



NADA

network of alcohol and
other drugs agencies

Workforce Development Plan

2016–2019

About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for the non government alcohol and other drugs sector in NSW. Our vision is a connected and sustainable sector providing quality evidence-based programs to reduce alcohol and other drug-related harms to NSW communities.

We represent approximately 100 organisational members that provide a broad range of services including health promotion and harm reduction, early intervention, treatment and after-care programs. Our members comprise services that are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery. NADA provides a range of programs and services that focus on sector and workforce development, information management, governance and management support, sector representation and advocacy, as well as actively contributing to public health policy.

NADA is governed by a Board of Directors elected from the NADA membership. We are accredited under the Australian Service Excellence Standards.

Further information about NADA and our programs and services is available on the NADA website at www.nada.org.au.

NADA is supported by funding from the NSW Ministry of Health and the Australian Government Department of Health.

NADA acknowledges the traditional custodians of country throughout NSW and the ACT and their continuing connection to land, culture and community. We pay our respects to elders past, present and future.



Acknowledgements

NADA thanks the Expert Advisory Group (EAG) that was established to oversee this Plan's development. The EAG comprised the following individuals who generously contributed their time and expertise:

- Professor Ann Roche, Director, National Centre for Education and Training on Addiction, Flinders University
- Antoinette Sedwell, NSW Drug and Alcohol Network Manager, Agency for Clinical Innovation
- Carolyn Stubley, WHOS Nurse Manager, We Help Ourselves
- Debbie Kaplan, Principal Policy Officer, Clinical Standards and Design, Mental Health and Drug and Alcohol Office, NSW Ministry of Health
- Lucy Abbott, Manager, SRWB Workforce Support Unit, Aboriginal Health & Medical Research Council of NSW
- Mary Harrod, CEO, NSW Users & AIDS Association
- Michele Campbell, Program Manager, The Lyndon Community
- Associate Professor Nicholas Lintzeris, Director and Senior Staff Specialist, Drug and Alcohol Services, South East Sydney Local Health District
- Roger Nicholas, Senior Project Manager, National Centre for Education and Training on Addiction, Flinders University
- Tonina Harvey, General Manager, Drug Health Services, Sydney South West Local Health District
- NADA Program Services staff.

NADA commissioned Matua Raki and the National Centre for Education and Training on Addiction (NCETA) to facilitate consultation processes. NADA thanks Vanessa Caldwell of Matua Raki and Professor Ann Roche and Roger Nicholas of NCETA who facilitated consultation workshops with NADA and its membership.

NADA also wishes to thank its membership and stakeholders who generously contributed to the development of this Plan throughout its various consultation stages.

Contents

BACKGROUND	1
Rationale	1
Purpose and scope	1
Guiding principles	1
METHODOLOGY	3
Consultation and endorsement	3
Implementation, monitoring and evaluation	3
CONTEXT	4
Understanding workforce development	4
Workforce profile, strengths and challenges	4
Key drivers	7
THE PLAN	8
Vision	8
The Plan at a glance	9
Key Direction 1: Better understand the workforce	9
Key Direction 2: Enhance workforce sustainability and adaptability	11
Key Direction 3: Strengthen workforce health and wellbeing	12
Key Direction 4: Improve service integration	13
Key Direction 5: Enhance consumer and family participation	14
Key Direction 6: Better respond to target populations	15
Key Direction 7: Enhance evidence-based practice	16
Key Direction 8: Support the non-specialist workforce	17
TARGETS	18
REFERENCES	19

Foreword

This Workforce Development Plan has been developed by NADA in response to the need for a planned and strategic workforce development approach for the NSW non government alcohol and other drugs (AOD) sector. It aligns with the National Alcohol and Other Drug Workforce Development Strategy 2015–2018, the NADA Strategic Plan 2015–2018 and the forthcoming NSW Health Alcohol & Other Drugs Strategic Plan 2016–2021. Given the uncertainty and change the sector has experienced over recent years, and the changes yet to come, we believe this Plan could not have come at better time.

While NADA is impressed by the high level of dedication, competency and skill exhibited by staff across the sector, we need to look forward and focus on how we maintain and build on this high level of skill and expertise. Growing the workforce and ensuring it receives adequate support and investment is essential if we are to achieve a high-performing workforce that is sustainable, adaptive and responsive to client needs and the communities we serve.

I thank our members and stakeholders for contributing their time and expertise to the development of this Plan. We look forward to working with you over the next three years to turn our sector's shared vision of a diverse and sustainable workforce that is competent, capable and supported to meet client needs, into an ongoing reality.



A handwritten signature in black ink that reads "Larry Pierce". The signature is written in a cursive, flowing style.

