National AOD Workforce Development Strategy

Submission By: South Australian Network of Drug and Alcohol Services (SANDAS)

Review and Revision of the National Alcohol and Other Drug (AOD) Workforce Development (WFD) Strategy:

Response to Discussion Questions

South Australian Network of Drug and Alcohol Services

Discussion Questions

GENERAL WFD QUESTIONS

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

The key issue arising from the last Strategy was the lack of an implementation plan, associated funding and the creation of an enabling environment to ensure that the Strategy was implemented. This iteration requires all three components to ensure that it can effect change. This is overarching and unless addressed leaves that strategy as an aspirational statement rather than an effective change tool.

Further issues that have emerged include:

- *Changing service delivery models including as a result of COVID-19 which have seen the need to change the way services interact with clients. The sector has transitioned to online, distanced and flexible delivery. However, this has been achieved with little*

dedicated support from funding bodies in both financial and workforce development terms.

- *There has been a need for more specialised skill sets to address complex presentations arising from the multiple issues facing clients given new and emerging drugs, Covid-19 and the associated impacts it has had on individuals (cleints and workers), organisations, the broader system and society. . This includes increased consumption of alcohol and other drugs by some cohorts, increased mental health issue but also a range of other issues. These include issues arising from reduced or terminated employment, housing instability, increased family tension/family conflict/family violence, loneliness/isolation to name a few.*
- *The proportion of the service delivery system provided by the NGO sector has increased during this period, however, in many cases this has not been matched by increased funding. Rather the withdrawal of funding has resulted in a higher burden being placed on the NGO sector as a consequence of there being no other services.*
- *There are a larger number of early career workers in the AOD sector and the concomitant ageing of the workforce, similar to many other sectors. Despite many reports by the Productivity Commission, organisations involved in workforce planning and workforce development, successive governments have ignored these issues. The framing of treatment as a funding cost rather than an investment in future health remains a fundamental barrier to good planning and implementation of both service delivery and workforce development.*
- *The use of alcohol and other drug issues as a political tool continues to create challenges related to stigma for clients, the workforce and the AOD sector in general. AOD work, This impacts both client and worker wellbeing, recruitment and retention.*
- *Overall the Strategy should address abroad range of capabilities at worker, organisational and sector level encompassing:*
    - *Clinical practice, client work*
    - *Collaboration and working with inter disciplinary teams*
    - *Advocacy, representation*
    - *Policy development and implementation*
    - *Continuous improvement, quality and evaluation, research*
    - *Leadership, supervision, management*
    - *Self care*

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?

- *Systems level planning is required – integrated planning across Federal (Department of Health, PHNs, NIAA, DSS, Dept of Education, Higher Ed and VET systems) and state*

(Dept of Health, Dept of Education and Training, VET system) funding bodies and delivery organisations.

- *Organisational level – funding grants/contracts should incorporate identified funding to facilitate ongoing workforce development strategies at organizational level.*
- *Individual workers – need to be able to access training as and when needed, to be funded to do so (either through individualized funding, organizational or sectoral funding). Where an individual acquires a relevant higher qualification, they should be remunerated through relevant awards or EBAs.*
- *Establish clear goals for the system, with identified responsibilities and monitoring and evaluation systems.*
- *Recognize that AOD treatment and support will be required for the longer term, there is not a solution but rather the strategy should focus on evolutionary change starting with what is most important to improve, pick some easy wins and plan and resource the more challenging issues.*

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?

Priority issues

- *Access to clinical supervision and practice support WFD activities*
- *Increased accessibility and support for accessing all workforce development activities (e.g., funding support for attendance, scholarships/bursaries, backfill)*
- *Programs to address worker wellbeing (e.g., burnout, stress), including addressing secondary stigma that may be associated with AOD work, noting that this is often driven by media and political representations of the field.*

WFD goals

- *Strategies to build and improve career development pathways which should include pay increments on achieving higher qualifications, portable long service leave (recognizing that short term contacts lead to the loss of LSL on job shifting), adequate pay for work (addressing the gender gap in wages) and addressing the lower pay of NGO workers as opposed to government workers.*
- *Sufficient, funded, evidence based WFD activities t support improved practice across the sector*
- *A critical step is to establish jurisdictionally based workforce development structures that can plan and deliver a coherent workforce development strategy for the sector. This would require the establishment of a governance model, the allocation of funds, development and integration of a strategy which met nationally agreed expectations.*

Major steps

- *Establish baselines for current activities and plans*
- *Undertake consultation with sector and identified sub-sectors*
- *Develop clear curriculum/content guidelines for use with VET and higher education providers*
- *Establish a long term process of continuous improvement that underpins the implementation of the WFD strategy*
- *Development of a sector capability framework which sets out the skills necessary to deliver direct practice, work in partnerships and collaborate with others from the AOD and other sectors to provide wrap-around services to clients, deliver and improve services and contribute to better outcomes for clients. See https://www.cfecfw.asn.au/sector-capability/ for a model.*

