National AOD Workforce Development Strategy

Submission By:
ADELAIDE PRIMARY HEALTH NETWORK (PHN)

ABOUT ADELAIDE PRIMARY HEALTH NETWORK (PHN)

Adelaide PHN is one of 31 Primary Health Networks who, on behalf of the Australian Government Department of Health, distribute Commonwealth funding for the provision of the Drug and Alcohol Program (Adelaide PHN, 2020). This Program aims to achieve improved health and social outcomes for individuals, families, and communities at risk of, or currently affected by substance use (Adelaide PHN, 2020).

Through this program, Adelaide PHN is responsible for the planning and commissioning of high quality, locally relevant and effective AOD treatment services ensuring contestability, transparency and value for money outcomes. Commissioning of Adelaide PHN-funded AOD treatment services takes a population health-based approach and aligns with, but not duplicating, services commissioned and provided by Drug and Alcohol Services SA (DASSA) (Adelaide PHN, 2020).

Adelaide PHN is also required to demonstrate achievement towards the following outcomes as set out in the Department of Health's PHN Program Performance and Quality Framework:

- Long-term outcome: People in the Adelaide PHN region are at decreased risk of harm associated with drug and alcohol misuse
- Intermediate outcome: Local workforce has suitable cultural and clinical skills to address health needs of the Adelaide PHN region (Department of Health, 2018).

INTRODUCTION

The Adelaide PHN submits the following response to the stakeholder consultations into the review and revision of the National Alcohol and Other Drug Workforce Development Strategy (NAODWFDS). In making this submission, Adelaide PHN recognises that some of the issues identified in the NCETA Consultation Paper are beyond the scope of its remit as a funder of treatment services. Hence this submission only addresses those WFD issues that Adelaide PHN has a direct involvement in and / or which may impact its commissioned service providers.

Adelaide PHN acknowledges that people (either employed or voluntary) delivering interventions as part of an AOD treatment service should be provided with opportunities to progress their skills and knowledge through workforce development (Adelaide PHN, 2020). As such, Adelaide PHN asks its commissioned AOD treatment services to demonstrate their commitment to workforce development in service and activity planning processes and reports (Adelaide PHN, 2020).

In its 2020 AOD Treatment and Quality Framework, Adelaide PHN recognises that the:

1. AOD workforce is comprised of a variety of roles and professions
2. Qualifications of the workforce will vary depending on the programs and interventions being delivered (Adelaide PHN, 2020).

Adelaide PHN also notes that, nationally:

- Most workers have been employed in another sector prior to joining the AOD workforce with the most common pathways being from the health and community sectors e.g., primary health care (18%) and mental health (18%)
- Approximately half (58%) of the AOD workforce hold an undergraduate degree or higher while 46% have AOD qualifications at a vocational or tertiary level
- Approximately two-thirds (65%) of client service workers hold vocational or tertiary AOD qualifications
- Approximately half (57%) are employed in the non-government sector
- Two-thirds (65%) report lived experience (personal, family, other) of AOD-related issues (Skinner, McEntee & Roche, 2020).

In the absence of localised workforce data, it is assumed that the AOD workforce in the Adelaide PHN region is reflective of the national workforce in terms of knowledge, qualifications, and experience (including lived experience).

GENERAL WFD QUESTIONS

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

Key issues impacting the Adelaide PHN-commissioned AOD workforce include:

- Changing service delivery models and a greater reliance on digital health / online service delivery due to COVID-19. This growth in digital and online service provision will require an accompanying commitment to capacity building / skills development to ensure that organisations and their staff are able to and / or comfortable with using digital and online platforms.
- Growth in the proportion of the service delivery system provided by the NGO sector particularly through PHN commissioning of AOD treatment services. This in turn, raises issues about the recruitment and retention of AOD workers into the NGO sector and ensuring appropriate, stable and equitable remuneration and clear and well-developed career pathways.
- Increased focus on measuring client outcomes rather than client outputs and ensuring that the workforce is upskilled to utilise outcome measurement tools.