Larry Pierce

Chief Executive Officer

Network of Alcohol and other Drugs Agencies

Background

Rationale

Why develop a workforce development plan for the NSW non government AOD workforce?

The NADA Workforce Development Plan 2016–2019 (referred to hereafter as “the Plan”) was developed to:

- Support the development of a workforce that is sustainable, adaptive and responsive
- Strengthen service integration and opportunities to collaborate and share practice wisdom
- Enhance workforce capacity to prevent and reduce AOD-related harm.^{1,2}

The Plan consolidates and builds on NADA’s workforce development activities and achievements to date. It aligns with the National Alcohol and Other Drug Workforce Development Strategy 2015–2018 (National AOD WFD Strategy), the NADA Strategic Plan 2015–2018 and the forthcoming NSW Health Alcohol & Other Drugs Strategic Plan 2016–2021.

Purpose and scope

What is the Plan for and who does it target?

The Plan outlines the vision, key directions and activities for workforce development in the NSW non government AOD sector (referred to hereafter as “the sector”) over the next three years.

The purpose of the Plan is to enhance the capacity of the workforce to meet client needs by strengthening workforce opportunities and support and by improving how the sector operates and works together to respond to AOD-related harm.

The Plan reflects NADA’s ongoing commitment to building the capacity of the sector to ensure it has the requisite staff, capabilities and resources to meet client needs and respond to complexity.

The Plan is intended to guide all stakeholders, not just NADA, in taking action and aligning efforts to enhance the capacity of the NSW non government AOD workforce.

The Plan targets the specialist workforce but includes strategies for building the capacity of non-specialists to prevent and reduce AOD-related harm.

The non-specialist workforce is included within the scope of this Plan because we understand the relevance that AOD has for a range of stakeholders and we know that working together and aligning our efforts will be more effective than any agency or sector acting alone.³

Guiding principles

What key principles shaped the Plan’s development?

A number of principles shaped the Plan’s development. These principles are embedded throughout the Plan and will inform the Plan’s implementation. Guiding principles included:

Evidence-based practice

Evidence-based practice refers to “the integration of (a) clinical expertise, (b) current best evidence, and (c) client values to provide high-quality services reflecting the interests, values, needs, and choices of the individuals served”,⁴ as shown in Figure 1. What is considered “evidence-based” continues to evolve and grow. Supporting the workforce to adapt to advances in knowledge and research and changing client and community needs is a key intention of the Plan.

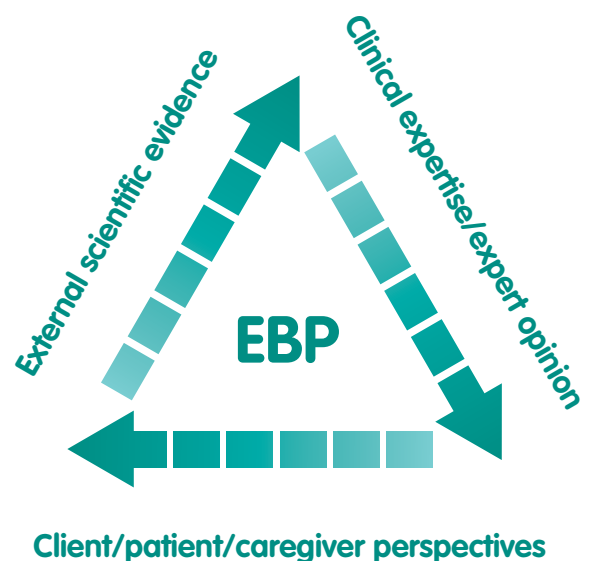


Figure 1: A graphical representation of evidence-based practice

Systems focus

Workforce development goes beyond education and training. While the Plan includes education and training activities, these form part of a broader multifaceted and systems-focused approach (as shown in Figure 2). Workforce development approaches that fail to address the range of individual, organisational and structural factors that impact on the workforce's ability to prevent and reduce AOD-related harm are unlikely to achieve long-term sustainable results.^{3,5} Supporting the workforce to function as a part of a broader integrated health system is a key intention of the Plan.



Figure 2: A graphical representation of NADA's key workforce development approaches

Harm minimisation

The Plan is underpinned by the principle of harm minimisation; that is, it seeks to enhance workforce capacity to prevent and reduce the impact of AOD-related harm on individuals, families and communities. Enhancing both specialist and non-specialist capacity to prevent and reduce AOD-related harm is a key intention of the Plan.

Strengths-based approach

The Plan is intended to be strengths-based and forward-looking. It seeks to build on existing workforce strengths, capabilities and resources while also identifying what strengths, capabilities and resources might be needed in future. Key workforce attributes such as being "adaptable", "responsive" and "innovative"¹ provide a strong foundation on which to build a sustainable workforce, a key intention of the Plan. The diversity and autonomy of the sector is another key strength on which the Plan seeks to build.