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

- *Integration of AOD content into pre-employment training at vocational and tertiary levels in courses identified as leading to work in the AOD sector (counselling, psychology, social work, welfare and youth qualifications etc.)*
- *Increase accessibility to AOD-related training and professional development for established workers across related sectors (mental health, housing/homelessness, family/child welfare, corrections, policing etc.).*
- *Provide strategies, programs and support to facilitate integrated care that incorporates AOD professionals and organisations into the broader support systems as equal partners in the provision of holistic care. Here it is important to note that this does not require 'integration leading to a unified profession' rather the integration of relevant professionals into a team who work with the client, their family and community (the owner builder model versus mutli trades model).*
- *Develop and deliver professional educational campaigns to address stigma and discrimination that may be associated with AOD use and AOD work targeted at key drivers of stigma including politicians, policy makers, media etc.*
- *Provide training for non-Aboriginal workers, policy makers, media and politicians that address the use of AOD issues as racist framing tools and issues of colonialism, trauma and transgenerational harm.*
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PRIORITY GROUPS

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

- *The first and most important issue for Aboriginal workers and their organisations is that there should be Aboriginal control of Aboriginal programs and all work should be undertaken by and/or in consultation with the relevant Aboriginal organisations, Elders and communities.*
- *Culturally safe training and support mechanisms are essential for Aboriginal workers in ACC and mainstream organisations. This may mean that there is a separate Strategy for Aboriginal AOD WFD, which needs to integrate with the non-Aboriginal Strategy.*
- *Availability and accessibility of education, training and professional development for new and established Aboriginal workers including support for those providing supervision and management functions*

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):

- *Workforce development activities need to be accessible (delivered where the workers are, when they are available), relevant, evidence informed and practical.*
- *There needs to be significant jurisdictional and national work done to develop and/or disseminate best practice peer/lived experience worker training. This may include the development of specific competencies, qualifications, skill sets and communities of practice.*
- *There is a dearth of training for workers from culturally and linguistically diverse communities and little or no consideration of non-Western values when it comes to AOD work and workforce development.*
- *Inclusion of AOD content should be prioritized in the training of workers who regularly interact with AOD clients (police, corrections, ambulance, child family welfare/ violence etc). This should include content that challenges some of the perceived biases in these professions.*

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?

- *The single most important action to address Aboriginal and Torres Strait Islander services and their workforce needs is to consult with them about their needs and then empower them (through policy and funding) to developed and deliver workforce development strategies that meet the needs of their clients, families, communities*

and organizations through the development of effective and responsive workforce development.

- *Mainstream services should be supported to further develop culturally safe and appropriate service delivery. This may be driven by the wider adoption of models such as RAP agreements and the WANADA Cultural Competency Framework.*

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?

- *The key to developing appropriate WFD strategies for client groups with specific and unique needs is to involve representatives from those groups in the design and delivery of services, including the WFD strategies that will support and improve service delivery.*
- *This is an area where a skilled, supported and engaged peer/lived experience is essential. There should be an expectation that all services have appropriately qualified, supported, and supervised peers.*
- *The Strategy should ensure the comprehensive implementation of diversity training in AOD organisations incorporating issues of culture, gender, identity, and the social and economic determinants of health.*
- *The Strategy should ensure the collection of data about diverse populations and the development of research and resources to support working with these clients group. Data needs to be translated into information (about what works/doesn't work, what clients work) and then translated into knowledge which drives systemic change.*

INTEGRATED CARE

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

- *Upskilling AOD workers in responding to other health and social issues, focusing on referral and communication skills is important but it needs to be a two way street. Other sectors need to develop an understanding of AOD issues. There should be scope in the Strategy to support this and ensure that strategys for other sectors are AOD informed.*
- *Upskilling generalist and specialist workers from other sectors to identify, respond to and where necessary refer AOD issues to appropriate AOD services.*

- *Creating an enabling environment (policy, funding) that delivers holistic wrap-around client care and improved collaboration between AOD and other health services (no wrong door)*
- *Promoting and supporting client empowerment, individualized, client-driven treatment and recognizing the need for services that address mutli-morbidities, poly-substance use and the social and economic determinants of health*
- *Screening at health and social welfare system entry points for substance use issues and providing WFD to these sectors to enable appropriate referral or intervention.*
- *The Emerging Minds model of infant mental health workforce development is worth exploring, as are the WFD strategies of the child welfare sector (CECFW, CCWT etc).*
- *Integrated care is not an inherent skill and needs investment. A model of this was the early 200's Victorian Governments Collaboration Framework developed by SuccessWorks/Boston Consulting Group and delivered across Victoria, and the Australian Centre for Child Protections 'Building Capacity, Building Bridges" project.*

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?