- 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 planning, development and provision and ensuing that this workforce is supported and provided with appropriate workforce development opportunities.
- Increasing recognition of the importance of consumer representation and participation in both service development and delivery.
- A larger number of early career workers in the AOD sector and the concomitant ageing of the workforce and the need for appropriate professional support, remuneration and career pathways.
- The need to identify and address AOD workers' wellbeing, and the implementation of appropriate strategies to address worker stress and burnout.
- Ongoing challenges related to the stigma associated with AOD work (including vicarious trauma and compassion fatigue), and which may in turn impact worker wellbeing, recruitment and retention.

Discussion question 2: 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?

Key short-term actions could include:

- Review and improve funding models to ensure AOD services are effectively able to build their capacity while delivering effective services.
- Examine the marketing of the AOD sector as a career option and as a sector employer of choice and develop and implement public campaigns to address stigma associated with AOD work.
- Develop and promote recruitment pathways into the AOD sector from related fields (e.g., public health, community services, mental health).
- Address remuneration and other employment conditions for AOD workers to achieve parity with similar sectors (e.g., mental health).

Key longer-term actions could include:

- Develop and implement a national AOD workforce census to:
  - Identify accurate and representative data on the AOD workforce
  - Better understand the WFD needs of the AOD workforce
  - Use the results to guide workforce planning and WFD initiatives.
- Build and support structured career pathways within AOD organisations and the sector in general, including pathways into leadership and management roles.
- Implement programs and strategies to increase the accessibility of professional development, clinical supervision and practice support for the AOD workforce.

Discussion question 3: 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?

Key WFD priorities for specialist AOD workers include:

- Ongoing access to appropriate clinical supervision and practice support. Organisations may also need to ensure that if clinical supervision is offered internally that line managers do not provide clinical supervision to staff that report directly to them. This will assist in a clearer and more appropriate separation of the line and clinical supervision roles.
- Increased accessibility and support for accessing advanced training (e.g., funding support for backfill costs).
- Development and implementation of programs to address worker wellbeing (e.g., burnout), including addressing secondary stigma that may be associated with AOD work.
- Strategies to build and improve career development pathways.

Discussion question 4: 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?

Key priority issues and potential strategies for generalist AOD workers include:

- Better integration of AOD content into pre-employment training at vocational and tertiary levels with direct input from the sector (i.e., frontline service providers) to ensure that it is appropriately aimed at the target audience.
- Increased accessibility to AOD-related training and professional development for established workers who wish to enhance their knowledge base and skills and improve their opportunities for career progression.
- 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.

PRIORITY GROUPS

Discussion question 5: 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?

Domain 3 of the Cultural Respect Framework for Aboriginal and Torres Strait Islander Health highlights the importance of health service and organisational culture building a workforce that is appropriately skilled, supported and resourced to influence and provide accessible, culturally responsive, and safe services for Aboriginal and Torres Strait Islander people and communities (Australian Health Ministers' Advisory Council, 2016).

Priority issues for Aboriginal and Torres Strait Islander AOD workers include:

- Targeted employment strategies and initiatives, including the allocation of adequate resources are utilised to ensure that Aboriginal and Torres Strait Islander people can work in all areas of the AOD sector e.g., clinical, and non-clinical (Australian Health Ministers' Advisory Council, 2016).
- The cultural knowledge, expertise and skills of Aboriginal and Torres Strait Islander workers are reflected in AOD service models and practice (Australian Health Ministers' Advisory Council, 2016).
- AOD services consider identifying and remunerating cultural professionals (e.g., cultural brokers, traditional healers) to assist in understanding the health beliefs and practices of Aboriginal and Torres Strait Islander people (Australian Health Ministers' Advisory Council, 2016).
- Aboriginal and Torres Strait Islander people who are employed in Aboriginal AOD worker roles are provided with regular capacity building, mentoring and ongoing career progression opportunities.
- Workers are provided with culturally safe training and support mechanisms.
- Mainstream AOD services need to ensure that cultural needs and knowledge are built into workplace policies and practices.
- Ongoing education, training and professional development should be available and accessible for both new and established workers.
- Recognising that many Aboriginal AOD workers may have experienced trauma, and ongoing challenges from excessive workloads and demands, workplace programs and actions need to address the wellbeing of Aboriginal AOD workers by increasing access to social and emotional wellbeing programs in the first instance (Roche, Trifonoff, Fischer, 2019).

