

**Comprehensive Alcohol and other Drug  
Workforce Development in Western Australia:**  
Full Report

## Citation details

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Western Australian Network of Alcohol and other Drug Agencies (WANADA)  
PO Box 8048  
Perth WA 6849  
(08) 6557 9400  
drugpeak@wanada.org.au  
www.wanada.org.au

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Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention, treatment, rehabilitation and support sector in Western Australia. WANADA's vision is for a human services sector that significantly improves the health and wellbeing of individuals, families and communities by addressing alcohol and other drugs. WANADA's purpose is to lead a shared voice within the specialised alcohol and other drug sector that drives positive change.

## Acknowledgements

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) would like to acknowledge the support of the Western Australian Mental Health Commission (MHC) for funding this project. Recommendations from this project will be considered in the development of a Western Australian alcohol and other drug workforce development strategy.

WANADA would like to acknowledge the contribution of Professor Ann Roche, Vinita Duraisingam, and Roger Nicholas, from the National Centre for Education and Training on Addiction (NCETA), for their independent oversight, and for their valuable guidance and input into the project. WANADA would like to extend our gratitude to the reference group participants who provided important governance and input into the project.

Acknowledgement is also extended to the invaluable contribution of all those who were involved in the consultation and who responded to the surveys.

The Comprehensive Workforce Development Project Reference Group:

Andrew Amor (Milliya Rumurra Aboriginal Corporation)	Colleen O’Leary (Western Australian Mental Health Commission)	Michael Jones (Western Australian Association for Mental Health)
Angela Corry (WA Substance Users’ Association)	Daniel Morrison (Aboriginal Alcohol and Drug Service)	Renae Hodgson (Western Australian Mental Health Commission)
Angie Paskevicius (Holyoake)	Donna Quinn (WANADA)	Roger Nicholas (NCETA)
Professor Ann Roche (NCETA)	Ebony Schroeder (Western Australian Mental Health Commission)	Sara Adams (Western Australian Mental Health Commission)
Carol Daws (Cyrenian House)	Jill Rundle (WANADA)	Sheila McHale (Palmerston Association Inc.)
Colin Penter (Western Australian Association for Mental Health)	Julia Knapton (Western Australian Mental Health Commission)	Sue Jones (Western Australian Mental Health Commission)
	Maree Stallard (WANADA)	Vanessa Vidler (WANADA)

## Glossary

The following terms and acronyms have been used:

ADAN	Aboriginal Drug and Alcohol Network
AOD	Alcohol and other Drugs
CaLD	Culturally and Linguistically Diverse
CEO	Chief Executive Officer
DASSOG	Western Australian Drug and Alcohol Strategic Senior Officers Group
DAO	Drug and Alcohol Office of Western Australia
EAP	Employee Assistance Program
GP	General Practitioner
KPI	Key Performance Indicator
LGBTIQ	Lesbian, Gay, Bisexual, Trans, Intersex, Queer, Questioning and otherwise diverse in their sexuality and/or gender
MHC	Western Australian Mental Health Commission
MOU	Memorandum of Understanding
NADA	Network of Alcohol and other Drug Agencies
NCETA	National Centre for Education and Training on Addiction
NDRI	National Drug Research Institute
NSW	New South Wales
OMI	Office of Multicultural Interests
PECN	People with Exceptionally Complex Needs
SIMS	Service Information Management System
TAFE	Technical and Further Education (TAFE)
VET	Vocational Education and Training
WANADA	Western Australian Network of Alcohol and other Drug Agencies

The use of the term 'Aboriginal people' within this document refers to both Aboriginal and Torres Strait Islander people. Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. No disrespect is intended to our Torres Strait Islander colleagues and community.

## Preface

This report has been prepared to inform the development of a Western Australian alcohol and other drug workforce development strategy. It describes the background, context and issues currently facing the alcohol and other drug workforce and outlines recommendations to consider in the development of a state strategy.

The format of this document is structured to reflect a comprehensive workforce development approach that captures a wide range of individual, organisational and system factors.

The foundation for these areas is explored in the beginning of the report where there is a focus on the alcohol and other drug sector's workforce profile. This data then informs the three sections outlined below.

### **Part A: Individual Development**

This section includes information on education and training as one element of workforce development.

### **Part B: Organisational development**

Effective workforce development goes beyond just the provision of education and training to include issues such as recruitment and retention, worker support and wellbeing, leadership and succession planning, and consumer participation. This section identifies the implications of this for the Western Australian alcohol and other drug sector.

### **Part C: Systems development**

This section addresses a wide range of systemic factors that can impact on the ability of the workforce to effectively and efficiently respond to alcohol and other drug issues and includes chapters on complex and co-occurring issues, partnerships and linkages, and diverse population groups.

A summary of recommendations relevant to each of the above themed areas appears at the conclusion of each section. There is also a comprehensive list of recommendations following the Executive Summary.

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The Western Australian Network of Alcohol and other Drug Agencies (WANADA) was commissioned by the Western Australian Mental Health Commission (MHC), to evaluate the current delivery of alcohol and other drug workforce development initiatives in Western Australia against the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*. This will support the development of an alcohol and other drug workforce development strategy relevant for Western Australia.

The National Centre for Education and Training on Addiction (NCETA) have been recognised as an international leader in alcohol and other drug workforce development research (Siggins Miller, 2009, p64) and as such, WANADA engaged NCETA to provide independent support for this project.

This document is intended to outline key issues of relevance to inform a Western Australian alcohol and other drug workforce development strategy; and draws on a model of comprehensive workforce development, which includes three tiers: individual, organisational and system focus.

Information on these key issues was informed by a comprehensive review of literature on workforce development, government documents and strategies, and extensive consultation with the Western Australian alcohol and other drug sector. The consultation included the specialist workforce, those whose core role involves preventing and responding to alcohol and other drug-related harm, and the generalist workforce, those who have non-alcohol and other drug-related core roles but nonetheless can prevent and minimise alcohol and other drug harm. A diverse range of stakeholders were consulted to inform this project, and included the alcohol and other drug service sector, government agencies and peak bodies representing community services across a range of sectors. This broad approach helped to ensure that the information collected was robust and well placed to inform the development of the recommendations.

The Western Australian alcohol and other drugs services sector has significant knowledge and expertise in relation to alcohol and other drug issues and practice. As this report demonstrates, the sector is supported by the dedication of staff who remain committed to the sector, against a backdrop of increasing complexity of practice and a changing funding environment.

WANADA acknowledges that individual, organisational and systems developments are continuously improving within the sector. Each of these areas are identified within the performance expectations of the Standard on Culturally Secure Practice. It was also evident that organisations and workers were identifying opportunities for improvement during much of the consultation phase for this project. WANADA recognises and congratulates the alcohol and other drug sector for its dedication and commitment to continuous quality improvement.

WANADA would like to thank the alcohol and other drug sector as well as the government agencies and the broader community sector who were involved in this project for their invaluable contribution, which will assist in achieving WANADA's vision for a comprehensive approach to workforce development and planning. This includes ensuring any workforce development efforts are linked and maximised to support best outcomes for the people and communities impacted by alcohol and other drugs.

## Summary of Recommendations

In light of the findings identified in this report, the following recommendations are made:

### Individual Development

1. develop strategic actions that would support increased incorporation of alcohol and other drug core competencies into the curriculum of relevant tertiary courses.
2. maintain and further support the Mental Health Commission's Strong Spirit Strong Mind Aboriginal Program training to:
  - promote the qualification equivalency and value of Aboriginal experience, together with Certificate III and IV education; and
  - develop a cultural competency program for non-Aboriginal staff in the sector.
3. enhance the WANADA student placement program to ensure a systematic approach is coordinated to build the professional employment readiness for graduates to meet future alcohol and other drug workforce planning initiatives.
4. expand the Mental Health Commission's alcohol and other drug counsellor volunteer program to support future workforce planning requirements.
5. develop and maintain a register detailing available relevant training for evidence based practice, identifying details including whether it is accredited, and provider and access options.
6. coordinate sector input into training, drawing on the skills and experience of the sector staff for skills, knowledge and capacity development, as well as leadership, networking and collegiality within the sector workforce.
7. review and update in consultation with the service sector the Western Australian *Counselling Guidelines: Alcohol and other drug issues*<sup>1</sup>.
8. resource the coordination of localised training, for alcohol and other drug and other sector staff within the regions of Western Australia.

### Organisational Development

9. develop funding strategies to support long term recruitment and retention initiatives.
10. develop recruitment and retention strategies to support regional engagement specific to the alcohol and other drug sector.
11. develop strategies for increased Aboriginal recruitment with a focus on role matching and culturally grounded interventions to reduce harm associated with alcohol and other drug use.

12. develop strategies to ensure effective clinical/practice supervision is embedded into organisations in order to enhance the application of evidence based practice and for worker support and wellbeing
13. review worker wellbeing resources and promote an appropriate tool that would enable organisations to better plan and implement worker wellbeing strategies informed by regular reviews.
14. establish a coordinating body for alcohol and other drug service users in Western Australia, to support co-production and co-design with consumers and family members.

### **Systems Development**

15. coordinate structured cross-community sector capacity building in partnerships with other community peaks.
16. develop communication strategies specifically promoting research evidence of alcohol and other drug brief and early intervention effectiveness.
17. enhance cross-sector engagement through promotion of individual and community successes resulting from alcohol and other drug interventions specific to co-occurring issues.
18. encourage the measurement of partnership effectiveness to support collaboration planning based on consumer and community need.
19. implement sector and consumer informed strategies to address stigma and discrimination.
20. use data effectively to inform timely responses to current trends in the community.
21. ensure national alcohol and other drug data and outcomes development meaningfully incorporates a Western Australian context.

## Background and Context

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WANADA was commissioned by the MHC to conduct research and consultation to inform the development of a proposed Western Australian alcohol and other drug service sector workforce development strategy. WANADA's vision in terms of workforce development and planning is for a comprehensive approach, ensuring any workforce development efforts are linked to maximise and support best outcomes for people and the community impacted by alcohol and other drugs.

### Context

This project occurred against a backdrop of:

- increased levels of political and community concern regarding issues associated with alcohol and other drug use
- increased understanding of the disparity between services and demand as demonstrated in the *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015–2015: Better Choices Better Lives*
- increasing expectations of human services, through initiatives such as 'no wrong door' promotion to address individual needs within a complex system
- increasing professionalism of the sector workforce and quality of the service provision demonstrated through many organisations having achieved accreditation – including accreditation against WANADA's *Standard on Culturally Secure Practice*.

This project is informed by the following relevant State and Federal Government documents:

- *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices Better Lives* (the Plan)
- *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*.

The Plan identified a need for increased services in the alcohol and other drug sector to meet demand, as well as a need for system—wide reform. Relevant areas in the system-wide reform identified in the Plan that have informed this project include:

- workforce (significantly, workforce planning to ensure the required, suitably skilled workforce is available to deliver the services, programs and initiatives identified within the Plan)
- supporting co-production and co-design with consumers and families
- Aboriginal people and cultural and social diversity
- systems integration and navigation
- organisational effectiveness and efficiency.

## Workforce Development Definition

For the purposes of this project, the definition of workforce development outlined in the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018* is applied.

The *National Alcohol and Other Drug Workforce Development Strategy 2015-2018* defines workforce development as:

*...a multi-faceted approach that addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers (Roche, 2002a, p9).*

A comprehensive workforce development approach extends beyond the provision of education and training and encompasses issues such as recruitment and retention, workforce planning, professional and career development and worker wellbeing. These workforce development activities have the ultimate aim of building the capacity of the alcohol and other drug sector to prevent harms and respond to alcohol and other drug issues using evidence based practice. A comprehensive workforce development approach captures a wide range of individual, organisational and systematic factors.

*Without addressing these underpinning and contextual factors, the ultimate aim of increasing the workforce's effectiveness is unlikely to be achieved (Roche & Pidd, 2010, p2).*

## Strategic Responses to Support Workforce Development

A range of discrete strategies can support the delivery of a comprehensive workforce development approach across individual, organisational and systems factors. Research by NCETA identifies key strategies, across all three factors. These are outlined in *Table 1* in the report and expanded upon in the project background consultation paper (see *Appendix H*) developed by NCETA to support the project.

WANADA has drawn on these workforce development factors and strategies to inform the development and execution of the project. Our goal is to ensure current workforce development approaches undertaken by the sector and relevant stakeholders are mapped, and gaps and project recommendations are identified.

The *National Alcohol and Other Drug Workforce Development Strategy 2015-2018* was developed to support the *National Drug Strategy 2010-2015* at the request of the Federal Intergovernmental Committee on Drugs. The intent of the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018* is to guide a national focus on workforce development. The Strategy identified 12 outcome areas, 124 suggested actions and 45 key performance indicators.

With NCETA's support, WANADA developed a consultation road map (see *Appendix A*) to ensure that the Strategy was comprehensive and relevant system-wide reform elements of the Plan were addressed. As a result, the key themes were established to assist in the consultation to capture current and future challenges. These included:

- identifying the specialist alcohol and other drug sector profile
- individual development – education and training
- organisational development – recruitment and retention, worker wellbeing and support, leadership and succession planning, and consumer participation
- systems development – meeting the needs of individuals with complex needs, cross-sector partnerships and linkages, and diverse population groups.

A matrix of the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018* actions mapped against issues raised by the Western Australian alcohol and other drug sector services in the consultation is provided in *Appendix B*. This matrix identifies priorities and approaches to contribute to the proposed Western Australian alcohol and other drug workforce development strategy.

**Table 1:** Key strategies across individual, organisational and systems factors to support the delivery of a comprehensive workforce development approach

Individual worker focus	Organisational focus	Systems focus
<p>Key strategies include:</p> <ul style="list-style-type: none"> <li>- education</li> <li>- training programs</li> <li>- resources to enhance individual workers' knowledge and skills.</li> </ul>	<p>Key strategies include:</p> <ul style="list-style-type: none"> <li>- recruitment and retention</li> <li>- worker support and wellbeing</li> <li>- clinical or practice supervision</li> <li>- clarification of staff roles and functions</li> <li>- knowledge transfer and research dissemination</li> <li>- support to apply evidence based practice</li> <li>- professional and career development</li> <li>- effective team work</li> <li>- goal setting</li> <li>- leadership</li> <li>- succession planning</li> <li>- quality processes</li> <li>- policy and procedure</li> <li>- evaluating alcohol and other drug programs and projects</li> <li>- organisational change management.</li> </ul>	<p>Key strategies include:</p> <ul style="list-style-type: none"> <li>- holistic service delivery - preventing and addressing alcohol and other drug use in conjunction with other mental, physical, and social issues</li> <li>- diversity of services - acknowledging that no one service alone can meet the needs and expectations of clients and the community</li> <li>- inclusion of alcohol and other drugs within the health care process</li> <li>- structured relationships between the specialist alcohol and other drug and other sectors to address complex needs.</li> </ul>

## Project Methodology

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This report is the result of extensive consultation out of which were developed recommendations and a transition plan for implementation. WANADA sees this as a step towards achieving the broader vision for workforce development as identified in:

*A Comprehensive Workforce Development Project:* A systems approach to workforce development and planning that supports individuals, organisational and cross-sector capacity to better respond to alcohol and other drug issues.

To assist in providing independent consultation and support, WANADA has worked collaboratively with NCETA. This phase of the project involved three components to ensure workforce development and planning is undertaken with a comprehensive approach:

1. consultation planning
2. consultation with stakeholders
3. data analysis and reporting.

### Consultation Planning

The consultation planning involved:

- identifying representatives best able to guide the direction and governance of the project through participation on a reference group
- identifying key stakeholders to participate in the consultation process to ensure broad representation of services impacted by alcohol and other drug workforce development issues
- development of the methodology that supports consultations to efficiently capture current activity, gaps and identifying improvements needed in workforce development as mapped against the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*
- development of an action plan, timelines and data management of consultations.

### Consultation with Stakeholders

WANADA conducted wide-ranging consultations to develop a comprehensive understanding of the extent and nature of alcohol and other drug-related workforce development activities being undertaken in Western Australia. The stakeholders included:

- alcohol and other drug service sector
- government agencies
- peak bodies representing community services across a range of sectors.

A range of opportunities were offered for the alcohol and other drug service sector to engage in the consultation process, including:

- forums and focus groups
- face-to-face interviews
- phone interviews
- on-line surveys.

To enhance participation of regional alcohol and other drugs sector services in the consultation process, additional engagement opportunities aligning with other relevant events in the metropolitan area were offered.

The range of opportunities to participate in the consultation ensured all speciality areas within the alcohol and other drug workforce were able to engage. Detailed results of the diverse roles providing information to the consultation process can be found in *Figure 1, Employment positions held by survey respondents*.

A broad range of alcohol and other drug sector stakeholders were included in the consultation process to ensure thorough representation of the different service types within the alcohol and other drug service sector.

A range of opportunities were offered to multiple Government agencies and community sector peak bodies to engage in the consultation process, including:

- face-to-face interviews
- phone interviews
- on-line surveys.

Engagement with Government agencies was facilitated through the Western Australian Drug and Alcohol Strategic Senior Officers Group (DASSOG). Members of DASSOG agencies available to participate throughout this consultation period included:

- Department for Child Protection and Family Support
- Department of the Attorney General
- Department of Corrective Services
- Department of Health
- Department of Local Government and Communities
- Western Australian Police.

Invitations were extended to a range of community sector peak bodies where alcohol and other drug issues are impacting on the community services sector. The following agencies available to participate throughout this consultation period included:

- Aboriginal Health Council of Western Australia
- Community Legal Centres Association of Western Australia
- Connect Groups
- Developmental Disability Council of Western Australia
- Financial Counsellors Association of Western Australia
- Linkwest
- Western Australian Council of Social Service
- Women's Community Health Network Western Australia
- Youth Affairs Council of Western Australia.

## Data analysis and reporting

Data analysis and reporting followed the completion of the comprehensive consultation component of this project, the synthesis and analysis of the data focused on current issues, practice, challenges and solutions. This information was then themed under the three workforce development strategies (individual, organisational and system-wide). Recommendations were identified through the analysis of the information ensuring any workforce development efforts are linked and maximised to support best outcomes for the people and communities impacted by alcohol and other drugs.

The alcohol and other drug workforce is commonly considered in terms of two main categories, specialists and generalists.

*Specialist alcohol and other drug workers are those whose core role involves preventing and responding to alcohol and other drug-related harm (National Alcohol and Other Drug Workforce Development Strategy 2015-2018).*

They include alcohol and other drug workers, nurses, social workers, peer workers, needle and syringe program workers and specialists. These workers may be employed in the not-for-profit, Government and private sectors.

*Generalist workers are employed in the mainstream workforce and have non-alcohol and other drug-related core roles, but nonetheless can prevent and minimise alcohol and other drug harm (National Alcohol and Other Drug Workforce Development Strategy 2015-2018).*

Examples include the criminal justice workforce such as the court system and police, the mental health workforce, the broader health and medical workforce and community, welfare and support services. WANADA collected demographic information from both the specialist and generalist workforce via focus groups, forums, face-to-face consultations and online surveys, which helped to develop a profile of the workforce. Detailed results can be found in *Appendix C*.

Figures from 2015 estimate that the specialist alcohol and other drug sector employs approximately 1,200 people. The surveys administered as part of the project consultation found that 60.7% of respondents were female and 29.5% were male (9.8% identified as other or did not provide their gender). A significant proportion of the workforce are aged 40 years or over (68%) with only 8% of the workforce under 30 years of age. These findings largely correspond with national figures (Roche & Pidd, 2010).

According to the 2015-2016 Alcohol and Other Drug Treatment Services National Minimum Data Set, there are 77 alcohol and other drug specialist organisations operating across Western Australia. Of these organisations, 42% are involved in service delivery outside of the metropolitan area.

Almost 79% of survey respondents indicated that their workplace was located in a major urban area which is indicative of the broader Western Australian population with 78.6% of the state's total population residing in the metropolitan area in 2014 (Mental Health Commission, *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices Better Lives*, p107).

Only a small number of respondents (5.5%) identified as being of Aboriginal and/or Torres Strait Islander background. Of those who identify as Aboriginal and/or Torres Strait Islander, 44% work within a Government setting.

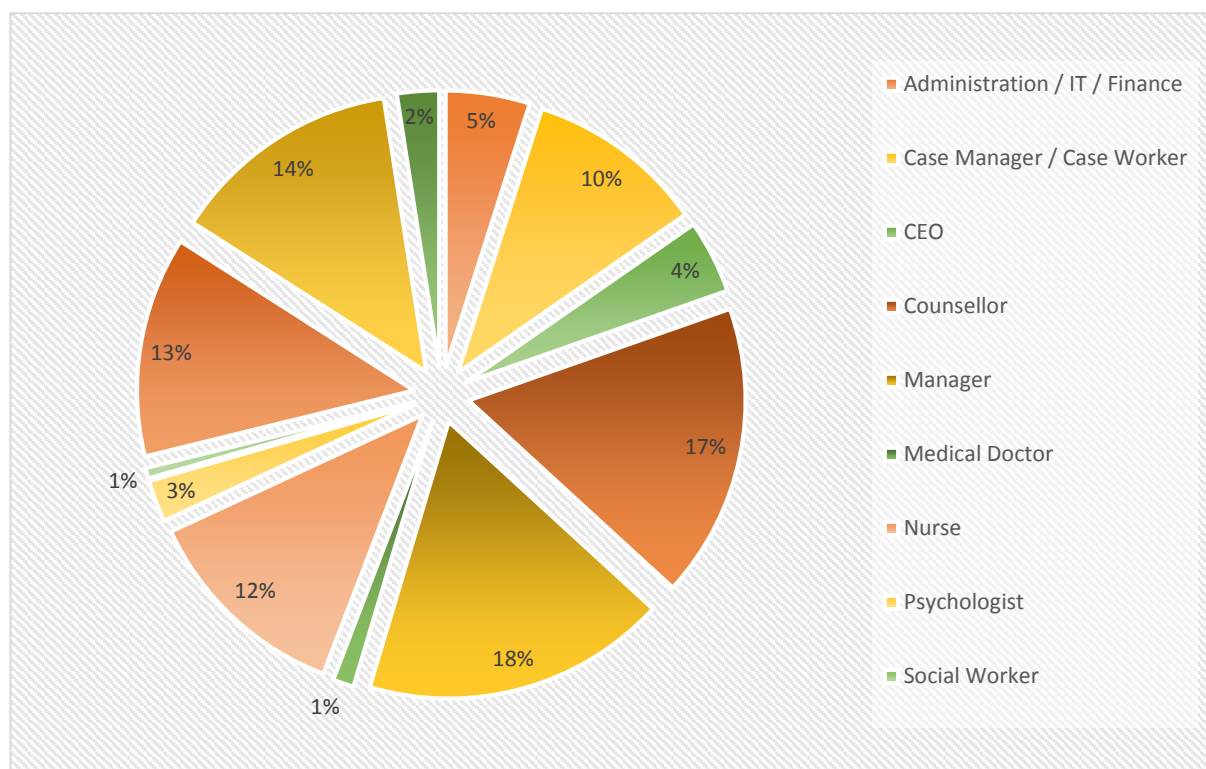
Western Australian alcohol and other drug sector has a predominantly full time workforce with 74% of respondents working full time in contrast to the national alcohol and other drug workforce figures of 30% (Roche & Pidd, 2010).

