National AOD Workforce Development Strategy

Submission By:
NSW/ACT PHN Alcohol and Other Drug Network (AODN)

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Background to submission

The AODN comprises 11 Primary Health Networks from NSW/ACT and includes: Capital Health – ACT; Central & Eastern Sydney; Hunter, New England & Central Coast; Murrumbidgee; Nepean Blue Mountains; North Coast NSW, Northern Sydney, South Eastern NSW; South Western Sydney; Western NSW; and Western Sydney PHNs.

One of the core roles of PHNs is to commission drug and alcohol treatment services to improve access and outcomes for consumers, which includes helping to build the capacity and capability of the AOD workforce. The AODN also works closely with the Network of Alcohol and other Drugs Agencies (NADA) to help support providers in workforce training and development opportunities.

This submission represents the key workforce development priorities and issues identified by the AODN, acknowledging that some questions are better addressed either by NADA or the AOD providers/workforce we engage with. Key questions answered include: Q1, Q2, Q9-Q11. Some points were also addressed in relation to Q3, Q5-Q8 & Q12-14. Q4, Q13, Q15-Q18 were not addressed. Please note that PHNs may also submit individual responses to highlight specific issues in the regions they cover.

Discussion Questions

GENERAL WFD QUESTIONS

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

Based on feedback and engagement with our stakeholders AODN would like to highlight the following priorities and issues:

- *Changing service delivery models including as a result of COVID-19/growth in digital and online service provision*

   AOD services need to continue to offer online/telehealth and other alternatives as a result of the pandemic as well as other natural disasters (i.e., bushfires, floods etc.) to be able to provide ongoing support to clients and help address access barriers. Brokerage funding has often been needed to help support clients to use and access technology.

   Advice and support for organisations about endorsed platforms for the provision of telehealth to ensure consistency across services is needed in conjunction with training to ensure the workforce are upskilled to utilise technology options to deliver high quality care digitally/online. Training should also be provided to enable group counselling work (both online and face to face) with general practice or other health professionals present (i.e., during a Shared Medical Appointment) to build support through collegial connections.

   Funding is required for services to upgrade technology and to develop evidence based easily accessible free online self-help resources.

   These changing models have also seen the need for additional workforce to connect and build relationships for psychosocial support services to the client.

- *The need for more specialised skill sets to address complex presentations*

  Services are reporting increased numbers of clients presenting with a range of complex issues. Capacity building is essential to develop skill sets to effectively engage and support priority population groups, who typically experience barriers to AOD treatment such as people who experience co-occurring mental health conditions and substance use, people who have experience of custodial settings, culturally and linguistically diverse communities, people of diverse gender and sexuality.

  The AOD workforce should be provided with development and training opportunities to help address these issues such as mental health comorbidity; mental health first aid; sensory modulation and other holistic supports such as lifestyle medicine interventions. Training should include using PREMs and PROMs to inform a service and client management plans and why they are of benefit to the client journey.

  There is potential to incorporate specialists into models of care who have knowledge and experience with AOD issues such the AOD criminal justice setting to involve AOD criminal behavior specialists or mental health specialists such as psychologists and psychiatrists to support clients with co-morbidity issues who experience significant barriers to accessing mental health services

- *Growth in the proportion of the service delivery system provided by the NGO sector*

  It is necessary to consider how to attract people with skillsets to support not only mild to moderate but clients with complex needs and when to escalate to LHD or more acute services. In order to attract and expand the workforce need to reduce the high attrition rates seen across the AOD sector and support employee retention. The NGO sector requires adequate resourcing to compete with pay and conditions offered by government employers and other sectors.

