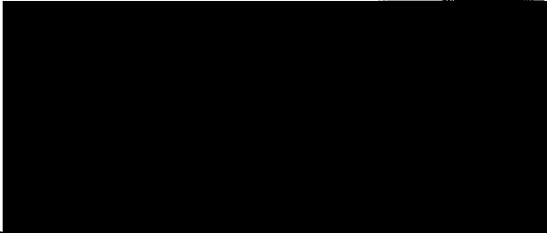


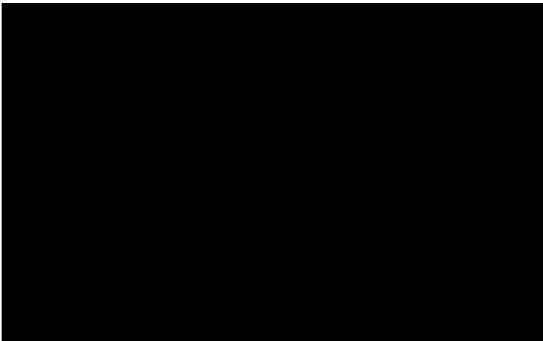
**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT JA-16 TO STATEMENT OF JUDITH DORENE ABBOTT

Date of document: 14 July 2015
Filed on behalf of: State of Victoria
Prepared by:
Victorian Government Solicitor's Office
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This is the attachment marked "**JA-16**" produced and shown to **JUDITH DORENE ABBOTT** at the time of signing her Statement on 14 July 2015.



**An Australian Legal Practitioner within
the meaning of the Legal Profession Uniform Law (Victoria)**

Department of Health

health

Victoria's alcohol and drug
workforce framework
Strategic directions 2012–22

Victoria's alcohol and drug workforce framework

Strategic directions 2012–22

If you would like to receive this publication in an accessible format, please phone the Operations Branch in the Mental Health, Drugs and Regions Division on 9096 7123 using the National Relay Service 13 36 77 if required.

This document is available as a PDF on the internet at: www.health.vic.gov.au/aod/workforce.htm

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Minister's foreword

The Victorian Government is committed to ensuring that our community health system addresses people's needs and responds to the challenges of the future. High-quality, sustainable and outcomes-focused service delivery requires a workforce that is competent and sustainable.

Victoria's alcohol and drug workforce framework articulates the direction for alcohol and drug workforce planning and development in Victoria over the next decade.

The strategic directions in the framework support reform of the existing alcohol and drug treatment sector and the development of new service delivery structures that reflect the health needs of local communities and the changing demographics of Victoria's population.

The new approach will build, strengthen and grow the workforce to support the broader alcohol and drug reform agenda, which seeks to ensure that services are person centred, accessible, evidence based, integrated, family inclusive, culturally safe and recovery oriented.

Building the competence and sustainability of the workforce to meet the government's vision for the alcohol and drug treatment sector is a complex challenge, requiring a long-term outlook and a whole-of-sector perspective.

The framework focuses on critical strategies for change over the next 10 years. These strategies are organised according to four workforce planning and development domains: people, place, environment and performance.

All alcohol and drug services regardless of their scope, composition or location should be places where people want to work. They should be places where workers are valued and supported. They should be environments of collaborative practice, continuous improvement and service integration – places where people's needs are central to all service delivery.

The strategies identified in this framework foster collaborative relationships among service users, service providers, governments, peak bodies, training and education providers and other health and human service sectors.

They focus on attracting and retaining a competent and sustainable workforce so that people with alcohol and drug issues can access quality services regardless of where they live. The strategies also focus on developing and supporting a high performing workforce by overcoming barriers to professional and career development, and by enhancing clinical competence and leadership skills.

Through the implementation of this framework, Victoria will have a stronger and more sustainable alcohol and drug workforce that can deliver their needs of recovery-oriented treatment services that better meet the needs of individuals and their families.

It is critical that all stakeholders take ownership of the challenges and opportunities the framework presents. Working collaboratively in the planning, implementation and evaluation of the framework will result in an efficient and sustainable alcohol and drug workforce for Victoria.

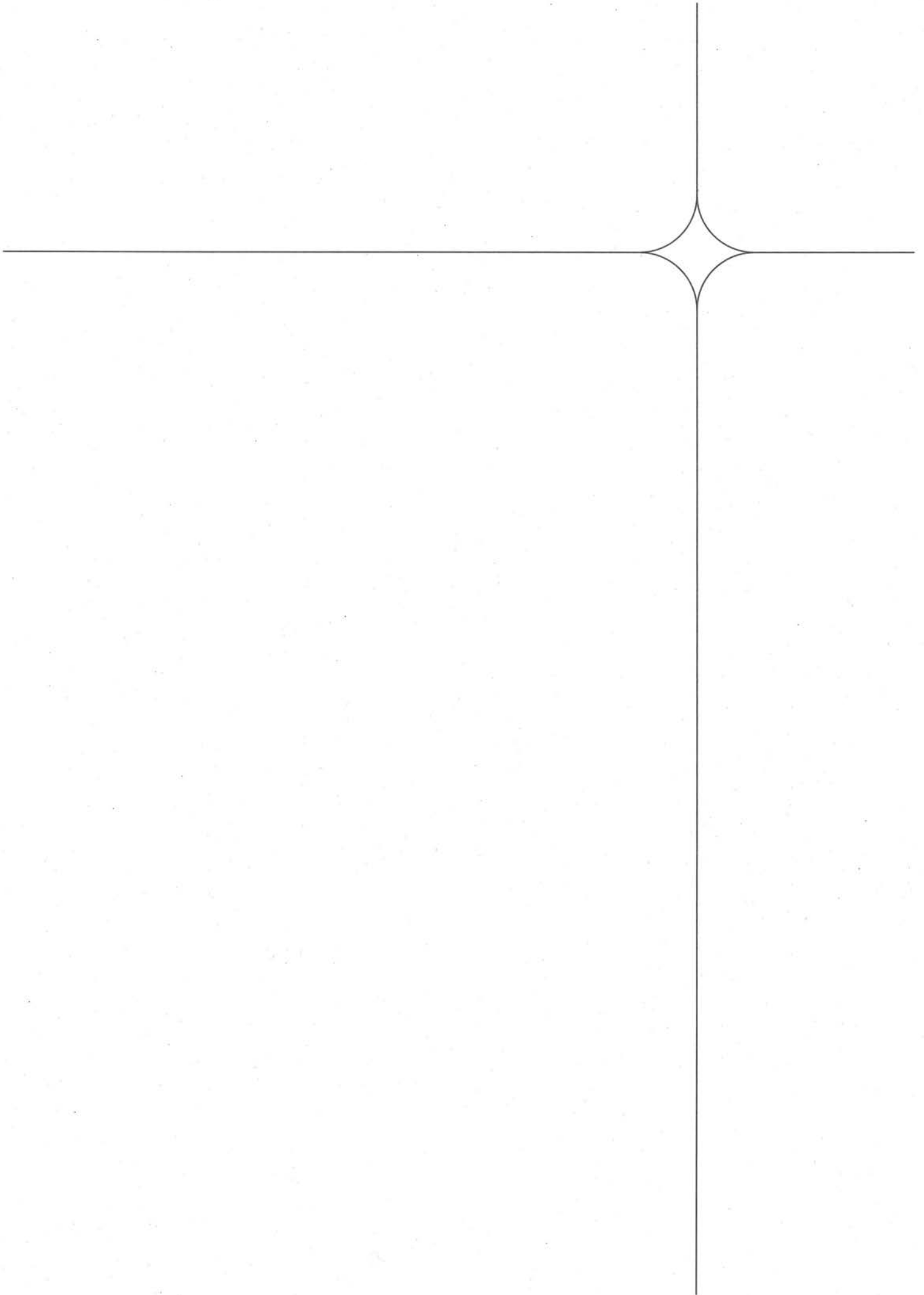
I thank the alcohol and drug workforce for the passion, dedication and commitment you bring to supporting some of the most vulnerable members of the Victorian community.