Discussion question 6: Thinking about other 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?

Key issues for AOD and other peer workers include:

- Greater utilisation of dedicated peer / lived experience workers to provide non-clinical input to AOD treatment interventions will assist to build connections between clients and services (Adelaide PHN, 2020).
- Ensure that education, training and professional development is available and accessible for new and established peer workers.
- Implement strategies to support the recruitment and retention of peer workers.
- The need for training and professional development to develop particular knowledge, skills or abilities.
- Implement programs and actions to address the wellbeing of peer workers and which also meet their unique needs
- Ensure that potential peer workers with spent criminal convictions are not unreasonably excluded from peer roles.

The National Mental Health Commission identifies six core principles to guide the workforce development needs of lived experience / peer workers and which could also be applied to the AOD peer workforce. They include:

1. Co-production – engaging all stakeholders in equal and respectful partnership and asking peer workers to identify WFD issues including current needs and gaps
2. Maintain the integrity of lived experience work by ensuring that all work is consistent with the values of lived experience work
3. Create the conditions for a thriving workforce by developing flexible, client focused (and / or recovery-oriented) workplaces
4. Respond to diversity by engaging with diverse communities to ensure that all aspects of service delivery meet their needs

5. Reduce coercive and restrictive practices to ensure that lived experience workers are not placed in positions where they are expected to support coercive or restrictive practices in their workplace

6. Support systemic change and professionalisation of the lived experience workforce (Byrne, Wang, Roennfeldt et al., 2021).

Adelaide PHN notes that the National PHN Mental Health Lived Experience Engagement Network (MHLEEN) was commissioned by the Australian Department of Health to work collaboratively with the National Mental Health Commission to:

- Develop annual workplans
- Identify workforce needs and gaps
- Set annual targets to build the capacity of peer mental health workers.

Establishing a similar body within the AOD sector to work alongside the National Peak Body and the State/Territory peaks would assist to further identity and address the WFD needs of the AOD peer workforce.

Discussion question 7: 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?

Key priorities include:

- 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 and or Torres Strait Islander
    - 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.
- The Adelaide PHN AOD Treatment and Quality Framework also requires mainstream services delivering programs to Aboriginal and Torres Strait Islander people to employ Aboriginal workers and to work with community to plan and co-design these services (Adelaide PHN, 2020).

Discussion question 8: 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?

LGBTIQA+ Communities

Key priorities for LQBTIQA+ communities include:

- AOD workforces are supported to identify, assess, analyse and manage risks to ensure the cultural safety of their service for LGBTIQA+ service users.
- Encourage awareness of the additional barriers LGBTIQA+ communities experience when accessing AOD services, including stigma and discrimination
- Promote access and equity to services
- Prioritise diversity in recruitment and cultural safety of LGBTIQA+ AOD workforce in the workplace
- Ensure the comprehensive and systemic implementation of LGBTIQA+ inclusive practice training and knowledge-building into existing workforce development schedules that supports a culture of ongoing learning and reflection in AOD organisations (Jones, Fairchild, Carman et al., 2020).
- Ensure staff are trained in how to confidently demonstrate affirmative and respectful responses to disclosure by service users, collect and manage data in a sensitive, lawful, and inclusive manner, to support improved data collection about LGBTIQA+ populations (Jones, Fairchild, Carman et al., 2020). In developing its AOD Treatment and Quality Framework, Adelaide PHN consulted with key LGBTIQA+ key stakeholders who identified that:
    - LGBTIQA+ communities had substantially higher rates of substance use compared to the general population, often associated with social determinants such as social isolation, and limited social supports particularly for younger and older people.
    - Substance use behaviours vary across LGBTIQA+ communities, and AOD treatment services require ongoing training, support and partnerships with LGBTIQA+ organisations and communities to support understanding of contemporary needs and issues across various population intersections and life stages
    - Stigma and discrimination were noted as substantial barriers to accessing local AOD treatment services, as was the lack of appropriately and inclusive trained service providers and a peer workforce (Adelaide PHN, 2020a).