The alcohol and other drug sector staff are experienced and qualified. Sixty-nine percent (69%) of staff survey respondents have worked within the sector for more than five years, with 44% of these respondents having worked in the sector for more than 10 years. A high number of respondents (68%) hold a university qualification (degree, graduate certificate/diploma, masters degree or PhD/doctorate) which is above the national average of 65% (Roche & Pidd, 2010).

This is in contrast to the generalist workforce, where, 56% hold a university qualification. Of the 32% of respondents who have not completed education at a tertiary level within the specialist alcohol and other drug sector, only 3% have no formal qualifications. All other staff members have completed either vocational qualifications or diploma level education.

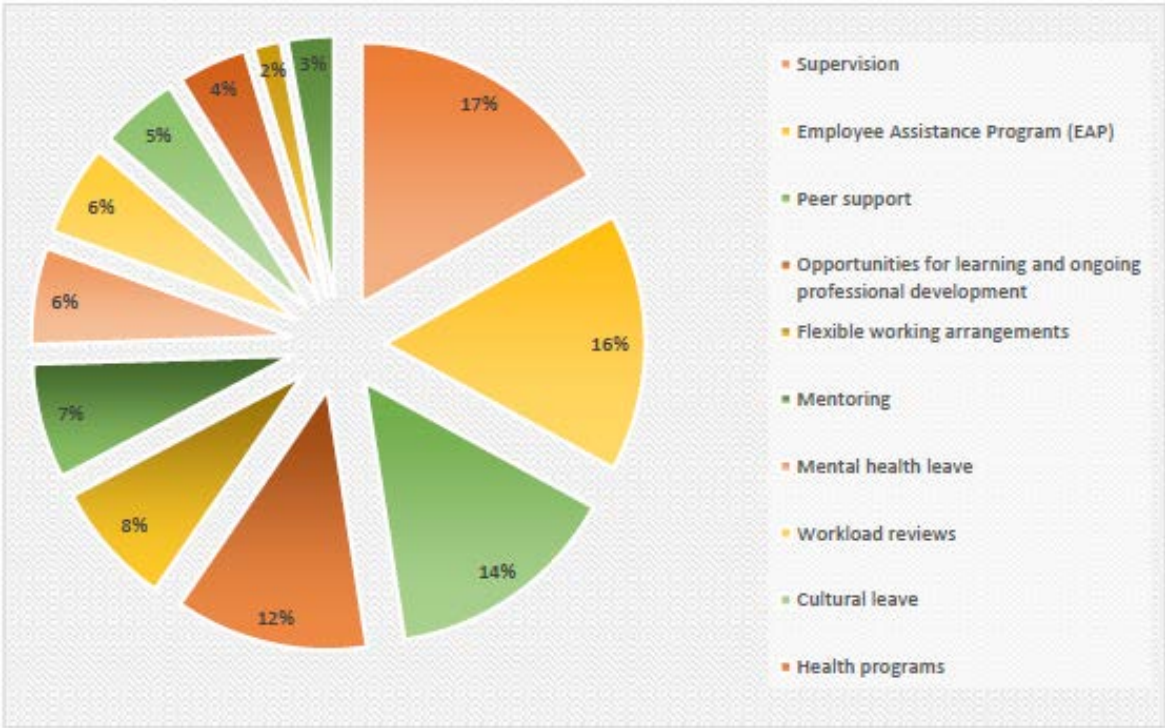
It is important to highlight this wealth of sector experience and qualifications within the Western Australian alcohol and other drug sector as there are risks to clients if they are treated by providers without specialist skills and knowledge, and without connection to the clients/communities they serve.

Respondents to the staff survey held many different position types as outlined below in *Figure 1*. Of the respondents, only 1.2% identified as a medical doctor and 2.5% as psychologists. Of these, only one respondent worked within a not-for-profit organisation and is employed on a part-time basis.



**Figure 1:** Employment positions held by survey respondents

Throughout the consultation process WANADA asked participations what strategies are available at their organisation to support worker wellbeing. The responses reflected a number of initiatives in place to support wellbeing but the reported effectiveness of activities varied (see *Figure 2*). A consistent approach to measure worker wellbeing would be useful in ensuring the alcohol and other drug workforce maintains supervised and supported staff to ensure continued positive consumer outcomes.



**Figure 2:** Consultation respondents identified a number of initiatives in place at their respective organisations to support worker wellbeing

Part A:

## **Individual Development**

### Education

NCETA research indicates that the provision of education and training is only one aspect of delivering a comprehensive workforce development strategy. Nevertheless, education and training are essential components of workforce development. Education and training helps develop the capacity of the workforce to effectively respond to current and emerging alcohol and other drug issues.

The discussions on education during the consultations were primarily focused on practice staff, that is, those working directly with service users. As a result of the diversity of Western Australian alcohol and other drug sector services, there is a range of service models requiring different levels of practice staff qualification. For example:

- hospital-based services (including home based withdrawal) require health practitioners
- community treatment (including pharmacotherapy services) employ a mix of health practitioners, other tertiary qualified staff, vocational education and training (VET) qualified staff, and peer support workers
- bed-based services also employ a mix of staff as above
- community support services predominantly employ peer support workers and people with relevant qualifications or equivalent experience depending on the role.

The profile of sector staff qualifications, informed by those who participated in the surveys and consultation, is provided in Table 12 in *Appendix C*.

Alcohol and other drug service chief executive officers (CEOs) and managers participating in the consultation were able to identify minimum qualifications and/or experience relevant to the staff roles within their organisation, and identified that clinical roles at treatment services typically require tertiary qualifications. Organisations recognised the value that peers and those with an experiential alcohol and other drug background add to the therapeutic and harm reduction approaches offered in the alcohol and other drug sector. Nevertheless, for clinical roles, the theoretical base provided by a tertiary qualification is necessary to underpin this experience.

To complement the consultation information collected, a desktop review of the tertiary education sector in Western Australia was conducted (see *Appendix D*). This review identified that, of the five major universities, three currently offer specialised alcohol and other drug courses. These are:

- The University of Notre Dame Broome Campus, offers a *Diploma of Alcohol and Other Drugs* - the duration of the Diploma is one and a half years
- Edith Cowan University offers a *Major or Minor in Addiction Studies* to be completed as part of select three year Bachelor degrees
- For those advanced in academia, Curtin University in conjunction with the National Drug Research Institute (NDRI), offers a Doctoral Thesis.

Of all Western Australian TAFE campuses, there is currently only one offering a Certificate IV in Alcohol and Other Drugs. Certificate III, IV and Diploma of Community Services all provide some

electives in the area of alcohol and other drugs:

- work in alcohol and other drug context
- the provision of needle and syringe services
- the provision of alcohol and other drug withdrawal services
- assessment needs of clients with alcohol and other drug issues
- strategies for alcohol and other drug relapse prevention and management
- advanced interventions of clients with alcohol and other drug treatment plans
- individual alcohol and other drug treatment plans
- provide services to people with co-existing mental health and alcohol and other drugs issues.

A range of on-line tertiary courses are available through distance education outside of Western Australia. Some of these include a Master of Addiction Science offered through the University of Adelaide and a Graduate Certificate in Drug and Alcohol Nursing, conducted through the Australian College of Nursing.

The desktop review revealed that just two degrees leading to professional accreditation in the health or human services sectors included compulsory alcohol and other drug units. These are:

- a *Bachelor of Social Work*, offered through Edith Cowan University, with one unit titled *Addictions in Practice*
- a *Master/Bachelor in Counselling*, offered through the University of Notre Dame Fremantle Campus, with one unit titled *Trauma in Addiction Counselling*.

The tables in *Appendix D* give an overall breakdown of the varying levels of alcohol and other drug education available at a tertiary level in Western Australia.

The Aboriginal alcohol and other drug education training programs provided by the MHC Strong Spirit Strong Mind Aboriginal Program area was widely welcomed and acknowledged for its contribution to increasing and supporting the Aboriginal workforce within the sector. The program has a key role in the development of knowledge and skills within the alcohol and other drug, mental health and broader human services sector to work in culturally secure ways. WANADA considers that the program is an example of a comprehensive culturally secure workforce development approach. In this regard, the training model goes beyond meeting only individual workforce development needs, to also supporting organisational and systems development. Many organisations require tertiary level qualifications for practice staff at treatment services. Consequently, the Certificate III (CHC32015) and IV (CHC43215) are sometimes perceived as being inadequate. This perception fails to take into consideration the depth of cultural “qualifications” that Aboriginal workers will also bring.

WANADA currently offers a successful student placement program for university students in the alcohol and other drug service sector. This program targets allied health professionals who would not ordinarily consider the alcohol and other drug sector as relevant to their work and speciality area. The discipline areas of the students who have been placed in the alcohol and other drug sector through the WANADA program include: nutrition and dietetics, exercise and sports science, pharmacy, medicine, paramedics, population health, health science and health promotion.

There were also many positive comments on the value of the MHC alcohol and other drug counsellor volunteer program that coordinates the provision of alcohol and other drug specific knowledge and work based experience, supported by services from the not-for-profit alcohol and other drug sector.

### **Education challenges and strategies**

Organisations identified a range of gaps in the learning of graduates they employ. These include clinical records maintenance, documentation and case management. Comments on the readiness of graduate employment indicated a need to bridge theory and the reality of practice.

*It is difficult recruiting staff who are well equipped for the role due to a lack of inclusion of alcohol and other drug content in undergraduate education (CEO/manager alcohol and other drug service).*

In this regard, it was seen that mainstream approaches to placements could be enhanced to support adequate professional employment readiness for work in the alcohol and other drug sector.

Graduate expectations of what a role in this field may entail are not always grounded in reality, for example, formal education tends to have a narrower focus, whereas the reality in the not-for-profit alcohol and other drug workplace is that staff are required to be multi-skilled. Staff are required, for example:

- to maintain records
- participate in continuous quality improvement processes in terms of application of best practice
- be reflective and open to challenging their personal attitudes and biases
- be cognisant of the complexities and sensitivities of the people presenting to the services
- know their limitations, and as such, know when to refer to other services for best treatment and support matching.

All of these are seen to be important potential learnings that could form part of tertiary qualifications, including placement learning. Currently the alcohol and other drug specific knowledge for many professionals, including medicine, nursing, pharmacy, social work and psychology is identified as a further gap. An enhanced systematic approach to student placements would build the professional employment readiness for graduates to meet future alcohol and other drug workforce planning initiatives.

*To sustain the alcohol and other drug workforce into the future it is imperative that tertiary education provides a learning environment that balances alcohol and other drug theory with skill development (CEO/manager alcohol and other drug service).*

Aboriginal sector participants in this consultation were clear that cultural competencies need to be enhanced in the sector, and cannot be achieved by cultural awareness training alone. Most staff in mainstream organisations agreed that there is an inadequate level of cultural competency despite a requirement for staff participation in cultural awareness training.

Given the need to expand service delivery, and the interest expressed by volunteers to participate in the alcohol and other drug counsellor volunteer program, this is an area for expansion.

## Training

The consultation with the alcohol and other drug sector strongly confirmed that training was recognised as integral to ensuring the alcohol and other drug workforce remains up-to-date with best practice and evolving treatment approaches, changing drug trends and addressing relevant co-occurring issues. Training access and needs however, varied depending on location, cross-sector partnerships and service availability (for referral and shared care), organisation size and budgets, workloads and job roles.

Alcohol and other drug workers participate in a variety of training opportunities relevant to their roles. These include: short courses offered externally; in-house training; conference attendance; and mentoring processes. Training is accessed from a variety of sources including the MHC, other Western Australian and eastern states training providers/consultants, and on-line. Feedback from sector workers on the effectiveness of these training approaches varied significantly from very informative and practical through to not helpful to their job role at all.

To complement qualification requirements for employment as an alcohol and other drug worker, organisations provide a thorough approach to orientation, including additional mandatory training for all new employees entering the sector workforce.

Mandatory training typically includes areas such as:

- sector orientation
- organisation culture, including service models of best practice and organisation policies and procedures
- occupational health and safety including self-care and compassion fatigue
- cultural security
- working with diverse population groups
- comorbidity awareness including mental health first aid
- clinical interventions including suicide prevention, medication dispensing, and drug testing, where relevant
- contemporary approaches including trauma informed care and family sensitive practice.

*Induction is part of the training we provide for staff. These processes help the new employees to connect to the organisation's culture and values. They also gain an understanding of our service model (CEO/manager alcohol and other drug service).*

The induction process for organisations varies across the sector. For example, some organisations identified a process which includes a 'buddy' system where new staff work alongside the more experienced staff, and develop a mentoring relationship, to gain insight into the day-to-day operations of the services.

Typically, the induction and 'buddy' process contributes to identifying initial training needs, with supervision and annual performance reviews providing a structured approach to ensure individual training needs are reviewed and considered on an ongoing basis. Some organisations conduct an annual training needs analysis of their workforce with an iterative training matrix. This assists these organisations to monitor and map training needs not just for individuals but as a team.

Several alcohol and other drug organisations commented that their continuous quality improvement processes, in particular working through accreditation against the Standard on Culturally Secure Practice, has assisted in identifying and mapping team training requirements. For example, this has occurred when reviewing evidence based practice requirements in light of the service population needs.

### **Training challenges and strategies**

Alcohol and other drug sector participants in the consultation discussed balancing workloads and professional development time and resources to achieve outputs and best outcomes. Professional development was unanimously identified as important to:

- ensure application of up-to-date best practice
- build on skills/confidence of the staff to address issues related to changing drug trends and service user complexities/co-occurring issues
- maintain morale and workplace satisfaction.

Alcohol and other drug service sector respondents identified access to current resources that assist with applying evidence based practice approaches are imperative to their work. *Appendix E* identifies some of the resources available to staff in the alcohol and other drug sector. Having the opportunity to provide input and feedback on resources ensures relevance for the alcohol and other drug sector, as the comments below highlight.

*There are some really good theoretical alcohol and other drug resources. I think it is really important for positive consumer outcomes to remain up-to-date with current best practice* (AOD service provider representative).

*I consider it is really important to provide feedback on resources we use in our work* (Alcohol and other drug on-line survey respondent).

Many organisations include professional development and training within their budgets, and some organisations offer paid study leave. Some of the costs associated with training include: the training itself; the backfill where it is able, or necessary, to be applied (for example residential services); and travel, accommodation, and extra time away from the workplace, particularly for staff in regional, rural and remote locations.

The risk of not providing backfill cover for staff attending professional development was identified as increased stress and workloads for other staff members. Drawing on casual staff for backfill positions also has a cost impost for organisations as casual staff also need training, development and support in understanding the processes required by the organisation.

Training, offered on-line and through webinars and video conference facilities, is often used by services in regional, rural and remote locations to assist with reducing professional development costs. For this to be effective, organisations need the infrastructure capacity, resourcing and staff support to develop and maintain up-to-date skills for engaging with technology.

Utilising the skills and knowledge of local people and coordinating training into the regions to ensure widespread effectiveness of training approaches was also discussed as an approach that provides best use of training resources with greatest impact at a local level.

Further approaches suggested by rural and remote services that would capitalise on local resources were captured in comments such as:

*The provision of sponsored remote learning opportunities would benefit the community as a whole. It would also help with prevention by having alcohol and other drug educated people in communities driving programs and influencing positive change, both directly through program delivery and by living in the community* (CEO/manager alcohol and other drug sector).

Other strategies for reducing the costs of professional development particularly identified, but not exclusively, by regional services included engaging trainers and educators to deliver on-site training for whole-of-team development. This was seen to provide additional benefits such as: consistency in knowledge, skills and approaches; the opportunity for ongoing discussion on the practice implications; and the development of organisational strategies such as ongoing supervision informed by the training. Comments on whole-of-team training indicated it was most effective in terms of meeting needs when the training area was identified and directed by the organisation rather than opportunistically coordinated or externally driven.

*When we apply a whole team approach to training, we see an impact throughout the organisation and it makes a difference for consumer outcomes too* (CEO/manager alcohol and other drug service).

Approaches to reducing training costs also included drawing on the knowledge of individuals from within organisations to provide in-house training. Some organisations incorporate clinical training as part of team meeting agendas to assist staff to remain up-to-date and engaged. This also has the benefit of providing a safe learning environment for the staff delivering the in-house training to develop skills and confidence in management and leadership.

Consultations identified most gaps in training were not specific to training topics but to shortfalls in the training process. For example:

- training may be available and relevant, but is not always offered at the time and place that suits staff attendance or works for services in terms of their need to meet other priority demands. A better system of identifying relevant and effective training is needed

*Training approaches need to be flexible to support access when it is needed and at a time that suits our services* (CEO/manager alcohol and other drug sector).

- maintaining alcohol and other drug specific training was highlighted as being essential, especially considering the amalgamation of the alcohol and other drug and mental health sectors into one Government agency

*We need to maintain and strengthen the speciality of both sectors; this will ensure effective integration and best outcomes for services, consumers and the community (CEO/manager alcohol and other drug service).*

*Alcohol and other drug-specific training needs to be provided in partnership with specialist clinicians/practice staff (CEO/manager alcohol and other drug sector).*

*Specialist alcohol and other drug training needs to be accredited to support career pathways and our organisation's risk management (CEO/manager alcohol and other drug sector).*

- with increasing commissioning and community expectations to address relevant co-occurring issues there was a need to access a broad range of relevant training, resulting in increasing staff development costs

*There is a real need for more subsidised or free training (Alcohol and other drug on-line survey respondent).*

- a coordinated multi-tiered approach to training for the alcohol and other drug workforce is required. This would:
  - o draw on the skills and experience of the sector
  - o support incremental growth in skills, knowledge and capacity for alcohol and other drug service delivery
  - o ensure streamlined advancement in depth of practice
  - o build leadership, networking and collegiality within the sector workforce

*We have a wealth of speciality/knowledge and experience in our sector, this is truly untapped potential here (CEO/manager alcohol and other drug sector).*

- training skills development was identified as needed. The comment below captures a general sentiment for the need to enhance cross-sector capacity (which will be explored in depth in the *systems development* section of this report) and the rationale for professional development to meet this need

*There has been a lot of upskilling in the alcohol and other drug sector learning about other sectors particularly mental health, but this hasn't been matched by other sectors learning about alcohol and other drugs. Education and stigma reduction is needed within other sectors (e.g. GPs) and there is often pressure on the alcohol and other drug sector to take on more of an educative role as a result (Alcohol and other drug on-line survey respondent).*

- good practice process training was also identified as a current gap that could be addressed collectively, for example: report writing skills; submission writing; client records maintenance; and accurate recording and understanding of data collection.

### **Recommendations:**

1. develop strategic actions that would support increased incorporation of alcohol and other drug core competencies into the curriculum of relevant tertiary courses.
2. maintain and further support the Mental Health Commission's Strong Spirit Strong Mind Aboriginal Program training to:
  - promote the qualification equivalency and value of Aboriginal experience, together with Certificate III and IV education; and
  - develop a cultural competency program for non-Aboriginal staff in the sector.
3. enhance the WANADA student placement program to ensure a systematic approach is coordinated to build the professional employment readiness for graduates to meet future alcohol and other drug workforce planning initiatives.
4. expand the Mental Health Commission's alcohol and other drug counsellor/volunteer program to support future workforce planning requirements.
5. develop and maintain a register detailing available relevant training for evidence based practice, identifying details including whether it is accredited, and provider and access options.
6. coordinate sector input into training, drawing on the skills and experience of the sector staff for skills, knowledge and capacity development, as well as leadership, networking and collegiality within the sector workforce.
7. review and update in consultation with the service sector the Western Australian *Counselling Guidelines: Alcohol and other drug issues*<sup>1</sup>.
8. resource the coordination of localised training, for alcohol and other drug and other sector staff within the regions of Western Australia.

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<sup>1</sup> Marsh, A., O'Toole, S., Dale, A., Wills, L. & Helfgott, S. (3rd Ed 2013). *Counselling Guidelines: Alcohol and other drug issues*. Government of Western Australia Drug and Alcohol Office.

Part B:

## **Organisational Development**

## Part B: Organisational Development

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Organisational development as it applies to workforce development can be broad. Areas of particular relevance, as determined through discussions with NCETA, include:

- recruitment and retention
- worker support and wellbeing
  - o clinical or practice supervision
  - o clarification of staff roles and functions
  - o knowledge transfer and research dissemination
  - o support to apply evidence based practice
  - o professional and career development
  - o effective team work
  - o goal setting
- leadership
  - o succession planning
  - o quality processes
  - o policy and procedure
  - o evaluating alcohol and other drug programs and projects
  - o organisational change management.

The consultation for this project sought information from the alcohol and other drug sector on these areas. A comprehensive workforce development approach will see an overlap between individual, organisational and systems development and including an overlap across areas of relevance. These overlaps provide insight to factors contributing to multiple strategies that support a comprehensive workforce development approach.

### Recruitment and Retention

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*Recruitment of skilled and effective staff is a central workforce development issue for the alcohol and other drug field. Recruitment and selection is not only about choosing the most suitable candidate. The recruitment and selection experience can also impact on the likelihood that a candidate will accept a job offer and on their subsequent commitment to remaining with the organisation (NCETA, 2005a, p2).*

When seeking information from alcohol and other drug service workers in regard to what attracted and kept them working in the alcohol and other drug sector, typical responses reflected the:

- *ability to influence social change*
- *diversity of roles and approaches within the sector*
- *challenge and rewards of effecting positive outcomes for individuals*
- *opportunity to interact daily with interesting people, including consumers and the staff team.*

Many staff were also attracted to working in the not-for-profit sector, commenting on its supportive and flexible work environment.

## Recruitment challenges and strategies

The main challenge to recruitment identified in the consultation was attracting the right staff with the appropriate set of qualifications and experience for the role. Various comments offered by alcohol and other drug sector CEOs and managers consulted included:

- *sometimes having a psychology degree doesn't always translate to having good skills in the psychosocial interventions that are required*
- *employing people with a lower qualification with the view to upskill them as a means to overcome some of the issues with recruitment and retention can have implications on the workloads of other staff*
- *team skills need to cover all areas. In the regions there is a lack of qualified and experienced applicants applying for jobs*
- *it is important to recruit people with resilience, as stress and burnout are common in this field. Our recruitment processes take this into consideration.*

Further areas commonly recognised as a challenge for recruitment in the alcohol and other drug sector included:

- the stigma associated with working in the alcohol and other drug sector
- the cost of recruiting staff when budgets are tight
- recruiting and retaining a casual pool of workers when there is demand for qualified workers in and beyond the alcohol and other drug sector.