Priorities

- *Funding models should identify the need to provide WFD at systems, organizational and individual levels, recognizing that all workers require access to foundational and ongoing skills and knowledge-based learning and development.*
- *Resource planning should address the need to update content in existing higher education and vocational qualifications with up to date, evidence-based content on alcohol and other drug issues*
- *All activities need to be undertaken with a view to reducing the stigma experienced by AOD clients attending specialist and non-specialist services*
- *Workers in the AOD sector also experience stigma and developing WFD activities that enhance the status and perceived social value of the AOD workforce at all levels is critical.*

Funding models

- *Particular attention should be paid to addressing the additional WFD costs associated with providing services in rural and remote areas and to identified sub-groups (Aboriginal, youth, CALD, LGBTQI+ etc.). Funding should be identified in grants or in addition to service delivery grants.*

- *consideration could be given to models such as the Residential Care Learning and Development Strategy delivered by the Centre for Excellence in Child and Family Welfare in Victoria, the historical HACC training models, and the CCWT model in NSW.*
- *Funding for WFD needs to meet local and jurisdictional needs, be locally delivered (and lead by Aboriginal and CALD organisations where appropriate) and be integrated into a national system.*
- *The Strategy could recommend the development of guidelines for commissioning agencies to use in their tender processes to ensure that commissioning organisations include an appropriate level / quality of WFD activities in their tender requirements (allocate a percentage of funding in every contract) to support WFD in the funded organization*
- *The Strategy should encourage commissioning agencies to fund services that have adopted a minimum qualification framework within their organization (subject to organizations being funded sufficiently to employ at this level). This may mean that costing of positions in contracts should be set at he highest level of the award band.*
- *In addition, the guidelines could help commissioning agencies to 'recognise' appropriate levels / quality of WFD activities when commissioning and favor tenderers that offer higher quality WFD for their staff.*
- *There is long-term feedback from the sector that 'blind' completive tendering does not result in the best funding. There needs to be a recognition that collaboration is compromised by competitive tendering and work needs to be done on alternative models of commissioning.*

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 issues

- *Short term funding which leads to a volatile and insecure employment environment. People are often leave the sector to find more stable employment.*
- *Workers in the field need to be able to see clear career progression, salary increments tied to additional qualifications, access to both clinical and managerial supervision and the opportunity to develop and be rewarded for developing advance and/or specialized practice skills.*

Immediate priorities

- *There needs to be better promotion of AOD work as a skilled, specialist area of practice. Recent years have seen a significant decline in the quantum of training available.*

- *Reviewing and addressing remuneration, especially for frontline workers, to achieve greater parity with similar sectors (e.g., mental health, work in govt sector)*
- *Supporting and increasing the capacity of AOD organisations to ensure adequate resourcing and staffing*

Initiatives

- *Developing and delivering programs that orientate, train and develop workers new to the AOD sector*
- *Increasing the availability and accessibility of professional development opportunities for all workers across the sector, but especially those with lived experience*
- *Implementing strategies to reduce stigma associated with AOD work*

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?

- *The most significant drug of concern is alcohol and the second is usually cannabis followed by methamphetamine (with some movement between the two) and prescription drugs running fourth. A focus on specific new and emerging drugs could be useful depending on how it is addressed. The focus on 'more problematic' drugs feed into the stigma around drug use and treatment. Any response should be evidence informed and proportional to the level of use and harms.*
- *Treatment for problematic drug use is generalizable across most drugs and given most drug use is poly-drug use the over focus on new and emerging drugs can miss the needs of most people in treatment.*
- *This is not to say that there should not be specific WFD activities for new and emerging drugs of concern, but this should be balanced.*

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

- *Minimum qualification frameworks are best implemented where a profession is 'licensed', e.g., psychology, medicine etc. Mandating a level of qualification for a low paid, generally transient (due to funding issues) workforce establishes significant barriers to new entrants to the sector. Unless the government is likely to control alcohol and other drug work under a registered profession model alternatives to mandatory qualifications are preferred.*
- *The establishment of guidelines for preferred qualifications is very useful. This could start with recommendations that all workers undertake formal, structured induction when entering the AOD field (using the primary unit of competence from the Cert IV in AOD as a framework). There should then be a skills escalator type model that builds on this foundation that recognizes formal training, other WFD activities, work and life experience and formal education at vocational or higher education level.*

- *The creation of guidelines for specialist practitioners within current professions could be extended. Given the current model for addiction medicine specialists in medicine, this could form the basis for specialisations in social work, psychology, and other professions.*
- *Any minimum qualification model should be national not jurisdictionally based.*

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?