- *The need for greater capacity building to support the Aboriginal and Torres Strait Islander AOD workforce*

  There are significant issues regarding recruiting skilled Aboriginal AOD workers to areas of need, particularly in rural and remote areas. Identified needs and supports could include:
  - traineeships/scholarships/workplace assistance and mentoring to undergo relevant higher education;
  - workforce training and development for non-Indigenous managers of to aid retention and appropriate support for Aboriginal staff;
  - improved networking opportunities for Aboriginal staff across services especially given the low numbers of dedicated positions in mainstream services where staff are often the only identified position in an organisation, or one of only a few.
  - cultural support for currently employed Aboriginal AOD workers for them personally to get back to Country but also for them in a non-Indigenous dominant working to encourage cultural safety

- *Stronger emphasis on integration of the peer/lived experience workforce into service provision*

  There is a lack of formal strategy and guidelines to support the AOD peer workforce in NSW and how best to integrate the peer workforce into a model of care. Noting there is limited or no funding for peer work roles, and a gap in training for peer workers in AOD. There is no

equivalent to the Cert IV in Peer Support in Mental Health that is largely applicable to AOD settings and could be adapted to cater to Lived Experience work in AOD settings. The original project to develop these resources was funded by the National Mental Health Commission and delivered by MHCC.

- *Increasing recognition of the importance of consumer representation and participation service delivery*

This could be achieved through training to address stigma and discrimination, provided to the sector and delivered by Lived Experience trainers. NSW Users and AIDS Association (NUAA) have developed some accredited training in this area.

- *Recruitment, retention, capacity and capability building of the AOD workforce*

There are significant challenges for the AOD workforce with a number of issues impacting on recruitment, retention and capability that need to be prioritised and addressed. Many of these could be addressed by ensuring increased funding to the sector.

There is a larger number of early career workers in the AOD sector and a concomitant ageing workforce. This is impacted by stigma experienced by AOD workers and low funding resulting in lack of career progression for many early career workers. There needs to be a requirement for older workers to engage in ongoing training to remain up to date in treatment approaches.

There is also a need to address AOD workers' wellbeing and incorporate strategies to address stress, burnout and retention. This could include a requirement for clinical supervision in all services and meaningful wellness programs in workplaces. Increasing the workforce, salaries, education and wrap around services would help reduce burn out of this cohort of AOD workers and protect their wellbeing. Support needs to be offered to service providers to improve the ethos of their organisations to facilitate a staff AOD workers wellbeing focus.

To help address the ongoing challenges related to stigma of AOD work there is a need for systems that improve awareness and knowledge of complexity of AOD work. This could include incorporation of AOD modules in tertiary training, CPD for GPs, nurses, police; greater integration and networking opportunities for AOD workers into related treatment services; and NUAA accredited training as outlined previously.

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?

New funding models are needed to adequately resource the sector, with a focus on outcomes, enable service expansion, build capacity, and reflect the clinical complexity of drug and alcohol treatment.

Addressing remuneration and other employment conditions for AOD workers to achieve parity with similar sectors (e.g., mental health). Feedback from providers indicates that some staff are moving into government AOD roles with more attractive conditions.

Workers need employment security, with longer term contracts and increased support for wellbeing programs in AOD service provider NGOs.

The development of a national AOD workforce census to guide workforce planning and WFD could inform a workforce development action plan, relevant to each state, which comes with resourcing to enable actions to be implemented.

Developing and implementing public campaigns to address stigma associated with AOD use and AOD work. It is fairly well acknowledged that such campaigns are much needed however funding has not been available.

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?

Priorities for specialist AOD workers include access to clinical supervision and practice support and the funding and adequate resourcing to take staff away from frontline work to do this, and relevant strategies to build and improve career development pathways.

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?

Culturally safe training and support mechanisms such as peer forums and networks to share experiences, learning and should be considered. Workers are often employed as the only identified person in an organisation and need opportunities to connect with others.

Availability and accessibility of education, training and professional development for new and established workers including training for managers/supervisors and organisations also needed.

Ensure cultural immersion for Aboriginal staff and cultural support as workers within organisations

Increased funding allocated specifically to target treatment for Aboriginal communities and funding requirements that don't preclude ACCHOs from accessing this funding, so that this workforce is supported within an Aboriginal services organisation.

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):

(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?

Priority issues include transport and safety. AOD workers needing to deliver services in rural, regional, remote (RRR) communities do so at a personal safety risk and require additional funding to ensure at least two staff to travel together. Transport is never included in the funding and this needs to be addressed for RRR communities.

Integrated collaboration amongst this group needs to be supported. It is often challenging to get all players to the table in these communities.