I welcome the opportunity to release the *Victorian alcohol and drug workforce framework*, and trust that it provides a clear vision and strong foundation for the development of a workforce that is well placed to meet the needs of people with alcohol and drug issues and their families, now and into the future.



The Hon. Mary Wooldridge MP

Minister for Mental Health,
Women's Affairs and Community Services



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Introduction

This strategic framework sets the direction for alcohol and drug workforce planning and development in Victoria over the next 10 years.

It aligns with and supports the Victorian Government's agenda for reform of Victoria's alcohol and drug treatment services, which is articulated in its policy statement *New directions for alcohol and drug treatment services: a roadmap*.

This framework presents a new approach to workforce planning and development in Victoria, including a long-term vision for a competent workforce that is well equipped to meet the needs of people with alcohol and drug issues and their families, now and into the future.

Input from individuals, organisations and representative bodies within the alcohol and drug treatment sector has been central to identifying and prioritising the strategic directions in this framework, creating a shared and common agenda for all stakeholders to guide future activity.

Part 1 sets out the service delivery and policy changes that are underway in the alcohol and drug treatment sector and in the broader health and human services system. These changes require us to rethink our approach to workforce planning and development for the alcohol and drug treatment sector.

Part 2 outlines the new systems-based approach to workforce planning and development in the alcohol and drug treatment sector.

Part 3 sets out the strategies for change. They are organised into four domains of workforce planning and development: people, place, environment and performance.

The framework should be read in conjunction with *Victoria's alcohol and drug workforce framework: implementation plan 2012–15*, which sets out the priority activities to be undertaken over the next three years.

A vision for Victoria's alcohol and drug workforce

Vision

Victoria will have a competent and sustainable alcohol and drug workforce

Victoria's workforce has the necessary knowledge, attitudes, values and skills to deliver high-quality treatment and care that meets the needs of people with alcohol and drug issues and their families, now and into the future.

Goals

Four goals underpin the strategic directions set out in this framework. These goals align with the vision for Victoria's alcohol and drug workforce and reflect the four domains of workforce planning and development: people, place, environment and performance.

Goal 1: People

Attract and retain workers with the necessary attitudes, knowledge, values and skills to maintain a competent and sustainable workforce.

Goal 2: Place

Achieve the necessary distribution and skills mix in the workforce so that people can access the kind of care they need in their local community.

Goal 3: Environment

Foster positive learning and working environments with strong leadership and a culture of collaboration.

Goal 4: Performance

Equip the workforce with the necessary competencies and support to deliver recovery-oriented, best-practice care.

Outcomes

The strategies outlined in Part 3 of this framework aim to achieve the following outcomes:

1. More people with the necessary attitudes, knowledge, values and skills are attracted to work in the alcohol and drug treatment sector.
2. The existing workforce is supported, developed and retained.
3. The workforce is well planned and distributed on the basis of population and the needs of service users.
4. People with the necessary attitudes, knowledge, values and skills are available where and when they are needed.
5. Organisational culture supports and fosters positive working and learning environments.
6. Stronger leadership and governance exists at all levels.
7. The workforce delivers high-quality, evidence-based treatment and care.
8. The service system is productive, effective and connected.

A snapshot of the workforce

The people who work in Victoria's alcohol and drug treatment services are highly valued and dedicated people who are motivated by making a difference in the lives of people impacted by alcohol and drug use. They are a major strength of our system.

The workforce comprises about 1,000 professionals in a range of paid and voluntary positions.

Most workers are multiskilled, tertiary educated and experienced in working with people who have complex needs, including people with both mental illness and substance-related issues.

The workforce includes: alcohol and drug workers, nurses, clinical consultants, general practitioners, addiction medicine specialists, psychiatrists, psychologists, social workers, occupational therapists, researchers, trainers, managers and administrators.

Of this workforce, almost half are either nurses or alcohol and drug workers.

Alcohol and drug workers consist of: alcohol and drug counsellors, Koori alcohol and drug workers, dual-diagnosis clinicians, ethnospecific workers, forensic clinicians, needle and syringe program staff and youth, welfare and peer support workers.

About three-quarters of alcohol and drug workers hold a formal health, social or behavioural science qualification, with two-thirds holding a formal alcohol and drug or addiction studies qualification.

Two-thirds of the workforce is female and the average age of workers is 44 years.

On average, three-quarters of workers have eight or more years' experience working in the sector.

Regardless of the role that any individual worker plays, collectively the alcohol and drug workforce aims to improve the health, wellbeing and social connectedness of people with alcohol and drug issues and of their families.

You are in the very privileged position of seeing people make small changes that have huge impacts on their life. What they're going through is not easy, so it's extremely rewarding to see them do that.

Service Leader

Part 1: The changing environment

The alcohol and drug workforce operates within a challenging environment. It must continually adapt to the changing needs of service users and their families, new models of care and service delivery, emerging policy and funding environments and changes in the labour market.

This section sets out the service delivery and policy changes that are under way in the alcohol and drug treatment sector, as well as the broader health and human services system. These changes require us to rethink our approach to workforce planning and development for the alcohol and drug treatment sector.

Service reform

The Victorian Government is committed to improving services to people who struggle with their use of alcohol, pharmaceutical drugs and illegal drugs.

New directions for alcohol and drug treatment services: a roadmap sets out a framework for the redevelopment of Victoria's alcohol and drug treatment system over the next 10 years. It identifies the drivers for reform and offers a comprehensive program of change that will lead to a new adult and youth treatment system for Victoria.

Alcohol and drug treatment service reforms also need to align with other Victorian Government reforms such as the groundbreaking reform of the human services system 'Services Connect', the *Victorian Health Priorities Framework 2012–22* and mental health reforms.

Effective workforce planning and development is a critical enabler to realise these significant reforms, particularly in the areas described below.

Area-based planning

Innovative and flexible approaches to work and practice are required in order to respond to changes in treatment and care. Workforce planning needs to align with area-based service planning so that people with the necessary skills are appropriately distributed across the state.

Better workforce data and planning

We need a more accurate picture of the size, distribution and make-up of the workforce that will meet current and future population and area-based need. Common methods of workforce forecasting and planning and a shared commitment to regularly collect accurate workforce data are required across the sector and government.

Competencies for effective practice

To ensure the availability of a workforce with the necessary skills, knowledge, attitudes and values to deliver the new treatment types envisioned in the reform, recruitment and workforce development across the sector should be underpinned by a competencies-based approach. How competencies might map into new roles and functions will also need to be systematically investigated.

Career pathways

Successful attraction and retention of staff to the workforce requires the availability of clear career pathways that provide both horizontal career movement (across program areas and service types) and vertical movement (into more senior practice or management roles).

