National AOD Workforce Development Strategy

Submission By:
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Discussion Questions

*Please note that BSPHN contributed to the national PHN submission. That submission timeline didn't allow for a wider consultation. This BSPHN submission includes regional feedback including from Service Providers.

References used to respond to questions:

1. *Progressing a Localised Alcohol and Other Drug Workforce Development Strategy 2019-2022: Consultation Report & Recommendations,* Developed for Brisbane South Primary Health Network (PHN) by The National Centre for Education and Training on Addiction (NCETA), Flinders University, December 2019
2. Responding to the Urgent COVID-19 Policy and Funding Needs of the Alcohol and Other Drugs Sector , Supplementary 2020-21 Pre-Budget Submission 115786_ST_VINCENT_DE_PAUL_SOCIETY_-_SUBMISSION_2.pdf
3. Brisbane South PHN Health Needs Assessment 2022-23 to 2024-25 Report
4. PHN Youth AOD Network consultation, 2021
5. Discussions with BSPHN Aboriginal and Torres Strait Islander Programs Manager
6. Discussions with BSPHN Program Manager- Multicultural Health
7. BSPHN funder AOD Service Providers regional and individual perspective from verbal conversations and Quarterly Meeting minutes.

GENERAL WFD QUESTIONS

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

- Stakeholders in the Brisbane South PHN identified recruitment and retention as key WFD priorities within their region and the need for external supervision and mentoring for AOD workforce, for both clinical and non-clinical AOD roles.
- The Brisbane South Mental Health, Suicide Prevention and Alcohol and other Drug Strategy highlighted the importance of growing and developing the region's lived experience workforce.
- Capacity building for GP to better support patients who are experiencing AOD related concerns.
- Upskill & increase school-based support staff and Youth specific services knowledge on AOD related concerns including prevention, harm minimisation, & brief interventions.
- WFD in MH sector around AOD brief intervention and harm minimisation, to better support clients with dual diagnosis and co-morbidities
- Prioritising holistic and integrated model of care between MH, AOD and psychosocial services to reduce ongoing wrong door approach.
- Address the ongoing stigma and discrimination that creates barriers to a holistic and integrated model including among primary care providers.
- Cultural capacity building to support engagement for clients from a culturally diverse background and greater capacity building to support the Aboriginal and Torres Strait Islander AOD workforce.
- Ongoing evolution of service delivery due to Covid indicates preference for a person-centred approach through multimodality offering- Phone, Skype/Zoom and in person.

With this comes need for increased WFD on performing risk assessments and relationship building, delivering groups on multiple platforms.

- Improve data capture around AOD service clients and workforce to support and inform WFD needs.

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?

- Developing and implementing public campaigns to address stigma associated with AOD use and AOD work. Which in turn would support recruitment pathways into the AOD sector from related fields (e.g., public health, community services)

Short term and ongoing, System level

- Reduce ongoing wrong door approach between MH and AOD, foster integrated/connected care. MH and AOD are specialties in their respective fields but WFD required around brief intervention, referral pathways and harm minimisation across MH and AOD to reduce instances of e.g. persons being turned away from MH support due to using substances.

Short term and ongoing, System level

- Encourage all new workers to develop a core set of AOD knowledge and skills so that services are staffed by appropriately trained and skilled personnel. Support the development of specialist and advanced education and training for the AOD workforce.

Short term to medium term, System (including tertiary) and organisational level

- Four priority workforces having specific workforce development needs:
    - Aboriginal and Torres Strait Islanders
    - Workers with lived experience
    - Primary care/general practice
    - MATOD prescribers and dispensers.
  - Support progress towards a core AOD capability framework, including the lived experience and non-clinical workforces
  - Clearly define required attitudes, values, knowledge and skills for AOD service delivery
  - Consider cross agency placements with relatively senior staff.
  - Encourage work experience opportunities in AOD services for senior high school students
  - Enhance placement opportunities and promote of placement in AOD sector of students from TAFE and university.

  All Short term to medium term, System (including tertiary), organisational and worker level

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?