Collaboration

Despite many clients presenting with multiple complex needs, effective cross-sector and collaborative practice is not widespread.³ Treatment silos, funding issues and training and professional development barriers are impeding the ability of the workforce to respond to client needs in a holistic and integrated way.⁶ The Plan actively seeks to improve cross-sector and collaborative practice and to improve access to workforce training and professional development opportunities.

Utility

A commitment to ensuring that the Plan would be relevant and useful drove the Plan's development. The Plan was developed following extensive consultation, and in support of the National Alcohol and Other Drug Workforce Development Strategy 2015–2018, the NADA Strategic Plan 2015–2018, and the forthcoming NSW Alcohol & Other Drug Strategic Plan 2016–2021. The Plan has a wide-ranging audience and so is intended to be broad and easy to understand and apply. Ongoing monitoring and evaluation will be undertaken to measure the Plan's outcomes and to ensure that it continues to be of value and relevance to the sector.

Methodology

Consultation and endorsement

Extensive consultation was undertaken with a wide range of stakeholders.

Consultation methods employed to engage with stakeholders included:

- an Expert Advisory Group (EAG) to oversee the development process
- interviews with key stakeholders
- group consultation workshops with the NADA team and membership
- a focus group with key service partners
- an online survey providing all stakeholders with the opportunity to comment on the Plan before the final version was produced.

The Drug and Alcohol Program Council of the Mental Health and Drug and Alcohol Office of the NSW Ministry of Health have provided in-principle support.

Implementation, monitoring and evaluation

As noted above, the NADA Workforce Development Plan is intended to guide all stakeholders, not just NADA, in taking action and aligning efforts to enhance the capacity of the NSW non government AOD workforce.

NADA will work closely with its key partners to implement this plan. Key partners are wide ranging and, in addition to NADA's membership organisations and specialty networks, include AOD and other health, welfare and housing providers, government, peak bodies, AOD research centres, training and education providers, professional associations and more.

The targets included in the Plan will enable the Plan's monitoring and evaluation. NADA will report on progress on an annual basis and will conduct a full evaluation of the entire Plan in 2019. The EAG that was established as part of the development process will oversee the Plan's implementation, monitoring and evaluation.

Context

Understanding workforce development

What is workforce development?

Workforce Development is ...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 the education and training of individual mainstream workers.⁷

Who is the specialist workforce?

The AOD workforce is made up of two main groupings: the “specialist” workforce, whose core role involves preventing and responding to AOD-related harm (i.e. AOD workers, nurses, allied health workers, doctors, peers, etc.), and the “non-specialist” (or generalist) workforce, whose core focus is not AOD specific, but who nonetheless are involved in responding to AOD-related harm (i.e. police, ambulance officers, general practitioners, etc.)⁵ Examples of cross-sector partners with non-specialist AOD workforces include Aboriginal Community Controlled Health Organisations (ACCHOs), mental health services, youth services and women’s services.

Workforce profile, strengths and challenges

Who is the NSW non government AOD workforce?

The NSW non government AOD workforce is diverse, skilled and experienced. NADA’s 2014 report, Responding to Alcohol and Drug Related Harms in NSW: Mapping the NSW Non Government Alcohol and Other Drugs Sector,⁸ provides a detailed analysis of the sector and its workforce. The statistics presented here have been taken from this report.

The NSW non government AOD sector employs approximately 1,000 people, over half (59%) of whom are female and over half (56%) of whom are aged 45 years or over. Only a small number (7%) of staff identify as being of Aboriginal and/or Torres Strait Islander background. While 13 per cent of staff identify as being from culturally and linguistically (CALD) diverse backgrounds, only 2.4 per cent reported that they speak a second language in their workplace.

Alcohol and Other Drugs Worker is the most common occupation (19.8%). The majority (82%) of staff work for an organisation providing residential rehabilitation services and 37 per cent work in a major city. Around one quarter (25.5%) work in administrative positions (i.e. administration officer/team leader/organisational manager) and 65 per cent of organisations utilise visiting or private providers (general practitioners, psychiatrists, mental health workers and other health practitioners). While most staff are employed full time (55%), 33 per cent work on a part-time basis and 12 per cent work on a fixed-term contract, casual or other basis. Key workforce characteristics are shown in Figure 3.



Figure 3: Key characteristics of the NSW non government AOD workforce ⁸

The average length of time that staff work in the sector is 7.7 years (5.5 years with their current organisation). Almost half (48%) of the workforce hold a university qualification (i.e. undergraduate degree, graduate certificate, graduate diploma, masters degree or PhD/doctorate), and 40 per cent hold a specific AOD qualification. Those who do not possess AOD-specific qualifications tend to possess qualifications in community services, psychology, social work or counselling. Compared to the national AOD workforce profile, NSW has a higher number of people working on a less than full-time basis (45% in NSW compared to 30% nationally) and a lower number of people who possess tertiary-level qualifications (48% in NSW compared to 65% nationally).^{7, 8}

What is working well in the NSW non government AOD sector from a workforce development perspective?

