additional WFD costs associated with providing services in rural and remote areas).
- WFD implications of funders moving to outcomes-based funding approaches.
- Meet eHealth and enhanced service integration challenges.
- Approaches to reduce the stigma experienced by AOD clients attending specialist and non-specialist services.
- Longer-term funding contracts that can be passed onto service providers to provide some continuity and certainty to workforce.

Discussion question 11: Considering <u>recruitment and retention</u> **in the AOD sector: (a) What are the key issues and challenges? (b) What are the immediate priorities for attention and action? (c) What initiatives would best support effective recruitment and retention in the AOD sector?**

- Reviewing and addressing remuneration, especially for frontline workers, to achieve greater parity with similar sectors (e.g., mental health).
- Reviewing and addressing remuneration for the peer workforce including funding to support required peer support actions such as access to debrief/counselling services.
- Supporting and increasing the capacity of AOD organisations to ensure adequate resourcing and staffing.
- Developing and promoting clear AOD career steps and pathways.
- Developing and promoting entrance pathways into AOD work, incorporating training and credentialling pathways.
- Supporting programs to orientate, train and develop workers new to the AOD sector
- Increasing availability and accessibility of professional development opportunities.
- Implementing strategies and programs to reduce stigma associated with AOD work.
- Implementing staff supports through trauma informed care for AOD practice, to mitigate the risks of secondary traumatic stress/vicarious trauma.

Discussion question 12: <u>What substances should be considered of particular concern</u> **for the AOD sector at the current time and into the future and what are the implications for AOD WFD to ensure effective responses?**

- Alcohol remains the most prolifically used and harmful drug in the community. Ongoing training and support should be provided to the AOD sector around addressing AOD use from a harm minimization approach.
- The impact of enhanced real time monitoring of Schedule 8 and relevant Schedule 4 medicines on treatment demand.
- Increased cocaine use, either on its own or in combination with alcohol (the Cocaethylene effect).
- Increased supply and use of drugs such as Ecstasy which may have been stockpiled as a result of COVID-19-related reduction in demand.
- Increased use / misuse of Gabapentinoids in response to concerns related to prescribing opioids.
- Increased use of fentanyl, fentanyl analogs and other novel synthetic opioids on their own or to adulterate heroin.
- Gamma Hydroxybutyrate (GHB) (and its precursors, gamma-butyrolactone [GBL] and 1,4-butanediol [1,4-BD]).

Discussion question 13: Should <u>minimum educational qualification standards</u> for specialist AOD workers be implemented in all jurisdictions? (a) What level should minimum educational qualification standards for specialist AOD be at? (b) Should minimum educational qualification standards for specialist AOD workers be nationally consistent?

- Yes, consistent minimum qualification requirements would give AOD workers clarity to be able to choose qualifications that support their career goals no matter where they decide to live and work across Australia.

Discussion question 14: How well is the <u>current vocational education system</u> meeting the needs of the AOD workforce and sector? What are the immediate priorities for action in this area? (a) How accessible are the current AOD vocational qualifications (Cert IV/ Diploma I AOD, AOD skills set)?

- Accredited training in AOD is not readily available in Tasmania and is even less accessible in rural and regional centres. TAFE Tasmania does not currently offer AOD vocational training. This training is currently only available on-line.

What are key barriers to workers gaining these qualifications?

- Cost is a key barrier for workers wishing to gain qualifications with a Cert IV costing around $4000.

How can accessibility be improved?

- Organisations being funded to be able to support their workers gain accredited qualifications.

(b) What are the major gaps in the current set of AOD qualifications that impact on workers' capacity and effectiveness?

- No response

Are there particular skill sets that need to be added? Are there particular areas of knowledge that need to be added?

- Primary Health Tasmania engaged the Drug Education Network (in collaboration with the Tasmanian Community Fund and the Tasmanian Health Services) to develop ATOD training to Peer Workers across the state.
- Stigma awareness training to the community and allied health care workers and GP's is being met and facilitated through the ATDC.

(c) How well is competency-based training meeting the needs of the AOD sector and consumers? Are there other training approaches/modalities that are needed to complement a competency-based approach? What might this look like?

- No response

Discussion question 15: What are the key issues and challenges <u>for professional development</u> (PD) in the AOD workforce? This may include issues related to accessibility, quality, modalities (e.g., supervision, training), content (e.g., priority KSAs) or other.

Strategies to increase accessibility to PD, for example:

- Scholarships and other programs to reduce financial burden on workers and organisation's and act as incentives.
- Increasing the availability of online delivery.
- Funding programs to support regional and remote workers to access face-to-face training (e.g., travel, accommodation and backfill costs).
- Development of a centralised register of professional development opportunities.
- Development and support of other approaches to PD that extend beyond training, such as professional placements, conference attendance and mentoring.
- Conduct a national review of AOD professional development programs and opportunities to identify major gaps and strategies for improvement.

DIGITAL AND ONLINE PLATFORMS

Discussion question 16: What WFD strategies will best support AOD services, workers and clients to engage effectively with digital and online service provision? What are the immediate priorities for attention and action in this area?

- Key infrastructure changes/upgrades that are needed to support increased remote service delivery such as poor access to internet in regional, rural and remote areas.
- Training for upskilling staff to effectively utilise new technologies.

DATA SYSTEMS, MONITORING AND EVALUATION

Discussion question 17: To what extent is the development of a national AOD workforce data collection a priority (e.g., an AOD workforce census)? How could this data collection be integrated with, and leverage, existing jurisdictional AOD workforce data collections? What existing data collections could be used to monitor progress?

- No response

Discussion question 18: What are the priority actions for effective and timely monitoring and implementation of the revised Strategy?

- Development of an implementation plan coupled with the development of a monitoring and evaluation plan.
- Additional consultations with national and jurisdictional stakeholders to address monitoring and implementation.

FINAL

Are there any other questions or comments?