When considering the recruitment of casual workers there are also issues that must be considered that extend beyond budget.

*There are added costs to having a casual workforce that may not be measured in dollar figures such as the impact on consumer outcomes when trying to establish the therapeutic relationship (CEO/manager alcohol and other drug service).*

A key focus in the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018* is the need to enhance the capacity among Aboriginal workers as well as mainstream workers to better meet the needs of Aboriginal people seeking support. Reducing the harms associated with alcohol and other drugs is a priority for this at-risk population group. This priority should be heeded as the rationale for the development of competencies and increasing Aboriginal recruitment into the sector.

Most mainstream organisations reported low rates of Aboriginal staff representation. It was generally felt that there was a lack of recognition of the cultural and community development skills that Aboriginal staff can bring to an organisation. Consequently, most services do not have specific interview and recruitment processes or job descriptions for Aboriginal workers. Many participants also indicated that the culture of workplaces needs to change to better support Aboriginal worker recruitment and retention.

Similar staffing issues are mirrored when recruiting volunteers, however, it was identified that volunteers offer organisations the opportunity to source future staff through a seamless process.

*Having volunteers offers the opportunity for them to experience how we work - our culture, practices and approaches and at the same time allows us to identify potential future employees (CEO/manager alcohol and other drug service).*

Strategies suggested by the alcohol and other drug service sector for supporting recruitment included:

- advertising available positions through universities and TAFEs
- developing a joint casual pool of workers across services
- developing a tool to assess applicants during the recruitment phase on their emotional resilience - individual emotional resilience is a key factor in retention
- for Aboriginal recruitment - more cadetships and traineeships are needed to attract Aboriginal people into the sector
- for regional, rural and remote/Aboriginal recruitment - investing in training local people who are already living in the community, as these are the very people who are invested in community growth and development.

### **Retention challenges and strategies**

In terms of staff retention, the workforce was reported to be relatively stable. Nevertheless, lack of job security and permanency and short-term contracts adversely impact on staff retention. The often unrealistic timeframes associated with commissioning services by funders were also reported as a barrier to innovation, consistency and commitment within the sector.

Some alcohol and other drug service participants indicated that a lack of career pathways and opportunities for career development in the alcohol and other drug sector were issues that were impacting staff retention. Comments included:

*There is limited scope for advancement when there aren't more senior roles available to progress to within typically flattened structures (Alcohol and other drug online survey respondent).*

*There are limited opportunities for very experienced and skilled staff to progress. We don't just lose people from the service but from the sector (CEO/manager alcohol and other drug service).*

Retention within regional, rural and remote alcohol and other drug services is further complicated by issues such as the cost of living, sourcing appropriate accommodation and retaining staff who have less commitment to the community if they come from outside the area. Further to this:

- a short term measure used by other health sectors such as regional GPs, is offering fly in fly out options. This brings particular challenges as there is limited connection with the local community and it may also impact on professional relationship development and referral pathways
- a long term strategy, particular for regional, rural and remote services, is to recognise the importance of up-skilling, training and supporting local people

- investment by the organisation in the initial phases of employment to support and build the confidence of new employees to a level where they are functioning at full capacity takes time. This was acknowledged as time well spent if the staff continue with the organisations. It was reported, however, that once staff have gained practice experience and undergone relevant training they often move from not-for-profit services to private or Government roles where they are offered greater pay rates and job security.

Whilst there is relative stability in the workforce, turnover nevertheless has an impact for the sector in maintaining:

- organisation culture and values
- consistent capability of the service to address complex needs as the collective skills of the team ebb and flow
- established cross-sector relationships. As one respondent noted:

*The relationship between our service and the culturally and linguistically diverse community was disrupted when that staff member left. They had developed the community relationship and key contacts (CEO/manager alcohol and other drug service).*

Strategies to address these consequences commonly included:

- ongoing training needs analysis for team building and planning
- commitments to establishing and maintaining working relationships involving teams rather than individuals.

Reward recognition is an important concept in workforce development and in contributing to an effective and highly functioning workforce. This concept has been highlighted throughout NCETA's work in this area.

*Recognising and rewarding high quality performance has an important influence on workers' job satisfaction and motivation. As financial rewards are often not an option, alternatives could include: flexible working hours; support for professional development activities; opportunities to act in higher duties and public recognition of effort and contribution (NCETA, 2005d, p3).*

Suggested solutions for improved reward recognition and retention offered by those consulted from the alcohol and other drug sector included:

- improved, pay, conditions and benefits

*Offering workers additional benefits other than money could be one solution – as an example, additional leave, flexible working hours and the ability to purchase leave may help (CEO/manager alcohol and other drug service).*

*Subsidised housing and electricity in rural and remote areas helps (Alcohol and other drug on-line survey respondent).*

- extending funding and contract tenure

*Longer-term funding would see increased staff security (CEO/manager alcohol and other drug service).*

- continual learning and leadership development.

*Building on qualifications and training, especially accredited training, is great for morale, maintaining interest and job satisfaction (Alcohol and other drug on-line survey respondent).*

*The WANADA Management Development Program has assisted with upskilling and equipping workers to cover managerial roles. More courses should be offered that build leadership within this sector (CEO/manager alcohol and other drug service).*

## Worker Support and Wellbeing

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Research indicates that excessive workplace stress, burnout and secondary traumatic stress or vicarious trauma affect a substantial proportion of the alcohol and other drug workforce (Baldwin-White, 2016; Bride & Kintzle, 2011; Duraisingam et al., 2009; Ewer, et al., 2015; Oyefeso, Clancy, & Farmer, 2008; Volker et al., 2010). Research also suggests that quality clinical supervision has the potential to yield important benefits for alcohol and other drug worker wellbeing and to strengthen ties to both their employing organisation and to the alcohol and other drug treatment field (Roche, Todd & O'Connor, 2007; Knudsen et al., 2008; Eby & Rothrauff-Laschober, 2012; Knudsen, Roman & Abraham, 2013).

## Clinical/Practice Supervision

*Clinical supervision is directed at developing a less experienced worker's clinical practice skills through the provision of support and guidance from a more experienced supervisor. The clinical supervision relationship is characterised by regular, systematic and detailed exploration of a supervisee's work with clients or patients. Clinical supervision is usually a collaboration between an experienced practitioner and one or more less experienced practitioners. It can also involve two practitioners of equal seniority and breadth of experience. It is important not to confuse clinical supervision with administrative or managerial supervision, which focuses on the worker's day-to-day administrative issues (NCETA, 2005e, p2).*

Regular supervision, clinical guidance and support, and debriefing were identified by the alcohol and other drug service sector as important strategies in promoting worker development and self-care, particularly in a work environment which is often stressful and demanding. Participants indicated that supervision and support were widely available in the sector, although there is significant variation between agencies in terms of whether they were able to offer clinical supervision externally or internally. Some respondents also noted that if a critical incident occurs staff may have access to external supervision in addition to internal supervision.

Some organisations offer group supervision in addition to individual supervision, and group supervision may be provided/facilitated by an external person.

The majority of participants working in regional locations were provided with external individual supervision, with challenges of this approach including cost, confidentiality concerns, and reduced organisational awareness of staff practice issues.

There was variation between agencies in worker choice when selecting their clinical supervisor. Participants indicated that it was important to clearly differentiate between clinical supervision and line management for it to be most effective.

Professional registration supervision received varying degrees of support. Some organisations partnered to provide registration supervision for each other's staff. While some organisations contributed to the costs of registration supervision as a part of professional development; and others left the responsibility of registration supervision to the individual staff to organise and pay.

Comments made by alcohol and other drug service sector representatives about the challenges associated with supervision included:

- *the timing of supervision sometimes gets overlooked and blurs into other work meetings or discussions on other priority issues*
- *there is a gap in robust clinical supervision, training on this needs to be improved*
- *there is limited management support, particularly supervision for managers*
- *supervisees need training on supervision so they know what to expect in supervision and how to get the most out of it to enhance their practice*
- *if supervisees access training and want support to implement their learning it is difficult if the supervisor hasn't had that training or comes from a different discipline*
- *Aboriginal supervisees need culturally secure supervision.*

## Stress and Burnout

*Alcohol and other drug workers in health and human services fields often experience high levels of work-related demands and stressors (e.g. complex cases with comorbidity and polydrug use, negative community attitudes) which make them particularly vulnerable to stress and burnout (NCETA, 2005c, p2).*

Many alcohol and other drug consultation participants noted that stress, burnout and vicarious trauma are prevalent among the workforce, and this may impact staff retention. Contributing factors identified included:

- stressful working conditions and significantly increased workloads when not at full staff capacity
- challenging nature of work and the severity of issues for consumers
- cultural, family and community obligations outside of work.

Support offered and suggested improvements to reduce stress and burnout include:

- staff management and support

- o concerted additional support needs to be provided for staff in entry level roles. A companion or buddy system works well
  - o consideration needs to be given to effectively managing staff with own or previous alcohol and other drug experience/issue
  - o workload management
  - o regular clinical meetings
  - o greater opportunities for self-care
  - o staff meetings help staff feel connected and supported by the organisation
  - o practice development opportunities and other opportunities for reflection
- Employee Assistance Programs (EAP) - many alcohol and other drug organisations participating in the consultation were supported under WANADA's umbrella EAP scheme or had their own EAP provider.

Programs aimed at enhancing worker wellbeing should be designed and implemented at the organisational level and based on actual levels of worker wellbeing and take into consideration the characteristics of individual organisations (NADA, 2016). Throughout the consultation alcohol and other drug services identified the need to complete regular independent reviews of worker wellbeing in order to identify where improvements can be made. There are a number of wellbeing/organisational screening tools available to assist with measuring worker wellbeing.

NCETA has completed a body of work on Aboriginal and Torres Strait Islander Worker Wellbeing. This research has found that:

*Aboriginal alcohol and other drug workers face many unique stressors including: heavy work demands; defining roles and boundaries; role stigmatisation; translating mainstream work practices to ensure they are culturally sensitive; a lack of cultural understanding and support; and geographical isolation (NCETA, 2013, p1).*

Consultation participants indicated there are gaps associated with supporting Aboriginal workers in the alcohol and other drug sector. There is a lack of general understanding of Aboriginal culture and protocols, with too much emphasis on mainstream support approaches. An example provided was based on the cultural differences in dealing with grief and loss, where for Aboriginal people this may mean:

*...sitting on country to be restored and provide strength verses a more mainstream approach of talking things through (Alcohol and other drug on-line survey respondent).*

There are parallels between the approach needed to reduce harm for Aboriginal service users and supporting Aboriginal staff wellbeing, with cultural competencies needing to be developed to adequately support both. There is a need for Aboriginal people to drive and advise on wellbeing strategies for Aboriginal staff.

Aboriginal staff, in metropolitan and regional or remote areas, often struggle to switch off due to blurred boundaries between work, community and family. Many commented on the alcohol and other drug job being 24/7 once their role became commonly known within the community. Some

talked about strategies for dealing with this, including:

- using their work uniform to indicate to community members when they were at work
- having regular job changes in and out of the sector to ensure personal wellbeing.

The consultation process identified a lack of cultural mentoring and support for community networking for Aboriginal staff in mainstream services. Comments by Aboriginal alcohol and other drug workers indicated that support in mainstream organisations is not as good as in Aboriginal organisations. For Aboriginal worker support and wellbeing, some interventions reported as helpful include cultural connectedness and yarning sessions to debrief and assist with self-care.

An identified model of good practice for addressing Aboriginal specific alcohol and other drug workforce issues is the Aboriginal Drug and Alcohol Network (ADAN). ADAN members consist of Aboriginal alcohol and other drug workers from Aboriginal community controlled health services, not-for-profit organisations and the private sector from across New South Wales (NSW) as well as some members from the Australian Capital Territory. This model brings together Aboriginal workers and they themselves identify and prioritise Aboriginal alcohol and other drug workforce development issues, providing advice to the NSW Mental Health and Drug and Alcohol Office.

## Leadership and Succession Planning

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Leadership was raised a number of times during the consultation with alcohol and other drug service sector representatives, including in regards to:

- modelling organisation values
- supporting change agents within the staff team, including broad input into continuous quality improvements
- acknowledging and drawing on the diversity within the team
- supporting the development of management and leaderships skills
- succession planning.

Succession planning was frequently raised during the consultation discussions with alcohol and other drug service sector representatives. It was seen as an additional consideration which is broader than training. Participants considered there has been improvements across the sector, but there is still a need for further improvement.

*Having the ability to source experienced staff from the sector would be really beneficial for our succession planning (CEO/manager alcohol and other drug service).*

This report has already identified the barriers a flattened hierarchy may have on career progression; this also applies to succession planning within many small organisations. Some larger organisations indicated they now have people who can cover management roles, and most senior positions have someone who can 'act' in the role during leave or vacancies. Respondents indicated the WANADA Management Development Program has assisted with raising the knowledge, skills and confidence of the emerging leaders within the sector.

Involvement of consumers in planning and decision making relating to their own health care is recognised as increasing consumers' engagement in health processes and systems, as well as improving health services and outcomes.

*The benefits of service user participation in service provision have been well documented and include: improved health outcomes; enhanced clinical decision making; improved self-management; more accessible and effective health services; improved service development; and enhanced participation by populations traditionally marginalised by mainstream health services (National Alcohol and Other Drug Workforce Development Strategy 2015–2018, p21).*

Similarly, in Western Australia,

*...supporting consumers, families and carers to actively participate in decision making including co-production and co-design of policy, planning, service delivery, evaluation and research will ultimately result in better outcomes for consumers, family and carers (Mental Health Commission, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices Better Lives, p143).*

Consultation with the alcohol and other drug service sector was reinforced and recognised that organisations had varying mechanisms and systems in place to support effective engagement of consumers in decision making, service planning and development. The table in *Appendix F* is a collation of the responses provided through the on-line survey. On-line survey responses coupled with the information gathered through the face-to-face consultations indicated the methods of consumer involvement most often applied within the alcohol and other drug sector include:

- surveys and feedback
- advisory or reference groups
- focus groups.

*We have two awesome consumer reps who attend meetings regularly and are happy to be involved in developing services. (Alcohol and other drug on-line survey respondent)*

*We are constantly looking for ways to involve consumers in the planning and delivery of services. This has included funding submissions co-designed with consumers, focus groups and using feedback from the satisfaction surveys to seek evidence base and information for funding (CEO/manager alcohol and other drug service).*

Consultation with the alcohol and other drug services recognise that a peer workforce model can help shift the power balance between consumers and services, thereby empowering consumers to be more involved in decision making and service planning. The consultation found that many alcohol and other drug services employ staff or volunteers with experiential backgrounds or have a dedicated consumer engagement worker.

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<sup>2</sup> In the context of this report, alcohol and other drug consumers may be current, former or potential service users, or their family members, carers and significant others

From a national perspective Victoria has a successful model of systemic support for consumer participation. Self Help Addiction Resource Centre (SHARC) coordinates and provides training and resources for the alcohol and other drug sector to support consumer participation. In Western Australia there are varying levels of success of the consumer participation approach.

*Many organisations responsible for commissioning and/or service delivery already have a range of mechanisms in place to involve consumers, families and carers in a meaningful way, whereas others need to significantly enhance consumer, family and carer involvement (Mental Health Commission, Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices Better Lives, p143).*

### **Consumer participation challenges and strategies**

Consultation with the alcohol and other drug sector revealed consumers primarily engage with services to find solutions for their alcohol and other drug issues and might not be interested in any further engagement. This is one of the areas identified as a challenge for alcohol and other drug services for supporting ongoing consumer participation.

*Consumers often just want to get on with their lives, as one consumer explained to me, just because I've had a baby doesn't mean that I want to be providing consumer representation to the nearest maternity hospital about my experience to help them be better midwives and obstetricians (Alcohol and other drug on-line survey respondent).*

Other challenges to consumer participation at an organisational development level include:

- environments that are intimidating and at times bureaucratic
- lack of understanding of the processes
- stigma impacting consumers' willingness to identify as using alcohol and other drug services.

At times the system itself can be a barrier or challenge to consumer participation, as some of the comments provided below highlight:

*A budget for consumer participation is often not recognised or allocated (CEO/manager alcohol and other drug service).*

*The language we use in the sector can be a barrier (Alcohol and other drug on-line survey respondent).*

*Consumer representation and involvement can be token and often consumers will be involved when decisions have already been made (Alcohol and other drug on-line survey respondent).*

These key challenges are summarised in *Appendix F*. Discussions with the alcohol and other drug service sector also raised the importance of ensuring that consumers' perspectives and experiences were still valid and current and that consumers were diverse and representative.

*We need to consider if consumers' experiences are current and recent and whether the consumer is representing collective or individual experiences (CEO/manager alcohol and other drug service).*

Throughout the consultation, alcohol and other drug services identified strategies to enhance and support ongoing consumer participation. These included:

- ensuring policies and procedures support consumer participation and involvement
- providing training for consumers to increase knowledge, skills and confidence in consumer participation roles
- involving consumers in organisational decision making from the beginning, including funding submissions co-designed with consumers
- having a flexible approach
- ensuring the system supports consumer participation through budget and staff time
- involving families and extended families.

The essence of many of the discussions throughout the consultation process relating to consumer participation is captured in the comment below.

*A coordinated approach to support consumer participation within the WA alcohol and other drug sector is necessary for consistent and improved consumer outcomes (CEO/manager alcohol and other drug service).*

## **Recommendations:**

9. develop funding strategies to support long term recruitment and retention initiatives.
10. develop recruitment and retention strategies to support regional engagement specific to the alcohol and other drug sector.
11. develop strategies for increased Aboriginal recruitment with a focus on role matching and culturally grounded interventions to reduce harm associated with alcohol and other drug use.
12. develop strategies to ensure effective clinical/practice supervision is embedded into organisations in order to enhance the application of evidence based practice and for worker support and wellbeing
13. review worker wellbeing resources and promote an appropriate tool that would enable organisations to better plan and implement worker wellbeing strategies informed by regular reviews.
14. establish a coordinating body for alcohol and other drug service users in Western Australia, to support co-production and co-design with consumers and family members.



Part C:

**Systems Development**

Areas of particular relevance to systems development, as described in the project background material developed by NCETA (see *Appendix H*), include:

- diversity of services - acknowledging that no individual service alone can meet all the needs and expectations of consumers and the community
- holistic service delivery - preventing and addressing alcohol and other drug use in conjunction with other mental, physical, and social issues
- health through-care - inclusion of alcohol and other drugs within the health care process
- partnerships - structured relationships between the specialist alcohol and other drug and other sectors to address complex needs.

Systems development initiatives should not occur if they risk diminishing the unique skills and knowledge which are at the core of specialised alcohol and other drug practice.

### Consultation Overview

WANADA undertook extensive cross-sector consultation to inform the systems development needs of a comprehensive alcohol and other drug workforce development approach. Those consulted included the alcohol and other drug service sector, community sector peak bodies from a range of relevant sectors, and multiple state Government agencies.

Cross-sector consultation enabled WANADA to identify how alcohol and other drugs impact on the broad human services, education, health, justice and law enforcement system.

Peak bodies that WANADA consulted with for this project included:

- Aboriginal Health Council of Western Australia
- Community Legal Centres Association of Western Australia
- ConnectGroups
- Developmental Disability Council of Western Australia
- Financial Counsellors Association of Western Australia
- Linkwest
- Western Australian Council of Social Service
- Women's Community Health Network Western Australia
- Youth Affairs Council of Western Australia.

The majority of representatives acknowledged the significance of alcohol and other drug issues impacting on their member services. Although a common community issue, peak body representatives reported that general data on alcohol and other drugs is not gathered by their member agencies or at a sector level by the peak bodies. There was acknowledgement that many of the peaks' members may be locally collaborating with specialist alcohol and other drug services. Consultations indicated, however, that a collective approach (such as a peak body driven strategy) had not been implemented. As a result, there was an absence of consistent sector collaboration with specialist alcohol and other drug agencies.

WANADA invited State Government agencies represented on the Drug and Alcohol Senior Officers' Group (DASSOG) to participate. Where appropriate, agencies represented on DASSOG develop, implement and report on an annual action plan that outlines their key activities to support the *Drug and Alcohol Interagency Strategic Framework for Western Australia*. Those agencies that WANADA was able to consult with at the time of this project included:

- Department for Child Protection and Family Support
- Department of the Attorney General
- Department of Corrective Services
- Department of Health
- Department of Local Government and Communities
- Western Australian Police.

DASSOG agencies demonstrated an awareness of the impact that alcohol and other drugs have on their agency's services, including where it varied across different branches of the agency. The staff of these agencies routinely accessed training from the MHC to support their work to better address co-occurring issues for their consumer groups.

Consultations with community sector peak organisations and state Government agencies highlighted the differing degrees of awareness of alcohol and other drug issues and their potential impact on service delivery. The absence of a consistent and collective understanding of the impact of alcohol and other drug issues highlights the need for a concerted effort to enable an enhanced integrated approach within the community sector.

There were three thematic areas that emerged from the consultation with relevance to systems development. These thematic areas are consistent with the background description of systemic development determined by NCETA. The three areas are:

- holistically addressing the needs of individuals presenting with complex and co-occurring issues at the organisation/agency level
- addressing the needs of individuals presenting with complex and co-occurring issues through partnerships and linkages between services across sectors
- addressing the needs of diverse population groups.

## Complex and Co-occurring Issues

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*Individuals presenting to our [alcohol and other drug] service with co-occurring issues is the norm rather than the exception – and it is not just, or even always, co-occurring mental health issues but alcohol and other drug issues with poor physical health, homelessness, where there is domestic violence etc. (CEO/manager alcohol and other drug service).*

*For sustainable outcomes there is no point just addressing alcohol and other drug issues without meeting other needs of the individual. We either do that in-house or through shared care across services – depending on the severity of the other issues. (CEO/manager alcohol and other drug service)*

*It is the system that is complex and hard to work with. (AOD Service representative)*

The not-for-profit alcohol and other drug service representatives all spoke of service users typically presenting with multiple issues in addition to alcohol and other drug concerns. They spoke of the implications for staff or team capabilities, and the need to be very clear about identifying or assessing the needs of service users. It is also important to recognise the team's limitations and to determine when referral/shared care was in the best interests of the service user. Unfortunately, the presence of stigmatising and/or discriminatory practices created a barrier to service users approaching or accessing cross-sector services. Establishing trust, rapport and therapeutic alliances needed to be a priority before a referral would be accepted by the service user.