Despite economic and other challenges, there are a number of things that, from a workforce development perspective, are working well.¹ Relationships with Local Health Districts were reported by some organisations as being a particular benefit to their organisation's workforce development. Many Local Health Districts invest significant resources in the development of their staff and offer training opportunities such as lecture series that are not as readily available in the non government sector. Opening these opportunities to the sector would present a number of benefits including increased opportunities for the sector to network and exchange information on best practice at the local level.

Workforce attributes such as being adaptable, responsive and innovative were also cited as key workforce development strengths, along with utilising lived experience.^{1, 9} The support provided by NADA through its training grant program, advocacy and representation is also very highly regarded. Figure 4 illustrates the sector's key workforce development strengths from the perspective of NADA's membership. These strengths were identified through a consultation workshop facilitated by the National Centre for Education and Training on Addiction (NCETA). Larger text indicates that a greater number of workshop participants saw the given descriptor as a key workforce development strength.¹

Other sector attributes found to contribute to workforce attraction and retention and cited as reasons for the high level of work satisfaction reported by staff across the sector include:

- the autonomy and diversity of the sector
- the ethical and philosophical nature of the work
- flexible work practices and strong organisational culture
- the sector's ability to reach diverse populations and generate trust, and its holistic treatment of issues
- the capacity of organisations to work with clients in innovative ways
- the increasing sophistication and professionalism of senior management across the sector.^{1, 8, 9}



Figure 4: Key workforce development strengths of the NSW non government AOD sector

The strength of these attributes in attracting staff to the sector should not be underestimated and may explain the shift noted by NCETA below:

Historically, NGOs have had the problem of needing to meet the staff development costs of entry-level AOD workers, only to have them move into more lucrative and secure positions in the government sector after acquiring the requisite skills and experience. Over recent years, however, this trend was reported to have reversed and agencies described the movement of workers back into the NGO sector after having spent time working in the government sector.¹

What key challenges are impacting the NSW non government AOD workforce?

The key workforce development challenges are summarised below. This is not an exhaustive list, but highlights the challenges that informed the Plan's development. It must be noted that, while these issues present a number of challenges for the sector, they may also present opportunities.

Client complexity^{2, 3, 8, 10}

- Despite many clients presenting with multiple complex needs, effective cross-sector and collaborative practice is not widespread.
- The ageing client population coupled with the prediction that substance use disorders will double by 2020 will see service demands increase substantially.
- Changing patterns of substance use, including changes in meth/amphetamine use and the emergence of new psychoactive substances, remain a key concern.
- Maintaining the evidence base and transfer of knowledge and skills for the range of complexities and responses required can be a challenge. Supporting the workforce to identify and respond to complex needs, including foetal alcohol spectrum disorders (FASD), has been identified as a particular area of workforce development need.

Workforce issues^{1, 2, 7, 8, 10, 11}

- The workforce is ageing, the majority are female and there is limited cultural diversity. These factors have a number of workforce development implications.
- Poor succession planning and recruitment and retention challenges could mean the sector will face major shortages as workers approach retirement age and there is increased competition for staff.
- Inconsistencies in industrial awards and unequal pay compared to the government sector continue to be issues for the sector.
- There is a need to better understand how people with lived experience identify in the workforce so that adequate support can be provided.
- There is limited education and training options specific to AOD at university level.
- Those working less than full time and those living in regional and rural areas are particularly affected by unequal access to training and professional development.
- The lack of an agreed AOD worker role definition, along with qualification and accreditation issues, is contributing to the lack of acceptance of AOD workers as "professionals" who are an important and valued part of the broader health system.

Funding environment^{8, 9, 12, 13}

- Funding arrangements have become increasingly complex. Many organisations are having to rely on multiple funding sources and compete for increasingly limited funds.
- Funding provided often does not match the full costs of service delivery. Workforce development is often not included as a component of service funding.
- Increased competitive tendering and the redesign of the new three-year funding and performance agreements will mean organisations will need to demonstrate their outcomes and operate like a business if they are to survive.
- Uncertain and short-term funding is impacting on the sector's ability to recruit and retain high-quality staff and to plan and deliver much-needed services. This will continue to be a challenge until key reforms, including NSW Partnerships for Health reforms, are finalised.

- Health and broader human services reforms are also changing how services are funded and delivered and have resulted in the emergence of new funding and service commissioners (i.e. Primary Health Networks, National Disability Insurance Scheme). The impacts of these reforms on the workforce is unclear but may present new opportunities.