The Adelaide PHN AOD Treatment and Quality Framework acknowledges LGBTIQA+ communities as a priority group / population requiring improved access to targeted and considered interventions. To this end, Adelaide PHN has funded the first LGBTIQA+ AOD – specific service in South Australia. While this is an important first step it is also imperative that a range of WFD issues are addressed by mainstream AOD services including:

- Being more attuned to the needs of diverse communities including LGBTIQA+ people, particularly in relation to addressing stigma and discrimination and increasing LGBTIQA+ affirming practices
- A greater willingness to explore the intersection between AOD use and sexual/gender identity
- Greater utilisation of peer / support workers to engage with LGBTIQA+ community members.

Older People

Key WFD priorities for addressing the needs of older people include:

- Services being more responsive to increasing harmful use of prescription medications, and the increased effects of illicit drug use and alcohol
- Better recognition of older people being more susceptible to alcohol, tobacco, and other drug problems as a result of physiological changes associated with the ageing process, difficulties with pain and medication management, isolation, poor health, significant life events and loss of independent living (Adelaide PHN, 2021).

To address the WFD needs of AOD services responding to older people, in 2020, Adelaide PHN commissioned the National Centre for Education and Training on Addiction (NCETA) to undertake an *AOD Treatment Services Mapping, Research and Planning Project*. The study found that while older people are under-represented in AOD treatment services, the evidence suggests that they respond well to appropriate interventions. Responses to this issue should not be confined to tertiary treatment services with primary health care, harm reduction and generalist and specialist health services also having important roles to play (Fischer et al. 2021).

In relation to specific changes / enhancements to service delivery the study identified that instead of developing stand-alone services for older people, it is more appropriate to enhance the capacity of existing models of health service provision to better cater for the needs of older people with AOD problems (Fischer et al., 2021). A series of recommendations were identified to achieve this including the following two WFD recommendations:

- Undertake workforce development activities to enhance responses among primary, secondary and tertiary health and welfare workers to address the needs of older people with AOD use issues.
- Undertake workforce development activities to enhance responses among AOD workers to older people with AOD use issues.

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?

Key priorities include:

- Upskilling AOD workers to respond to other health issues and upskilling generalist and specialist workers from other sectors to respond to AOD problems.
- Promote within-service holistic wrap-around client care.
- Improve collaboration between AOD and other health services (adopt a no wrong door approach).
- Promote and support client empowerment, individualised, client-driven treatment and being comorbidity-prepared.
- Upskilling the primary health sector to identify and deliver consistent care to people experiencing AOD issues.
- Screen at health system entry points for substance use problems including a greater focus on upskilling GPs and GP practices to conduct screening and brief interventions.

It should be noted that in undertaking these activities, the potential for 'watering down' or deskilling AOD workers must be avoided.

Domain 4 of the National PHN Guidance - Initial Assessment and Referral (IAR) Decision Support Tool for mental health care acknowledges the impact of co-existing conditions and provides guidance to mental health workers on assessing a person's AOD use and the impact this is having on their mental and physical health (Department of Health,2020). In implementing the tool, PHNs across Australia ensure that services implement processes and systems to screen for AOD use during the initial assessment and referral of individuals presenting with mental health conditions in primary health care settings (Department of Health, 2020).

Examples of recent initiatives undertaken by Adelaide PHN to support integrated care between the AOD and mental health sectors include:

- Commissioning Mission Australia to deliver the Partners Toward Wellbeing Comorbidity program – aimed at providing counselling and support for people experiencing AOD issues and co-existing illnesses. Mission Australia provides AOD services including e.g., screening, assessment and counselling and they have formally partnered with a Primary Mental Health Care service to provide concurrent mental health interventions. From a WFD perspective, all Mission Australia staff working on the program are required to have undertaken the National Comorbidity Guidelines training.
- headspace centres funded by Adelaide PHN operate on a consortium model to deliver primary care (physical and sexual health services), mental health, AOD services, and vocational education to young people. The consortium model is designed to ensure that services work together to reduce cost and service duplication and that young people are provided with integrated and coordinated care.

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?