Not-for-profit alcohol and other drug service representatives indicated that practice staff are working with people with differing:

- treatment needs — moderate to severe alcohol and drug issues, family and significant other (parents, partners, children, siblings) support requirements, including generational alcohol and other drug use within families
- co-occurring needs of different levels of severity - health, mental health, housing/ homelessness, legal, financial, etc.
- motivators to engage - self-driven; family or significant other pressures to engage; employment requirements; or police, court or child protection mandatory requirements
- long-term consequences of alcohol and other drug use — trauma, shame, criminal convictions, complex primary health needs
- “recovery” expectations - harm reduction support through to goals of abstinence, relapse prevention and support
- demographics - age, gender, ethnicity, sexuality.

There were also a number of not-for-profit alcohol and other drug services reporting that they actively engaged in community development and general awareness raising through prevention, education and information activities/initiatives to a wide variety of community groups. Some services also support capacity building of cross-sector/partner services, or the development of industry/business alcohol and other drug policy and procedures.

*There needs to be a communitywide shift in how alcohol and other drug use is viewed, the alcohol and other drug sector needs to lead this work and promote itself as specialists (CEO/manager alcohol and other drug service).*

To address varying service user needs and implement the broad range of community development activities, the skill set of the sector staff needs to be broad with teams equipped to provide:

- alcohol and other drug specific treatment or support
- general welfare with minimal brief intervention capacity for co-occurring issues
- cross-sector partnership development
- education
- prevention
- leadership.

To ensure the effectiveness of these activities, staff need to be kept up-to-date with the latest evidence based practice approaches and supported in building practice skills and confidence.

Feedback from Government agencies recognised the increasing complexity of individual needs that is having a significant impact on their service delivery.

Comments made by Government agency representatives included:

*People having complex needs is not an exception any more, services need to adapt to work with complexities.*

*Alcohol and other drug issues are among the main presentations for people accessing our services, along with domestic violence, mental health and gambling issues.*

*Alcohol is still the most common presenting issue to people accessing our services, more than any other drug.*

*In some service areas 100% of participants have alcohol and other drug issues. Methamphetamine use in particular just adds to the complexity.*

As previously noted, some of the Government agencies spoke of staff participation in, and access to, alcohol and other drug information and training, such as is provided by the MHC. It was reported that this assisted with increasing the confidence of agency staff to initiate discussions with consumers relating to their alcohol and other drug use, provide early or brief intervention and appropriate referral to specialist alcohol and other drug services. Staff turnover within Government agencies sees the provision of information and education as an ongoing need.

Some significant barriers inhibiting the application of this training were reported by some Government agencies. These barriers included:

- workloads of agency staff that resulted in a narrow focus related specifically to their core business
- lack of awareness and communication of the successes, resulting in a belief that interventions do not deliver change
- culture within sections of the agency inhibit acknowledgement of the value of the interventions.

There is clearly a need for the alcohol and other drug sector to promote individual and community successes, to encourage agency engagement in addressing alcohol and other drug issues. Training to Government agencies could also incorporate networking with staff from the alcohol and other drug not-for-profit services.

A community sector peak body representatives spoke of the People with Exceptionally Complex Needs (PECN) model as one that would support better outcomes for consumers with complex needs. By their accounts, the PECN model had been evaluated with good results however required system support and was therefore minimally used.

Similarly, the community sector peaks acknowledged the impact on their member services due to the increasing complexity of the needs of consumers accessing their services.

Comments from community sector peak bodies included:

*Alcohol and other drug use is an issue for services across all community sectors – children and families, housing, aged care, mental health.*

*There is a cohort of people with complex needs including alcohol and other drug use in the disabilities sector.*

*The majority of clients accessing women's services are impacted by alcohol and other drug use, this is through all women's services, not just direct alcohol and other drug service delivery.*

*Alcohol use and changing drug trends has seen an increase in case in complexity, particularly in relation to family and domestic violence.*

*Organisations become risk averse, sometimes excluding people with complex needs from some services due to policy.*

Consultation with community peak bodies, identified opportunities to increase the capacity of organisations to work with individuals with alcohol and other drug issues. They saw value in working with WANADA to support mutual capacity building across sectors.

*There is a need to further support workers who are working with high risk consumers (e.g. alcohol and other drug issues and disability). An example could be improving the screening process to include a checklist or have a set of questions in place so that clients in the disabilities sector are identified as having an alcohol and other drug issue, or vice versa.*

*There will never be enough alcohol and other drug specific funding to meet demand, so generalist sectors need to have more skills/knowledge/confidence/capacity.*

To be effective, cross-sector capacity building initiatives need to offer information, training and enhanced networking for localised services. Noting the limited success of cross-sector capacity building to date at a not-for-profit peak level, it is important that such initiatives are coordinated so that a consistent, relevant and effective approach is utilised where staff will:

- have the confidence to ask about alcohol and other drug use and related issues. Within this they need to be aware of, and possibly challenged in relation to, their attitudes toward people with alcohol and other drug issues to reduce stigma and discrimination
- have the skills to undertake brief or early intervention
- know the referral process to their local alcohol and other drug service
- know someone they can talk to if they need intervention advice or other support for working with people with alcohol and other drug issues.

## Partnerships and Linkages

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The alcohol and other drug service sector, community sector peak bodies and State Government agencies indicated there was a need for further work to enhance shared care approaches to better support consumers with complex needs. To assist with a comprehensive shared care approach it was identified that there is a need for accurate data and further research.

*We don't know the extent of the impact of alcohol and other drugs on our sector. We don't collect data routinely and haven't researched this. It is just anecdotal* (Community sector peak representative).

*Due to the acuteness of caseloads and complex needs of consumer groups there is not enough time to conduct research and implement findings* (Government agency representative).

Information sharing across collaborating partners, with informed consumer consent, is not always happening for best effect. Sharing of information needs to be cognisant of privacy and confidentiality, and data ownership. This is of particular concern for consumers with perceived or real experiences of stigma and discrimination. Data typically collected, through the Service Information Management System (SIMS) database, for example, is not currently useful to inform practice or partnership planning and priorities.

The alcohol and other drug sector recognised the value of working in partnership on many levels. For maximum effectiveness, however, there is a need for partnerships to be reciprocal in nature and have a level of buy-in across all levels of the organisation or agency.

*Partnerships are built on relationships, willingness and commitment* (CEO/manager alcohol and other drug service).

*It has to be a two-way commitment in both words (Memorandum of Understanding) and actions – with the objective of supporting better outcomes for consumers* (CEO/manager alcohol and other drug service).

Effective partnerships take time and resourcing and require transparent open communication that assists with defining clear parameters for the partnership in the early stages. In order for partnerships to grow and develop, once the partnership is established and functioning a flexible understanding is required along with the opportunity to review and enhance these parameters as needed.

Within the alcohol and other drug sector, the level of partnership can vary considerably, including partnerships that are developed:

- solely for referral purposes
- to allow staff from cross-sector services to participate in exchange roles and training
- to support service capacity building.

There is also a variety of partnership arrangements, from informal to partnership/service level agreements through to a more formalised Memorandum of Understanding (MOU). It was identified that individual services build partnerships at a local level in response to consumer or community needs. Alcohol and other drug service partnerships exist between a range of cross-sector services, including:

- mental health
- housing
- child protection and family services
- corrective Services
- local TAFE, to provide training for staff and support workers, but also for consumers
- local health services (encompassing primary or tertiary health).

Consultations with community sector peaks and Government agencies identified that the support for partnership development and maintenance can occur through attending partner-led events, and raising awareness and understanding of the services' core business and values.

In some instances, co/case management and shared care is working well across sectors in terms of providing good consumer outcomes. Participants from the alcohol and other drug service sector, community sector peaks and Government agencies reported that successful partnerships are those that:

- are supported by management
- are evident to practice staff as relevant
- offer clarity in terms of information sharing and confidentiality boundaries
- achieve positive consumer outcomes and successes that are acknowledged
- are supported with ongoing efforts to maintain working relationships from all parties
- have some degree of flexibility, and
- are mutual in regards to give and take.

One repeated challenge for partnership maintenance was the time and resourcing required. Developing partnerships/collaborations is encouraged in tendering processes, however short tender response timeframes limit these developments. Maintaining partnerships is also jeopardised by procurement processes where short notices for service agreements/contracts is given and key partnership contacts are lost due to resultant job insecurities.

*Sometimes the system makes it hard as collaboration is promoted yet we are constrained by the time we have to build the relationship (AOD service representative).*

Workloads across partnership services needs to be inclusive of time for partnership development and maintenance - networking, relationship building and developing collaboration opportunities.

*Capturing the broader work that the alcohol and other drug sector services provide in establishing and maintaining effective partnerships and linkages doesn't always happen... KPIs are consumer focused not process oriented (AOD service representative).*

Feedback through the consultations indicated there has been considerable upskilling of the alcohol and other drug sector in learning about other sectors, but this has not been reciprocated. As an example, the consultation process identified a general lack of alcohol and other drug knowledge, skills and interest from within the mental health sector. Participants providing input through the consultation process indicated there is a need for mental health sector staff to be upskilled in co-occurring capability to the same level as the alcohol and other drug sector staff have been to ensure an equivalent understanding of consumer needs rather than always defaulting to referral out of the service.

*A lack of understanding of alcohol and other drug work generally and the misinformed belief of the level of complexity of alcohol and other drug consumer needs can create a barrier to partnerships* (CEO/manager alcohol and other drug service).

At times, stigma and discrimination can hinder the development of meaningful partnerships between alcohol and other drug services and other cross-sector services. Opportunities to assist with reducing stigma associated with alcohol and other drugs could be supported through awareness raising for the general community.

*There is no alcohol and other drug awareness week, like that in the Mental Health or Domestic and Family Violence sectors, to help raise awareness and reduce some of the stigma* (Alcohol and other drug on-line survey respondent).

To assist with achieving this it was suggested some good news stories and narratives about consumers who have received treatment and support that has impacted them in a positive way could be more readily available.

*Alcohol and other drug issues need to be seen as a health condition; currently the health system does not see it this way* (AOD service representative).

## Diverse Population Groups

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Population groups that received most comment in the consultation included culturally and linguistically diverse communities (CaLD), youth, ageing, Aboriginal, and LGBTIQ.

The consultation discussions with the alcohol and other drug sector, community sector peaks and Government agencies highlighted cultural diversity as significantly impacting on the demand for services to cater for diverse migrant and refugee populations. Alcohol and other drug use and exposure is an increasing issue for CaLD communities.

Many organisations have implemented initiatives aimed at enhancing engagement with diverse population groups. Some of the approaches have included having multidisciplinary teams and/or specialist workers, such as: Aboriginal support/health; CaLD; youth; mental health; outreach; and peer workers.

Alcohol and other drug service CEOs and managers discussed a range of ways their organisations have developed practice and service delivery to enhance inclusive approaches.

Examples provided through the consultation included:

- flexible access such as drop-in sessions rather than fixed appointment times
- assertive follow-up and outreach services, including to remote communities and to harder-to-engage populations
- in-reach, where families that access services with children can also receive health and wellbeing assessments and support for the children
- longer appointments with more comprehensive assessment of needs across multiple domains
- engagement with local community leaders, groups or elders to inform solutions to address localised alcohol and other drug issues
- linking with community groups that support diverse populations
- connecting to country programs
- accessing the interpreter service offered through WANADA.

Some examples of the inclusive approaches applied across both community sector and Government agencies include:

- providing or accessing interpreting and translation services, including multi-lingual resources, brochures and pamphlets
- developing specialised programs (including back to country, community inclusive, family and domestic violence, and diversity programs)
- establishing a migrant network group across services in one regional area
- engaging cultural brokers or bicultural workers to support community engagement. These approaches provide an opportunity to use the language skills and cultural knowledge of workers to assist in the engagement between the services and the CaLD communities.

Collecting meaningful and accurate data assists with planning and developing strategies for future service delivery. Some respondents discussed the gaps in data collection, particularly relating to diverse population groups.

*Capturing data that is relevant to the needs of the population groups is key to future service planning. Being aware of community stress is important, so services can collaborate to effectively contribute to any de-stress initiatives. Research needs to measure social and emotional wellbeing, this can then have programs tailored and responding for/to the community needs. Currently there is a tool the Government uses but this is based on finance only. This tool needs to include other indicators such as: social determinants; self-harm and suicide; education and employment; and housing (AOD service provider representative).*

*Diversity data is hard to collect in SIMS. For example, language spoken at home can be English, and country of birth can be Australia, however the client is still driven by cultural norms and expectations – is still CaLD (CEO/manager alcohol and other drug sector).*

Consistency in cross-sectoral data particular for CaLD populations was seen by alcohol and other drug sector services, community sector and Government agencies as potentially beneficial for planning purposes. It was noted that the Department of Local Government and Communities Office of Multicultural Interests (OMI) have developed a good practice guide for consistent collection of CaLD data.

Representatives from the alcohol and other drug sector services, community sector and Government agencies were able to provide information on a range of strategies they utilise to support engagement with diverse groups.

Some of the supports specifically include:

- identifying emerging trends and relevant communities
- providing training for all staff across the organisation (e.g. LGBTIQ training, Opening Closets)
- family inclusive practice
- adapting processes and assessments for the ageing population
- engaging with local community leadership groups.

Some of the challenges all representatives identified are highlighted in the comments below:

*Specialist youth work exists across a number of other sectors (e.g. youth mental health – headspace) but not enough specialist youth provision in the alcohol and other drug sector/services.*

*Waitlists are too long and referral processes are too complicated. People from marginalised population groups are often lost.*

*Program design does not encourage or support engagement with diverse groups and recognise the different ways of working.*

*There is a specific lack of effective services for Aboriginal youth, especially those from regional/remote areas. Taking young people away from country removes them from many protective factors including connection to culture.*

*On-line training is good but hearing directly from diverse populations groups about how we can reduce barriers would be of more benefit.*

## Recommendations:

15. coordinate structured cross-community sector capacity building in partnerships with other community peaks.
16. develop communication strategies specifically promoting research evidence of alcohol and other drug brief and early intervention effectiveness.

17. enhance cross-sector engagement through promotion of individual and community successes resulting from alcohol and other drug interventions specific to co-occurring issues.
18. encourage the measurement of partnership effectiveness to support collaboration planning based on consumer and community need.
19. implement sector and consumer informed strategies to address stigma and discrimination.
20. use data effectively to inform timely responses to current trends in the community.
21. ensure national alcohol and other drug data and outcomes development meaningfully incorporates a Western Australian context.

## Summary

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With the support of the Western Australian Mental Health Commission, the Western Australian Network of Alcohol and other Drug Agencies has evaluated the current delivery of alcohol and other drug workforce development initiatives in Western Australia against the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*.

This body of work identifies the strengths of the alcohol and other drug sector workforce at an individual, organisational and systems level. In addition, highlights opportunities for workforce development approaches that maximise best outcomes for the people and communities impacted by alcohol and other drugs.

## References

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- Baldwin-White, A. (2016). Psychological distress and substance abuse counsellors: an exploratory pilot study of multiple dimensions of burnout, *Journal of Substance Use*, 21(10), 29-34.
- Bride, B. E., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counsellors. *Traumatology*, 17(1), 22-28.
- Duraisingam, V., Pidd, K., & Roche A. M. (2009). The impact of work stress and job satisfaction on turnover intentions: A study of Australian specialist alcohol and other drug workers. *Drugs: Education, Prevention and Policy*, 16(3), 217-231.
- Eby, L. T., & Rothrauff-Laschober, T. C. (2012). The relationship between perceptions of organizational functioning and voluntary counselor turnover: A four-wave longitudinal study. *Journal of substance abuse treatment*, 42(2), 151-158.
- Ewer, P. L., Teesson, M., Sannibale, C., Roche, A. M., & Mills, K. L. (2015). The prevalence and correlates of secondary traumatic stress among alcohol and other drug workers in Australia. *Drug and Alcohol Review*, 34(3), 252-258.
- Knudsen, H. K., Ducharme, L. J., & Roman, P. M. (2008). Clinical supervision, emotional exhaustion, and turnover intention: A study of substance abuse treatment counselors in the Clinical Trials Network of the National Institute on Drug Abuse. *Journal of substance abuse treatment*, 35(4), 387-395.
- Knudsen, H. K., Roman, P. H., & Abraham, A. J. (2013). Quality of clinical supervision and counselor emotional exhaustion: The potential mediating roles of organizational and occupational commitment. *Journal of substance abuse treatment*, 44(5), 528-533.
- National Centre for Education and Training on Addiction. (2005a). *Workforce Development 'TIPS': Recruitment and Selection*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- National Centre for Education and Training on Addiction. (2005b). *Workforce Development 'TIPS': Retention*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- National Centre for Education and Training on Addiction. (2005c). *Workforce Development 'TIPS': Worker Wellbeing*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- National Centre for Education and Training on Addiction. (2013). *Understanding Aboriginal & Torres Strait Islander ways of working and creating culturally safe working environments. Feeling deadly, working deadly*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- National Drug Strategy. (2015). *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*. Canberra: National Drugs Strategy.

- Oyefeso, A., Clancy, C., & Farmer, R. (2008). Prevalence and associated factors in burnout and psychological morbidity among substance misuse professionals. *BMC Health Services Research*, 8(1), 39.
- Roche, A.M. (2002). *Workforce Development, Our National Dilemma*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- Roche, A.M., & Pidd, K. (2010). *Alcohol and other drugs workforce development issues and imperatives: Setting the scene*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- Roche, A. M., Todd, C. L., & O'Connor, J. (2007). Clinical supervision in the alcohol and other drugs field: an imperative or an option?. *Drug and alcohol review*, 26(3), 241-249.
- Siggins Miller (2009). *Evaluation and monitoring of the National Drug Strategy 2004-2009*. Brisbane: Siggins Miller.
- Volker, R., Bernhard, B., Anna, K., Fabrizio, S., Robin, R., Jessica, P., & Christine, S. (2010). Burnout, coping and job satisfaction in service staff treating opioid addicts—from Athens to Zurich. *Stress and Health*, 26 (2), 149-159.
- Western Australian Mental Health Commission. (2015). *The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: Better Choices. Better Lives*. Western Australia: Government of Western Australia.
- Western Australian Network of Alcohol and other Drug Agencies. (2012). *The Standard on Culturally Secure Practice (Alcohol and other Drug Sector)*. Western Australia, Perth.

## Appendices

**Appendix A:** Consultation road map

**Appendix B:** Project consultation and recommendations linked to the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*

**Appendix C:** Specialist and generalist alcohol and other drug workforce demographic information informing the workforce profile

**Appendix D:** Desktop review of the tertiary education section in Western Australia

**Appendix E:** Evidence based resources

**Appendix F:** Consultation responses in relation to consumer participation

**Appendix G:** Project reference group terms of reference

**Appendix H:** Project background consultation paper

**Appendix A:** Consultation road map

## Appendix A: Consultation road map

### 1.0 The Context

WANADA is undertaking a consultation process to identify opportunities to develop the Western Australian specialist alcohol and other drug workforce and enhance capacity among other workers with a role in preventing and responding to alcohol and other drug (AOD) issues. NCETA is supporting WANADA in this by assisting with the development of the consultation plan and providing a number of tools to undertake it.

This task is occurring against a backdrop of a range of issues including:

- Increasing recognition of the need for a broad approach to workforce development (WFD) which incorporates systems, organisational and individual factors
- The formation of the Western Australian Mental Health Commission (MHC) and the amalgamation of the MHC and the Drug and Alcohol Office (DAO)
- The development of *The Western Australian Mental Health, Alcohol and other Drug Services Plan 2015–2025: Better Choices Better Lives*
- The development of the *WA Aboriginal Health and Wellbeing Framework 2015–2030* (in particular Priority Area 5.5: Aboriginal Workforce Development)
- The development of the *National Alcohol and Other Drug Workforce Development Strategy 2015–2018*
- The provision of additional \$604 million over five years to enhance sustainability in the WA not-for-profit (NFP) sector
- Changes to the economic base of Western Australia including declining revenues from, and construction associated with, the mining industry
- Expanding roles for specialist alcohol and other drug workers including enhanced emphasis on prevention and training activities.

### 2.0 The Consultation Process

#### 2.1 Who could be involved?

##### 2.1.1 Specialist Workers

The consultation process will primarily focus on specialist Western Australian alcohol and other drug workers, the majority of whom work in non-for-profit organisations. The consultation should aim to include specialist workers:

- From a variety of organisations
- Of varying seniority
- From varying disciplines including those with, and without, lived experience of alcohol and other drug problems
- With varying length of alcohol and other drug-related experience
- From a variety of settings (e.g., inpatient detox, residential care, outpatient, pharmacotherapy, NSP, peerworkers)
- From organisations with specific client target groups (Indigenous, CaLD etc.,) and more general alcohol and other drug services
- From urban, regional and remote locations.

### **2.1.2 Generalist Workers**

In addition, it will be important to consult with a smaller number of workers from other sectors who regularly encounter clients with alcohol and other drug problems. This may include:

- Mental health workers
- Child protection and family violence workers
- Aboriginal health workers
- General practitioners and other primary healthcare workers
- Homelessness workers
- Community, welfare and support services.

### **2.1.3 Service Consumers**

Service consumers can provide a valuable insight into the workforce development needs of specialist alcohol and other drug workers.

### **2.1.4 Professional Bodies**

Professional bodies that could be included in the consultation include:

- Drug and Alcohol Nurses Association
- College of Addiction Medicine, RACP
- Australasian Professional Society on Alcohol and other Drugs.

### **2.1.5 Others**

Employee assistance program providers for alcohol and other drug services in Western Australia could provide an indication of the kinds of issues for which Western Australian alcohol and other drug workers are seeking assistance.

## **2.2 Potential Consultation Key Themes**

Some potential themes include:

1. Current and future challenges facing alcohol and other drug service provision in WA
2. The workforce development implications of the amalgamation of the MHC and DAO
3. Current understandings of the profile of the alcohol and other drug sector workers in WA
4. Recruitment, retention and workforce sustainability issues for the workforce generally
5. Recruitment and retention and workforce sustainability issues specifically for Indigenous workers
6. Current levels of worker wellbeing
7. Alcohol and other drug worker supports available
8. Issues related to remuneration and other benefits (e.g., equity within the sector and between sectors undertaking similar tasks)
9. Levels of access to mentoring, clinical supervision and performance appraisal
10. Extent to which organisations within the sector work effectively together to enhance client outcomes
11. Extent to which alcohol and other drug organisations work effectively with organisations from other sectors to meet the needs of clients with complex needs
12. Extent of consumer participation in service planning and provision
13. Abilities of the sector to provide services for special needs groups (e.g., Indigenous Australians, CaLD, LGBTIQ)
14. Opportunities to enhance alcohol and other drug-related capacity among workers from other sectors

15. Opportunities to access training programs including issues such as program availability and funding for access (including the provision of professional development leave and staff backfilling)
16. Identifying workers' career pathways into the alcohol and other drug sector
17. The potential for, and limitations of, the use of information technology-based approaches to WFD activities particularly in remote parts of WA.