Key drivers

What policy and other drivers influenced the Plan's development?

The key drivers that informed the Plan's development include the following.

National Drug Strategy

The National Drug Strategy 2010–2015¹⁴ and the Draft National Drug Strategy 2016–2025¹⁵ describe Australia's commitment to responding to alcohol, tobacco and other drug use, using a harm minimisation approach. "Building the capacity of the workforce to deliver services and respond to emerging issues" is a key priority of the Draft Strategy.

National Alcohol and other Drug Workforce Development Strategy

The National Alcohol and other Drug Workforce Development Strategy 2015–2018⁵ was developed in recognition of the need for a national focus on workforce development for the AOD workforce, and aims to enhance workforce capacity and sustainability.

NSW Alcohol and Other Drugs Strategic Plan

The NSW Drug and Alcohol Plan 2006–2010¹⁶ and the NSW Health Alcohol & Other Drugs Strategic Plan 2016–2021¹⁷ outline the NSW Government's commitment to prevent and reduce alcohol, tobacco and other drug-related harm. Building workforce capacity is a key priority of the Strategic Plan.

NADA Strategic Plan

NADA's vision, as outlined in the NADA Strategic Plan 2015–2018,¹⁸ is of "a connected and sustainable non government alcohol and other drug sector providing quality evidence-based programs to reduce alcohol and drug-related harms to NSW communities". Supporting

the workforce to enhance clinical and therapeutic skills, measure client outcomes and promote a culture of workforce wellbeing is the Strategic Plan's key workforce goal.

Health and broader human services reforms are also changing how AOD services are funded and delivered. Key reforms include the following.

National health reforms

National health reforms are changing the organisation, funding and delivery of health care services across Australia. The commissioning of AOD services through Primary Health Networks (PHNs), for example, heralds a shift from government-funded services to services commissioned at a local level from a provider. This has the potential to have a major impact on the way treatment services are funded into the future.

NSW health reforms

NSW health reforms, including Partnerships for Health NGO grant reforms, are changing how the sector works with Local Health Districts, pillars and speciality networks to deliver AOD services across NSW. The reforms represent a move towards better-defined funding agreements (or, in some cases, contracts based on competitive tendering) with the non government AOD sector, with outcomes-focused performance indicators and associated reporting. The reforms are intended to improve funding transparency, accountability and performance.

National Disability Insurance Scheme (NDIS)

The NDIS is a new national scheme aimed at providing better support for people with a disability, their families and carers. Under the NDIS, eligible participants will be provided with direct disability funding, enabling them to purchase the services they need. It aims to place consumers at the centre of decision making, providing them with greater choice and control over the supports and services they receive. People with permanent and significant disability arising from AOD use (e.g. acquired brain injury) may be eligible for NDIS support.

The Plan

Vision

What do we want to achieve?

A diverse and sustainable workforce that is competent, capable and supported to meet client needs

A diverse and sustainable workforce

We envision a strong, diverse and sustainable workforce. Growing the workforce at all levels and ensuring it is representative of individuals from a wide range of backgrounds, skills and experiences is essential if we are to achieve a sustainable workforce that is capable of meeting client needs.

People from diverse backgrounds, including people with lived experience, Aboriginal and Torres Strait Islander people, people from culturally and linguistically diverse (CALD) backgrounds, people of diverse genders and sexualities and people with disability, face multiple barriers that can impede workforce entry and retention. Removing these barriers is a priority if we are to achieve greater diversity and so we can better meet the needs of people accessing our services.

