

# National AOD Workforce Development Strategy

**Submission By:**

**The Network of Alcohol and other  
Drugs Agencies (NADA)**

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# NADA

network of alcohol and  
other drugs agencies

# Submission on the National Alcohol and other Drugs Workforce Development Strategy

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

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## ABOUT NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs services in NSW. We advocate for, strengthen and support the sector. Our decisions and actions are informed by the experiences, knowledge and concerns of our members.

We represent 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

We provide a range of programs and services that focus on sector and workforce development, data management, governance and management support, research and evaluation, sector representation and advocacy, as well as actively contributing to public health policy.

Together, we improve the health and wellbeing of people who use, or have used, alcohol and other drugs across the NSW community.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

To learn more, visit [www.nada.org.au](http://www.nada.org.au).

## PREPARATION OF THIS SUBMISSION

NADA has developed the following submission for the National Alcohol and other Drugs Workforce Development Strategy. The comments provided in this submission have been prepared by NADA staff, on behalf of its members.

## TAKE AWAY MESSAGES FOR NADA'S SUBMISSION

The National Alcohol and other Drugs Workforce Development Strategy must ensure:

- There are appropriately resourced and sustainable alcohol and other drugs (AOD) funding models to ensure workforce security and stability
- That AOD is part of curriculum for tertiary and vocational health and social welfare training
- There are subsidies, or other mechanisms, to encourage people to take up AOD related tertiary and vocational training across urban and rural locations to grow the AOD workforce
- A workforce profile that represents the gender and cultural diversity of people who access AOD treatment
- That the Aboriginal and peer workforce is grown and supported
- There is a plan for implementation, monitoring and evaluation of the strategy.

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## RESPONSE TO DISCUSSION QUESTIONS

### What are the priority WFD issues that have emerged since the first Strategy (2015-2018)?

NADA aligned its own Workforce Development Strategy<sup>1</sup> and the subsequent Workforce Capability Framework<sup>2</sup> against the first Strategy. However, much more resources are needed to fully implement these important documents due to the complexity, collaboration funding required to ensure that the AOD sector has '*a diverse and sustainable workforce that is competent, capable and supported to meet client needs*'.

As identified in the previous Workforce Development Strategy a number of the key priorities remain the same, including:

- A consistent and routine method of data collection on the profile and make-up of the specialist AOD workforce that clearly articulates who, where and how stable the workforce is. This would enable improved planning and strategic thinking around the employment lifecycle.
- A robust approach to the recruitment, retention, support and identified pathways into senior leadership for the Aboriginal Workforce
- A clear vision for the important role for consumers, peers and the lived experience workforce who contribute to addressing stigma and improving treatment outcomes for those accessing treatment

NADA supports the inclusion of the important issues outlined under this discussion question that require attention and have been exacerbated by the COVID19 pandemic. In the alcohol and other drugs (AOD) sector the COVID-19 pandemic has caused an increased demand and complexity of people needing services from the community and health sectors, including the AOD sector<sup>3</sup>. Service providers have seen the complexity of client needs increasing, with people accessing services for support experiencing multiple health and social issues.

COVID-19 has demanded significant changes across the AOD sector to funding arrangements, leadership and strategic planning, the types of care provided, and workforce requirements<sup>45</sup>. These unplanned changes have meant the need to ensure we:

- Resource better technology infrastructure, enhance and upskill workers online capabilities in the use of technology to support staff adapt to a new and ongoing way of doing business: virtual care service delivery.
- Workforce development that responds to increased burn-out of staff, improve staff satisfaction and wellbeing post COVID-19; and provide opportunities for revitalization, rest and recuperation of staff, support staff wellbeing.

