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

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

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

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

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

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

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

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

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

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

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

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

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

- Increasing recognition of the need for a broad approach to workforce development (WFD) which incorporates systems, organisational and individual factors

There is a need to:

- Identify the workforce implications of the current strategic and operational environment
- Balance current needs and prepare for the future
- Raise the profile of strategic workforce planning within organisations and influence change from the top down1
- Integrate workforce planning with future directions for the organisation and sector
- Assess the current state of the workforce
- Create, drive and implement workforce planning.

1 This is not to imply that changes are made without consulting workers. In organisational redesign, it is essential to tap into the knowledge of the broader workforce regarding how services can be improved. A top down approach entails a more global view of how sectors, agencies and organisations can work more effectively to enhance services. Only then can workforce development requirements be accurately defined and measures implemented to meet those requirements.
1. What do you see as the major issues and challenges impacting alcohol and other drugs WFD in Western Australia at present?

2 WORKFORCE DEVELOPMENT - AN OVERVIEW

2.1 What is workforce development?

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

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

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

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

2.1.1 Phase 1: Individual workers

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

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

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

- Recruitment and retention
- Information management
- Leadership and mentoring
- Knowledge transfer & research dissemination
- Workplace support
- Evidence-based practice
- Professional and career development
- Workforce wellbeing
- Clarification of staff roles & functions
- Policy
- Clinical supervision
- Effective teamwork
- Evaluating alcohol and other drugs programs & projects
- Goal setting
- Organisational change
- Legislation
- Scholarships

(Roche & Pidd, 2010)
The incorporation of a systems focus into the definition of WFD signalled an important conceptual shift. Workforce development was no longer viewed as just comprising education and training initiatives. Instead, education and training initiatives were increasingly viewed as a subset of WFD activities which, in the absence of broader approaches, were likely to have limited effect (Roche, 2001). This is shown in Figure 1, which demonstrates that infrastructure, systems and organisational issues are essential to compliment and facilitate training. Figure 2 demonstrates how education and training programs influence individual factors which, in turn, articulate with a range of system factors.

![Figure 1: The different levels and components of workforce development. Source: Roche & Pidd, 2010](image1)

![Figure 2: Education and training as one element of workforce development. Source: Roche & Pidd, 2010](image2)

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

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

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

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

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

| 2. At which evolutionary phase of WFD is the alcohol and other drugs sector in Western Australia? At which evolutionary phase is your own organisation? |
3 THE ALCOHOL AND OTHER DRUGS WORKFORCE

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

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

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

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

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

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

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

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

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

4. What are the major WFD issues facing generalist workers performing alcohol and other drugs-related roles, such as general practitioners, social workers, counsellors and child protection workers?
ISSUES IMPACTING ALCOHOL AND OTHER DRUGS SERVICE PROVISION

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

4.1 Health inequalities

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

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

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

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

4.2 The ageing population and health workforce

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

4.3 The needs of Aboriginal Australians

Aboriginal Australians have higher rates of tobacco and other drug use compared to the non-Aboriginal population. Patterns of harmful alcohol and other drugs use by Aboriginal people need to be understood in the context of a history of dispossession, denial of culture, and conflict. Alcohol and other drugs use by some Aboriginal people contributes to compromised physical and psychosocial health status, and ongoing socio-economic disadvantage (Gleadle et al., 2010).
Aboriginal alcohol and other drugs workers, who play a major role preventing and responding to alcohol and other drugs-related harm among Aboriginal Australians therefore face particular challenges including:

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

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

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

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

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

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

4.4 Different substances and patterns of use

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

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

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

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

4.5 New paradigms and treatments
In the future, approaches to preventing and responding to alcohol and other drugs problems are likely to arise from a much broader base than is currently the case. Future responses will be shaped by drivers including:
• The need to focus on the social determinants of health
• The need to use integrated models of care
• Increased awareness of multiple morbidities
• Increased emphasis on service outcomes (rather than client throughput)
• Increased use of technology-based approaches
• Increased client input into service planning
• Increased need for family sensitive practice (Roche, 2013).

12. What are the implications of new paradigms and treatments in the Western Australian context?
13. What measures could the alcohol and other drugs sector implement to attract and retain staff?

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

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

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

The VET sector largely caters for the needs of other alcohol and other drugs workers. Competency based training (CBT), is now the recognised method for vocational training in the alcohol and other drugs field. There is significant dissatisfaction among alcohol and other drugs managers with the VET sector’s provision of alcohol and other drugs courses. Reasons for dissatisfaction include:
• Poor-quality training and assessment
• Lack of correspondence between what was learned through training and skills required on the job
• Training content being out of date or out of touch with industry developments
• Lack of practical experience/work placements
• Perceived variability in the quality of VET training
• Limitations in its ability to adequately equip workers with the necessary skills to meet the increasingly complex needs of alcohol and other drugs clients (Pidd et al., 2010).

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

4.8 Non-specialist higher education programs

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

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

4.9 Increasing trend towards inter-professional education and practice

In response to the increasing requirement for effective teamwork between different health professionals and agencies, the future health workforce will need to work as effective members of inter-professional teams. This approach aims to resolve real world or complex problems, to provide different perspectives on problems, to create comprehensive research questions, to develop consensus on clinical definitions and guidelines and to provide comprehensive health services (Choi & Pak, 2006).

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

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

4.10 Translation of research into practice

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

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

4.11 Management and leadership development

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

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

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

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

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

| 20. What is the current wellbeing status of alcohol and other drugs workers in Western Australia? Is there much variation in wellbeing status among the workforce? |

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

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