A competent and capable workforce

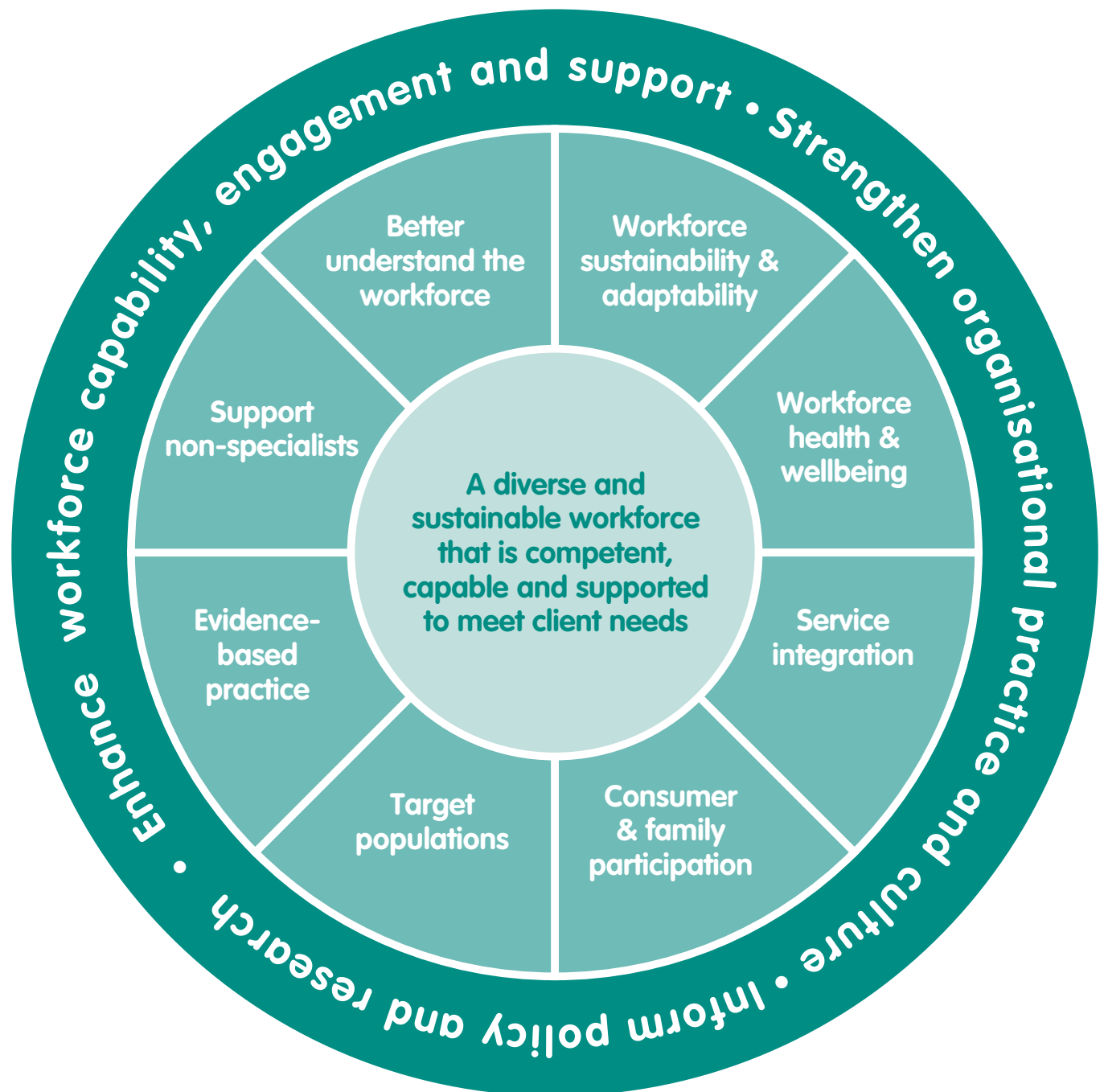
We envision a workforce characterised by high-quality, competent staff; that is, staff who have acquired through training, experience, qualifications or a combination of these the requisite knowledge, skills and attributes to provide safe, effective and culturally responsive AOD services. We also envision a capable workforce; that is, a workforce that is adaptive and responsive to client needs and which has the ability, support and confidence to apply best practice in a range of situations and contexts.

A workforce that is supported

We envision a workforce that has the support and flexibility to deliver high-quality evidence-based care. Investing in the health and wellbeing of the workforce and its ongoing support and development is essential if we are to achieve a workforce that can “function to its maximum effectiveness”.⁷

The Plan at a glance

The Plan at a glance provides a graphical representation of what we want to achieve (our Vision), what we will focus on to achieve our vision (our Key Directions) and the Key Approaches we will take. The Key Directions connect, overlap and reinforce each other.



Key Direction 1:

Better understand the workforce

Goal

Comprehensive workforce information is available to inform workforce planning and development

Strategic fit

National AOD WFD Strategy	OA 1: Understanding the workforce
NSW AOD Strategic Plan	KD 3: System enablers
NADA Strategic Plan	KD 3: Workforce

Partners

- NADA members
- AOD Research Centres
- Matua Raki
- NSW Ministry of Health

Timeframe

2016–2017

Activities

- Undertake workforce survey to identify key characteristics, functions and workforce development needs
- Facilitate access to resources that support workforce planning and development
- Use workforce information to inform sector purchasing plans

Indicators

- Implementation of survey and reporting of results both current and over time to assess trends and workforce issues
- Compilation and promotion of workforce planning and development resources
- Demonstrated use of survey data to inform sector purchasing plans

Key Direction 2:

Enhance workforce sustainability and adaptability

Goal

The sector attracts, develops and retains a high-quality workforce that is flexible, adaptive and responsive

Strategic fit

National AOD WFD Strategy	OA 1: Sustainable workforce
NSW AOD Strategic Plan	KD 3: System enablers
NADA Strategic Plan	KD 1: Policy KD 2: Sustainability KD 3: Workforce