- *Current AOD vocational qualifications (Cert IV/ Diploma I AOD, AOD skills set) are difficult to access. They can be expensive unless subsidized, do not carry an increment in pay on completion (so there is little return on investment for individuals undertaking the qualifications if you can be employed without one).*
- *The quality of the training can be compromised when not delivered with experienced and well-trained facilitators. There is significant value in preferencing industry based RTOs where this is feasible.*
- *The current curriculum is extensive and subject to interpretation by individual trainers or training organisations. There needs to be a full review of all units of competence.*
- *There is a need for a qualification for AOD Peer Workers and possibly an AOD Peer Worker Skill set which can be used by new entrants into the workforce or as an add on to an existing qualification.*
- *There is a need for a specific unit to address supervising workers in the AOD sector.*
- *The key barriers to workers gaining these qualifications is cost, accessibility and*
- *Particular areas of knowledge that need to be added also include further content on working with trauma, working with families, multiple morbidities (not just limited to mental health) and working with families (including family violence).*
- *Whilst there are issues with competency-based training at present they tend not to be so much with the competency system but rather its implementation, that is to be with the lack of funding for delivery, backfill, regular reviews of curriculum and professional development of trainers.*

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.

- *The most salient failure of the current PD system is a lack of funding to implement a system which is sufficient, well planned, evidence and research informed and accessible to the wider workforce.*
- *There would be a significant value in increasing the capacity of the current PD system to include:*

- *Scholarships, bursaries, targeted grants and other programs to reduce financial burden on workers and organisations accessing WFD activities*
- *Funding programs to support regional and remote workers to access face-to-face training (e.g., travel, accommodation and backfill costs) local to their service where possible, support for travel etc where necessary and online where this can be done effectively.*
- *Whilst many jurisdictions have developed centralised register of professional development opportunities, there would be a value in a national system, with a quality assurance model underpinning it*
- *Increasing the availability of online delivery (whilst recognizing that online delivery often gets left out of workplace schedules meaning that it becomes unpaid homework) and that for some people there is a digital divide – they don't have access to data or equipment necessary to undertake the training.*
- *Development and support of other approaches to PD that extend beyond training, such as professional placements, conference attendance and mentoring*

- *Much of this requires consultation and we agree that a national review of AOD professional development programs and opportunities to identify major gaps and strategies for improvement is required.*

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?

- *Until there is universal access to data and technology (hardware, software, client competence, worker competence etc.) digital should be seen as a partial and limited solution.*
- *In particular reading affect, body language and nuances in voice and eye contact can be significantly compromised online. Picking up signs of intimate partner violence, ensuring privacy and confidentiality and reducing distractions to all participants in the therapeutic session (one on one or group) can be an issue.*
- *Whilst there are elements of service delivery that work particularly well (or particularly poorly) when delivered remotely there has been little research on this and there needs to be work done to develop evidence before there are significant decisions made about investment or non-investment in these strategies.*
- *Consult with the sector to identify key infrastructure changes/upgrades that are needed to support increased remote service delivery*
- *Consult with the sector to identify training priorities for upskilling staff to effectively utilise new technologies*

- *The barriers preventing more effective use of new technologies, include the lack of funding to organisations to skill staff and buy equipment to facilitate online treatment and support.*
- *The lack of Medicare numbers for AOD online treatment (as opposed to MH or other treatments) may also impact the ability of primary health to deliver AOD treatment where it would be appropriate for them to do so.*

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?

- *There are current gaps in workforce data at a national and jurisdictional level that impact on WFD planning and implementation making it difficult to identify priorities, training needs, cohorts to be trained and to identify the needs for particular qualifications and the systems to deliver those qualifications. There would be significant value in undertaking regular (tri-annual?) censuses of the workforce at a national level to establish accurate data on the composition of the workforce, their workforce development needs, the needs of their organizations and the wider system.*
- *Given the expectation that the new Strategy will result in the implementation of new models and expanded models, working from first principles is important. There are risks in 'bolting on' solutions to a compromised system.*

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

Priority Actions

- *Consultation with the sector to identify existing monitoring of WFD activities and where the gaps are and how to most effectively build on and improve the existing system.*
- *development of the baseline indicators to inform future reviews to demonstrate the effectiveness of the Strategy*
- *Development of an implementation plan and allocation of funding at federal and state level to deliver it.*
- *Development and implementation of a monitoring and evaluation plan that addresses national and jurisdictional issues (informed by consultation with the sector).*

- *Both the implementation and evaluation plans should be consulted on with the sector with evidence*
- *Planning and implementation will require additional consultations with national and jurisdictional stakeholders to address monitoring and implementation requirements and to ensure there is adequate consideration given to all components of the system.*

FINAL

Are there any other questions or comments?

No further comments.