## **2.3 Key Stages of the Consultation Process**

### ***2.3.1 Development of a Consultation Paper***

The development of a consultation paper was a key aspect of the development of the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*. A consultation paper would set the scene for the consultation process by:

- Defining the aims of, and rationale for, workforce development strategy development
- Encouraging consultation participants to take a broad systems view of workforce development, rather than focusing on training needs
- Identifying some key issues impacting the Western Australian alcohol and other drug workforce such as those outlined in (1) above
- Outlining what is known about the demographic characteristics of the Western Australian alcohol and other drug workforce and identifying knowledge gaps.

The discussion paper developed for the national consultation process had a series of questions embedded in it, which focused the reader's attention on a range of issues relevant to the consultation. These consultation paper and the issues identified within it formed the basis of other aspects of the consultation process. It is proposed that NCETA draft a consultation paper for WANADA's consideration.

### ***2.3.2 Focus Groups***

Focus groups represent a valuable means of ascertaining the views of workers within the sector and beyond. Focus group participants should first receive the consultation paper, so that they can consider issues central to the consultation process. It is proposed that NCETA draft a PowerPoint presentation and a process outline for the focus groups for WANADA's consideration.

### ***2.3.3 Key Informant Interviews***

Key informant interviews will give the consultation process an insight into the views of key individuals as well as providing an opportunity to hear the views of those who are unwilling to speak in larger focus groups. It is recommended that NCETA develop a draft key informant interview schedule for WANADA's consideration.

### ***2.3.4 On-line submission options***

There are a number of options to provide opportunities for on-line submission. These include:

- A Survey Monkey approach in which respondents are invited to respond to a series of questions on Survey Monkey
- An on-line submission approach in which potential participants are provided with:
  - o A copy of the consultation paper
  - o An MS Word document containing a series of questions related to the content of the consultation paper. The participants could then write responses to the questions and then email this back to WANADA.

**Appendix B:** Project consultation and recommendations linked to the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*

Appendix B: Project consultation and recommendations linked to the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*

National Strategy Actions (Outcome Area: Action Number)	Identified in the Western Australian Alcohol and other Drug sector consultation
Outcome Area 1: Understand the specialist alcohol and other drug prevention and treatment workforce	
Developing a nationally agreed taxonomy of specialist alcohol and other drug prevention and treatment roles as a basis for systematic workforce enhancement and workforce development (1:1)	Consistent with the consultation, no recommendations identified
Undertaking a national census of workers employed in specialist alcohol and other drug prevention and treatment roles, including those working in non-specialist organisations. The census should utilise the nationally agreed data definitions, and be supplemented with other sources of data such as that provided by Health Workforce Australia, the Australian Bureau of Statistics and peak bodies. As well as basic demographic/occupational data, the census should collect information on issues such as employment intentions, Indigenous status, and ethnicity and language skills. This information could be collated to create a comprehensive picture of the current workforce (1:2)	Consistent with the consultation, addressed in Recommendations 20 and 21
Using this workforce data along with projections of treatment demand to enhance workforce planning and identify workforce needs (1:3)	Consistent with the consultation, addressed in Recommendations 20 and 21
Encouraging all jurisdictions to consistently adopt the workforce census data definitions in all future workforce development surveys and analyses to enable ongoing workforce monitoring and mapping (1:4)	Consistent with the consultation, addressed in Recommendation 21
Outcome Area 2: Create a sustainable specialist alcohol and other drug prevention and treatment workforce by addressing recruitment and retention issues	
Developing and implementing measures to reduce the stigma associated with working within the alcohol and other drug sector (2:1)	Consistent with the consultation, addressed in Recommendation 19
Investigating the value of registration or credentialing for the alcohol and other drug sector to enhance its professionalism and desirability (2:2)	Consistent with the consultation, addressed in Recommendations 1-5
Promoting the alcohol and other drug sector as a career of choice for suitable individuals via marketing to universities and vocational education institutions (particularly in schools of medicine, psychology, public health/policy, nursing; occupational therapy and social work) (2:3)	Consistent with consultation, addressed in Recommendation 3

Increasing opportunities for placements in alcohol and other drug settings during vocational, undergraduate and post graduate education (2:4)	Consistent with consultation, addressed in Recommendation 3
Better defining career pathways for workers in prevention roles (2:5)	Consistent with the consultation, addressed in Recommendation 1 and 3
Develop clear articulation pathways (within and between vocational education and training (VET) and higher education systems) to ensure that workers have access to qualifications that enable career progression within the alcohol and other drug field. This will include the mapping of entry points for workers from associated fields (2:6)	Consistent with the consultation, addressed in Recommendation 5
Enhancing early exposure to drug and alcohol nursing as a career path among nursing students and graduates (2:7)	Consistent with the consultation, addressed in Recommendation 1
Expanding the number of alcohol and other drug nurse practitioner positions available and developing a structured career pathway for progression into nurse practitioner positions (2:8)	Consistent with the consultation, addressed in Recommendation 3
Enhancing early exposure to addiction medicine as a career path among medical students and junior medical officers by increasing opportunities for placements/rotations through addiction medicine specialty areas (2:9)	Consistent with the consultation, addressed in Recommendation 3
Increasing alcohol and other drug teaching in undergraduate clinical and public health/policy tertiary courses (2:10)	Consistent with the consultation, addressed in Recommendation 1
Establishing a critical mass of addiction medical specialists to enable vertical integration of teaching involving medical students, interns/junior medical officers, registrars and consultants (2:11)	Consistent with the consultation, addressed in Recommendations 1 and 3
Exploring alternative pathways through which medical graduates can become Fellows of the Chapter of Addiction Medicine which do not require basic physician training, or fellowship of other colleges (2:12)	Consistent with the consultation, addressed in Recommendations 1
Examining current supervisory arrangements for trainees enrolled in the Royal Australian and New Zealand College of Psychiatrists Certificate in Addiction Psychiatry to determine the viability of broadening the range of potential supervisors (2:13)	Not identified in the consultation
Flexible working arrangements (part time work, position sharing, time-in-lieu and working from home) (2:14)	Consistent with the consultation, addressed in Recommendation 9
Flexible access to education and training opportunities including enhanced use of on-line learning and other technologies (2:15)	Consistent with the consultation, addressed in Recommendations 5, 6 and 8
Parental leave (2:16)	Consistent with the consultation, addressed in Recommendation 9

Comprehensive orientation programs to support transition into the sector (2:17)	Consistent with the consultation, addressed in Recommendations 3
Mentoring and clinical supervision programs (2:18)	Consistent with the consultation, addressed in Recommendation 12 and 13
Meaningful career pathways which do not necessarily require clinicians to move into management roles in order to gain promotion (2:19)	Consistent with the consultation, addressed in Recommendation 9
Strategies to facilitate re-entry of former specialist alcohol and other drug workers (2:20)	Consistent with the consultation, addressed in Recommendation 9
Roles for experienced workers which focus on expanding their skills into more clinically complex areas or mentoring and transferring their skills (2:21)	Consistent with the consultation, addressed in Recommendation 6
Management and leadership development programs focusing on responding to the needs and expectations of the workforce (2:22)	Consistent with the consultation, addressed in Recommendation 6
Pay increments related to competency/qualification acquisition as appropriate (2:23)	Consistent with the consultation, addressed in Recommendation 9
Opportunities for service linked scholarships and education cost payments (2:24)	Consistent with the consultation, no recommendations identified
Employment exit interviews/surveys to better understand the reasons for leaving the alcohol and other drug sector (2:25)	Consistent with the consultation, services ensure this is consistent with continuous quality improvement processes, no recommendations identified
Portability of long service and sick leave entitlements as workers move between agencies (2:26)	Consistent with the consultation, addressed in Recommendation 9
Enhanced job security via longer-term employment contracts/permanent positions (2:27)	Consistent with the consultation, addressed in Recommendation 9
Succession planning for staff and management (2:28)	Consistent with the consultation, addressed in Recommendation 6 and 13
Measures to assist existing staff to embrace new technologies and new philosophies (2:29)	Consistent with the consultation, addressed in Recommendation 6
Medicare Benefits Schedule items for professional attendances provided by addiction medicine specialists to ensure that services provided by these specialists attract equivalent remuneration to similar medical specialties (2:30)	Not identified in the consultation

Medicare Benefits Schedule items for professional services provided by alcohol and other drug nurse practitioners (2:31)	Not identified in the consultation
Appropriate medical officer career structures in the public and private sectors which combine teaching, clinical research and public health roles to make the addiction medicine speciality more attractive (2:32)	Consistent with the consultation, addressed in Recommendation 6
Mechanisms to showcase the achievements of the sector (2:33)	Consistent with the consultation, addressed in Recommendation 16 and 17
<b>Outcome Area 3: Match roles with capabilities</b>	
Formulating a workforce development matrix which includes the capabilities required to fulfil all roles in the specialist alcohol and other drug field and defines pathways to achieve these capabilities (3:1)	Consistent with the consultation, addressed in Recommendation 3
Ensuring that capabilities which are pivotal to the future of the alcohol and other drug sector are included in the workforce development matrix. These include capabilities concerning client-centred service provision, program evaluation, inter-professional practice, responding to multiple morbidities, responding to the needs of older people, leadership skills, child and family sensitive practice and responding to special needs groups, such as those outlined in Outcome Area 7 (3:2)	Consistent with the consultation, addressed in Recommendation 3 and 7
Ensuring that workforce capabilities evolve to reflect emerging research evidence (such as drug trends and intervention effectiveness) (3:3)	Consistent with the consultation, addressed in Recommendation 5, 7, 12 and 20
Exploring options for the formation of national workforce development programs and resources (including web-based approaches) (3:4)	Consistent with the consultation, no recommendations identified
Ensuring that mentoring, clinical supervision and appraisal programs support the attainment of identified capabilities (3:5)	Consistent with the consultation, addressed in Recommendation 12
<b>Outcome Area 4: Enhance capacity to cater for older alcohol and other drug clients as well as those with co-and multiple morbidities and other complex needs</b>	
Maintaining a specific alcohol and other drug specialisation, but increasingly using multi-disciplinary and multi-team approaches (4:1)	Consistent with the consultation, addressed in Recommendation 5, 6, 15 and 16
Ensuring that alcohol and other drug problems and ageing and co-and multiple morbidities form part of key knowledge and skills for alcohol and other drug workers (4:2)	Consistent with the consultation, addressed in Recommendation 5, 6 and 7
Enhancing the diversity of professional backgrounds from which the alcohol and other drug sector draws its staff, including from the aged care sector (4:3)	Consistent with the consultation, addressed in Recommendation 1 and 3
Recruiting and retaining workers to the alcohol and other drug sector with specialist capabilities to work with older clients and people who have multiple morbidities and complex needs (4:4)	Consistent with the consultation, addressed in Recommendation 3 and 9

Including inter-professional practice as a key capability in specialist and generalist alcohol and other drug roles (4:5)	Consistent with the consultation, addressed in Recommendation 1, 5 and 6
Improving coordination between primary care, ageing and specialist alcohol and other drug services to facilitate 'wrap around' service provision and support a 'no wrong door' approach (4:6)	Consistent with the consultation, addressed in Recommendation 15
Increasingly utilising specialist alcohol and other drug workers in consultation, liaison and education roles with other services (4:7)	Consistent with the consultation, addressed in Recommendation 6 and 15
Co-locating services with other agencies and encouraging interagency placements (4:8)	Consistent with the consultation, no recommendations identified
Ensuring that agency funding arrangements (for example the funding of agencies to only provide specific services) do not limit capabilities to respond to clients with multiple and complex needs (4:9)	Consistent with the consultation, no recommendations identified
Enhancing interagency, cross-sectoral and inter-professional education and training (4:10)	Consistent with the consultation, addressed in Recommendation 6 and 8
Supporting staff to increase capacity through networking and resource sharing (4:11)	Consistent with the consultation, addressed in Recommendation 6 and 8
Developing local maps of service referral pathways (4:12)	Consistent with the consultation, no recommendations identified
Encouraging consistent approaches among alcohol and other drug and other agencies to screening, assessment, clinical notes, referral, care coordination, case management, client information, data sharing and training (4:13)	Consistent with the consultation, addressed in Recommendation 8 and 15
<b>Outcome Area 5: Improve child and family sensitive practice</b>	
Ensuring that child and family sensitive practice is a key feature of the workforce development matrix (5:1)	Consistent with the consultation, addressed in Recommendation 7
Implementing organisational policies, guidelines and working environments which support child and family sensitive practice (5:2)	Consistent with the consultation, services ensure this is consistent with continuous quality improvement processes, no recommendations identified
Ensuring that service provision arrangements are child and family friendly (5:3)	Consistent with the consultation, services ensure this is consistent with continuous quality improvement processes, no recommendations identified

Incorporating details of client parenting/family roles and risk factors into assessment processes (5:4)	Consistent with the consultation, addressed in Recommendation 6 and 7
Ensuring that interventions are tailored to family characteristics and needs (5:5)	Consistent with the consultation, addressed in Recommendation 6 and 7
Ensuring that links are in place between alcohol and other drug services and child wellbeing/welfare/family violence services (5:6)	Consistent with the consultation, addressed in Recommendation 15
Ensuring that workforce development programs are in place to support child and family sensitive practice (5:7)	Consistent with the consultation, addressed in Recommendation 6 and 7
Outcome Area 6: Improve consumer participation in alcohol and other drug service provision, policy and planning	
Ensuring that state/territory/organisational policies are in place concerning requirements for consumer participation in service provision, policy and planning, entailing genuine participation in decision-making processes (6:1)	Consistent with the consultation, addressed in Recommendation 14
Ensuring that consumer participation standards are included in service accreditation processes (6:2)	Consistent with the consultation, services ensure this is consistent with continuous quality improvement processes addressed in Recommendation 14
Developing a National alcohol and other drug Consumer Participation Toolkit for service providers and consumers covering practical strategies and guidance on initiating and maintaining consumer participation in drug treatment services (Australian Injecting and Illicit Drug Users League (AIVL), 2008) (6:3)	Consistent with the consultation, addressed in Recommendation 14
Ensuring that adequate additional resourcing is available to meet the costs associated with enhancing consumer involvement (6:4)	Consistent with the consultation, addressed in Recommendation 14
Undertaking an examination of the potential for consumer worker roles in the alcohol and other drug field (as has occurred in the mental health field), including the development of role definitions and capabilities (6:5)	Consistent with the consultation, services ensure this is consistent with continuous quality improvement processes addressed in Recommendation 14
Encouraging alcohol and other drug service providers to undertake audits of consumer participation practices and address identified gaps (e.g. Clarke & Brindle, 2010) (6:6)	Consistent with the consultation, services ensure this is consistent with continuous quality improvement processes

	addressed in Recommendation 14
Ensuring that all alcohol and other drug services have a charter of consumer rights and responsibilities which outlines processes for consumer involvement (6:7)	Consistent with the consultation, services ensure this is consistent with continuous quality improvement processes addressed in Recommendation 14
Developing education and training resources for alcohol and other drug workers (including management boards, senior management, managers and front line staff) concerning the practicalities and benefits of consumer involvement (6:8)	Consistent with the consultation, addressed in Recommendation 14
Developing education and training resources for consumers to enhance their involvement (6:9)	Consistent with the consultation, addressed in Recommendation 14
Enhancing opportunities for consumers to contribute to education and training programs for staff of alcohol and other drug services (6:10)	Consistent with the consultation, addressed in Recommendation 14
Ensuring that consumers are involved in the planning of research programs undertaken by alcohol and other drug services (6:11)	Consistent with the consultation, addressed in Recommendation 14
Including a wide range of consumers and potential consumers in service provision and planning, including Aboriginal and Torres Strait Islander Australians; people from culturally and linguistically diverse backgrounds (CaLD); people who are gay, lesbian, bisexual, transgender or intersex; and people with a disability (6:12)	Consistent with the consultation, addressed in Recommendation 14
Ensuring that consumer input is included as part of the monitoring and evaluation of alcohol and other drug services (6:13)	Consistent with the consultation, services ensure this is consistent with continuous quality improvement processes addressed in Recommendation 14
Outcome Area 7: Increase the capacity of the workforce to respond appropriately to alcohol and other drug issues among Aboriginal and Torres Strait Islander peoples	
Establishing a national professional body for Aboriginal and Torres Strait Islander alcohol and other drug workers (7:1)	Not identified in the consultation
Implementing measures to promote alcohol and other drug work as a career of choice for Aboriginal graduates of high school, vocational education and training and tertiary education (7:2)	Consistent with the consultation, addressed in Recommendation 2 and 11
Ensuring that there is Aboriginal and Torres Strait Islander participation in service planning (both professionals and consumers) (7:3)	Consistent with the consultation, addressed in Recommendation 11 and 14

Ensuring, where appropriate, that there is parity of remuneration and conditions with non-Aboriginal and Torres Strait Islander alcohol and other drug workers (7:4)	Consistent with the consultation, addressed in Recommendation 2, 9 and 10
Ensuring, where appropriate, that remuneration recognises both formal and informal qualifications and incorporates specialist loadings related to specialist skills or difficult work environments (remote, isolated, etc.) (7:5)	Consistent with the consultation, addressed in Recommendation 2, 9 and 11
Ensuring that Aboriginal and Torres Strait Islander workers, particularly in remote regions, have the infrastructure (housing, office space, computers, transport, phones etc.) they require to adequately fulfil their roles (7:6)	Consistent with the consultation, addressed in Recommendation 9 and 10
Recognising and responding to the importance of gender balance among Aboriginal and Torres Strait Islander alcohol and other drug workers (7:7)	Consistent with the consultation, addressed in Recommendation 11
Ensuring that new Aboriginal and Torres Strait Islander alcohol and other drug workers participate in culturally appropriate orientation and induction programs (7:8)	Consistent with the consultation, addressed in Recommendation 2 and 11
Redressing literacy problems among current and potential Aboriginal and Torres Strait Islander alcohol and other drug workers by offering intensive remedial education programs (7:9)	Not identified in the consultation
Ensuring access to culturally secure alcohol and other drug training and working environments which recognise the importance of Aboriginal and Torres Strait Islander ways of working (7:10)	Consistent with the consultation, addressed in Recommendation 2 and 11
Enhancing access to Aboriginal and Torres Strait Islander mentors and clinical supervisors (7:11)	Consistent with the consultation, addressed in Recommendation 2, 6, 11 and 12
Offering greater job security, career and development opportunities and financial incentives (including scholarships) for Aboriginal and Torres Strait Islander alcohol and other drug workers to encourage them to increase their skill levels (7:12)	Consistent with the consultation, addressed in Recommendation 9, 10 and 11
Enhancing the number of Aboriginal and Torres Strait Islander individuals undergoing professional training as doctors, nurses, psychologists, social workers and addiction medicine doctors (7:13)	Consistent with the consultation, addressed in Recommendation 3
Enhancing access to appropriate vocational education and training and higher education programs supported by block release times and backfilling for education and training purposes (7:14)	Consistent with the consultation, addressed in Recommendation 2 and 3
Implementing structures, policies, and programs that move the specialist and generalist alcohol and other drug workforce along the continuum from Aboriginal and Torres Strait Islander cultural awareness, to cultural sensitivity, and ultimately to cultural safety (Australian Indigenous Doctor's Association, 2013) (7:15)	Consistent with the consultation, addressed in Recommendation 2 and 15

Enhancing capacity among Aboriginal and Torres Strait Islander primary health care workers to provide screening, assessment, brief intervention and referral services for Indigenous clients (7:16)	Consistent with the consultation, addressed in Recommendation 2 and 11
Improving linkages and better supporting Aboriginal and Torres Strait Islander alcohol and other drug services and workers via consultancy, mentoring and clinical supervision arrangements (7:17)	Consistent with the consultation, addressed in Recommendation 12
Outcome Area 8: Increase the capacity of the workforce to respond appropriately to AOD issues among culturally and linguistically diverse (CaLD) groups	
Enhancing linkages between alcohol and other drug services and multicultural/ ethno-specific agencies at clinician and management levels (8:1)	Consistent with the consultation, addressed in Recommendation 20
Ensuring that appropriate interagency referral processes are in place (8:2)	Consistent with the consultation, addressed in Recommendation 15
Ensuring that there is CaLD representation and participation in service planning (8:3)	Consistent with the consultation, addressed in Recommendation 14 and 15
Ensuring that all workers have access to the training and support they need for culturally aware and competent practice (8:4)	Consistent with the consultation, addressed in Recommendation 2
Increasing consultation with CaLD groups to identify their concerns in relation to alcohol and other drug, as well as their prevention, informational and treatment needs (8:5)	Consistent with the consultation, addressed in Recommendation 20
Developing procedures which encourage the recruitment of bilingual/bicultural workers (8:6)	Consistent with the consultation, addressed in Recommendation 1
Including CaLD representation in the development and focus-testing of prevention campaigns and in positive role models selected for campaigns (8:7)	Consistent with the consultation, addressed in Recommendation 14 and 15
Developing prevention programs with, and for, particular CaLD communities, using CaLD media channels and CaLD community organisation-based programs (8:8)	Not identified in the consultation
Developing appropriate CaLD training and resources for all alcohol and other drug workers (8:9)	Consistent with the consultation, addressed in Recommendation 5 and 7
Outcome Area 9: Increase the capacity of the workforce to respond appropriately to AOD issues among lesbian, gay, bisexual, transgender and intersex individuals	
Improving linkages between alcohol and other drug services and LGBTIQ specific agencies at clinician and management levels (9:1)	Consistent with the consultation, addressed in Recommendation 15
Ensuring that appropriate interagency referral processes are in place (9:2)	Consistent with the consultation, addressed in Recommendation 15