In NSW, the Special Commission of Inquiry in the Drug 'Ice' has also occurred since the previous Strategy and we would like to draw attention to the [Special Commission of Inquiry into the Drug Ice Report](#) as the

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<sup>1</sup> NSW Non Government Alcohol and other Drugs Workforce Development Plan 2016–2022, Retrieved from <https://nada.org.au/wp-content/uploads/2021/01/nada-workforce-development-plan-22.pdf>

<sup>2</sup> Workforce Capability Framework: Core capabilities for the NSW non government alcohol and other drugs sector, Retrieved from <https://nada.org.au/resources/workforce-capability-framework>

<sup>3</sup> Joshi, A 2021, Responding to increasing and changing client needs in crises, Australian Institute of Family Studies, Retrieved from <https://aifs.gov.au/cfca/2021/06/03/responding-increasing-and-changing-client-needs-crises>

<sup>4</sup> Van De Ven, K., Ritter, A., & Stirling, R. (2021). *The impact of the COVID-19 pandemic on the non-government alcohol and other drug sector: future implications. DPMP Monograph No. 34.* Retrieved from <http://doi.org/10.26190/nm0s-zc77>

<sup>5</sup> State and Territory Alcohol and Other Drugs Peak Network. (2020). *Impact of the COVID-19 pandemic on alcohol and other drug service delivery.* Retrieved from [www.vaada.org.au/wp-content/uploads/2020/08/Fin\\_20200728\\_Covid-Impact-Survey-Summary-Report.pdf](http://www.vaada.org.au/wp-content/uploads/2020/08/Fin_20200728_Covid-Impact-Survey-Summary-Report.pdf)

recommendations provide valuable insights into workforce development needs that are applicable at a national level:

- a detailed workforce profile, including size and key demographics
- a forecast of future workforce needs based on projected AOD treatment needs, and strategies to ensure that the required workforce is available
- strategies to address the difficulties faced by the NGO sector in recruiting and retaining staff
- strategies to move health professionals into AOD specialist positions and to support career pathways to AOD medical and allied health specialties, including scholarships for people living in regional areas to defray the cost of AOD-specific training and accreditation, mentoring by senior clinicians and strategies to support GPs to undertake extended skills training in AOD
- a focus on strengthening the peer workforce, in recognition that peer workers are well placed to engage hard-to-reach people and help them navigate treatment services
- a focus on supporting the unique needs of the Aboriginal AOD workforce
- strategies to ensure the AOD workforce has the necessary skills to meet the specific needs of priority populations identified in the National Drug Strategy and in this report
- strategies to build capacity of regional AOD medical and allied health workforce including by, for example, offering financial and workplace incentives to encourage people to move into regional areas
- strategies to strengthen continuing professional development for AOD workers, such as through interactive online training modules
- strategies to ensure the AOD workforce has appropriate amphetamine-type stimulant specific training and training in mental health.

Although identified in the previous strategy, the need for skilled workforce in data collection, analysis and management to alleviate administrative burden from frontline workers – continues to be a significant area of need.

Finally, the new Strategy must also prioritise the workforce capacity building needed to meet the changing service delivery models designed to respond to the increasing impact of climate change. As a result of escalating disasters related to climate change, and effects on people accessing AOD services, such as bushfires and extreme weather conditions, the AOD workforce must have the ability and readiness to respond to extreme climate change-induced events, improving the environmental sustainability in healthcare to deliver better outcomes for communities<sup>6</sup>.

### **What are the priority actions to improve WFD at the a) systems, b) organizational, and c) individual worker levels in the short-medium (3-5 years) and longer (6-10 years) terms?**

NADA supports the important issues provided under this discussion question. Further, NADA would strongly endorse the need to review and improve AOD funding models – which sit at the heart of workforce insecurity. Systems issues that contribute to poor employment conditions have been further exacerbated by the COVID-19 pandemic, reinforcing the basic tenet that relying on the good will of the workforce is unsustainable.

NADA agrees there is a need for better data collection on the profile and size of the AOD workforce to inform improved workforce planning. The workforce profile needs to represent the gender and cultural diversity of

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<sup>6</sup> NSW Council of Social Services (2021), *Health Equity Alliance Climate Statement*, retrieved from [https://www.ncoss.org.au/wp-content/uploads/2021/11/HealthEquityAlliance\\_ClimateStatement\\_FINAL.pdf](https://www.ncoss.org.au/wp-content/uploads/2021/11/HealthEquityAlliance_ClimateStatement_FINAL.pdf)

people who access AOD treatment. Mechanisms that support workforce diversity should be included in the strategy. NADA supports the need for inclusion reaching beyond basic levels of awareness and training – as clearly outlined in the ACON Submission to the Strategy. More comprehensive and consistent workforce data collection is crucial, currently data collection is inconsistent and not comprehensive so workforce planning cannot be done properly.