Driving culture and practice change

The reforms envision significant culture and practice change across the sector. Leadership at all levels must be recognised, developed and empowered to drive this change throughout the reform process. Building the change management capability across the sector will be critical.

Translating evidence and innovation into practice

More learning and development opportunities for staff will be required to drive evidence-based practice change within a new model of care.

Sector input into planning

It needs to be easier for the alcohol and drug treatment sector have their say and contribute to the design and delivery of alcohol and drug workforce activities.

Honouring the 'lived experience'

People who have struggled with their own substance use, including those who have used alcohol and drug treatment services, make a unique and valuable contribution to service planning and design, as well as treatment and support. Systems and organisations need to respect and value their contribution, and incorporate their role into models of care and program structures in a way that is effective and sustainable.

Strong relationships with our partners

Access to workforce development opportunities across sectors and program types will create new avenues for professional development, particularly when it relates to the seamless care of people who use multiple services. Leveraging and contributing to workforce opportunities will help with integration of reforms across programs and sectors, particularly 'Services Connect'.

Harnessing new technologies

Using new technologies such as online learning and web-based delivery of best-practice will increase access to learning and development opportunities for the whole workforce.

Changes in service delivery

Future directions for Victoria's alcohol and drug workforce should reflect current trends in best-practice service delivery.

Person-centred practice

Over the past two decades person-centred and person-directed care has become internationally recognised as a foundation of high-quality healthcare.

Person-centred practice puts the individual at the centre of the assessment, treatment, review and management processes. It focuses on the individual's own understanding of their health and wellbeing and how they would like to be assisted.

Start by asking the person what they want from their treatment...services need to first work out a plan that the person agrees with.

Family member

Family-inclusive practice

Family-inclusive practice recognises that an individual is part of a family who is affected by, and has an effect on, their alcohol and drug use. Family-inclusive practice intervenes at multiple levels with the aim of enacting lasting changes and responding to the needs of vulnerable family members, particularly children.

Recovery-oriented practice

Recovery is a strength-based approach to treatment and care. It acknowledges and builds on people's resilience and their own resources, respects their right to define their own goals for treatment, and connects people to the supports and systems they need and want.

A recovery-oriented approach recognises that the recovery journey is personal and that it extends throughout and beyond the time people spend in formal treatment and care.¹

The recovery-oriented approach relies on strong partnerships in decision making between service users and service providers from assessment and treatment through to long-term rehabilitation, accommodation and employment.

It's not just about focusing on the alcohol or the drugs. It is more about focusing on how things such as alcohol use are getting in the way of things they want in their life.

Service leader

Holistic care

Holistic care addresses the many factors that can affect a person's health and wellbeing such as housing, education, employment, and family and social relationships. It acknowledges that a wide range of biological, economic, social and environmental factors impact on health in both positive and negative ways, and that people often come to services with a broad range of needs. A sophisticated and coordinated service response is required that is underpinned by close collaboration across teams, programs and sectors.

Culturally appropriate and safe service delivery

In recognition of Victoria's significant diversity, and with the goal of health equality for all Victorians, the government and service providers are seeking to deliver treatment and support that is more responsive to Aboriginal people and people from diverse cultural backgrounds, communities, language groups and gender and sexual identities.

The service environment should be culturally safe and treatment and care should be responsive to people's differing understandings of health and wellbeing.

Evidence-based care

To uphold the fundamental values of patient safety and best practice, service provision should be based on the best available evidence on effectiveness – at the individual, service system and population levels.

The first and most important thing is that the service is as evidence based as it can be, holds itself accountable for what it does, and is accessible.

Alcohol and drug worker

To achieve this, agencies, teams and individual workers all need to be able to respond rapidly to new knowledge as it becomes available.

Integrated and coordinated care

Integrated care crosses traditional organisational boundaries by bringing together a range of professionals and services to provide coordinated treatment, care and support so that people connect to a system rather than to a single service.

Service delivery models like the case management model being developed through 'Services Connect' make it easier for individuals to navigate the broader system of care in a timely and seamless manner. Integrated and coordinated service delivery also aims to reduce the likelihood of people 'falling through the cracks'.²

This shift is being driven at the local level through multidisciplinary teams and agreements among agencies, and at the systems level through government policies and funding arrangements.

If someone's trying to change their behaviour around drug use and you do that in isolation of looking at how their families are managing and the fact that they are homeless or that they're unemployed, then it's really difficult for people to make sustainable change.

Service leader

Changes in workforce planning and development

The foundation is being laid nationally and in Victoria for a new approach to health and community service workforce planning and development.

While alcohol and drug treatment services are not always identified as a health response, positioning the alcohol and drug workforce more strongly within these changes provides valuable opportunities to participate in health and community service workforce planning and development activities.

Health Workforce Australia, a national body established by the Council of Australian Governments, is leading a strong workforce reform agenda at the national level.³

At a state level the *Victorian Health Priorities Framework 2012–22* identifies expanding workforce capacity as one of its key priorities. It is a unifying force for health workforce planning across health and community services. It offers innovative responses to persistent workforce challenges, for example the new Clinical Placement Networks and the Victorian Clinical Placement Council.

Starting with the person and the community

As health and community services move to person-centred and area-based approaches to care, a similar paradigm shift is required in health workforce development and planning.

Contemporary practice should focus on achieving the necessary mix of skills, attitudes, values and knowledge to meet the needs of service users and their families rather than simply planning around existing professional groups and program boundaries.

Engaging people is another essential ingredient of a service that works well. You need to find out what a person wants, because if you don't meet the perceived need you can't engage them. Throwing them into ill-fitting programs that won't give them what they want is a waste of public resources, is disrespectful to them as individuals and is ineffective.

Service leader

The necessary skill mix and distribution of the workforce

The uneven distribution of skills that exists today across health professions, service types and locations will not be solved by simply bringing more health workers into the workforce, if the types of skills available do not match demand.⁴

A new skill mix and distribution of workers is needed to meet the future needs of service users and the community. This is particularly the case in rural and regional communities where establishing and keeping health professionals in local services remains a significant challenge.

Health Workforce Australia argues that a better mix of skills and a better workforce distribution can be achieved by improving workers' competencies, redefining roles and functions and using more innovative team structures.

Culture change through leadership

Strong leadership across all levels of an organisation fosters a culture that upholds the fundamental values of patient safety and best practice.

Recent evaluations of leadership in the healthcare sector suggest that organisations are shifting away from a top-down, autocratic leadership style ('heroic' leadership) to a style that emphasises distributed and collaborative leadership ('engaging' leadership).⁵

A distributed leadership style facilitates cultural change at the team, organisation and system level – the kind of change that endures.

The role of leaders is to give people the big picture and then to provide staff with the resources and support to be innovative in their approach to care.

Service leader

Working and learning together

A competency-based approach to education, training and workforce development offers a potential solution to shortages and uneven distribution in the health workforce. It creates a common platform for access to and mobility across different health careers. It also supports more integrated work practices across disciplines and sectors.⁶

This approach retains specialist training and development but builds general competencies that are shared across disciplines. It helps training and work practices to move away from silos towards interprofessional and cross-sector learning and development. This shift relies on significant collaboration between the health sector and the education and training sector.