Ensuring that there is LGBTIQ representation and participation in service planning (9:3)	Consistent with the consultation, addressed in Recommendation 14
Ensuring that all workers have access to the training and support they need for culturally aware and competent practice with LGBTIQ clients (9:4)	Consistent with the consultation, addressed in Recommendation 5 and 6
Better targeting LGBTIQ communities with alcohol and other drug prevention/harm reduction campaigns and including LGBTIQ representation in the development and focus-testing of prevention campaigns (9:5)	Consistent with the consultation, addressed in Recommendation 14
Developing procedures which encourage the recruitment of LGBTIQ workers (9:6)	Consistent with the consultation, addressed in Recommendation 3 and 4
Outcome Area 10: Enhance the capacity of generalist health, community, welfare and support services workers to prevent and reduce alcohol and other drug harm	
Establishing nationally consistent minimum capability requirements for generalist professional groups (e.g. doctors, nurses, pharmacists, psychologists, social workers, emergency workers, Aboriginal and Torres Strait Islander primary health care workers and other health and welfare workers) to enable them to effectively detect and respond to individuals experiencing alcohol and other drug harm. This will involve building on the existing competency framework used in the vocational education and training sector and on higher education sector qualifications (10:1)	Consistent with the consultation, addressed in Recommendation 1 and 3
Using the nationally-consistent minimum skill and knowledge requirements as the basis to develop resources and enhance pre-service and in-service education and training programs for generalist workers (10:2)	Consistent with the consultation, addressed in Recommendation 6
Ensuring that these education and training programs focus on issues such as referral pathways, harm minimisation, early/brief intervention, reducing the stigma associated with alcohol and other drug problems and the often chronic and relapsing nature of alcohol and other drug problems (10:3)	Consistent with the consultation, addressed in Recommendation 16
Further developing the capacity for specialist alcohol and other drug professionals to act as consultants at key points in the health and welfare systems (10:4)	Consistent with the consultation, addressed in Recommendation 6, 7 and 17
Improving linkages and coordination between alcohol and other drug services and other specialist, primary care and welfare services to enhance the capacity of generalist workers to identify, intervene and refer individuals experiencing alcohol and other drug harm (10:5)	Consistent with the consultation, addressed in Recommendation 15 and 18
Establishing regional partnerships of funders, service providers, consumers and carers and relevant stakeholders to develop local solutions to meet alcohol and other drug needs of communities (10:6)	Consistent with the consultation, addressed in Recommendation 8

Outcome Area 11: Continue to develop the criminal justice workforce to prevent and reduce alcohol and other drug harm	
<p>Undertaking a national study to:</p> <ul style="list-style-type: none"> <li>- Identify the range of roles in which police are currently, or could potentially be involved in, which reduce alcohol and other drug-related harm in the community including prevention, early intervention and harm minimisation;</li> <li>- Examine the current status of alcohol and other drug - related education and training workforce development activities available for police in Australia at pre-service, general duties, specialist and executive levels. This examination should include workforce development activities available within and beyond policing agencies (such as in the vocational education and training sector) and address roles undertaken in urban, rural and remote environments;</li> <li>- Highlight gaps between current/potential police roles and workforce development opportunities;</li> <li>- Develop mechanisms to address those gaps; and</li> <li>- Explore the inclusion of alcohol and other drug modules in all public safety training packages (11:1)</li> </ul>	Consistent with the consultation, addressed in Recommendation 1 and 17
Explore opportunities for the development of national alcohol and other drug learning resources for police to avoid duplication of effort (11:2)	Not identified in the consultation
Develop models of good practice which enhance cooperation and referral arrangements between health, welfare and policing agencies to enhance systemic responses to individuals experiencing alcohol and other drug-related harm and multiple morbidities (11:3)	Consistent with the consultation, addressed in Recommendation 16 and 17
Develop models of good practice to enable the timely sharing of information between police and relevant agencies concerning illicit drug trends and local referral options for those experiencing alcohol and other drug harm (11:4)	Consistent with the consultation, addressed in Recommendation 16 and 17
<p>Undertaking a national study to:</p> <ul style="list-style-type: none"> <li>- Examine the current status of alcohol and other drug-related education and training workforce development activities available for correctional officer and professional/allied health employees of correctional services in Australia. The study should focus on training to: <ul style="list-style-type: none"> <li>o conduct initial assessments of offenders to ascertain their specific alcohol and other drug-related needs;</li> <li>o refer offenders to available alcohol and other drug treatment programs, both in correctional centres and in the community; and</li> </ul> </li> </ul>	Consistent with the consultation, addressed in Recommendation 16 and 17

o implement evidence based interventions in correctional environments (11:5)	
The study should also make recommendations to address identified education and training gaps and where possible identify opportunities for national program and resource development, consistent with the correctional services training package (11:6)	Consistent with the consultation, addressed in Recommendation 1
Build and strengthen partnerships with key agencies to advise and provide support to address alcohol and other drug harm among offenders. This could include alcohol and other drug agencies, Aboriginal and Torres Strait Islander services and mental health service providers and Government agencies for assisting offenders with health issues both pre-release and in the community (11:7)	Consistent with the consultation, addressed in Recommendation 15
Highlight workforce development opportunities, and develop mechanisms to address them (11:8)	Consistent with the consultation, addressed in Recommendation 15
<b>Outcome Area 12: Promote the ability of the education sector to prevent and reduce AOD harm</b>	
Ensuring that education sector workers have access to effective professional development, support and resources that enable them to: <ul style="list-style-type: none"> <li>- Provide accurate and age-appropriate programs about alcohol and other drug for students;</li> <li>- Assist students to gain the knowledge and skills to help them make informed decisions, solve problems and create closer links to education institutions and their families and peers;</li> <li>- Increase student awareness of risky situations and strategies to reduce risks and harms;</li> <li>- Create institutional environments which are safe, stable and discourage harmful alcohol and other drug use;</li> <li>- Implement policy frameworks which prevent and reduce alcohol and other drug harm and respond appropriately to alcohol and other drug-related incidents; and</li> <li>- Create partnerships with specialist and generalist community agencies to facilitate referral if problems arise (12:1)</li> </ul>	Consistent with the consultation, addressed in Recommendation 1
Provide education sector workers with a clearer synthesis and better dissemination of the current evidence base to enable them to make more informed decisions and choices concerning alcohol and other drug education programs and activities (12:2)	Consistent with the consultation, addressed in Recommendation 1, 16 and 17
Develop a tool to allow educational institutions to determine which approaches to education will fit best with their priorities, demographics, location, budget, human resources, culture and profiles of risk behaviour (12:3)	Consistent with the consultation, addressed in Recommendation 20

## **Appendix C:** Specialist and generalist alcohol and other drug workforce demographic information informing the workforce profile

## Appendix C: Specialist and generalist alcohol and other drug workforce demographic information informing the workforce profile

Which of the following best describes the organisation you work for?

	Individual AOD workers (n=163)		AOD Organisations (n=433)		Generalist workers (n=41)	
Non-government	124	76.1%	8	100%	39	95.1%
Government	35	21.5%	0	0%	2	4.9%
Other	3	1.8%	0	0%	0	0%
Not provided	1	0.6%	0	0%	0	0%

Which of the following best describes where your workplace is located?

	Individual AOD workers (n=163)		AOD Organisations	Generalist (n=41)	
Major urban area	128	78.5%	N/A	34	82.9%
Other urban or country area	32	19.6%	N/A	7	17.1%
Rural or remote area	3	1.9%	N/A	0	0%

How long have you worked in your current organisation?

	Individual AOD workers (n=163)		AOD Organisations	Generalist (n=41)	
← 1 year	35	21.5%	N/A	9	21.9%
1 to ← 5 years	64	39.3%	N/A	20	48.8%
5 to ← 10 years	39	23.9%	N/A	7	17.1%
10+ years	25	15.3%	N/A	5	12.2%

How long have you worked in the alcohol and other drug workforce?

	Individual AOD workers (n=163)		AOD Organisations	Generalist (n=41)
← 1 year	10	6.2%	N/A	N/A
1 to ← 5 years	41	25.1%	N/A	N/A
5 to ← 10 years	40	24.5%	N/A	N/A
10 + years	72	44.2%	N/A	N/A

Are you currently working?

	Individual AOD workers (N=163)		AOD Organisations (Representing 433 workers)		Generalist (n=41)	
Full time	120	73.6%	203	46.9%	26	63.4%
Part time	40	24.5%	168	38.8%	14	34.2%
Casual	3	1.9%	62	14.3%	1	2.4%

What is your job title or role?

	Individual AOD workers (n=163)	Generalist (n=41)
Administration / IT / Finance	8 (4.9%)	1 (2.4%)
Case Manager / Case Worker	17 (10.4)	9 (21.9%)
CEO	7 (4.3%)	4 (9.8%)
Counsellor	28 (17.1%)	2 (4.9%)
Manager	29 (17.8%)	4 (9.8%)
Medical Doctor	2 (1.2%)	0 (0%)
Nurse	20 (12.3%)	0 (0%)
Other	4 (2.5%)	1 (2.4%)
Psychologist	4 (2.5%)	2 (4.9%)
Social worker	1 (0.6%)	0 (0%)
Support worker	21 (12.9%)	10 (24.4%)
Team Leader / Coordinator/ Facilitator	22 (13.5%)	5 (12.2%)
Youth Worker	0 (0%)	3 (7.3%)

Are you Aboriginal and/or Torres Strait Islander?

	Individual AOD workers (n=163)		AOD Organisations (Representing 433 workers)		Generalist (n=41)	
Yes	9	5.5%	26	6%	4	9.8%
No	154	94.5%	407	94%	37	90.2%

What is your gender?

	Individual AOD workers (n=163)		AOD Organisations (Representing 433 workers)		Generalist (n=41)	
Female	99	60.7%	254	58.6%	32	78.1%
Male	48	29.5%	179	41.4%	8	19.5%
Other	1	0.6%	0	0%	0	0%
No response	15	9.2%	0	0%	1	2.4%

What is your age?

	Individual AOD workers (n=163)		AOD Organisations (Representing 433 workers)		Generalist (N = 41)	
20 to <30	13	8.0%	37	8.5%	1	2.4%
30 to <40	38	23.4%	190	43.9%	16	38.8%
40 to <50	60	36.8%	136	31.4%	17	41.6%
50 to <60	26	15.9%	56	12.9%	6	14.8%
60+	25	15.3%	14	3.3%	0	0%
No response	1	0.6%	0	0%	1	2.4%

What approximate proportion of people impacted by alcohol and other drugs do you work with?

	Individual AOD workers	AOD Organisations	Generalist
Majority (90 to 100%)	N/A	N/A	14 (34.2%)
Almost all (70 to <90%)	N/A	N/A	14 (35.2%)
Some (10% to <70%)	N/A	N/A	10 (24.4%)
Minority (<10%)	N/A	N/A	2 (4.9%)
Not sure	N/A	N/A	1 (2.5%)
Total responses	N/A	N/A	41

What is your highest level of education and training?

	Individual AOD workers* (N = 73)		AOD Organisations	Generalist (N = 41)	
No formal qualifications	2	2.7%	N/A	2	4.9%
Vocational qualification (e.g. Certificate IV)	6	8.3%	N/A	4	9.7%
Diploma/ advanced diploma	15	20.5%	N/A	12	29.3%
Bachelor degree	23	31.5%	N/A	7	17.1%
Postgraduate diploma/ certificate	9	12.3%	N/A	4	9.8%
Postgraduate degree	18	24.7%	N/A	7	17.1%
No response	0	0%	N/A	5	12.1%

\* Survey respondents only

## **Appendix D:** Desktop review of the tertiary education section in Western Australia

## Appendix D: Desktop review of the tertiary education section in Western Australia

AOD qualifications and units available in WA tertiary education institutions

Name of Institute	Level of Qualification	Name of Qualification/ Unit	Compulsory/ Elective
Curtin University	Bachelor of Health Science	Unit – Introduction to Treatment of Addiction	Elective
		Unit – Introduction to Psychoactive Substances	Elective
		Unit – Alcohol and Other Drugs	Elective
		Unit – Drugs Policy and Public Health	Elective
	Postgraduate in Psychology	Unit – Addictions and Clinical Neuropsychology	Elective
	Doctoral Thesis	National Drug Research Institute	Elective
Edith Cowan University	Bachelor of Social Work	Unit – Addictions and Practice	Compulsory
	Bachelor of Arts (Psychology & Addiction Studies)	8 addiction studies units offered	Compulsory for double major
	Bachelor of Health Science	Addiction Studies Minor: 6 units offered	Elective Minor
	Bachelor of Criminology and Justice, Health Science, Science	Addiction Studies Major: 8 units offered	Elective Major
Murdoch University	Bachelor in Psychology (BA or BSc)	Unit – Drugs and Dependence	Elective
	Bachelor (any)	Unit – Drugs in Society	Elective
The University of Notre Dame Broome	Diploma	Diploma of Alcohol and other Drugs: 22 units offered	
The University of Notre Dame Fremantle	Master/Bachelor of Counselling	Unit – Trauma and Addiction Counselling	Compulsory
The University of Western Australia	Bachelor (any)	Unit – Drugs that Changed the World	Elective
TAFE WA	Certificate III in Community Services	Unit - Work in alcohol and other drugs context	Elective
	Certificate IV in Community Services	Unit - Work in alcohol and other drugs context	Elective

	Certificate IV in Alcohol and Other Drugs	Unit - Assess needs of clients with alcohol and other drugs issues	Core
		Unit - Develop and review individual alcohol and other drugs treatment plans	Core
		Unit - Provide interventions for people with alcohol and other drugs issues	Core
		Unit – Provide services to people with co-existing mental health and alcohol and other drugs issues	Elective
		Unit - Work with clients who are intoxicated	Elective
	Diploma in Community Services	Unit – Work in an alcohol and other drugs context	Elective
		Unit - Work with clients who are intoxicated	Elective
		Unit - Provide needle and syringe services	Elective
		Unit - Assess needs of clients with alcohol and other drugs issues	Elective
		Unit - Provide alcohol and other drugs withdrawal services	Elective
		Unit - Provide interventions for people with alcohol and other drugs issues	Elective
		Unit - Develop strategies for alcohol and other drugs relapse prevention and management	Elective
		Unit - Provide advanced interventions to meet the needs of clients with alcohol and other drugs issues	Elective
		Unit - Provide services to people with co-existing mental health and alcohol and other drugs issues	Core
Strong Spirit Strong Mind Aboriginal Programs	Certificate III in Community Services Work		
	Certificate IV in Alcohol and Other Drugs		

The presence of AOD units in degrees leading to professional accreditation

Profession	University	Level/Name of Qualification	AOD Units?	Compulsory/ Elective
Counselling	Curtin University	Bachelor of Psychology (Counselling Psychology Major)	4x units offered	Elective
	Edith Cowan University	Bachelor of Counselling	Units from Addiction Studies	Elective
		Master/Graduate Diploma of Counselling and Psychotherapy		
	Murdoch University	Master/Graduate Diploma	No	
	The University of Notre Dame Fremantle	Master/Bachelor of Counselling	Unit – Trauma and Addiction Counselling	Compulsory
Medicine	The University of Notre Dame Fremantle	Doctor of Medicine	No	
	The University of Western Australia	Doctor of Medicine	No	
Nursing	Curtin University	Bachelor/Master	No	
	Edith Cowan University	Bachelor/Master	No	
	The University of Notre Dame Broome/Fremantle	Diploma/Bachelor/Master	No	
Paramedics	Curtin University	Graduate Diploma	No	
Pharmacy	Curtin University	Bachelor of Pharmacy	No	
	The University of Western Australia	Master	No	
Psychology	Edith Cowan University	Master		
	Curtin University	Master	Yes – Addictions and Clinical Neuropsychology	Elective
	Murdoch University	Master		
	The University of Western Australia	Master		
Social Work	Curtin University	Bachelor of Social Work	No	
	Edith Cowan University	Bachelor of Social Work	Yes – Addictions and Practice	Compulsory
	The University of Western Australia	Master of Social Work	No	

## Appendix E: Evidence based resources

## Appendix E: Evidence based resources

Title	Synopsis
<a href="#">Australian Charter of Healthcare Rights (2008), Australian Commission on Safety and Quality in Healthcare</a>	<p>In July 2008, Australian Health Ministers endorsed the charter as the <i>Australian Charter of Healthcare Rights</i> for use across the country.</p> <p>The charter applies to all health settings anywhere in Australia, including public hospitals, private hospitals, general practice and other community environments. It allows patients, consumers, families, carers and service providers to have a common understanding of the rights of people receiving health care.</p>
<a href="#">Australian Integrated Mental Health Initiative (AIMhi NT)</a>	<p>The five year action research project was the largest mental health research project to date in the Northern Territory (NT). It established base line measures, explored understandings of mental health from the community perspective, developed service based strategies for improved cross cultural assessment, conducted the first Indigenous mental health clinical trial of a new brief psychotherapy, and developed a range of resources for service providers and the community linked with a training program.</p>
<a href="#">Can I Ask...? An alcohol and drug clinician's guide to addressing family and domestic violence (2013), National Centre for Education and Training on Addiction (NCETA)</a>	<p>This guide has been designed to be used in the training of alcohol and other drug workers, and in their ongoing professional development. It will help workers and organisations to consider how to address practice, policy, and procedures in relation to family and domestic violence.</p>
<a href="#">Case Management in Non-Government Alcohol and Other Drugs Services: A Practical Toolkit (2015), Association of Alcohol and other Drug Agencies NT (AADANT)</a>	<p>This toolkit aims to encourage a more consistent approach to case management practices in Northern Territory (NT) alcohol and other drug services. The toolkit includes a collection of core-practice documents modelled on best practice that cover: screening and intake; assessment; planning; and case coordination. The utilisation of these core-practice documents across services aims to enhance the practice of case management in the NT.</p>

<a href="#">Clinical Supervision Kit (2005), The National Centre for Education and Training on Addiction (NCETA)</a>	<p>This Resource Kit has been produced with a very broad target audience in mind; it is a resource for all those involved in planning, instigating, delivering, and receiving quality supervision programs in alcohol and other drug workplaces.</p>
<a href="#">A Counsellor's Guide to Working with AOD Users (2007), Drug and Alcohol Office (DAO)</a>	<p>This resource explores some of the key skills needed to work at an individual level with people who have substance use problems. The guide assumes the reader has a basic understanding of the development of alcohol and other drug problems and already possesses basic counselling skills. Both managers and counsellors are encouraged to use this manual as a reference, an educational tool and as an aid to quality management and professional supervision.</p>
<hr/> <a href="#">Counselling Guidelines: Alcohol and other drug issues, 3<sup>d</sup> Edition (2013), Drug and Alcohol Office (DAO), Marsh, O'Toole, Dale, Willis &amp; Helfgott</a>	<p>In previous editions, there were three documents: a literature review, a summary of evidence-based indicators for alcohol and other drug interventions, and a counsellor guide. In this edition, these three documents have been combined into one counsellor guide: the <i>Counselling Guidelines: Alcohol and other drug issues</i>, which explores some of the key skills \ needed to work at an individual level with people who have alcohol and other drug problems. The guide assumes the reader has a basic understanding of the development of alcohol and other drug problems and already possesses basic counselling skills.</p> <p>Managers, supervisors and counsellors are encouraged to use this guide as a reference, an educational tool and as an aid to quality management and professional supervision.</p>
<a href="#">Cultural Competency in Health: A Guide for Policy, Partnerships and Participation (2006), National Health and Medical Research Council</a>	<p>Governments and health services may be better equipped to tackle Australia's future health issues, including overweight and obesity, if they integrate cultural issues into the planning and delivery of health care and services, business and community groups. The Guide will help policy makers and managers with culturally competent policy and planning at all levels of the health system.</p>
<a href="#">Culturally Secure Aboriginal and Torres Strait Islander (ATSI) Recruitment and Retention Guide (2011), WANADA</a>	<p>This guide is designed to provide CEOs and line managers with a deeper understanding of ATSI workers and their culture. This guide provides useful tips and examples of positive approaches to recruiting and retaining ATSI workers.</p>

<a href="#">Depression, Anxiety and Stress Scales (DASS)</a>	The DASS is a 42-item self-report instrument designed to measure the three related negative emotional states of depression, anxiety and tension/stress.
<a href="#">Diversion Support Programs, Mental Health Commission.</a>	The mental health commission provides a range of alcohol and other drug and mental health diversion programs. The programs refer individuals who are apprehended by Police, appearing in courts, or who have an alcohol interlock condition on their driver's licence to specialist alcohol and other drug or mental health treatment services in the community.
<a href="#">Dual Diagnosis Capability in Addiction Treatment (DDCAT) Index</a>	The DDCAT is an instrument for measuring alcohol and other drug treatment program services for person with co-occurring (i.e. mental health and substance related) disorders.
<a href="#">Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Index</a>	The DDCMHT is an adaptation of the DDCAT for application in mental health settings.
<a href="#">Fact Sheet No 2: Methods of Consumer Participation (2002). National Resource Centre for Consumer Participation in Health (NRCCPH)</a>	This information sheet provides a brief introduction to the various methods of consumer participation. It provides an overview of the various degrees of participation from participation at the level of individual health care through to participation at an organisational level.
<a href="#">For Kids' Sake: A Workforce Development Resource for Family Sensitive Policy and Practice in the Alcohol and Other Drugs Sector (2010). The National Centre for Education and Training on Addiction (NCETA)</a>	This resource is part of a suite of workforce development materials, designed to build knowledge and strategies on Family Sensitive Practice.
<a href="#">Guidelines for the Treatment of Alcohol Problems (2009). Commonwealth of Australia</a>	These guidelines provide up-to-date, evidence-based information to clinicians on the available treatments for people with alcohol issues. The guidelines are directed to the broad range of health care professionals who treat people with these problems, including primary care (general practitioners, nurses), specialist medical practitioners, psychologists and other counsellors, and other health professionals. As all forms of treatment will

	<p>not be readily available or suitable for all populations or settings these guidelines may require interpretation and adaptation. Health service planners represent a significant audience for this document.</p> <p>These guidelines do not attempt to provide information about systems of treatment delivery, which is a policy decision that relates to the needs, resources and structure of health care within jurisdictions.</p>
<a href="#">Guidelines on the Management of Co-occurring Alcohol and Other Drug and Mental Health Conditions in Alcohol and Other Drug Treatment Settings (2008), The National Drug &amp; Alcohol Research Centre (NDARC)</a>	The Australian Government Department of Health and Ageing funded the National Drug and Alcohol Research Centre (NDARC) to develop guidelines on the management of co-occurring mental health conditions in alcohol and other drug (AOD) treatment settings. The Guidelines are based on the best available evidence and draw upon the experience and knowledge of clinicians, researchers, consumers and carers.
<a href="#">An Indigenous Workforce Development Checklist for the AOD Field (2010), National Centre for Education and Training on Addiction (NCETA)</a>	This document is part of a suite of resources that has been produced by NCETA to enhance Indigenous worker wellbeing and to reduce work-related stress. This resource was produced with funding from the Australian
<a href="#">Gray, D., Stearne, A., Wilson, M., &amp; Doyle, M. (2010), Indigenous-Specific Alcohol and Other Drug Interventions: Continuities, Changes and Areas of Greatest Need, Australian National Council on Drugs (ANCD)</a>	This report provides details about the Indigenous-specific alcohol and other drug intervention projects that took place in 2006 -2007 around Australia, how they were funded. Comparisons are made with Indigenous-specific alcohol and other drug intervention projects that took place in 1999-2000.
<a href="#">Indigenous Drug and Alcohol Projects: Elements of Best Practice, ANCD Research Paper (2003), Australian National Council on Drugs (ANCD)</a>	This research paper examined a select number of Indigenous-specific alcohol and other drug intervention projects that took place in 1999-2000 to identify and promote programs that could be suitable models for other communities to develop and implement.
<a href="#">Indigenous Risk Impact Screen (IRIS), Queensland Health</a>	The Indigenous Risk Impact Screen and Brief Intervention program provides a culturally secure and validated screening instrument and brief intervention designed to meet the specific needs of Aboriginal and Torres Strait Islander communities in Queensland and across Australia.