In the short term, that there be meaningful input and involvement from people with lived experience of AOD use and peer based drug user organisations in all workforce development activities, training and resources that are developed and implemented. In the medium to long term the strategy needs to clearly articulate the pathways for embedding and developing the peer workforce in service delivery across the AOD treatment sector.<sup>7</sup>

Furthermore, a further systems level issue that continues to be problematic is the lack of connectivity between service provision and education/training providers such as universities and TAFES. In the short-term there needs to be an emphasis on building stakeholder relationships between the frontline and those developing competencies and course requirements, In the longer-term, embedding AOD knowledge and understanding in all tertiary health and social welfare course offerings is key in addressing the experience of stigma and discrimination for people who use alcohol and other drugs. Tertiary education institutions need to play a larger role in upskilling and training, giving primacy to AOD units within courses; currently there is a whittling down of AOD in curriculums and unrealistic placement demands for work experience students which the NGO sector cannot cater for. Consideration of strategies that subsidises tertiary and vocational training, as well as being provided across urban and rural locations to grow the workforce are crucial.

### **Thinking about specialist AOD workers:**

(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?

The areas identified above in the previous question are equally applicable here for specialist AOD workers. The impact of COVID-19 has reinforced the need for a WFD strategy to have a continued and explicit focus on worker wellbeing that goes beyond information sessions. Recruitment and retention can only be enhanced by solid planning of a whole of employment lifecycle that grows the strengths of the workforce and identifies specific gaps<sup>8 9 10</sup>. Specific challenges for the NGO sector include:

- No job security, short-term contracts, lower salaries, unmanageable workloads are key issues
- High turnover of staff to health and public sectors which offer better pay and conditions
- Pay parity and other working conditions need to improve to attract and retain workers e.g., able to transfer leave entitlements, comparable conditions with public sector
- More administration and IT staff are needed to ease administration burden of clinical staff
- Increased investment is needed to attract staff to regional/rural areas (e.g., provide incentives such as offering to cover relocation costs)

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<sup>7</sup> Chapman, J., Roche, A., Kostadinov, V., Duraisingam, V., & Hodge, S. (2019). Lived Experience: Characteristics of Workers in Alcohol and Other Drug Nongovernment Organizations. *Contemporary Drug Problems*, 009145091989434. doi:10.1177/0091450919894341

<sup>8</sup> McEntee, A., Roche, A. M., Kostadinov, V., Hodge, S., & Chapman, J. (2020). Predictors of turnover intention in the non-government alcohol and other drug sector. *Drugs: Education, Prevention and Policy*, 1-9. doi:10.1080/09687637.2020.1759508

<sup>9</sup> Kostadinov, V., Roche, A. M., McEntee, A., Duraisingam, V., Hodge, S., & Chapman, J. (2020). Strengths, challenges, and future directions for the non-government alcohol and other drugs workforce. *Journal of Substance Use*, 1-7. doi:10.1080/14659891.2020.1812125

<sup>10</sup> Duraisingam, V., Roche, A., Kostadinov, V., Hodge, S., & Chapman, J. (2020). Predictors of work engagement among Australian non-government drug and alcohol employees: Implications for policy and practice. *The International journal on drug policy*, 76, 102638. doi:10.1016/j.drugpo.2019.102638

- Insufficient supply of workers to meet the current demand for services.

Worker wellbeing also encompasses sustainable supervision models for all workers, including where appropriate cultural mentoring for Aboriginal staff and peer support for those with a lived or living experience of AOD use. Strategies need to be implemented to boost workplace systems supports. There is insufficient support for workers who are overburdened. Work intensity and work overload are part of the job, so a good support system is necessary to preserve wellbeing. Workplace wellbeing policies are adopted but not put into practice.

### **Thinking about generalist workers:**

(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?

Generalist workers have the opportunity to play an important role in responding to AOD issues, for example by providing referrals to specialist AOD services, delivering information and brief interventions. However, across the range of sectors and industries that employ generalist workers there is a broad lack of understanding and knowledge about alcohol and other drugs and what constitutes specialist alcohol and other drug treatment. For example, research indicates that child protection workers lack knowledge in assessment of AOD problems, the nature and effectiveness of different AOD treatment types, and lack the skills to recognise between functional and problematic drug use, and how it may be impacting on parenting and the children<sup>11</sup>.