Part 2: A new approach

This section describes a new approach to workforce development and planning for the alcohol and drug workforce. It sets out the strategies that will be implemented over the next 10 years to achieve the vision of a competent and sustainable workforce. It also describes how these strategies will be monitored and evaluated.

Alcohol and drug workers' priorities for change

Throughout 2011, the Victorian Alcohol and Drug Association in partnership with the Department of Health gathered advice from the alcohol and drug workforce on the issues they face and how they can be better equipped for the future. They identified the following priorities for improvement.

Training and development

Workers want more opportunities to build their skills and knowledge, and they need support and encouragement to take the time out of work to participate in training and professional development.

Supervision and support

Workers want more access to clinical supervision to build and strengthen their practice skills. Organisations need to balance caseload demands and resources to allow for more supervision time. Supervisors need adequate training and experience in supervision – culturally appropriate supervision is critical.

Investment in leadership

Existing and emerging leaders need the specific skills and resources to lead, to drive change and to build workplace cultures that support people, teams and organisations to reach their potential.

Flexibility and career pathways

Workers want better career pathways, greater job flexibility and more roles that offer promotion – without reducing the number of experienced workers in clinical frontline roles.

Promotion of careers in the alcohol and drug treatment sector

Workers want a sustained effort to promote alcohol and drug work as a rewarding career that makes a difference in people's lives, so that more workers are attracted to the sector.

A new approach

Traditional workforce planning and development approaches are inadequate to meet the dynamic and changing environment of contemporary health and human services delivery.⁷

They are often focused on the development of individual workers. They typically aim to secure workforce supply and build individual capability through education and training, often with limited success.

This framework sets out a new approach to workforce planning and development that is reflective of best practice and evolving evidence in effective workforce planning and development.

Systems thinking

Systems thinking considers the organisational context and the wider system in which workers operate and how these ultimately determine whether specific policies or practices are appropriate or successful.⁸

This framework adopts a systems-based approach to workforce planning and development that moves away from standalone education and training, towards integrated strategies which address a wide range of factors, including:

- workers' attitudes, confidence in providing responses, role legitimacy, knowledge and skills
- the working environment – collegiate and organisational support, management and feedback mechanisms, professional development opportunities, and reward and remuneration
- service delivery – organisational development, change management, and evidence-based knowledge transfer and skills development.⁹

Informed planning

This framework sets out a new approach that involves better data collection and more strategic planning to ensure we understand and are well placed to respond to both current and future challenges.

It takes into account the unique issues facing rural and regional services, including both the distance between communities and the complexity of health problems to be managed by workers practising in isolation.

It seeks to be more responsive to generational changes in the labour market, which mean many workers will not be working the hours or practising in the same way as their predecessors.¹⁰

It seeks to capitalise on workforce development opportunities and cross-sector practice reform across the health and human service sectors.

It seeks to establish a closer partnership between the sector and government to enable more flexibility and responsiveness in policy and funding arrangements.

For example, the Department of Human Services' Services Connect initiative is exploring exciting new ways to deliver streamlined and connected human services. There will be opportunities to integrate learning and development activities for the alcohol and drug workforce into a broader, cross-system environment to support new ways of working and learning by individuals, teams and services.

It also relies on strong partnerships between industry and education providers. These partnerships help to match the skills and competence needed in the sector with the workforce being developed in the education sector.

Integrated strategies

Effective workforce planning and development is complex. Application of a single workforce development strategy in isolation will have limited impact. For optimal impact, workforce planning and development requires the simultaneous implementation of a number of complimentary strategies across multiple levels.

This framework presents a new model for workforce planning and development in the alcohol and drug sector, which clusters activity under four mutually reinforcing domains:

- People – attracting and retaining a competent and sustainable workforce.
- Place – achieving the necessary distribution and skills mix in the workforce.
- Environment – fostering positive learning and working environments.
- Performance – building the necessary competencies and support.

Implementation

This document provides an overarching framework for the ongoing development of the alcohol and drug workforce in Victoria.

Implementation of the strategic directions in this framework will begin immediately. The principles that underpin implementation are:

- transparency and accountability
- timely and measurable outcomes
- testing different approaches to achieving objectives
- sector collaboration.

A three-year implementation plan, *Victoria's alcohol and drug workforce framework: implementation plan 2012–15*, identifies the priorities for action over the next three years. The implementation plan is located at <www.health.vic.gov.au/aod/workforce>

While government has an important role to play in key areas of implementation, success requires a commitment from all stakeholders to collaborate on planning, implementation and evaluation.

Evaluating success

Ongoing monitoring and evaluation is critical. It supports the continuous improvement of implementation activities and allows us to measure the effectiveness and efficiency of particular activities against the desired outcomes outlined on page 2.

Evaluation works best when it is built into the workforce planning process from the beginning. For this reason a detailed evaluation plan will be developed to monitor implementation. Evaluation will:

- track the use of allocated resources
- capture and disseminate successes and lessons learnt
- assess where to adjust strategies to better meet goals and objectives
- identify and respond to new issues and evidence as they arise.

The Victorian Government will take the lead role in monitoring and evaluating implementation, with the assistance of key sector stakeholders as required.

Reporting

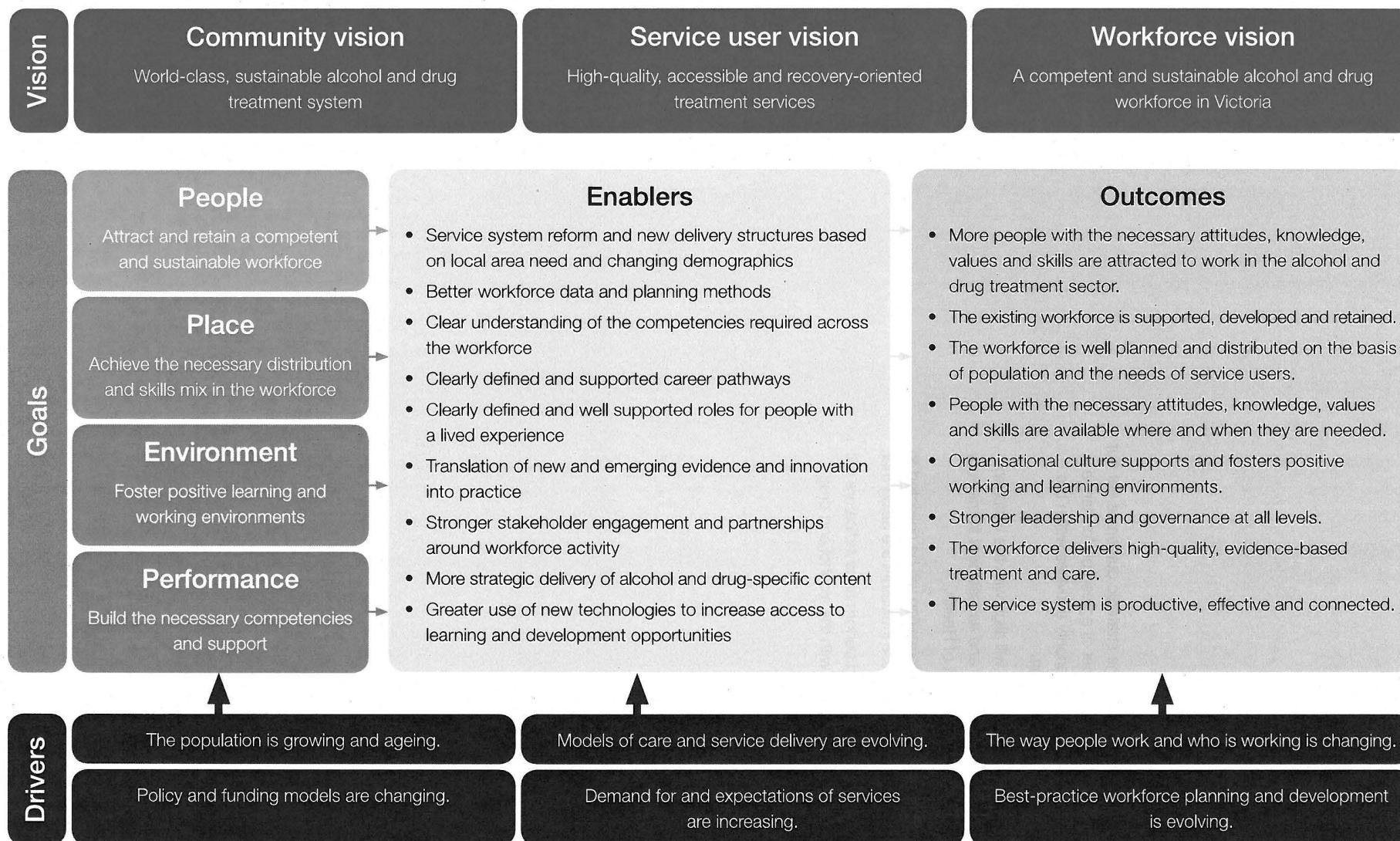
The evaluation plan will use the strategic outcomes set out on page 2 as the basis for a set of agreed performance indicators and measures for priority activities within the three year implementation plan.