Key issues include:

- Activity-based funding models and short-term funding arrangement may adversely impact services' workforce planning and WFD resources.
- The WFD implications of funders moving to outcomes-based funding approaches and the need for appropriate training and related workforce development initiatives for AOD workers in the use of mandated outcome measures will need to be addressed. This will also need to be accompanied by the provision of ongoing workforce support to ensure good data collection and reporting practices. For example, Adelaide PHN has mandated the use of outcome measures i.e., Australian Treatment Outcomes Profile (ATOP) and the Alcohol and Drug Outcome Measures (ADOM) with its commissioned service providers to ensure that there is a greater focus on measuring client outcomes rather than client outputs and ensuring that the workforce is upskilled to utilise outcome measurement tools.
- Meet the need for a greater focus on e-health service provision and the challenges associated with enhanced service integration e.g., between the primary health, mental health and AOD sectors.
- Reduce the stigma experienced by AOD clients attending specialist and non-specialist services.

Discussion question 11: 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?

Key recruitment and retention priorities particularly for the NGO AOD sector include:

- Appropriate remuneration linking pay rates to qualifications.
- Remuneration parity with other health sectors e.g., mental health and with State / Territory government AOD services.
- Promoting the AOD sector as a sector employer of choice to people undertaking tertiary studies.
- Establish and utilise ongoing student and volunteer placement programs.
- Longer-term funding agreements and guaranteeing better job security.

- Build in professional development opportunities into organizational funding agreements and employee contracts.
- Support programs to orientate, train and develop workers new to the AOD sector.

To support effective recruitment and retention in the AOD sector consideration should be given to developing and implementing credentialling pathways:

- To date, and unlike the mental health sector, the AOD sector has not focused on developing and implementing credentialling pathways / guidelines for the AOD workforce.
- Adelaide PHN has developed credentialling guidelines (essentially aimed at the Primary Mental Health Care Sector but are also designed to address the needs of AOD service providers) to:
    - Support Commissioned Service Providers employ appropriately credentialled workers
    - Provide consistent advice / guidance in relation to the employment of appropriately credentialled staff (Adelaide PHN, 2022).
- Under the Adelaide PHN Credentialling Guidelines, to be able to work in the AOD sector, it is highly desirable that workers with a relevant health, social or behavioural science related tertiary qualification complete the four competencies contained in the CHCSS00093 – Alcohol and Other Drugs Skill Set (Release 1) (Adelaide PHN, 2022).

Priority WFD actions to address recruitment and retention issues include:

- Developing and promoting entrance pathways into AOD work, incorporating training and credentialling pathways.
- Implementing well-defined career pathways.
- Identifying and responding to worker stress and burnout.

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

Using a population health approach, the Adelaide PHN acknowledges that the following drug types cause the most harm in the Adelaide PHN region: alcohol; methamphetamines; non-medical use of pharmaceuticals including opioids, benzodiazepines, analgesics, and anxiolytics; cannabis; and other drugs of concern such as tobacco, ecstasy and cocaine (Adelaide PHN, 2021).

It is also recognised that the following issues impact the AOD sector within the Adelaide PHN region:

- 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 / misuse of atypical antipsychotic medicines
- 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 minimum educational qualification standards for specialist AOD workers be implemented in all jurisdictions?

While this is an important issue for the AOD sector requiring further consideration and investigation, it is beyond the parameters of the work of the Adelaide PHN.

Discussion question 14: 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?

Key vocational education issues and priorities impacting the AOD workforce within the Adelaide PHN region (these may also be relevant for AOD workers throughout other regions in Australia) include (but are not limited to):

- Better understanding the degree to which the current AOD vocational qualifications (Certificate IV/ Diploma in AOD, AOD skills set) are accessible to AOD workforce
- Identifying the key barriers to workers gaining these qualifications and strategies to improve accessibility
- What are the major gaps in the current set of AOD qualifications that impact on workers' capacity and effectiveness?
    - Are there particular skill sets that need to be added?
    - Are there particular areas of knowledge that need to be added?
- 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?