- Workforces identified by stakeholders as requiring WFD initiatives included:
  - Developing AOD lived experience workforce, stakeholders noted that there were less of these workers compared to the mental health sector
  - Recruitment of OST prescribers and dispensers in response to an ageing authorized prescribing and dispensing workforce and an unmet need for treatment.
- Support the development of specialist and advanced education and training for the AOD workforce.
- Stakeholders noted that few disciplines provided advanced training in AOD knowledge and skills, as is the case with medical practitioners (who were able to be registered as Addiction Specialists).
- Increase scholarship opportunities and backfill to cover costs and allow staff to undertake training
- Increase secondment opportunities across sector to build capacity as a whole.
- AOD worker scope has increasingly widened to support around homelessness, domestic violence, increased risk of suicidality and Child Safety. WFD strategy to increase knowledge of the above, each specialist organisation offers training and around specialist knowledge and AOD sector provide them with specialist training. Delivered in a multi-agency setting to strengthen relationships and understanding across the whole of sector. A commitment would be needed at a local level for all to contribute training sessions and a level of co-ordination would be needed.
- WFD to service providers to support internal peer workforce placements and positions.

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?

- WFD to Youth services around AOD to support and integrated model of care for a young person.
- Aim to support increased knowledge and reduction of stigma and discrimination within primary health care system. Enhance tertiary education around AOD knowledge (harm minimisation, early intervention, health literacy, client's rights, trauma, etc) within university settings including clinical degrees.
- Increase opportunities for training and collaboration with AOD service setting to build relationships

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?

- Many Aboriginal and Torres Strait Islander workers encounter challenges including:
    - High turn over of Aboriginal and Torres Strait Islander workforce within AOD settings. Lack of organisations cultural capacity to meet the needs of culturally diverse workforce and ensure they feel cultural safe. Implement cultural safety strategies, collaboration with Aboriginal and Torres Strait Islander community organisations to guide this offer culturally safe supervision. Investment would be needed to support this approach
    - Heavy work demands & community expectations of local workers to respond after hours. Organisations not acknowledging or recognising the burden of duel role. Support to guide organisations to support Aboriginal and Torres Strait staff whilst also wellbeing professional development strategies embedded to support workforce.
    - Dual forms of stigmatisation stemming from attitudes to AOD work and racism. Building the cultural capacity of AOD organisations whilst increasing skills and knowledge around AOD within generalist services could address some of this.
    - Difficulties translating mainstream work practices to meet the needs of Indigenous clients. Investing in tailored clinical interventions from a cultural lens.
    - Dealing with clients with complex comorbidities, health and social issues. Professional development around trauma and vicarious trauma to support the workforce
    - Lack of cultural understanding and support from non-Indigenous health workers. Embed cultural competency development as a key part of training and development. Professional development plans that look at ways learning form training is embedded into practice.

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

- AOD lived experience workforce challenges include:
    - Clarifying the types of roles lived experience workers should be performing
    - Accessing education and training opportunities, including the development and implementation of core competency frameworks
    - Career pathways
    - Leadership responsibility
    - Ongoing supports e.g., clinical supervision
- Develop and implement a specific AOD lived experience workforce development plan addressing
- Recruitment and retention,
- training for managers of lived experience workers

- Organisational support for policies and procedure.

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?

- Encourage non-Aboriginal workers to build cultural capacity for responding more effectively to the needs of Aboriginal and Torres Strait Islander communities
- Youth Peer lead group 15-29 years old potential for funding to upskill them to support ongoing growth (Youth Hubs)
- Need for WFD around inherent and generational trauma in Aboriginal and Torres Strait Islander communities and AOD use as a coping mechanism
- Vaping and Cannabis
- Outreach work for detox and post detox support into Aboriginal and Torres Strait Islander communities
- WFD around where to refer for appropriate referral support
- AOD & cultural competency training for pharmacists especially around prescription medication, brief intervention and harm minimisation
- Upskilling school-based staff around AOD, brief intervention, harm minimisation and referral processes as a harm prevention strategy, reduction in stigma and discrimination and support for youth.
- Support and upskilling for families and community
- Upskilling first responders
- Medium and long term- target university/TAFE students across the board (teaching, pharmacy, medicine, first responders) for upskilling around AOD & cultural competency

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?