<a href="#">Kessler Psychological Distress Scale (K10)</a>	<p>The Kessler Psychological Distress Scale (K10) was first documented by Kessler and Mroczek, School of Survey Research Center of the Institute for Social Research, University of Michigan in 1994 and was developed for screening populations on psychological distress. The K10 has been used in a number of population health surveys in Australia, such as state-based CATI population surveys and the National Mental Health Survey conducted in 1997 by the Australian Bureau of Statistics.</p> <p>The scale consists of 10 questions on non-specific psychological distress and is about the level of anxiety and depressive symptoms a person may have experienced in the most recent four-week period.</p>
<a href="#">Mental State Examination (MSE)</a>	<p>The Mental State Examination (MSE) is a systematic method for observing, examining and recording a person's emotions, thoughts and behaviour.</p>
<a href="#">Mental Health Screening Form-III (MHSF-III)</a>	<p>The Mental Health Screening Form-III was initially designed as a rough screening device for clients seeking admission to substance abuse treatment programs. Each MHSF-III question is answered either "yes" or "no." All questions reflect the respondent's entire life history; therefore all questions begin with the phrase "Have you ever..."</p>
<a href="#">PsyCheck Screening Tool and PsyCheck Clinical Treatment Guidelines</a>	<p>The <i>PsyCheck</i> Screening Tool and <i>PsyCheck</i> Screening Tool User's Guide are designed to assist clinicians in routine screening of mental health problems among drug and alcohol treatment clients. This type of screening is known as 'opportunistic' screening because the clinician takes the opportunity to screen for mental health problems when a client presents for another issue. Opportunistic screening is most effective when the screening is universal (that is, all presenting clients are screened), even when a mental health problem is not obvious or seems unlikely. This way, there will be a greater rate of detection of previously undetected symptoms.</p> <p>The <i>PsyCheck</i> Screening Tool is designed to be used in conjunction with the <i>PsyCheck</i> Clinical Treatment Guidelines.</p>

<a href="#">Policy Bank, Institute of Community Directors Australia</a>	The policy bank has a number of policies and procedures that are available for free for any not-for-profit organisation to download and use, so long as it is for a non-commercial purpose and that the organisation is not paying a consultant to carry out this work. Policies that are available for download include value, governance, financial management and control, communications, volunteer, human resources, and other policies.
<a href="#">A Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings (2009), Network of Alcohol and other Drug Agencies (NADA)</a>	This review provides an overview of some useful standardised tools that can be used to measure treatment outcomes and to screen and assess for mental health symptoms and conditions, drug and alcohol use and disorders and general functioning.
<a href="#">Referral Proforma, Comorbidity Training Materials, National Drug &amp; Alcohol Research Centre (NDARC)</a>	A referral form as part of the NDARC Comorbidity Training Materials. For clients in alcohol and other drug treatment settings to be referred to another service to address a possible mental health disorder.
<a href="#">Strong Spirit Strong Mind: Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015, Government of Western Australia Drug and Alcohol Office</a>	The <i>Strong Spirit Strong Mind</i> —Aboriginal Drug and Alcohol Framework for Western Australia 2011-2015 has been developed to provide guidance to key stakeholders, such as the alcohol and other drug sector and a broad range of government and non-government agencies, towards delivering culturally secure programs and supporting Aboriginal ways of working in order to strengthen their efforts to manage and reduce alcohol and other drug related harm in Aboriginal communities.
<a href="#">Suicide Assessment Kit (SAK), National Drug &amp; Alcohol Research Centre (NDARC) in partnership with Network of Alcohol and other Drug Agencies (NADA)</a>	<p>The Suicide Assessment Kit (SAK) is a comprehensive assessment and policy development package, designed to assist alcohol and other drug services in the assessment and management of suicide risk. The SAK was developed by NDARC in partnership with the Network of Alcohol and Other Drug Agencies (NADA).</p> <p>The SAK contains three key resources:</p> <ol style="list-style-type: none"> <li>1) the <i>Suicide Risk Screener</i>;</li> <li>2) the <i>Suicide Risk Formulation Template</i>; and</li> <li>3) the <i>Suicide Policies and Procedures Pro-forma</i>.</li> </ol>

<a href="#">Suicide and Suicide Prevention in Australia: Breaking the Silence (2010), Mendoza, J., &amp; Rosenberg, S.</a>	This report has been prepared on behalf of a consortium of non-government organisations and university research centres to draw together the existing knowledge on suicide and suicide prevention in Australia. Importantly the report provides a blueprint for Government and community action on suicide and suicidal behaviour in Australia.
<a href="#">The Therapeutic Community: Theory, Model and Method. Springer Publishing Co (2000). DeLeon, G.</a>	This resource provides a single theoretical framework for therapeutic communities for addictions and related problems. Its uniform approach to the subject makes this volume accessible to mainstream public health, science, and education fields. A comprehensive formulation of the TC, this volume is the product of clinical and research experience within the long-term residential TC, commonly viewed as the "traditional" model. With its documented effectiveness, the traditional model of the TC serves as the prototype for the current diversity of TCs.
<a href="#">Tips and Tricks for New Players: A Guide to Becoming Familiar with the Alcohol and Other Drugs Sector (2013), Alcohol and other Drugs Council of Australia</a>	This guide is a resource and orientation tool for new workers to the alcohol and other drugs (AOD) sector. It includes information on the major organisations working in the area, definitions of key terms, acronyms and abbreviations, as well as some information on specific intervention areas such as therapeutic communities and working with Aboriginal and Torres Strait Islander people.
<a href="#">Towards Better Practice in Therapeutic Communities (2002). The Australasian Therapeutic Communities Association (ATCA), Gowing, L., Cooke, R., Biven, A. &amp; Watts, D.</a>	This report identifies and defines the essential elements of a therapeutic community model for the treatment of illicit drug abuse. It outlines quality assurance, evaluation and monitoring, and evidenced-based practice that should guide the practice of a Therapeutic Community in Australia or New Zealand.
<a href="#">Treatment Service Users Project Phase Two: Final Report (2011), Australian Injecting and Illicit Drug Users League (AIVL)</a>	This project implemented consumer participation demonstration projects in a variety of drug treatment settings in Australia. It followed the phase one research project which recommended a series of priority actions to support education and training in relation to consumer participation.

<p><a href="#">Trauma-Informed Treatment Guide for Working with Women with Alcohol and Other Drug Issues (2011), Womens Health &amp; Family Services</a></p>	<p>This manual is for service providers working with women experiencing alcohol and other drug and mental health issues. The manual covers a wide range of topics such as assessment and screening, case formulation, and the neurobiology of trauma.</p>
<p><a href="#">Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice (2014), Telethon Institute for Child Health Research</a></p>	<p>This book is intended for staff, students and all health practitioners working in areas that support Indigenous mental health and wellbeing. It offers a comprehensive examination of issues and strategies influencing Aboriginal and Torres Strait Islander mental health and emotional wellbeing.</p>

**Appendix F:** Consultation responses in relation to consumer participation

## Appendix F: Consultation responses in relation to consumer participation

Table 15: How organisations currently involve alcohol and other drug consumers in decision making in service planning and provision as indicated by survey respondents

Consumer Involvement	Response Percent
Surveys / feedback	64.4%
Advisory / reference groups	44.1%
Focus groups	28.8%
Peer support role	27.1%
Self help groups	23.7%
Quality assurance processes	20.3%
Strategic planning	15.3%
Staff recruitment / selection	11.9%
Representative on Board	10.2%
Policy development	10.2%
Training delivery	10.2%
None of the above	3.4%

Table 16: Key challenges in engaging alcohol and other drug consumers in service planning and provision as identified by survey respondents

Key challenges	Response Percent
Staff resources (i.e. staff availability, funding)	61.4%
Attitude (i.e. stigma, confidence)	45.6%
Consumer resources (i.e. availability, childcare, travel)	40.4%
Lack of accessible / appropriate participation opportunities	40.4%
Organisational culture	36.8%
Lack of training	36.8%
Confidentiality / privacy concerns	31.6%
Lack of effective policy / frameworks	22.8%

**Appendix G:** Project reference group terms of reference

## Appendix G: Project reference group terms of reference

### Background:

Systems improvement is the overall objective of workforce development theory and practice. There are already some strengths in what is currently delivered in this areas in Western Australia. WANADA's vision in terms of workforce development and planning is for a comprehensive approach, ensuring any workforce development efforts are linked and maximised to support best outcomes for people and the community impacted by alcohol and other drugs (AOD). As one step in achieving this vision, through the support of the Mental Health Commission (MHC), WANADA will develop an informed mapping and transition plan for comprehensive workforce development strategies. It is anticipated the project will take approximately 6 months.

### Objective:

To support and inform the mapping of a comprehensive workforce development approach that supports individuals, organisations and cross-sector capacity to better respond to AOD issues.

### Members:

To be confirmed at first reference group meeting with the view to include representatives from the MHC, WANADA, AOD sector, WAAMH and other identified representatives. Representatives can be modified and changed if required and as agreed by the Workforce Development Project Committee members.

### Meetings:

It is anticipated the meetings will be held every 6-8 weeks throughout the project duration. However meetings may be convened earlier in the event of significant risk or opportunity.

### Terms of Reference:

The Committee intention is to:

- Inform the direction and governance of the WANADA comprehensive workforce development project
- Consider and advise on a range of approaches that contribute to informing the project outcomes and the workforce development mapping process
- Identify potential risks and monitor them

### Roles and Responsibilities:

#### WANADA:

- Convene, chair and provide secretariat for the Committee meetings
- Collaborate with an independent consultant to inform committee and project objectives
- Undertake actions as recommended by the committee

#### Committee Members:

- Declare any conflict as it may arise
- Consider options for the benefit of the WANADA comprehensive workforce development project outcomes

- Provide timely feedback and advice on draft plans, submissions and actions taken
- Participate on the committee, committing to attend meetings and actively participating in actions required of the group

#### Proxy Representatives:

Members may nominate an appropriate proxy representative to attend meetings in their absence. Proxies must have sufficient seniority and be briefed ahead of meetings to allow decision making to remain unhindered.

#### Confidentiality:

It is an expectation that group members will not disclose identified confidential information shared in the meetings. Where the group identifies information that is of a confidential nature, the issue will be documented without disclosing confidential information.

#### Quorum:

A quorum shall consist of more than 75% of members. If a quorum is not possible e-resolution may occur to obtain consensus for decisions. As this is a project led by WANADA, significant decisions will be made by the WANADA Board as guided by the WFD project committee.

#### Duration:

These terms of reference operate for the duration of the project and may be amended, varied or modified in writing after consultation and agreement by the project committee membership.

**Appendix H:** Project background consultation paper



# Enhancing Western Australia's alcohol and other drug workforce development: A consultation paper

This paper was developed as part of the consultation process to identify future directions in alcohol and other drug workforce development in Western Australia. This consultation process is being undertaken by WANADA with support from the National Centre for Education and Training on Addiction (NCETA).



## FOREWORD

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is undertaking a consultation process to identify opportunities to develop the Western Australian specialist alcohol and other drugs workforce. As part of this process, WANADA is also seeking to enhance capacity among other workers with a role and responding to alcohol and other drug issues. The National Centre for Education and Training on Addiction (NCETA) is supporting WANADA in this task by assisting with the development of the consultation plan and by providing a number of related tools. This consultation paper is one such tool.

This consultation paper provides a brief overview of issues relevant to alcohol and other drugs workforce development in Western Australia. It outlines the background and context for the work being undertaken by WANADA, relevant Australian and international research and data and potential areas for action.

The paper is not intended to provide a definitive coverage of issues; rather, it is intended to be thought-provoking and stimulating.

The major focus of WANADA's efforts in this area is the specialist alcohol and other drugs workforce but the scope of the consultation process includes human service providers from beyond the alcohol and other drugs field. This may include:

- Mental health workers
- Child protection and family violence workers
- Aboriginal health workers
- General practitioners and other primary healthcare workers
- Community, welfare and support services.

The document will be used as the basis to inform and guide the consultation process. It contains a series of questions to help focus the thinking of readers on issues of relevance to the consultation.

Below is a list of discussion points that appear throughout the paper. These points are central and will guide WANADA's consultation process.

1. What do you see as the major issues and challenges impacting alcohol and other drugs workforce development (WFD) in Western Australia at present? .....
2. At which evolutionary phase of WFD is the alcohol and other drugs sector in Western Australia? At which evolutionary phase is your own organisation? .....
3. What are the major WFD issues facing specialist alcohol and other drugs workers in Western Australia? .....
4. What are the major WFD issues facing generalist workers performing alcohol and other drugs-related roles, such as general practitioners, social workers, counsellors and child protection workers? .....
5. How can the Western Australian alcohol and other drugs workforce adapt to meet the challenges associated with current and emerging health inequalities? .....
6. What are the implications of an ageing population for the alcohol and other drugs workforce in Western Australia? What can be done to address this? .....
7. As the market for skilled workers becomes more competitive with the ageing of the Australian workforce and workforce globalisation, what can the alcohol and other drugs sector in Western Australia do to ensure that it attracts and retains high quality staff? .....
8. How is the current alcohol and other drugs worker recruitment and retention situation in Western Australia? .....
9. What are the key alcohol and other drugs WFD issues for Aboriginal alcohol and other drugs workers in Western Australia? In Western Australia, to what extent do Aboriginal alcohol and other drugs workers have culturally safe working environments? .....
10. How could WFD for Aboriginal alcohol and other drugs workers be enhanced to meet priority area 5.5 of the Western Australian Aboriginal Health and Wellbeing Framework 2015–2030? .....
11. How could changes in the substances associated with harm in Australia impact on the alcohol and other drugs workforce? What are the implications of this for Western Australia? .....
12. What are the implications of new alcohol and other drugs paradigms and treatments factors in the Western Australian context? .....
13. What measures could the alcohol and other drugs sector implement to attract and retain staff? ....
14. In what ways do WFD needs differ between workers employed in government and non-government services in Western Australia? What responses are needed? .....
15. To what extent does existing alcohol and other drugs-related education and training in Western Australia meet the needs of the alcohol and other drugs workforce and how could this be improved? .....
16. To what extent are alcohol and other drugs issues currently addressed in non-specialist alcohol and other drugs higher education programs in Western Australia and how might this be enhanced? .....
17. How could education and training approaches for the alcohol and other drugs workforce be adapted to be more inter-professional? .....
18. How could research translation occur more effectively in the alcohol and other drugs field in Western Australia? .....
19. How well is alcohol and other drugs leadership development undertaken in Western Australia? How could this be improved? .....
20. What is the current wellbeing status of alcohol and other drugs workers in Western Australia? Is there much variation in wellbeing status among the workforce? .....

## 1 WHY FOCUS ON WORKFORCE DEVELOPMENT?

The alcohol and other drugs field, as with any area of endeavour, needs to continuously evolve and improve its practice in response to changes in societal needs and advances in knowledge. The alcohol and other drugs sector nationally has experienced substantial change over recent decades including:

- Shifting patterns of alcohol and other drugs use, particularly towards the use of stimulants, pharmaceutical drugs and poly-drug use
- New synthetic drugs
- An expanded range of pharmacotherapies and other treatment options
- Greater awareness of co-existing mental health disorders and multiple morbidities (particularly in the context of an ageing population)
- Greater awareness of foetal alcohol spectrum disorder, child protection and family inclusive practice issues
- Problematic alcohol and other drugs use across a widened age spectrum
- Greater emphasis on cost efficiency, professional practice efficacy, improved outcomes and intersectoral collaboration
- A better understanding of effective preventive measures
- Greater recognition of the wide variety of workers involved in reducing alcohol and other drugs-related harm.

In addition, a range of factors are impacting alcohol and other drugs service provision in Western Australia more specifically. These include:

- The formation of the Western Australian Mental Health Commission (MHC) and the amalgamation of the MHC and the Drug and Alcohol Office (DAO)
- The development of *Better Choices. Better Lives: The Western Australian Mental Health, Alcohol and other Drug Services Plan 2015–2025*
- The provision of an additional \$604 million over five years to enhance sustainability in the WA not-for-profit (NFP) sector
- Changes to the economic base of Western Australia including declining revenues from, and construction associated with, the resources industry
- Expanded roles for specialist alcohol and other drugs workers including an emphasis on prevention and capacity building activities.

There have also been changes in approaches to workforce development (WFD) in the alcohol and other drugs sector including:

- Increasing recognition of the need for a broad approach to workforce development (WFD) which incorporates systems, organisational and individual factors
- The development of the National Alcohol and other Drug Workforce Development Strategy 2015–2018.

There is a need to:

- Identify the workforce implications of the current strategic and operational environment
- Balance current needs and prepare for the future
- Raise the profile of strategic workforce planning within organisations and influence change from the top down<sup>1</sup>
- Integrate workforce planning with future directions for the organisation and sector
- Assess the current state of the workforce
- Create, drive and implement workforce planning.

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<sup>1</sup> This is not to imply that changes are made without consulting workers. In organisational redesign, it is essential to tap into the knowledge of the broader workforce regarding how services can be improved. A top down approach entails a more global view of how sectors, agencies and organisations can work more effectively to enhance services. Only then can workforce development requirements be accurately defined and measures implemented to meet those requirements.

<b>1. What do you see as the major issues and challenges impacting alcohol and other drugs WFD in Western Australia at present?</b>
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## 2 WORKFORCE DEVELOPMENT - AN OVERVIEW

### 2.1 What is workforce development?

Workforce development in the alcohol and other drugs field aims to build the capacity of organisations and individuals to prevent and respond to alcohol and other drugs-related problems and to promote evidence-based practice. It goes beyond the provision of education and training to include issues such as recruitment and retention, workforce planning, professional and career development and worker wellbeing. As such, WFD can be defined as:

*...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers (Roche, 2002a).*

This broad definition of WFD mandates a focus on a wide range of individual, organisational, structural and systematic factors that impact the ability of the workforce to effectively prevent and respond to alcohol and other drugs issues. Without addressing these underpinning and contextual factors, the ultimate aim of increasing the workforce's effectiveness is unlikely to be achieved (Roche & Pidd, 2010).

It is possible to delineate three evolutionary phases of WFD in the alcohol and other drugs field.

#### 2.1.1 Phase 1: Individual workers

The first phase involved a focus on individual workers. The key strategies in this phase were education and training programs and resources to enhance individual workers' knowledge and skills. However, by the early 2000s, the limitations of this approach were becoming apparent (Roche, 2002b). Emphasising the needs of individual workers failed to take into consideration the influence of the systems in which they worked. While education and training can enhance the skills and knowledge of individual workers, this does not always translate into sustainable work practice change. Quality service delivery is dependent on a range of organisational, structural, and systemic factors largely beyond the control of individual workers (Roche, Pidd, & Freeman, 2009; Roche, Watt, & Fischer, 2001).

#### 2.1.2 Phase 2: The alcohol and other drugs internal systems approach

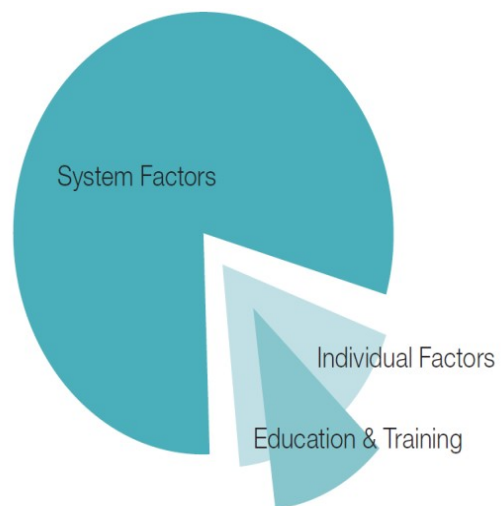
The next phase involved WFD strategies which focussed on the *internal systems* in which alcohol and other drugs workers were employed. It seeks to facilitate and sustain the alcohol and other drugs workforce by targeting organisational and structural factors, as well as individual factors (Baker & Roche, 2002). The internal systems perspective included a diverse range of issues such as:

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| <ul style="list-style-type: none"><li>• Recruitment and retention</li><li>• Information management</li><li>• Leadership and mentoring</li><li>• Knowledge transfer &amp; research dissemination</li><li>• Workplace support</li><li>• Evidence-based practice</li><li>• Professional and career development</li><li>• Workforce wellbeing</li><li>• Clarification of staff roles &amp; functions</li></ul> | <ul style="list-style-type: none"><li>• Policy</li><li>• Clinical supervision</li><li>• Effective teamwork</li><li>• Evaluating alcohol and other drugs programs &amp; projects</li><li>• Goal setting</li><li>• Organisational change</li><li>• Legislation</li><li>• Scholarships</li></ul> <p>(Roche &amp; Pidd, 2010)</p> |
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The incorporation of a systems focus into the definition of WFD signalled an important conceptual shift. Workforce development was no longer viewed as just comprising education and training initiatives. Instead, education and training initiatives were increasingly viewed as a subset of WFD activities which, in the absence of broader approaches, were likely to have limited effect (Roche, 2001). This is shown in Figure 1, which demonstrates that infrastructure, systems and organisational issues are essential to compliment and facilitate training. Figure 2 demonstrates how education and training programs influence individual factors which, in turn, articulate with a range of system factors.



**Figure 1: The different levels and components of workforce development.**  
Source: Roche & Pidd, 2010



**Figure 2: Education and training as one element of workforce development.** Source: Roche & Pidd, 2010

It is important not to underestimate the challenges associated with implementing internal systems measures in some environments. In particular, rural and remote alcohol and other drugs services can have great difficulties providing adequate mentoring, supervision and support to their workers and ensuring their wellbeing.

### **2.1.3 Phase 3: A human services systems approach**

While the alcohol and other drugs internal systems approach represents an improvement over an individual worker approach, it is unlikely to fully meet the needs of the sector into the future. There is a growing appreciation of the need to prevent and address problematic alcohol and other drugs use in conjunction with other mental, physical, and social problems (Roche, 2013). There is also a growing awareness that no one service alone can meet the needs and expectations of clients, nor can these services continue to work in silos. There is also growing client and community expectations of greater partnership and inclusion in the health care process (Nisbet, et al., 2011).