In developing its Credentialling Guidelines, in 2021 Adelaide PHN sought feedback from its AOD commissioned service providers about the CHC43215 - Certificate IV in Alcohol and Other Drugs. Information was sought about its accessibility and availability, content (e.g., usefulness and appropriateness) and whether it is producing work ready AOD staff. The consensus was that:

- Following changes to the TAFE system in South Australia while the training is accessible via online delivery, access to face-to-face delivery is limited.
- While the cost of the qualification is approximately $4,000 per student, organisations and staff can apply for subsidies from the South Australian Government.
- Industry based training provided by AOD Registered Training Organisations (RTO) (i.e., industry-based training delivered by providers that have worked in the sector using contextualised materials and tools) is preferrable to training provided by TAFE colleges or private non-industry-based RTOs.
- A number of service providers do not require their staff to complete the Certificate IV particularly if they already have other tertiary qualifications (e.g., psychology, social work).
- Peer workers (particularly those who do not have other existing relevant qualifications) are more likely to be asked to complete the Certificate IV as part of their employment contract.
- There appears to more of a focus on encouraging / supporting staff to complete the four essential core competencies:
    - CHCAOD001 - Work in an alcohol and other drugs context
    - CHCAOD004 - Assess needs of clients with alcohol and other drugs
    - CHCAOD006 - Provide interventions for people with alcohol and other drug issues
    - CHCAOD009 - Develop and review individual alcohol and other drugs treatment plans.
- The Certificate IV contains useful information about the fundamentals of AOD and AOD work, assessment and treatment planning and brief intervention models.
- Counsellors, case workers and managers need higher level qualifications to manage clients with more complex presentations / multiple morbidities
- On its own, the Certificate IV is insufficient to produce work ready AOD staff except for AOD support staff e.g., peer workers. The training should be accompanied by appropriate field work and mentoring and support from more experienced staff.

Potential strategies to improve the AOD vocational education system include:

- Based on the above, it is imperative that new and existing workers in the AOD sector are provided with suitable education and training opportunities that are conducted by the AOD sector i.e., industry-specific and industry-controlled.

- Adelaide PHN recommends that the review and revision of the National AOD WFD Strategy provides an excellent opportunity for a comprehensive review and potential overhaul of the CHC43215 - Certificate IV in Alcohol and Other Drugs with a view to making it more accessible and appropriate for new and existing workers.

Discussion question 15: 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.

Key priorities include:

- Strategies to increase accessibility of PD, for example:
  - Scholarships and other programs to reduce financial burden on workers and organisations
  - Increasing the availability of online delivery
  - 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.

Potential strategies include:

- Conduct a national review of AOD professional development programs and opportunities to identify major gaps and strategies for improvement.
- Develop and implement professional development plans for all new and existing AOD workers
- Develop guidelines to assist AOD service commissioners nationally to:
  - Incorporate workforce development requirements into their request for tender documents (e.g., including the requirement for clinical supervision, training, backfilling etc.)
  - Assess tenders to determine whether they will satisfactorily meet the workforce development needs of workers in proposed services.

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?

Acknowledging the impact of COVID-19 on service delivery and staff and recognising recent technological developments, key priorities include:

- Improving the digital literacy of the AOD workforce to adapt to an ongoing requirement for hybrid service delivery models involving a mix of face-to-face and online treatment provision. This may include:
    - Upskilling workers in online service delivery / telehealth provision
    - Supporting workers with strategies to engage with clients who are reluctant / resistant to use digital technology or who may lack access to such technology.
- Expanded opportunities for online professional development including participation in webinars and attendance at digital conferences.

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?

As outlined in the response to Question 2, key priorities include:

- Conducting a regular and comprehensive national AOD workforce census (at least every three to five years) to assist workforce planning, and enable ongoing workforce monitoring, mapping and progress, and assist in WFD priority setting.
- Using the findings from jurisdictional AOD workforce data collections to identify workforce characteristics, diversity, organisational structures, employment intentions and to inform jurisdictional and national WFD initiatives.

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

Key priorities include:

- Ongoing monitoring of the implementation of the revised Strategy with input from key stakeholders including Commonwealth and State / Territory governments, peak bodies and PHNs.

- Developing outcome measures to assess the effectiveness of the Strategy in addressing the AOD sector's WFD needs and initiatives.
- Periodically reviewing the outcomes of the Strategy's WFD initiatives with input from Commonwealth and State / Territory governments, peak bodies and PHNs

FINAL

Are there any other questions or comments?

Not applicable.

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