The indicators and measures will align with the *Victorian innovation and reform impact and assessment framework* developed by the Department of Health.

Qualitative and quantitative information will be collected to assess the extent to which these indicators are being met.

The evaluation framework and performance indicators will be developed in consultation with the alcohol and drug treatment sector.

A framework for change



Part 3: Strategies for change

This section discusses the key challenges and opportunities facing the alcohol and drug workforce and presents goals and objectives against the four domains of workforce planning and development: people, place, environment and performance.

Each objective has one or more strategies that will deliver against the goals and vision of the framework.

People

The goal of the 'people' strategies is to attract and retain workers with the necessary attitudes, knowledge, values and skills to maintain a competent and sustainable workforce.

Victorian service providers report significant challenges in attracting, recruiting and retaining workers across a range of roles and skill sets. There is a pressing need to support and strengthen existing workers and to attract new workers capable of delivering high-quality alcohol and drug treatment and care.

Knowing more about the composition and needs of people working in the alcohol and drug treatment sector is critical for improved workforce planning and development.

Attracting and retaining workers

While retention of staff in the workforce has improved over time, ensuring an adequate supply of alcohol and drug workers to meet the increasing demand for treatment and care continues to be a fundamental challenge. Alcohol and drug treatment services report that:

- vacancy rates are highest among nurses, youth workers, managers and generalist alcohol and drug workers
- nurses, medical practitioners and dual diagnosis workers are reported as often the most difficult to recruit
- vacancy rates are twice as high in rural services than in metropolitan areas¹¹
- relatively low pay and limited career opportunities result in valued staff seeking out careers in better paying roles and sectors.

Mitigating these attraction and retention problems requires the creation of better working arrangements, career opportunities and professional rewards beyond just remuneration.

An ageing workforce

The Victorian population is ageing rapidly. Soon Victoria will reach the point where the rate of retirement from the alcohol and drug workforce will no longer be offset by the recruitment of new or returning workers.

The career aspirations and expectations of the younger workforce are changing the nature of the labour market. The alcohol and drug treatment sector needs to better understand how to attract and meet the needs of this new generation of potential alcohol and drug workers. Strategies to retain mature age workers in the workforce in supervision and mentoring roles will ensure that new workers continue to have access to these important skills and support.

Good preparation

Research tells us that, for people considering a career as an alcohol and drug worker, early exposure to alcohol and drug service users and service providers gives people a positive and realistic sense of the challenges and rewards of work in the sector and increases their attraction to and retention within the workforce. Promoting careers in alcohol and drug services at all levels of education and increasing opportunities for student placements are effective ways to influence the career choices of students and graduates.

You could make more money in other jobs but most people are here because they love the work. They are passionate about it.

Service Leader

Aboriginal workforce

While 2.3 per cent of the Australian population are Aboriginal and Torres Strait Islander people, only 1.6 per cent of the national health workforce is made up of Aboriginal people.¹²

An accessible and competent alcohol and drug workforce is vital to providing culturally safe services that meet the needs of Aboriginal people and to improve their health outcomes.

One way to achieve this is to increase the number and capacity of Aboriginal alcohol and drug workers. In order for alcohol and drug treatment services to be attractive places for Aboriginal people to work, it is important that culturally appropriate support and supervision is available. Critically, workplace cultures must recognise and legitimise the way that Aboriginal workers deliver services to meet the needs of Aboriginal people and communities.

Another way to achieve culturally appropriate services for Aboriginal people is to ensure that all alcohol and drug workers have the cultural competence and the necessary clinical, management and community development skills to deliver appropriate and safe treatment and care.

Consumer workforce

The lived experience of people who have struggled with substance use, including those who have used services, can be harnessed in service planning, service delivery and quality improvement to strengthen the delivery of alcohol and drug treatment services.

These roles and functions must be given legitimacy within program and organisational structures, and be purposefully built into the model of care.

Providing clear role definitions and creating supportive work environments for people in these positions will ensure sustainable and effective practice.

If you have the perspective that you need to save people, that they need to fit some sort of a stereotype of normal, then this may be the wrong career for you. If you want to help people move one step better than they were when they came to you, it's a fantastic career.

Alcohol and drug worker

People strategies

Objectives	Strategies
<p>Objective 1.1 Plan for the development of a workforce that has the size, skill mix and distribution to meet projected population growth and need.</p>	<p>Establish an Expert Working Group to identify and advise the Department of Health on workforce reform and innovation, and to champion culture and practice change across the sector.</p> <p>Establish an agreed method of workforce planning that is responsive to changes in the treatment system and in local needs, reform principles, service delivery and treatment approaches of the alcohol and drug treatment sector.</p> <p>Develop mechanisms to improve the quality of and access to sector-wide workforce data to inform long-term evidence-based planning. This includes defining and standardising a workforce minimum dataset and identifying required mechanisms for collection.</p> <p>Model future workforce demand and supply through forecasting and scenario planning to define workforce requirements and how to address identified gaps.</p>
<p>Objective 1.2 Engage with local and national workforce planning agencies to ensure that the long-term requirements of the alcohol and drug workforce are considered.</p>	<p>Ensure that Victorian health and community service workforce planning appropriately includes the unique requirements of the alcohol and drug workforce.</p> <p>Work with relevant national bodies to ensure that the alcohol and drug workforce is considered an area of priority in the national program of health workforce innovation and reform.</p>
<p>Objective 1.3 Improve the attraction and recruitment of students and new graduates.</p>	<p>Ensure that alcohol and drug treatment is represented in the tertiary education and vocational training sectors to raise the profile and attractiveness of working in the alcohol and drug treatment sector among potential workers.</p> <p>Increase student placement opportunities in the alcohol and drug treatment sector for undergraduates and postgraduates.</p> <p>Develop and implement a statewide graduate program to support graduates during their first 12 months in the workforce to improve skills development and workforce retention.</p> <p>Work with relevant national bodies to ensure that the alcohol and drug treatment sector is considered an area of priority in national student placement and supervisor support initiatives.</p>