It is therefore important that measures are in place to ensure greater integration of the alcohol and other drugs sector with other sectors to deliver joined-up service provision in prevention and treatment (Roche & Pidd, 2010).

From this perspective, the future of the specialist alcohol and other drugs sector is likely to increasingly lie in more structured relationships with other sectors to prevent harms and address the needs of clients with multiple morbidities. However, this should not occur at the risk of diminishing the unique skills and knowledge which are at the core of specialised alcohol and other drugs practice.

**2. At which evolutionary phase of WFD is the alcohol and other drugs sector in Western Australia? At which evolutionary phase is your own organisation?**

## **3 THE ALCOHOL AND OTHER DRUGS WORKFORCE**

### **3.1 What is the profile of the alcohol and other drugs workforce?**

Little work has been undertaken that provides an insight into the profile of the alcohol and other drugs workforce involved in policy and prevention activities. More work has been undertaken in profiling the workforce providing clinical services as described below.

In order to simplify and clarify understanding of the clinical alcohol and other drugs workforce, it is commonly broken down into specialists and generalists.

Specialist alcohol and other drugs workers are those whose core role is assisting people with alcohol and other drugs issues. This includes alcohol and other drugs workers, nurses, peer workers, addiction medicine specialists and specialist psychologists and psychiatrists. Specialist workers may be employed in alcohol and other drugs specialist organisations or in alcohol and other drugs programs within non-alcohol and other drugs specialist organisations (Roche & Pidd, 2010). These workers may have specialised degrees or little or no formal training (Libretto, Weil, Nemes, Copeland Linder, & Johansson, 2004). The knowledge and skills required by these workers covers many diverse areas, including an understanding of relevant social, legal and medical issues (Berends et al., 2010).

Generalist workers are employed in the mainstream workforce and have non-alcohol and other drugs- related core roles, but nonetheless come into contact with individuals who have alcohol and other drugs issues. Generalist workers can play an important role in

implementing alcohol and other drugs prevention and intervention strategies.

It is difficult to ascertain the extent and nature of the specialist and generalist alcohol and other drugs workforce within Australia. The most comprehensive overview of the alcohol and other drugs workforce currently available is a compilation of 13 alcohol and other drugs workforce development surveys conducted by NCETA (Roche & Pidd, 2010). This data demonstrates that, jurisdictional differences notwithstanding:

- The majority of specialist workers are female
- The majority of specialist workers are aged 45 years or older
- Approximately one third of specialist workers are employed part time
- Median length of alcohol and other drugs service is five years
- The largest occupational groups are alcohol and other drugs workers and nurses
- A substantial number of workers have no formal alcohol and other drugs-specific qualifications (Roche & Pidd, 2010).

An issue that is closely related to the diversity of the alcohol and other drugs workforce concerns the potential to better match the skills and experience of alcohol and other drugs workers to the level of complexity of the range of tasks involved in alcohol and other drugs prevention and treatment. In this way, more highly qualified workers would undertake more complex roles (such as family therapy and cognitive behavioural therapy), while those with no formal qualifications, or vocational qualifications, would be limited to undertaking tasks of lesser complexity.

**3. What are the major WFD issues facing specialist alcohol and other drugs workers in Western Australia?**

**4. What are the major WFD issues facing generalist workers performing alcohol and other drugs-related roles, such as general practitioners, social workers, counsellors and child protection workers?**

## 4 ISSUES IMPACTING ALCOHOL AND OTHER DRUGS SERVICE PROVISION

A range of issues is currently impacting patterns of alcohol and other drugs service provision in Australia.

### 4.1 Health inequalities

Access to health services and health outcomes are unevenly distributed across Australian society. Individuals are likely to have poorer health and experience earlier mortality if they:

- Have a lower socio-economic status
- Have lower levels of education
- Have insecure working conditions
- Live in rural or remote areas
- Are of Aboriginal or Torres Strait Islander descent (Australian Government Preventative Task Force, 2009)

Internationally, alcohol and drug dependence are more common in countries with greater income inequality and Australia is one such country (Wilkinson & Pickett, 2010).

Aboriginal and Torres Strait Islanders, especially those living in rural or remote areas, are particularly disadvantaged in terms of health outcomes (Australian Government Preventative Task Force, 2009).

**5. How can the Western Australian alcohol and other drugs workforce adapt to meet the challenges associated with current and emerging health inequalities?**

### 4.2 The ageing population and health workforce

Demographic changes have seen an unprecedented increase in the average age of the population in both developed and developing countries (Tinker, 2002; World Health Organization, 2002). In particular, health occupations such as GPs and nurses have an ageing workforce, with half of workers aged over 45 years in 2003 (Australian Bureau of Statistics, 2003) and many health professionals working beyond the age of 65 (Department of Education Employment and Workplace Relations, 2005). As these workers begin to retire, the alcohol and other drugs workforce is likely to be negatively impacted by a loss of highly skilled workers. This means that the alcohol and other drugs sector will continue to age and will have to compete with other sectors for staff in an increasingly difficult human resource environment. This is likely to become a more prominent problem as the globalisation of the human services workforce means alcohol and other drugs agencies will be required to compete for staff with other Australian agencies and with agencies in other countries.

**6. What are the implications of an ageing population for the alcohol and other drugs workforce in Western Australia? What can be done to address this?**

**7. As the market for skilled workers becomes more competitive with the ageing of the Australian workforce and workforce globalisation, what can the alcohol and other drugs sector in Western Australia do to ensure that it attracts and retains high quality staff?**

**8. How is the current alcohol and other drugs worker recruitment and retention situation in Western Australia?**

### 4.3 The needs of Aboriginal Australians

Aboriginal Australians have higher rates of tobacco and other drug use compared to the non-Aboriginal population. Patterns of harmful alcohol and other drugs use by Aboriginal people need to be understood in the context of a history of dispossession, denial of culture, and conflict. Alcohol and other drugs use by some Aboriginal people contributes to compromised physical and psychosocial health status, and ongoing socio-economic disadvantage (Gleadle et al., 2010).

Aboriginal alcohol and other drugs workers, who play a major role preventing and responding to alcohol and other drugs-related harm among Aboriginal Australians therefore face particular challenges including:

- Heavy work demands reflecting the high community need and a shortfall of Aboriginal alcohol and other drugs workers
- Dual forms of stigmatisation stemming from attitudes to alcohol and other drugs work and racism
- Lack of clearly defined roles and boundaries, particularly within an Aboriginal community context
- Difficulties translating mainstream work practices to meet the specific needs of Indigenous clients
- Challenges of isolation when working in remote areas
- Dealing with clients with complex comorbidities and health and social issues
- Lack of cultural understanding and support from non-Aboriginal health workers (Roche, Nicholas, Trifonoff, & Steenson, 2013).

These challenges mean that Aboriginal alcohol and other drugs workers have particular workforce development needs, and require culturally safe WFD strategies.

Priority Area 5.5 of the Western Australia Aboriginal Health and Wellbeing Framework 2015–2030 suggests the implementation of a range of measures to enhance Aboriginal health workforce development including:

- Building the confidence of Aboriginal people to seek and access employment opportunities within WA Health and provide a culturally safe and supportive work environment
- Providing Aboriginal people with improved education and training and professional development opportunities
- Growing the number of Aboriginal people with tertiary qualifications entering WA health careers
- Developing clearly defined and available career pathways that increase representation of Aboriginal people across health
- Expanding Aboriginal leadership opportunities across WA Health
- Implementing an Aboriginal health workforce plan that is accountable through performance measures, monitoring and evaluation
- Providing the non-Aboriginal workforce with access to education and training opportunities to gain an understanding of the cultural and historic reasons why Aboriginal people view health needs, outcomes and services differently to the general population
- Recognising the skill sets and cultural knowledge of the Aboriginal workforce
- Supporting the Aboriginal workforce to form a key part of a multidisciplinary approach to responding to the needs of Aboriginal people
- Developing an Aboriginal workforce with specialist skills in public health.

**9. What are the key alcohol and other drugs workforce development issues for Aboriginal alcohol and other drugs workers in Western Australia? In Western Australia, to what extent do Aboriginal alcohol and other drugs workers have culturally safe working environments?**

**10. How could WFD for Indigenous alcohol and other drugs workers be enhanced to meet priority area 5.5 of the Western Australian Aboriginal Health and Wellbeing Framework 2015–2030?**

#### **4.4 Different substances and patterns of use**

Over the past decade there have been significant changes in the profile of substances for which Australians are seeking treatment. Since 2001-02 among publically funded alcohol and other drugs treatment episodes in which the client was seeking help for their own problems:

- Alcohol problems increased by 10% to 47%
- Heroin problems halved from 18% to 9%
- There has been an increased level of demand for services associated with pharmaceutical drug problems (Australian Institute of Health and Welfare, 2012).

There has also been a substantial increase in the use of crystal methamphetamine across Australia. In addition, levels of alcohol and other drugs-related harm are increasing among older Australians.

**11. How could changes in the substances associated with harm in Australia impact on the alcohol and other drugs workforce? What are the implications of this for Western Australia?**

#### **4.5 New paradigms and treatments**

In the future, approaches to preventing and responding to alcohol and other drugs problems are likely to arise from a much broader base than is currently the case. Future responses will be shaped by drivers including:

- The need to focus on the social determinants of health
- The need to use integrated models of care
- Increased awareness of multiple morbidities
- Increased emphasis on service outcomes (rather than client throughput)
- Increased use of technology-based approaches
- Increased client input into service planning
- Increased need for family sensitive practice (Roche, 2013).

**12. What are the implications of new paradigms and treatments in the Western Australian context?**

**13. What measures could the alcohol and other drugs sector implement to attract and retain staff?**

#### **4.6 Differences between government and non-government sectors**

Alcohol and other drug workers in government agencies and non-government organisations in Western Australia are likely to have differing WFD needs.

**14. In what ways do WFD needs differ between workers employed in government agencies and non-government organisations in Western Australia? What responses are needed?**

**4.7 The alcohol and other drugs education and training landscape in Australia**

Today alcohol and other drugs-related training is widely available in the higher education and Vocational Education and Training (VET) sectors, at both undergraduate and postgraduate levels. Higher education institutions largely cater for medical practitioners, nurses, psychologists and social workers. Other education programs are offered by the Drug and Alcohol Nurses of Australasia, the Australasian Professional Society on Alcohol & other Drugs and the Chapter of Addiction Medicine of the Australasian College of Physicians.

The VET sector largely caters for the needs of other alcohol and other drugs workers. Competency based training (CBT), is now the recognised method for vocational training in the alcohol and other drugs field. There is significant dissatisfaction among alcohol and other drugs managers with the VET sector's provision of alcohol and other drugs courses. Reasons for dissatisfaction include:

- Poor-quality training and assessment
- Lack of correspondence between what was learned through training and skills required on the job
- Training content being out of date or out of touch with industry developments
- Lack of practical experience/work placements
- Perceived variability in the quality of VET training
- Limitations in its ability to adequately equip workers with the necessary skills to meet the increasingly complex needs of alcohol and other drugs clients (Pidd et al., 2010).

**15. To what extent does existing alcohol and other drugs-related education and training in Western Australia meet the needs of the alcohol and other drugs workforce and how could this be improved?**

**4.8 Non-specialist higher education programs**

Given that a wide range of human service providers have the capacity to prevent and reduce alcohol and other drugs-related harm, it is highly desirable that these issues are incorporated into undergraduate and postgraduate curricula in fields such as medicine, nursing, social work, psychology and policing. It is difficult to gain a clear understanding of the extent to which these issues are currently addressed. Given the degree to which these curricula are already "crowded" this is likely to be patchy. Nevertheless, enhancing the capacity of these professionals to reduce alcohol and other drugs related harm is critically important if the alcohol and other drugs field is to enhance its sphere of influence in reducing harm.

**16. To what extent are alcohol and other drugs issues currently addressed in non-specialist alcohol and other drugs higher education programs in Western Australia and how might this be enhanced?**

**4.9 Increasing trend towards inter-professional education and practice**

In response to the increasing requirement for effective team work between different health professionals and agencies, the future health workforce will need to work as effective members of inter-professional teams. This approach aims to resolve real world or complex

problems, to provide different perspectives on problems, to create comprehensive research questions, to develop consensus on clinical definitions and guidelines and to provide comprehensive health services (Choi & Pak, 2006).

Inter-professional education:

- Focuses on the needs of, and actively involves, service users and carers
- Encourages professions to learn with, from and about each other
- Respects the distinctive contributions of each profession
- Seeks to enhance practice, and increase satisfaction, within professions (Australasian Interprofessional Practice and Education Network, 2013).

**17. How could education and training approaches for the alcohol and other drugs workforce be adapted to be more inter-professional?**

#### 4.10 Translation of research into practice

It is critically important that prevention, early intervention and treatment practices in the alcohol and other drugs field are based on the best available research evidence. For this reason, the intersection between researchers and practitioners is increasingly important.

**18. How could research translation occur more effectively in the alcohol and other drugs field in Western Australia?**

#### 4.11 Management and leadership development

Management and leadership support and enhancement are core components of workforce development. Contemporary leaders in health and community services face a range of challenges such as the need to promote innovation that leads to improved community and client outcomes and increase the speed at which improvements and innovations are spread through organisations (Health Workforce Australia, 2012).

There is also extensive evidence that the quality of organisational management substantially impacts alcohol and other drugs worker wellbeing (Broome et al., 2009; Knudsen, Ducharme, & Roman, 2006; Vilardaga et al., 2011).

**19. How well is alcohol and other drugs leadership development undertaken in Western Australia? How could this be improved?**

#### 4.12 Worker wellbeing

Worker well-being is an issue of particular relevance to alcohol and other drugs workforce development as their roles involve emotional work, which may elevate risk of stress and burnout (Ewer et al., 2015; Roche et al., 2013; Volker et al., 2010). Worker wellbeing is important for workers themselves, organisational functioning and client outcomes (Skinner & Roche, 2005). There is evidence of a strong link between worker well-being and client/patient outcomes (Aiken, Clarke, Sloane, Lake, & Cheney, 2008; Hanrahan, Aiken, McClaine, & Hanlon, 2010). Organisations can enhance client outcomes by ensuring the wellbeing of their workers.

There are reasons to be vigilant about the well-being of the alcohol and other drugs

workforce. Research indicates that excessive workplace stress, burnout and secondary traumatic stress or vicarious trauma affect a substantial proportion of the alcohol and other drugs workforce (Baldwin- White, 2016; Bride & Kintzle, 2011; Duraisingam et al., 2009; Ewer, et al., 2015; Oyefeso, Clancy, & Farmer, 2008; Volker et al., 2010).

<b>20. What is the current wellbeing status of alcohol and other drugs workers in Western Australia? Is there much variation in wellbeing status among the workforce?</b>
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## CONCLUSION

The reduction of alcohol and other drugs harm in Western Australia is dependent on having a skilled, effective, resilient and adaptable workforce. The WANADA examination of alcohol and other drugs WFD needs is occurring amid a range of changes and pressures to community service provision.

The key challenge for the future will be to extend the thinking of the alcohol and other drugs sector about what constitutes WFD. It will be essential to make the transition from a paradigm which focusses on the learning needs of individual workers; to one which focusses on the ways in which internal organisational environments of employing agencies impact on the effectiveness of workers; and ultimately to one which focusses on the ability of workers to operate more effectively across sectors.

## REFERENCES

- Aiken, L., Clarke, S., Sloane, D., Lake, E., & Cheney, T. (2008). Effects of hospital care environment on patient mortality and nurse outcomes. *The Journal of Nursing Administration*, 38, 223.
- Australasian Interprofessional Practice and Education Network. (2013). *What is IPE?* Retrieved 19 July, 2013, from <http://www.aippen.net/what-is-ipe-ipl-ipp>
- Australian Bureau of Statistics. (2003). *Labour Force Survey, 2003*. From <http://www.abs.gov.au/ausstats/abs@.nsf/mf/6203.0>
- Australian Government Preventative Task Force. (2009). *Australia: The healthiest country by 2020*. Canberra: Australian Government Preventative Task Force.
- Australian Institute of Health and Welfare. (2012). *Alcohol and other drug treatment services in Australia 2010-11: report on the National Minimum Data Set. Drug treatment series no. 18* (Vol. Cat. no. HSE 128.). Canberra: AIHW.
- Baldwin-White, A. (2016). Psychological distress and substance abuse counselors: An exploratory pilot study of multiple dimensions of burnout. *Journal of Substance Use*, 21, 29–34.
- Berends, L., Connolly, K., Pennay, A., Mugavin, J., Cogger, S., Strickland, H, . . . Roberts, B. (2010). *Defining alcohol and other drug treatment and workforce*. Fitzroy, Victoria: Turning Point Alcohol and Drug Centre.
- Bride, B., & Kintzle, S. (2011). Secondary traumatic stress, job satisfaction, and occupational commitment in substance abuse counselors. *Traumatology*, 17, 22.
- Broome, K., Knight, D., Edwards, J., & Flynn, P. (2009). Leadership, burnout, and job satisfaction in outpatient drug-free treatment programs. *Journal of Substance Abuse Treatment*, 37, 160–170.
- Choi, B., & Pak, A. (2006). Multidisciplinarity, interdisciplinarity and transdisciplinarity in health research, services, education and policy: 1. Definitions, objectives, and evidence of effectiveness. *Clinical and Investigative Medicine*, 29(6), 351-364.
- Community Services & Health Industry Skills Council. (2013). *Community Services & Health Industry Skills Council environmental scan 2013*. Sydney: Community Services & Health Industry Skills Council.
- Department of Education Employment and Workplace Relations. (2005). *Submission to Productivity Commission research report into economic implications of an ageing Australia*. Canberra: Department of Education and Workplace Relations.
- Duraisingam, V., Pidd, K., & Roche, A.M. (2009). The impact of work stress and job satisfaction on turnover intentions: A study of Australian specialist alcohol and other drug workers. *Drugs: Education, Prevention and Policy*, 16, 217–231.
- Ewer, P., Teesson, M., Sannibale, C., Roche, A.M., & Mills, K. (2015). The prevalence and correlates of secondary traumatic stress among alcohol and other drug workers in Australia. *Drug and Alcohol Review*, 34, 252–258.

- Gleadle, F., Freeman, T., Duraisingam, V., Roche, A., Battams, S., Marshall, B., . . . Weetra, D. (2010). *Indigenous alcohol and drug workforce challenges: A literature review of issues related to Indigenous alcohol and other drugs workers' wellbeing, stress and burnout*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- Hanrahan, N., Aiken, L., McClaine, L., & Hanlon, A. (2010). Relationship between psychiatric nurse work environments and nurse burnout in acute care general hospitals. *Issues in Mental Health Nursing*, 31, 198–207.
- Health Workforce Australia. (2012). *Leadership for the sustainability of the health system*. Adelaide: Health Workforce Australia.
- Knudsen, H., Ducharme, L., & Roman, P. (2006). Counselor emotional exhaustion and turnover intention in therapeutic communities. *Journal of Substance Abuse Treatment*, 31, 173–180.
- Libretto, S., Weil, J., Nemes, S., Copeland Linder, N., & Johansson, A. (2004). Snapshot of the substance abuse treatment workforce in 2002: A synthesis of current literature. *Journal of Psychoactive Drugs*, 36(4), 489-497.
- Nisbet, G., Lee, A., Kumar, K., Thistlethwaite, J., & Dunston, R. (2011 ). *Interprofessional health education: A literature review - overview of international and Australian developments in interprofessional health education*. Sydney: Australian Learning and Teaching Council Ltd.
- Oyefeso, A., Clancy, C., & Farmer, R. (2008). Prevalence and associated factors in burnout and psychological morbidity among substance misuse professionals. *BMC Health Services Research*, 8, 19.
- Roche, A. (2001). What is this thing called workforce development? In A. Roche & J. McDonald (Eds.), *Systems, settings, people: Workforce development challenges for the alcohol and other Drugs field*. Adelaide: National Centre for Education and Training on Addiction, Flinders University.
- Roche, A. (2002a). *Workforce development issues in the alcohol and other drugs field: A briefing paper for the Inter-Governmental Committee on Drugs*. Adelaide, Australia: National Centre for Education and Training on Addiction, Flinders University.
- Roche, A. (2002b). *Workforce Development, Our National Dilemma*. Adelaide: National Centre For Education and Training on Addiction, Flinders University.
- Roche, A. (2013). Looking to the future: The challenges ahead. *Of Substance: The National Magazine on Alcohol, Tobacco and Other Drugs*, 11(1), 17.
- Roche, A., Nicholas, R., Trifonoff, A., & Steenson, T. (2013). *Staying deadly: Strategies for Preventing stress and burnout among Aboriginal & Torres Strait Islander alcohol and other drug workers*. Adelaide: National Centre for Education and Training on Addiction, Flinders University.
- Roche, A., & Pidd, K. (2010). *Alcohol and other drugs workforce development issues and imperatives: setting the scene*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.
- Roche, A., Pidd, K., & Freeman, T. (2009). Achieving professional practice change: From training to workforce development. *Drug and Alcohol Review*, 28(5), 550-557.
- Roche, A., Watt, K., & Fischer, J. (2001). General practitioners' views of home detoxification. *Drug and Alcohol Review*, 20, 395-406.

Simoens, S., Villeneuve, M., & Hurst, J. (2005). *Tackling nurse shortages in OECD Countries*. Paris: Organisation for Economic Co-operation and Development.

Skinner, N., & Roche, A.M. (2005). *Stress and burnout: A prevention handbook for the alcohol and other drugs workforce*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Tinker, A. (2002). The social implications of an ageing population. *Mechanisms of Ageing and Development*, 123(7), 729-735.

Vilardaga, R., Luoma, J, Hayes, S, Pistorello, J., Levin, M., Hildebrandt, M., . . . Bond, F. (2011). Burnout among the addiction counseling workforce: The differential roles of mindfulness and values-based processes and work-site factors. *Journal of Substance Abuse Treatment*, 40, 323–335.

Volker, R., Bernhard, B., Anna, K., Fabrizio, S., Robin, R., Jessica, P., . . . Franz, H. (2010). Burnout, coping and job satisfaction in service staff treating opioid addicts - from Athens to Zurich. *Stress and Health*, 26, 149-159.

Western Australia Drug and Alcohol Office. (ND). *Western Australian alcohol and other drug prevention core knowledge and skills framework*. Perth: Western Australia Drug and Alcohol Office.

Wilkinson, R., & Pickett, K. (2010). *The spirit level: Why equality is better for everyone*. London: Penguin.

World Health Organization. (2002). *Active ageing: A policy framework*. Geneva, Switzerland: World Health Organization.



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