Corrections workers would benefit from AOD foundational training as well as training in trauma informed care. The Community Restorative Centre based in Sydney provide AOD support to people exiting custody and hold expertise in this space.

Opportunities for peer workers to access local forums and networks to share experiences, learning and support each other. Training also needed to prepare an organisation for peer work before they recruit. Manager/supervisor training needed for non-peer managers of peer workers.

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?

A welcoming and safe environment that quickly establishes if clients identify as Aboriginal. Staff need to be trained to ensure they are comfortable asking questions regarding people who identify as Aboriginal. Potential to utilise NADA cultural guidelines or others to ensure that services undertake cultural audits by recognised Aboriginal auditors to review process and procedures. This will help to address recruitment and retention of Aboriginal staff, providing a welcoming environment and use of practice strategies that engage Aboriginal people and their families.

Funding is also needed to increase recruitment of identified positions and ensure culturally appropriate models. Protocols for funding of organisations that demonstrate a standard of cultural competence should be incorporated. There should also be support to local ACHHOs to successfully tender for funding.

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?

This could include strategies such as;
- encouraging awareness of additional barriers to accessing AOD services these groups experience which can be achieved through training such as Rainbow Buzz provided by ACON;
- funding tailored service models that are evidence based in effectively meeting the needs of priority populations;
- revising the National Minimum Data Set to require service providers to include collection of data on diverse populations, for example people of diverse sexuality and gender.

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?

A core role of PHNs is to integrate health services at the local level to create a better experience for people. In order to achieve integrated care, the NSW and ACT PHNs recommend upskilling AOD workers to respond to other health issues as well as upskilling generalist and specialist workers from other sectors to respond to AOD problems such as mental health specialist workers to address co-occurring AOD.

Promoting within-service holistic wrap-around client care and improving collaboration between AOD and other health services is required for integrated care. One PHN has funded an integrated holistic model with AOD, mental health, Aboriginal and primary care services working in collaboration, which has already achieved some good outcomes, increased access and engagement for priority populations and enabled a more seamless journey for clients.

Screening at health system entry points for substance use problems would help support clients with complex needs - training needs to be comprehensive to provide holistic screening in order to identify AOD use.

Flexibility is required from funders to support holistic models. Current funding pools are restricted to only being used for mental health services or only AOD services. Data collection should be streamlined and made consistent between the different funding streams.

FUNDING MODELS RETENTION AND TRAINING

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

Activity-based funding models adversely impact WFD resources (particularly the additional WFD costs associated with providing services in rural and remote areas). There are often delays to confirmation of funding and low job security in short term contracts and uncertainty around its continuation. Longer term funding contracts are needed to create confidence and improve staff retention together with more significant funding to increase salaries and adequately resource programs.

There is a need for new funding models that adequately resource the sector, focus on outcomes, enable service expansion, build capacity, and reflect the clinical complexity of drug and alcohol treatment. There will be WFD implications of funders moving to outcomes-based funding approaches. Funding models are also needed to meet e-health and enhanced service integration challenges and should include approaches to reduce the stigma experienced by AOD clients attending specialist and non-specialist services.

Flexibility is required in the funding agreements to allow service providers to adjust service delivery models to meet changes in client/sector needs, this will involve training staff to meet these needs. In some cases, service providers have innovative ideas on how the funding can be utilised and administered to support workforce needs, but funding agreements can be too prescriptive, and consider most activities as out of scope.

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

There are a number of priority actions to support recruitment and retention including:

- reviewing and addressing remuneration, especially for frontline workers, to achieve greater parity with similar sectors (e.g., mental health, LHDs).
- supporting and increasing the capacity of AOD organisations to ensure adequate resourcing and staffing with better resourcing/funding to sector via Commonwealth and inclusion of CPI. There has been a lack of any COVID boost money, removal of SACS supplement, delayed announcements on continuation of funding and short-term contracts.
- developing and promoting entrance pathways into AOD work, incorporating training and credentialling pathways which includes holistic approaches and innovation concepts to support the client in a holistic way. Additional to this is 'family training' to increase support to the client in their home environment. Retention planning is required which includes a wellbeing work environment, including culture, increased salary and increased capacity of wrap around services.
- availability of free training across the sector with sufficient funding to cover all training requirements for the staff.
- utilisation of student placement opportunities for AOD service providers, this need to be supported by adequately resourcing providers to be able to provide required mentoring and supervision to students. This will help create recruitment pathways to the sector.
- offering internships programs for soon to be qualified AOD workers, possibly with a financial incentive for providers. This would encourage employment in the sector benefiting both workers and providers.
- clearer career progression options and adequate funding for external networking events/ conferences
- de-stigmatising AOD from an educational standpoint (e.g., at school or tertiary education level)