Activities

- Define core workforce competencies (i.e. the knowledge, skills and attributes that are needed by staff across the sector to deliver evidence-based care) in collaboration with the sector and cross-sector partners
- Continue to provide and facilitate access to sector capacity building activities
- Continue to provide access to NADA's Workforce Development Grants
- Define, promote and support members to implement sector benchmarks in:
 - Performance management
 - Recruitment and retention
 - Provision of flexible work practices
 - Career progression and succession planning
- Advocate for the inclusion of workforce development as a component of service funding agreements
- Continue to collaborate with AOD peak bodies to identify and respond to sector and workforce development needs

Indicators

- Competency framework developed
- Workforce development grants issued
- Sector benchmarks defined
- Availability of long-term funding agreements that include workforce development and support long-term sustainability
- Increase in average length of time staff work in the sector
- Examples of peak collaboration, advocacy and representation e.g. committee representation, position papers, joint submissions, etc.

Partners

- NADA members
- AOD peak bodies
- Funding providers
- Local Health Districts
- NSW Ministry of Health
- Training and education provider

Timeframe

2017–2019

Key Direction 3:

Strengthen workforce health and wellbeing

Goal

There is a culture of workforce wellbeing that promotes workforce health and retention

Strategic fit

National AOD WFD Strategy	OA 1: Sustainable workforce
NSW AOD Strategic Plan	KD 3: System enablers
NADA Strategic Plan	KD 3: Workforce

Partners

- NADA members
- National Centre for Education and Training on Addiction / AOD Research Centres
- Matua Raki
- Professional associations
- Training and education providers

Timeframe

2016–2019

Activities

- Obtain baseline and follow-up data on workforce health and wellbeing, and report on outcomes
- Deliver system change interventions that support workforce health and wellbeing
- Undertake a systems change project to improve baseline workforce health and wellbeing

Indicators

- Implementation of workforce baseline and follow-up surveys and reporting of outcomes
- Implementation of systems change interventions including interventions that respond to stress and burnout
- Completion of systems change project and reporting of outcomes

Key Direction 4:

Improve service integration

Goal

The workforce responds to client needs in a holistic and integrated way through increased multidisciplinary, cross-sector and collaborative practice

Strategic fit

National AOD WFD Strategy	OA 4: Comorbidity capacity
NSW AOD Strategic Plan	KD 2: Accessible and integrated care
NADA Strategic Plan	KD 2: Integrated care

Activities

- Provide workforce access to networking and professional development opportunities
- Showcase approaches that support integrated care, including integrated pathways, linkages and models of care
- Pilot a workforce exchange program that provides workers with the opportunity to increase their knowledge and experience across the continuum of services delivered
- Work with key stakeholders, including Local Health Districts and Primary Health Networks, to inform planning and sustainable funding models
- Develop and maintain partnerships that support integrated care

Indicators

- Training participation and feedback
- Network maps documented
- Integrated care showcase held
- Workforce exchange program piloted and outcomes reported
- Evidence of partnership and consultation e.g. committee representation, service-level agreements, memoranda of understanding, etc.

Partners

- NADA members
- Agency for Clinical Innovation
- Generalist treatment providers
- Local Health Districts
- Peak and representative bodies
- Primary Health Networks
- Specialist treatment providers

Timeframe

2016–2019

Key Direction 5:

Enhance consumer and family participation

Goal

AOD services are planned, delivered and evaluated in partnership with clients, their families and significant others

Strategic fit

National AOD WFD Strategy	OA 6: Consumer participation OA 5: Family-sensitive practice
NSW AOD Strategic Plan	KD 3: System enablers
NADA Strategic Plan	K2: Integrated care

Activities

- Provide professional development opportunities that enhance capacity in:
 - Harm reduction
 - Reducing stigma and discrimination
 - Consumer participation and representation
 - Family inclusive practice
- Maintain resources that support organisations to audit and improve consumer participation
- Provide resources that enhance capacity in working with families and significant others, including children
- Work with the NSW Users & AIDS Association, Family Drug Support and other key stakeholders to advocate for funding to support improved consumer and family participation

Indicators

- Training participation and feedback
- Availability and promotion of practice enhancement resources
- Evidence of partnership and consultation e.g. memoranda of understanding, joint submissions, committee representation, etc.