- Building the cultural competency of the workforce to better meet the needs of service users from a culturally diverse background. Increase non CALD service providers capacity to deliver services to CALD population through training and increased partnerships with CALD specific services for secondary consults.
- Services not utilizing funding for interpreter use and workers not comfortable communicating through interpreters
- Lack of data collected on clients around cultural and linguistic background, so we don't know size of AOD concerns among this group.
- WFD to natural leaders (people of influence in a community e.g. community leaders) to upskill around brief interventions, referral points, breaking down stigma. Natural leaders may be the first point of contact for many members from culturally and linguistically diverse communities. Upskilling them and breaking down potential stigma and

discrimination around AOD use and accessing support may increase community members seeking support.

- Build CALD workforce within AOD sector and develop integrated outreach positions within CALD specific services or services that engage with large proportion of higher risk community within CALD populations e.g. Young people involved in the criminal justice system, Victims of trauma
- WFD focusing on offering alternative pro social activities that young people from CALD backgrounds perceive as culturally safe.

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?

- Integrated holistic mental health AOD/ Psychosocial support services for child and youth and equivalent model for adults.
- International example: Safeguarding children & young people : Manchester Safeguarding Boards (manchestersafeguardingpartnership.co.uk)- Integrated way of working commitment from all organisations to participate and deliver training, work together to overcome barriers in supporting young people and families.
- Establish a region-wide community of practice Support staff exchanges (e.g., job shadowing) across services and sectors to enhance understanding of workers' roles and responsibilities
- Promoting the benefits of OTP and the rewards of being an OTP prescriber through GP training programs
- Supporting and promoting "shared care" arrangements between Addiction Medicine Specialists and potential general practice (GP) prescribers

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?

- PHN's are limited around funding models that can be utilised due to Department of Health requirements. PHN's hold limited funding amounts for the AOD workforce number of funders hold WFD funds so siloed approach to priorities.
- Current Statewide PHN AOD mapping project could be utilised to respond to this further but project not yet finalised.

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?

- Service providers identify that recruitment is a challenge as workers from other fields have limited knowledge around AOD issues and the disparity between pay awards between the AOD sector and Mental Health sector is large. This makes AOD sector less appealing to potential employees.

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?

- Alcohol
- Cannabis
- Methamphetamine

Discussion question 13: Should minimum educational qualification standards for specialist AOD workers be implemented in all jurisdictions?

QNADA and service providers are doing a submission and this would be better responded to by them.

- Service Provider, regional and other consultation feedback:
  - Encourage work experience opportunities in AOD services for senior high school students
  - Enhance placement opportunities and promote of placement in AOD sector of students from TAFE and university.
  - Support discipline-based development of advanced AOD education and training
  - Support progress towards a core AOD capability framework, including the lived experience and non-clinical workforces
  - Support further inclusion of AOD training within the tertiary education sector

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?

QNADA and service providers are doing a submission and this would be better responded to by them.

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.

QNADA undertaking project around supervision. They, and service providers, would be better to respond in detail to this

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?

QNADA and service providers are doing a submission and this may be better responded to by them.

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?

- Expanded data is required to match needs against the planned service delivery system
- AOD-NMDS could collect practitioner data items (client data is sensitive/possibly damaging, practitioner demographics/experience/priority population membership items could be useful for national evaluations). This would be similar to the PMHC-MDS which has 9 tabs in the extracts- The 'practitioners' tab contains 'ATSI status, gender, cultural capacity training, year of birth, practitioner category'. This would offer insights into the service delivery items
- The extent to which a national data collection could add value to existing jurisdictional data collections
    - AOD WFD dataset should be integrated into the Dept of Health's HeaDS UPP Tool (Health Demand and Supply Utilisation Patterns Planning).
    - The HeaDS UPP tool has established privacy and governance protocols, robust analytics and already integrates health workforce data with MBS, demographic data across a variety of geographic boundaries.
    - It is available to PHNs, RFDS and other agencies involved in workforce planning.

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

Development of an implementation plan

QNADA and service providers are doing a submission and this may be better responded to by them in terms of impact on service providers.

FINAL

Are there any other questions or comments?