Generalist workers need access to training and professional development that builds their skills and knowledge around AOD as a priority; particularly around risk and referral pathways, the different types of AOD treatment and strategies to ensure their safety and wellbeing. To improve the way generalist workers engage and support people experiencing problematic AOD use, greater resourcing is needed to enhance capacity building across all human service sectors. All sectors including AOD, housing, health and children services need resources to build capacity to respond to AOD. With greater cross-sector training the different sectors can develop their skills and better respond to AOD issues. This does not retract from each sector continuing to be the specialists in their area but to best respond to AOD and co-occurring issues, greater skills and knowledge is required across the sectors.

To achieve these goals investment in the workforce development, training and education is required to build and maintain the capability of generalist workers to support people presenting with AOD use issues. It is proposed that all generalist workers – including government employees and NGO partners receive training in trauma-informed practice and anti-stigma training and resources. This training should be co-designed and delivered by people with lived experience of trauma, including Aboriginal people. The strategy should emphasise supportive intersectoral collaboration and partnerships. There are currently no actual practical strategies in place for intersectoral collaborations. Projects and models exist for pairing up with other complementary sectors and learning from each other. This could include an initiative to pilot a workforce exchange program that provides workers with the opportunity to increase their knowledge and experience across the continuum of services delivered<sup>12</sup>.

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<sup>11</sup> Gruenert, S & Tsantefski, M 2012, 'Responding to the needs of children and parents in families experiencing alcohol and other drug problems', *Research Prevention Quarterly*, Drug Info17.

<sup>12</sup> Skinner, N., Kostadinov, V., Duraisingam, V., McEntee, A. Nicholas, R & Bowden, J. (2021). Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy: Discussion Paper. National Centre for Education and Training on Addiction (NCETA), Flinders Health and Medical and Research Institute (FHMRI), Flinders University, Adelaide, Australia.

## PRIORITY GROUPS

### Thinking about the workforce groups who identify as Aboriginal or Torres Strait Islander:

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

NADA would like to emphasise that it is critical that any workforce development outcomes and activities (e.g., planning, training and development) must involve Aboriginal people. Aboriginal people know their communities and what will work best, and therefore any project or plan that is about Aboriginal people must involve Aboriginal people and their community<sup>13</sup>.

Currently there is limited support for the recruitment and retention of the Aboriginal workforce. The new strategy should address issues such as:

- Unclear career pathways and progression for the Aboriginal workforce
- Lack of skills and knowledge in leadership/management due to no or little provision of training
- Few senior positions are allocated or offered to Aboriginal workers; could look at other sectors for strategies and ideas in this area
- More opportunities are needed for senior clinician roles for those who do not want to go into management
- Crucial funding, resources and infrastructure needed for this to occur.

NADA supports the Aboriginal Drug and Alcohol Network (ADAN is an incorporated network of Aboriginal workers in NSW) priorities for the Aboriginal workforce proposed in a recent workforce capability position paper<sup>14</sup>.

1. There is a pressing need to expand the Aboriginal workforce, including Aboriginal people with lived experience. Aboriginal people with lived experience need to be valued as important members of multi-disciplinary teams to support Aboriginal people in AOD treatment.
2. Mechanisms need to be put in place to support the recruitment and retention of Aboriginal workers in Aboriginal Community Controlled AOD Treatment Services, as well as mainstream AOD services.
3. Ensure that there is ongoing training, mentoring and development opportunities for Aboriginal workers.

### What WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups who identify as Aboriginal and Torres Strait Islander? What are the immediate priorities for attention and action in this area?

In addition to the previous response, NADA supports the important issues contained within this discussion question. We would also support strategies that go implementing NADA's practice guide for working with Aboriginal & Torres Strait Islander people in a non-Aboriginal setting<sup>15</sup>.

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<sup>13</sup> Wallace, R & Allan, J 2019, 'NADA Practice Resource: Alcohol & other Drugs Treatment Guidelines for Working with Aboriginal & Torres Strait Islander People In a Non-Aboriginal Setting'. Sydney: Network of Alcohol and other Drugs Agencies.

<sup>14</sup> National AOD Coalition Working Group. Alcohol and other drug workforce capability position paper.