Objectives	Strategies
<p>Objective 1.4 Improve the attraction and recruitment of experienced workers.</p>	<p>Develop and implement a re-entry program that targets and encourages skilled alcohol and drug workers to return to the workforce.</p> <p>Implement targeted attraction and retention strategies for more experienced workers to address workforce shortages in high-need areas, particularly where there are inexperienced workers and student placements requiring mentoring and support.</p> <p>Attract, recruit and retain workers with specialist competency and capability to work with people who have complex needs including substance use mental health, physical health and welfare issues.</p> <p>Explore the benefits and feasibility of developing a broad health and community services workforce strategy to increase the overall pool of potential candidates for alcohol and drug and related sectors.</p>
<p>Objective 1.5 Improve the retention of the existing alcohol and drug workforce.</p>	<p>Further support organisations to develop career pathways and diverse alcohol and drug roles, programs and service settings.</p> <p>Further support services to develop career pathways for experienced practitioners to progress into both clinical and organisational leadership roles through career and succession planning.</p>
<p>Objective 1.6 Strengthen the design and delivery of consumer leadership, carer leadership and peer support roles.</p>	<p>Enhance the participation of people with a lived experience of substance use issues in the planning, design and delivery of alcohol and drug treatment services.</p> <p>Undertake a strategic review of the role and function of the consumer workforce as an integral part of alcohol and drug service delivery.</p> <p>Develop consumer workforce role definitions that clearly specify the accountabilities, required competencies, learning and development requirements and support mechanisms.</p>

Objectives	Strategies
<p>Objective 1.7 Increase the rate of workforce participation and retention of people from Aboriginal and Torres Strait Islander backgrounds in the alcohol and drug treatment sector.</p>	<p>Implement a strategy to promote alcohol and drug as a career of choice for Aboriginal graduates of high school, vocational education and training and tertiary education. This will include creative and alternative pathways to employment for Aboriginal and Torres Strait Islander people across the alcohol and drug treatment sector – for example, cadetships and supported work placements.</p> <p>Maximise employment opportunities for Aboriginal employees by ensuring appropriate career progression, remuneration and job security strategies are in place within the alcohol and drug career structure.</p> <p>Support the learning and development of Aboriginal and Torres Strait Islander people to become alcohol and drug workers.</p> <p>Identify, establish and promote agency-specific support for new Aboriginal employees, including culturally appropriate orientation and induction programs.</p>

Place

The goal of the 'place' strategies is to achieve the necessary distribution and skills mix in the workforce so that people can access the care they need in their communities.

Equitable access to quality alcohol and drug treatment services relies on the availability of workers with the necessary knowledge, values, attitudes and skills in the right locations all across Victoria. Workforce supply problems are felt more strongly in rural and regional Victoria where they have a significant impact on recruitment and retention. This results in job vacancies and skill gaps across locations, programs and service types. These problems are particularly pronounced for certain professional groups, such as addiction medicine specialists.

Delivering rural and regional services

Service delivery in rural and regional areas can be challenging due to geography, limited availability of services and uncertainty about role boundaries.

Strategies to mitigate these issues include:

- developing generalist capabilities to better integrate all aspects of a person's care and deal with complexity
- developing integrated, holistic and culturally appropriate services
- using web-based and telephone-based treatment and care where appropriate.

Feedback from workers across the state indicate that these strategies may also be relevant in some metropolitan areas as well.

These strategies require a cultural and policy shift that is already occurring at the national level.¹³

You can be flexible but still be accountable.
Service leader

Attracting and retaining workers in rural and regional Victoria

Recruitment and retention problems are amplified in rural and regional settings due to a number of constraints:

- availability of and access to appropriate professional development
- access to high-quality supervision and mentoring, particularly for new entrants
- the demands of practice in more isolated settings with fewer resources
- career opportunities and pathways
- worker access to services and amenities for themselves and their families.

Professional development

Rural and regional alcohol and drug workers often have limited access to opportunities and resources that are necessary to develop and extend their competency and capability. This includes access to professional development, backfill to participate in learning and development, clinical supervision, mentoring and learning materials. These limitations are driving an increased reliance on the use of technology such as online learning and other innovative methods of delivering professional development.

Supervision

The availability of experienced practitioners who can supervise, mentor and support graduates and the 'temporary' workforce in rural and regional areas is critical. Access to mentoring and support is identified as one of the key work-related factors (as opposed to financial or social factors) that influence workers to stay in the workforce in smaller communities.

Increased collaboration

Greater collaboration across professions and sectors can improve career opportunities, skill development, workforce retention and outcomes for people accessing services.

Opportunities for shared learning across sectors, programs and disciplines can increase access to learning and development. It can also contribute to the development of joined-up service responses that provide a more holistic system of care.

Use of technology

New technology provides great opportunities to support service delivery, build the skills and knowledge of the workforce and retain workers in regional settings.

New technologies can support shared care within multidisciplinary teams and can be used for e-health, supervision, mentoring and support. Developing people's skills to make the best use of these technologies needs to be a priority.

Place strategies

Objectives	Strategies
<p>Objective 2.1 Increase efficient work practices and innovative ways of working in rural and regional Victoria.</p>	<p>Establish an innovation program that explores, identifies and trials (where appropriate) innovations that improve the efficiency and effectiveness of the alcohol and drug workforce in rural and regional Victoria.</p> <p>Convene a regional conference to recognise, promote and celebrate the achievements of regional workforce innovation.</p>
<p>Objective 2.2 Increase the attraction of capable staff to rural and regional alcohol and drug settings.</p>	<p>Develop a range of regional recruitment activities and initiatives to attract people into alcohol and drug careers in rural and regional areas.</p> <p>Identify opportunities to collaborate with broader rural health and welfare recruitment initiatives to attract people into rural and regional alcohol and drug careers.</p> <p>Undertake a strategic review that considers the use of incentives to attract experienced and skilled alcohol and drug workers into a rural and regional career.</p>

Objectives	Strategies
<p>Objective 2.3 Improve the retention of the alcohol and drug workforce in rural and regional locations.</p>	<p>Maximise opportunities for rural and regional alcohol and drug staff to engage in continuing learning and development, including through the use of online learning platforms and new technologies.</p> <p>Develop opportunities for collaborative arrangements that support job rotations between organisations and services, across geography and service streams.</p> <p>Maximise opportunities for rural alcohol and drug workers to engage in collaboration among sectors and professions to access practice advice, support and mentoring.</p> <p>Provide tailored orientation and support programs for rural alcohol and drug staff to better prepare them for work in rural and regional locations.</p>
<p>Objective 2.4 Better align work roles with agreed core competencies and outcomes for service users.</p>	<p>Develop a core competencies framework to clearly articulate the necessary skills, knowledge, values and attitudes of all segments of the alcohol and drug workforce in rural and regional Victoria (linked to Objective 4.1).</p>
<p>Objective 2.5 Design and structure roles and functions to make best use of relevant skills available in the current and future workforce.</p>	<p>Explore opportunities for role design and expanded scopes of practice in the alcohol and drug treatment sector as a response to workforce supply and distribution challenges.</p> <p>Explore opportunities for new and flexible roles that will help retain alcohol and drug workers and better utilise their skills and experience.</p> <p>Further explore employment models that plan for and accommodate staff mobility within and across geography, programs, service settings and areas of specialisation.</p>
<p>Objective 2.6 Increase the use of area-based workforce planning and development to improve responsiveness to local needs and build workforce capability in areas of high demand.</p>	<p>Explore opportunities to develop collaborative planning approaches within an area-based workforce planning model to more effectively plan and coordinate workforce requirements within the context of reform of the alcohol and drug treatment sector.</p>

Environment

The goal of the 'environment' strategies is to foster positive learning and working environments with strong leadership and a culture of collaboration.