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

Some PHNs noted that there is not a huge variation between substances, however, acknowledge strategies are needed to target those areas where 'ice' (methamphetamine) is highly problematic.

Alcohol abuse or misuse continues to be a concern across all sectors. In particular due to COVID restrictions and increased availability of alcohol (due to home delivery services), there has been a definite increase in the use of alcohol and in the number of relapses reported by clients of our services.

Prescription medications were also noted of concern by our stakeholders and often not addressed adequately with lack of community knowledge about the issues.

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?

Consider scholarships to remove financial barriers for AOD vocational qualifications (Cert IV/ Diploma I AOD, AOD skills set). As outlined earlier there are skill sets that need to be added such as co-occurring needs; Cert IV Peer Work Qual to be catered to AOD WF; lifestyle medicine skill set to support AOD workers look at the client holistically and better inform the on-referral to appropriate services. The needs of GPs and AOD specialists should also be considered

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As outlined in the introduction, the questions below were not addressed by AODN:

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?

Priorities for generalist workers could include (but aren't limited to):
- *Integration of AOD content into pre-employment training at vocational and tertiary levels*
- *Increased accessibility to AOD-related training and professional development for established workers*
- *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*

Discussion question 13: Should minimum educational qualification standards for specialist AOD workers be implemented in all jurisdictions?
Important issues could include (but aren't limited to):
- *What level should minimum educational qualification standards for specialist AOD be at?*
- *Should minimum educational qualification standards for specialist AOD workers be nationally consistent?*

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.
Important issues could include (but aren't limited to):
- *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*
  - *Funding programs to support regional and remote workers to access face-to-face training (e.g., travel, accommodation and backfill costs)*
  - *Development of a centralised register of professional development opportunities*
- *Development and support of other approaches to PD that extend beyond training, such as professional placements, conference attendance and mentoring*

- *Conduct of a national review of AOD professional development programs and opportunities to identify major gaps and strategies for improvement*

DIGITAL AND ONLINE PLATFORMS

Discussion question 16: What WFD strategies will best support AOD services, workers and clients to engage effectively with digital and online service provision? What are the immediate priorities for attention and action in this area?
Important issues could include (but aren't limited to):
- *Elements of service delivery that work particularly well (or particularly poorly) when delivered remotely*
- *Specific client/consumer groups for whom remote service delivery is particularly beneficial (or particularly inappropriate)*
- *The ideal ratio of remote: face-to-face service delivery and how this should this be established for different groups*
- *Key infrastructure changes/upgrades that are needed to support increased remote service delivery*
- *Training priorities for upskilling staff to effectively utilise new technologies*
- *The barriers preventing more effective use of new technologies, and how they can be addressed*

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?
Important issues could include (but aren't limited to):
- *The current gaps in workforce data at a national and jurisdictional level that impact on WFD planning and implementation*
- *The extent to which a national data collection could add value to existing jurisdictional data collections*
- *The potential for greater coordination across jurisdictional data collections to enhance comparability of data*
- *The parameters and scope of a potential national data collection (e.g., frequency of data collection, essential data to be collected)*

Discussion question 18: What are the priority actions for effective and timely monitoring and implementation of the revised Strategy?
Priority actions could include (but aren't limited to):
- *Development of an implementation plan*
- *Development and implementation of a monitoring and evaluation plan*
- *Additional consultations with national and jurisdictional stakeholders to address monitoring and implementation*

FINAL

Are there any other questions or comments?

Please do not hesitate to contact the AODN if you would like clarification on any of the point raised above.