<sup>15</sup> Wallace, R & Allan, J 2019, 'NADA Practice Resource: Alcohol & other Drugs Treatment Guidelines for Working with Aboriginal & Torres Strait Islander People In a Non-Aboriginal Setting'. Sydney: Network of Alcohol and other Drugs Agencies.

Finally, the National Aboriginal and Torres Strait Islander Peoples' Drug Strategy finished in 2019. It is important this strategy is reviewed and updated in consultation with Aboriginal and Torres Strait Islander people and considers key workforce and service delivery issues.

**Thinking about other the workforce groups with unique needs (e.g. rural, regional and remote workers, peer workers, law enforcement and corrections workers):**

- (a) What are the priority WFD issues for these 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?
- (d) Are there Australian or international examples of effective WFD for these groups that could be replicated/adapted?

NADA members located in rural and regional areas reported that more training and workforce development activities need to happen in their areas – as they are most often required to travel to city/metropolitan areas to access training and professional development which often is not possible. Implementing programs and strategies that help to make professional development, clinical supervision and practice support for the AOD workforce more accessible, particularly for rural, regional and remote workers. Building the capacity of rural and regional AOD workforce by offering financial and workplace incentives to encourage people to move into regional, rural and remote areas.

As reported earlier, there needs to be an investment in supporting the development of the peer workforce. Research consistently shows the important role peer workers play in AOD service delivery and therefore they must be a priority of the Strategy in regards to workforce development activities. As detailed above, there needs to be a strong emphasis in the new strategy on the role and contribution of the peer and lived experience workforce, with a clear framework for supporting and sustaining this workforce group<sup>16</sup>.

**What are the key WFD strategies for the AOD workforce will best support and ensure effective service delivery for client groups with specific and unique needs (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?**

While NADA has engaged members in a number of training strategies to improve inclusivity, specific groups still remain invisible in routine data collection such as those from LGBTIQ+ communities<sup>17</sup>. The strategy should support:

- Collection of data about diverse or minoritised communities (such as young people, LGBTIQ+ communities, and Aboriginal communities). This includes building worker skills and confidence in asking questions about gender and sexuality.
- Ensure the comprehensive implementation of training in AOD organisations to support people from diverse or minoritised communities (for example, LGBTIQ+ diversity training, Aboriginal cultural competency training, plus training on youth engagement methods and best practice).

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<sup>16</sup> du Plessis, C., Whitaker, L., Hurley, J. (2020). Peer support workers in substance abuse treatment services: A systematic review of the literature. *Journal of Substance Use*, 25:3:225-230.

<sup>17</sup> Freestone, J., Mooney-Somers, J. and Hudson, S. (2022), The sector is ready, and the community needs Australian alcohol and other drug treatment services to ask about sexuality and gender identity. *Drug Alcohol Rev.*, 41: 39-42. <https://doi.org/10.1111/dar.13367>

- Encourage awareness of additional barriers to accessing AOD services these groups experience- for instance, prior challenging experiences with AOD services, and, specifically for young people: transport, confidentiality, accessing youth-specific services, and poor mental health hindering early access to an AOD service.

Additionally, NADA supports ACON Health’s submission to this Strategy that states the following workforce development needs to better support LGBTQ clients:

- Trauma informed care and practice
- Having an intersectional lens when supporting LGBTQ communities
- Recovery-orientated practice
- Community co-design and consultation
- Person led and family inclusive approach
- Collecting data about LGBTQ populations.

## INTEGRATED CARE

**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?**

To achieve integrated care with other sectors, proper engagement by governments is needed across all areas, such as mental health, criminal justice, housing, child protection, to design and deliver a true whole-of-government, systems-level response to better support people with multiple and complex needs. Greater resourcing is required to ensure all sectors can build inter-sectoral collaboration and partnerships, and support the delivery of integrated care through strategies such as integrated referral pathways, comprehensive screening and assessment, and the sharing of information and professional expertise.

To achieve integrated care with other sectors a ‘community of practice’ approach is one mechanism that should be adopted to support collaborative practice between other sectors in place of a simple interagency approach. This approach should include the wide spectrum of other sectors: education, housing, domestic and family violence, police, ambulance, child protection, mental health, hospital, policy and planning agencies and local health districts. The process needs to be based on in-depth collaboration between all players. This should be followed up with the development and implementation of an accountability tool (outcomes/quality/capacity) to inform the clinicians and service providers within the system and assist with regular public discussion of the results.