Partners

- NADA members
- Agency for Clinical Innovation
- Consumer and carer bodies
- Family Drug Support
- NSW Users & AIDS Association

Timeframes

2016–2019

Key Direction 6:

Better respond to target populations

Goal

The workforce is responsive to clients' diverse needs

Strategic fit

National AOD WFD Strategy	OA 4: Older persons OA 5: Child and family sensitive practice OA 7: Aboriginal and Torres Strait Islander people OA 8: Culturally and linguistically diverse communities OA 9: Lesbian, bisexual, gay, transgender and intersex communities
NSW AOD Strategic Plan	KD 3: System enablers
NADA Strategic Plan	KD 1: Policy KD 2: Integrated care KD 3: Workforce

Activities

- Provide professional development opportunities, including initiatives that enhance capacity in:
 - Cultural responsiveness, including Aboriginal cultural awareness
 - Responding to complex needs, including FASD
 - Trauma-informed care
 - Working with youth engaged in AOD treatment
 - Working with women engaged in AOD treatment
 - Supporting and engaging clients with HIV, viral hepatitis and other blood-borne viruses

- Promote resources that enhance support and engagement of target populations
- Continue to provide access to NADA's Workforce Development Grants
- Develop and maintain linkages with specialist agencies targeting priority populations
- Develop and maintain resources that support inclusive practice
- Inform development of clinical practice guidelines
- Develop and maintain partnerships that support inclusive practice
- Inform planning, purchasing and provision of services to target populations

Indicators

- Training participation and feedback
- Workforce Development Grants issued
- Availability and promotion of practice enhancement resources
- Evidence of partnership and consultation e.g. committee representation, memoranda of understanding, joint submissions, meeting representation, etc.

Partners

- NADA members and specialist networks
- Aboriginal Drug and Alcohol Network
- Aboriginal Health & Medical Research Council
- ACON
- ASHM
- Hepatitis NSW
- Local Health Districts
- NSW Aboriginal Residential Healing and Drug and Alcohol Network
- NSW Users & AIDS Association

Timeframe

2016–2019

Key Direction 7:

Enhance evidence-based practice

Goal

The workforce has the knowledge, skills and support to deliver evidence-based care, measure outcomes and engage in research

Strategic fit

NSW AOD Strategic Plan	KD 3: System enablers
NADA Strategic Plan	KD 1: Research KD 2: Capacity building KD 3: Workforce

Activities

- Profile examples of innovative and evidence-based practice
- Continue to provide resources that enhance capacity in:
 - Measuring outcomes (NADAbase)
 - Enhanced performance management
 - Benchmarking
 - Program evaluation
 - Research
- Broker research partnerships as the central contact point for recruiting AOD organisations in research
- Advocate for practitioner- and NADA-led research
- Participate in the development and implementation of clinical and quality performance measures (e.g. patient-reported outcome measures)
- Advocate for improved access to workforce training and education opportunities, including access to online training initiatives

Indicators

- Training participation and feedback
- Sector magazine features profiling innovative and evidence-based practice
- Evidence of research partnerships
- Availability and promotion of practice enhancement resources
- Evidence of NADA membership-developed client outcomes
- Evidence of NADA membership support in applying evidence-based practice
- Evidence of consultation and advocacy e.g. committee representation, submissions, etc.

Partners

- NADA members and specialist networks
- Agency for Clinical Innovation
- AOD Research Centres
- Community Mental Health and Drug and Alcohol Research Network
- NSW Ministry of Health
- Training and education providers including the Health Education and Training Institute

Timeframe

2016–2019

Key Direction 8:

Support the non-specialist workforce

Goal

Non-specialists deliver timely, safe and effective AOD interventions within their scope of practice

Strategic fit

National AOD WFD Strategy	OA 10: Generalist workers OA 11: Criminal justice OA 12: Education
NSW AOD Strategic Plan	KD 2: Accessible and integrated care
NADA Strategic Plan	KD 1: Advocacy and policy KD2: Capacity building, integrated care

Activities

- Undertake training needs analysis
- Develop and promote minimum practice standards for non-specialists working with clients presenting with AOD issues
- Develop linkages, pathways and other approaches that support cross-sector networking, information and knowledge exchange
- Encourage student and service-level placement opportunities
- Work with training and education providers to inform curriculum development

Indicators

- Implementation of needs analysis and reporting of results
- Development and promotion of minimum practice standards
- Training participation and feedback
- Evidence of service linkages, including network maps, service level agreements, memoranda of understanding, etc.
- Promotion of placement opportunities
- Evidence of partnership and consultation, e.g. industry advisory committee representation

Partners

- NADA members
- General practitioners
- Government agencies
- Health, housing and welfare providers
- Training and education providers

Timeframe

2016–2019

Targets

The following targets have been established as indicators of the Plan's progress and success.

**80% of the non government
AOD workforce report that they
are satisfied working
in the sector**

**90% of the non government
AOD workforce report that
NADA resources and events
are useful and valuable**

**75% of the non government
AOD workforce report that they
have the skills required to
undertake their role**

**75% of the non government
AOD workforce report that
they are supported to
undertake their role**

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