Work environment and culture play a vital role in organisations to support quality practice and worker satisfaction. Strong and effective leaders create a positive climate that supports workers to perform at their best.

Teamwork and shared care

The alcohol and drug treatment workforce will benefit from effective collaboration and partnering with other sectors and services such as mental health, disability, justice, housing, homelessness, family violence and child protection. Collaborative practice:

- increases workers' knowledge and skills
- makes it easier to provide holistic and coordinated care
- makes it easier for workers and service users to access and navigate the alcohol and drug treatment system
- reduces pressure on alcohol and drug treatment services.

Structures and processes for information sharing, networking and collaboration are required to underpin such knowledge and skill development.

Leadership and management capability

Strong and effective leaders drive innovative, visionary and effective service design and delivery, and their role in attracting, retaining and developing a skilled and motivated workforce cannot be overstated.

Leaders do not necessarily need to be in formal positions of authority. Leadership is demonstrated at all levels in the organisation, and leadership development strategies should therefore be targeted at team leaders, managers, clinicians and senior executives.¹⁴

For example, senior clinicians should be provided with the support they need to play a leadership role in the organisation, and leadership and management activities should be incorporated into the repertoire of middle managers.

I think leaders come from all parts of the organisation, not just management. The role of leaders is to 'give people the big picture' and then to provide staff with the resources and support to be innovative in their approach to people's care.

Service leader

Workplace culture

Organisations with a strong and positive culture have high levels of innovation, high standards, meaningful rewards, and clarity of vision and mission. The literature highlights the importance of senior staff visibly enacting their organisation's vision and mission and living the organisation's values. New staff need opportunities to practise the attitudes, knowledge, values and skills they have developed during their training and orientation.

Culturally appropriate services

Technical and cultural competence is required to provide culturally appropriate services to Aboriginal people and people from cultural and linguistically diverse backgrounds.

In some situations workers with the same cultural background as the service user are available to deliver treatment and care. This is beneficial not only for the service user, but also for other workers, because a diverse workforce fosters diverse thinking and new perspectives on service delivery.

However, in many cases Aboriginal people or people from cultural and linguistically diverse backgrounds receive services from workers with a different cultural background. It is therefore important that all workers have access to the training and support they need for culturally aware and competent practice.

Environment strategies

Objectives	Strategies
<p>Objective 3.1 Create a more positive perception of working in the alcohol and drug treatment sector.</p>	<p>Promote the alcohol and drug treatment sector as a career of choice to school leavers, new graduates and experienced workers from other sectors to increase the pool of potential workers into the sector.</p>
<p>Objective 3.2 Strengthen teamwork and shared care across disciplines within the alcohol and drug treatment sector and its partners in the broader community.</p>	<p>Further develop relationships between the sector and allied treatment sectors such as mental health, community services and primary care to provide holistic, person-centred services for people with multiple needs.</p> <p>Formalise links between service providers through increased care collaboration, information exchange and joint care planning to improve service outcomes and knowledge transfer.</p> <p>Develop and implement multidisciplinary team structures and workforce roles to support appropriate caseloads and strengthen staff satisfaction and retention.</p> <p>Define and incorporate collaborative practice and shared care as a core competency for the alcohol and drug workforce.</p>
<p>Objective 3.3 Build the competency of the alcohol and drug workforce to provide high-quality clinical and organisational leadership.</p>	<p>Promote a culture where leadership competence at all levels is valued and encouraged.</p> <p>Enhance leadership and management capability and capacity for current and emerging leaders across the alcohol and drug workforce.</p>
<p>Objective 3.4 Support workplace cultures that are responsive to diversity.</p>	<p>Actively promote cultural awareness, respect and understanding by ensuring an inclusive work environment that respects diversity, gender, culture, language and history.</p> <p>Foster links with local community organisations to ensure that services understand the full scope of people's needs and to better inform planning and service delivery.</p>
<p>Objective 3.5 Support workplace cultures that are responsive to the needs of service users, their family and carers and are open to new ways of working that enhance recovery.</p>	<p>Support the adaptation of recovery-oriented culture within alcohol and drug treatment services that is consistent with alcohol and drug treatment reform principles.</p>

Performance

The goal of the 'performance' strategies is to equip the workforce with the necessary competencies, tools and support to deliver recovery-oriented, best-practice care.

The performance strategies focus on the uptake of practice and service delivery approaches that deliver positive outcomes for service users. This is achieved by aligning the core competencies of alcohol and drug practice with individual and program outcomes and providing opportunities to build and maintain these competencies across the workforce.

Skills and competencies

Equipping the alcohol and drug workforce with the necessary mix of skills and competencies is a significant challenge. These skills and competencies include a broad and applied understanding of social, legal and medical contexts, knowledge of the effects of alcohol and drugs and their treatments, and the ability to deal with a wide range of related issues and situations.¹⁵

The introduction of the Minimum Qualification Strategy in 2004 has increased the number of staff with relevant skills and qualifications working in the sector, with the majority meeting the minimum requirements in 2009.¹⁶

The Minimum Qualification Strategy now requires redevelopment to better define the critical skills, knowledge, values and attitudes required to provide evidence based, recovery-oriented and family inclusive treatment and care.

Evidence-based practice

Evidence-based practice supports quality and safety in delivering treatment and care, and can improve individual outcomes. It promotes efficiency and quality through consistency of practice across the system. And it adds rigor to innovation by measuring the impact of new approaches and increasing our knowledge base.

Achieving evidence-based practice requires ready access to up-to-date, high-quality data and collaborative relationships with researchers.

Clinical supervision and mentoring

Clinical supervisors and mentors support high-quality and safe practice, develop their people and model desired behaviours and values in the workplace. They are also instrumental in introducing evidence-based practice and implementing new policy and program directions.

Access to supervision and mentoring can be limited across the alcohol and drug treatment sector, particularly in rural and regional areas, due to workforce shortages and caseload demands.

To improve workers' access to clinical supervision and mentoring, managers and leaders need high-quality learning and development opportunities to undertake these functions. Organisations need to support them by freeing up their time with mechanisms like backfill. Reward and recognition systems can foster a workplace culture where supervision and mentoring is encouraged.

It's not just about training...but support to implement different ways of working.