### **Practice example: Engaging with families and significant others in the AOD sector**

An Australian example of an activity that helped to enhance workforce development across generalist and specialist workers and build a more connected system includes a project that NADA was funded by the NSW Ministry of Health to conduct. This project involved the development of training for the AOD sector and other health and human services contacts to build the capacity of workers to better support families who are impacted by someone else’s substance use. The training developed aimed to increase workforce capacity to through:

- building better links across specialist AOD services, both non government organisations and LHDs, primary health and generalist services to support families and significant others
- increasing knowledge and application of approaches that support families and significant others impacted by the AOD use of another
- promoting resources and services that specialise in supporting families and significant others impacted by the AOD use of another NADA has delivered this training from May 2018 to June 2019.

The *Engaging with families and significant others in the AOD sector* workshops were held in seven LHDs and across nine locations. Funding was provided to NADA to deliver seven training workshops, however due to the identified needs of two LHDs, NADA delivered an additional two workshops within two LHDs. All training locations were determined based on the advice of each LHD. Across the nine workshops, 290 participants attended. All workshops included a mixture of participants from NSW Health, NADA member services, ACCHOs and a mix of other non-government organisations from mental health, housing, family support and domestic family violence (DFV).

The evaluations of the training found that overall, it was effective in building specialists and generalist workers capacity to respond to AOD use harms, and it also assisted to build a more connected system, with staff attending the training able to network and build relationships with workers across different sectors, including child protection agencies, domestic and family violence services. Greater cross-sector training such as NADA's Family project, can assist in the development of workforce skills and knowledge across disciplines, to better respond to AOD use.

## **FUNDING MODELS RETENTION AND TRAINING**

**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?**

The Australian AOD treatment sector is unable to meet demand for treatment<sup>18</sup>. Funding and planning for AOD treatment should be based on population need through implementation of models, such as the Drug and Alcohol Services Planning Model (DASPM), sector consultation, and alignment to relevant national and state frameworks to ensure investment in treatment is targeted. Planning should also include what workforce is required to respond to the demand for treatment.

The NGO sector provides a substantial component of AOD treatment across Australia, yet they are subject to short term contracts, and can also be put to open tender at the end of contracts. This creates a great deal of insecurity for the workforce. There needs to be appropriately resourced and sustainable AOD funding models to ensure workforce security and stability across all AOD treatment services. That is not to say that poor performers should not be managed, and funding provided without demonstrating outcomes for public funds. But appropriate and transparent performance frameworks need to be put in place.

Funding models should consider the workforce required to deliver quality treatment services which goes beyond clinical staff. Specific skills to manage compliance related activities such as being accredited through government approved standards and the provision and analysis of performance data.

Funding models need to incorporate indexation and apply any changes to relevant awards for health and community sector workers. They could also seek to address pay parity and other working conditions needed to improve the attraction and retention of workers e.g., able to transfer leave entitlements, comparable conditions with public sector.

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<sup>18</sup> 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*. Retrieved from Sydney, Australia: <https://ndarc.med.unsw.edu.au/sites/default/files/ndarc/resources/New%20Horizons%20Final%20Report%20July%202014.pdf>

## **Considering recruitment and retention 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?**

As reported above, to be able to recruit and retain highly qualified people to long term careers in the AOD sector, we need the funding system to be enhanced and made more sustainable. The AOD sector needs funding security and an opportunity to plan for the long term; this means having minimum four to five-year funding contracts that are costed at an appropriate market level. Additionally, the AOD sector must be recognised and remunerated appropriately to attract new staff and retain existing skilled staff.