Service leader

Performance strategies

Objectives	Strategies
<p>Objective 4.1 More strongly align what individuals are expected to do at work with core competencies and desired outcomes for service users.</p>	<p>Develop a competency framework to clearly articulate the necessary skills, knowledge, values and attitudes of the workforce, taking into consideration differences in rural and metropolitan service delivery.</p> <p>Ensure that core competencies facilitate the provision of high-quality treatment and care consistent with the reform principles defined in the roadmap, primarily: people-centred, family and culturally inclusive, recovery oriented, evidence-based and integrated pathways.</p> <p>Investigate the value of registration or credentialing for the alcohol and drug treatment sector to strengthen the professionalisation of the workforce.</p>
<p>Objective 4.2 Strengthen methods of translating evidence, knowledge, legislation and policy into routine practice.</p>	<p>Investigate the development of a structure across relevant area-based and statewide workforce activities that supports the translation of evidence, knowledge, legislation and policy into practice.</p> <p>Develop and implement standardised tools and evidence-based practice to improve access to treatment and treatment pathways.</p> <p>Investigate the development of web-based delivery of alcohol and drug best practice and innovation and support its uptake.</p> <p>Further develop and formalise links between service providers and the research community to:</p> <ul style="list-style-type: none"> - better support the translation of new evidence and models of care into practice and workforce design - better respond to new and emerging alcohol and drug trends and associated conditions. <p>Enhance the translation of innovation and evidence relating to effective approaches into alcohol and drug treatment, person-centred practice and support.</p>
<p>Objective 4.3 Ensure cultural safety and capability is a core competency for all alcohol and drug workers.</p>	<p>Enhance the knowledge, awareness and capability of alcohol and drug treatment services to provide treatment and care that is culturally appropriate for Aboriginal and Torres Strait Islander people.</p> <p>Enhance the knowledge, awareness, and capability of alcohol and drug treatment services to provide treatment and care that is culturally appropriate for people from a culturally and linguistically diverse background, including newly arrived families.</p>

Objectives	Strategies
<p>Objective 4.4 Develop systems and structures that support individual workers to meet the outcomes and service requirements expected by individuals, programs and organisations.</p>	<p>Develop a sector-wide performance management framework that links individual, organisational and sector-wide goals.</p>
<p>Objective 4.5 Increase availability of and access to learning and development opportunities that are aligned with core competencies.</p>	<p>Develop and maintain a sector-wide learning and development program that is responsive to the changing needs of individuals and service providers and reform principles such as family-inclusive and recovery-oriented practice.</p> <p>Develop a sustainable and responsive learning and development platform that supports the coordinated delivery of area-based and statewide training and education across the alcohol and drug and mental health sectors.</p> <p>Develop a culturally appropriate and accessible workforce development program to extend the capability and capacity of the Aboriginal alcohol and drug workforce (linked to Objective 3.4).</p> <p>Embed the capability and capacity of the alcohol and drug, mental health and other relevant workforces in managing individuals with dual diagnosis (concurring mental illness and substance use issues) and other comorbidities.</p> <p>Develop and implement a sector-wide clinical supervision model and mentoring program to increase the skills and competence of the sector, support retention and develop emerging leaders.</p> <p>Develop and implement a mentoring program that enhances the sharing of information and practice for Aboriginal mentors and their mentees across the alcohol and drug treatment system.</p>

Glossary

The alcohol and drug workforce

For the purposes of this framework the alcohol and drug workforce consists of workers in agencies that provide alcohol and drug treatment services that are funded by the Victorian Government through the Mental Health, Drugs and Regions Division of the Department of Health.

The workforce includes alcohol and drug workers, nurses, clinical consultants, general practitioners, addiction medicine specialists, psychiatrists, psychologists, social workers, occupational therapists, researchers, trainers, managers and administrative workers.

Alcohol and drug workers have a range of specialties including counselling, Koori, dual diagnosis, ethno-specific, forensic, needle and syringe program, youth, welfare and peer support.

It is acknowledged that the needs of people with substance use issues are addressed by a wide range of other services and professionals that do not receive funding from the Mental Health, Drugs and Regions Division.

Competencies

Competencies are characteristics that individuals have and use in appropriate, consistent ways in order to achieve desired performance outcomes. These characteristics include knowledge, skills, attitudes and values. Competencies describe behaviours that excellent performers exhibit and the extent to which they have mastered these behaviours.

Cultural competence

A set of behaviours, attitudes and policies that come together in a system, agency or among professionals and enable that system, agency or those professionals to work effectively in cross-cultural situations.

Cultural safety

An environment that is safe for people, where there is no challenge to or denial of their identity, or of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience, of learning together with dignity, and truly listening.¹⁷

Diversity

The variety of experiences and perspectives that arise from differences in race, culture, religion, mental or physical abilities, heritage, age, gender, sexual orientation, gender identity and other characteristics.

Dual diagnosis

The concurrence of mental illness and alcohol and drug misuse.

Evidence

There are multiple dimensions to understanding evidence. For the purpose of this strategic framework, 'evidence' refers to multiple sources of evidence including the knowledge of people who use services, practice knowledge, research, policy, guidelines and legislation.

Families

The term 'families' in this document does not presume a particular family structure or membership but is used loosely as a broad encompassing term. What constitutes 'family' varies significantly with personal beliefs, across communities and across cultures.

Family inclusive

At its core family-inclusive practice is about providing support to those experiencing substance use issues. This includes not only the substance user but other people who are involved with the substance user – children, parents, siblings, extended relatives, carers and friends of the substance user. The goal and basis of family-inclusive practice is to intervene at these multiple levels in the hope of enacting lasting changes.¹⁸

Generalist capability

The capability of a health professional, regardless of their particular speciality, to provide holistic care of a person over time – managing a range of conditions, mindful of the impact of external and societal factors on health, and referring to specialist or other services as and when required.

Generalist

A health professional whose practice is not oriented to a speciality but covers a variety of health and welfare problems.

Holistic

Considering the whole person and all aspects of a person's health and wellbeing: physical, mental, environmental and social.

Integration

The management and delivery of health services so that individuals receive a continuum of preventative and therapeutic services, according to their needs over time and across different levels of the health system.

Interprofessional learning, training, practice or collaboration

Where two or more people from different professions practise and learn from one another to improve collaboration and the quality of care.

Multidisciplinary teams

An integrated team approach to healthcare in which professionals from different disciplines consider all relevant treatment options and jointly develop a treatment plan for an individual based on the body of knowledge, approach and contribution of their respective profession or discipline.

Person-centred

An emphasis on individuals, their carers and families. Often contrasted with 'system focused' or 'service focused' and used to denote the importance of designing care and delivery of care primarily around the needs and experiences of people, not of the system or of services.

Person-directed

Person-directed or self-directed care allows people to have greater control over their own lives by allowing them, to the extent that they are capable and wish so to do, to make choices about the types of services they access and the delivery of those services, including who will deliver the services and when.¹⁹

Recovery

There are multiple dimensions to understanding personal and clinical recovery. For the purpose of this document the term 'recovery' encompasses notions of self-determination, self-management, personal growth, empowerment, choice and meaningful social engagement.

A recovery approach in alcohol and drug treatment sits within a harm minimisation framework that recognises people come to treatment through many different paths and that their goals and their journey towards recovery and wellbeing are individual and unique.

Retention

Keeping health professionals working in alcohol and drug treatment services as long as possible.

Specialist

A health professional who focuses on particular health problems, conditions or parts of the body.

Endnotes

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