In addition to previously cited research earlier in this submission, NADA has recently commissioned research to understand workforce engagement, learning and wellbeing<sup>19</sup>. The study provided recommendations that could be supported by the new strategy. They included:

- help AOD sector stakeholders understand performance and impact as function of the total work experience
- solicit input to systematically optimise workers' experiences with the work and organisational conditions, so they want to stay and tell others
- craft a workplace philosophy that everyone wants to be part of by communicating organisational impact and lifting workers' sense of social worth
- engage workers by designing great jobs that are not merely shaped by compliance or risk but provide agency, mastery and relational experiences, daily
- empower workers to become more autonomous and self-directed by means of role clarity, well-defined goals, increased responsibilities, meaningful information, and genuine support
- build a culture that resources formal and informal professional development as well as one that constructively deals with and learns from errors, so people never stop growing
- take worker wellbeing serious by making jobs secure, work demands tolerable, and workplaces psychological safe.

## **Should minimum educational qualification standards for specialist AOD workers be implemented in all jurisdictions?**

Minimum educational qualification standards for specialist AOD workers have not been implemented in NSW. The most recent survey of workers in the NSW NGO sector found that only 7.5% of workers had qualifications below a Certificate III. Whilst we support the need for an appropriate qualified workforce, we also appreciate that workers with lived experience do not have appropriate career pathways and education options. There is a need to develop qualifications relevant to peer, consumer and lived experience roles in the AOD sector. Additionally, if government was to subsidize tertiary and vocational training for AOD we would be supportive of minimum educational qualification standards for specialist AOD workers.

## **How well is the current vocational education system meeting the needs of the AOD workforce and sector? What are the immediate priorities for action in this area?**

NADA participated in recent a submission regarding significant changes to the AOD (Cert IV/Diploma) conducted by Skills IQ and raised concerns that the course appeared to have reduced content, while an

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<sup>19</sup> Wenzel, R (2022). The AOD Sector Workforce in NSW: on Engagement, Learning and Wellbeing.

increase in supervised placement. It was apparent through that process that decisions about course content and workplace training are being made without being informed by sector needs and experiences. COVID-19 also poses specific issues for those wanting to access on-site placements. Sponsored placements and support such as scholarships that encourage participation, particularly with regard to lengthy placements where a regular income may be impacted are an important consideration.

One of the key barriers for people accessing AOD vocational qualifications is the cost of this training. A further barrier is people's ability to access training locations (e.g., rural, regional and remote areas) and limited places in some of these courses. Accessibility can be improved through more scholarships, lower prices for the courses and monetary incentives being provided to support people to complete AOD vocational studies. Accessibility could also be enhanced if more AOD vocational qualifications were offered in rural, regional and remote areas. To understand and learn more about the vocational needs in regional and rural areas, regional skills leadership groups should be established to provide advice about the skills needs of their areas.

It is important that the core units taught in the AOD qualifications meet contemporary practice standards and therefore the units must be reviewed and updated regularly. Of particular importance is the active engagement with frontline service provision in the development of course content and assessment.

Some of the current core units for the Certificate IV in AOD are too generic and do not meet the knowledge and skills sets required to work effectively and competently in the AOD sector. Particular skills sets and areas of knowledge that must be added and have a greater focus across the AOD vocational qualifications include:

- stigma and discrimination towards people who use drugs and strategies to address this – including the use of person centred language and what this is;
- family inclusive practice – including working with children and child protection agencies,
- responding to and supporting older people experiencing AOD issues,
- consumer engagement in all aspects of AOD service provision,
- responding to domestic and family violence (DFV) – healthy relationships,
- Aboriginal cultural awareness - this should be a core unit and not only an elective, and the content for this unit must be developed by Aboriginal and Torres Strait Islander people and taught by First Nations people.

NADA wishes to emphasise the need for AOD qualifications to include a core unit on healthy relationships that develops workers skills and knowledge to respond to domestic and family violence and carry out family inclusive practice. Effective, integrated treatment for AOD issues needs to include support for clients to develop healthy relationships. This is particularly important around DFV and working with perpetrators of violence, as DFV severely harms the potential for healthy relationships, including for the perpetrator<sup>20</sup>. Considering a client's use of DFV is an important part of case planning and of offering professional, quality AOD services focused on AOD-related goals, and therefore this must be a focus area included in AOD qualifications.

The competency-based training currently provided does not meet the diverse needs of the AOD sector and consumers. Central to workforce performance to meet the needs of the sector and consumers are capabilities that workers must demonstrate to perform their roles effectively. NADA recommends the Strategy refers to the [Workforce Capability Framework: Core capabilities for the NSW non-government AOD sector](#) which

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<sup>20</sup> Network of Alcohol and other Drugs Agencies (NADA). NADA Practice Resource: Engaging men who perpetrate domestic and family violence in the alcohol and other drugs treatment context. Sydney: NADA; 2021.

describes the core capabilities and associated behaviours expected of all NSW non government AOD workers<sup>21</sup>.

This Framework, developed for, and with input from those who work in the AOD sector, is designed to clearly articulate the minimum standard of knowledge, skills and attributes required to support best practice across all roles, occupations and areas of speciality. Furthermore, it articulates the core values that inform and shape the approach of care provided in the AOD sector.

The Framework was developed to identify specific and measurable capabilities while remaining broad enough to encompass the diversity of roles, occupations, and areas of specialty that make up the NSW non-government AOD sector – and can also be used to inform training needs and qualifications nationally. The Framework provides a common foundation for the full range of workforce development activities: workforce planning; role design and description; recruitment and selection; performance management; professional development and career planning.

### **What are the key issues and challenges for professional development (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 matters.**

Many of the key issues and challenges have already been provided earlier in this submission. We also support the important issues already included under this discussion question. However, we particularly note the key issues related to funding to support professional development and accessibility for regional, rural and remote workers. Additionally, NADA has recently commissioned research to understand the challenges and opportunities related to the experience of leading and managing across AOD sector operations<sup>22</sup>. The study found that we need to rethink and reform some policies, resources, and practices within AOD organisations and across the sector. The strategy could support the need to:

- re/conceptualise the role of leaders and managers to help shape, translate, and implement business-strategy and human resource policies during day-to-day operations
- re/design recruiting, careers and work itself to offer leadership opportunities which help psychologically shift workers' into adopting meaningful leader identities
- support future leaders more systematically and consistently via mentoring and feedback across an organisational climate that tolerates and constructively manages errors
- re/shape and resource education and training so that formal learning experiences indeed serve actual needs as well as signal what knowledge and skills are to be prioritised for becoming an effective leader and manager.

## **DIGITAL AND ONLINE PLATFORMS**

### **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?**

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<sup>21</sup> Network of Alcohol and other Drugs Agencies (2020). Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and Other Drugs Sector. Sydney: NADA

<sup>22</sup> Wenzel, R (2022). AOD Sector Leaders and Managers in NSW: on Identity, Skills, and Development.

NADA supports for important issues outlined for this discussion question. COVID-19 has shown the effective use of technology in supporting clients via digital and online platforms however services do not always have the necessary infrastructure to carry out online delivery methods. Moreover, knowledge around technology is limited in the drug and alcohol space, so there is a need to upskill staff in the use of videoconferencing facilities. There is a need to:

1. Funding for better technological infrastructure – this can be hardware (physical computers, laptops, cameras, etc.) or funding for bespoke Client Management Systems that will be fit for purpose
2. Provide training opportunities for staff to learn the technology and use it with confidence

## **DATA SYSTEMS, MONITORING AND EVALUATION**

**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?**

The implementation of consistent and routine data collection on workforce and their experiences is long overdue. A national approach to AOD workforce data collection should be undertaken in partnership with jurisdictional health departments and peak bodies. It is almost impossible in the current environment to be confident in the number, qualifications, and experiences of the AOD workforce, particularly in comparison to other professions such as Social Work, Psychology and Nursing. In spite of the fact that all these professions are represented among the AOD workforce. There are a number of areas where AOD intervention is provided but there is no visibility such as private providers under the Medicare. Having a registration process or something similar, would assist in a more accurate picture of the workforce and assist with planning, policy and targeted improvements. Finally, apart from looking at clinical staff, there should also be a focus on administrative staff to provide support to the organisation. Data collection and management plays an integral role in continuous funding and oftentimes our sector is under-resourced in this area.

**What are the priority actions for effective and timely monitoring and implementation of the revised Strategy?**

The success of the Strategy is dependent upon the development of an implementation plan that includes monitoring and evaluation. In addition, the plan should describe the governance arrangements for oversight and accountability. Peak bodies, such as NADA, who represent a large part of the AOD workforce should be instrumental to the implementation of the Strategy.

## **Close**

NADA appreciates the opportunity to provide comment on the strategy and would be keen to work collaboratively with government on the implementation of the strategy when finalised.