Victoria's alcohol and other drugs workforce strategy 2018–2022

VICTORIA State Government | Health and Human Services

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Minister's foreword

Expanding access to vital treatment services for people experiencing substance-related harm is a key priority for the Victorian Government. The Andrews Labor Government is committed to reducing the harm caused by alcohol and other drugs (AOD). This is why, in 2018–19, the Victorian Government is investing a record $259.9 million in drug services, representing an increase in investment of 57 per cent through the last four State Budgets. 2018–19 will also see the ongoing implementation of the Andrews Labor Government's significant achievements through the $180 million *Ice Action Plan,* and October 2017's $87 million *Drug Rehabilitation Plan*.

This record-level government investment will see the number of places in drug rehabilitation programs double, with additional residential rehabilitation beds and day rehabilitation programs throughout the state.

The Victorian Government is committed to building the capability and capacity of the Victorian AOD workforce to ensure Victorians can experience their best possible health and wellbeing, free of substance-related harm. People who are seeking help to address their substance use issues should reasonably expect a positive experience of the AOD service system. To achieve this, individuals experiencing substance-related harm and their families need to be supported by a highly skilled workforce.

The immediate initiatives in Victoria's alcohol and other drugs workforce strategy represent a $2.5 million investment in the AOD workforce. To build a skilled, available and sustainable workforce that meets the needs of people experiencing substance-related harm, a multifaceted approach is needed to further strengthen this important workforce.

Government can't solve these problems alone. In undertaking the priority actions of this strategy, it will be important to continue a strong partnership with the full range of stakeholders in the AOD sector to ensure solutions are well designed and implemented in a way that gives maximum effect.

The AOD workforce is a major strength of the AOD service system. More needs to be done to support this workforce to work to its full potential.

The AOD sector has experienced considerable change in recent years. This strategy has been developed to put in place a range of immediate actions that can be built on in subsequent years to improve the recruitment, retention and skills of the specialist AOD workforce.

As we move forward, I look forward to hearing about strong and effective partnerships between the department and the AOD sector, about workers who feel supported to do their work, and about individuals and families who have been able to make meaningful changes to their lives as a result of the help they received.

Martin Foley MP
Minister for Mental Health

A word from workers and service users

After the passing of my twin brothers through an alcohol and drug overdose, I knew I wanted to get a job in this area. After 20 years in the sector, I see now I have more than a job, I have a career. I love the fact that through hard work, I can help people make lasting change.

– Aboriginal AOD worker

When I called, they answered their phones, and I never got met with any walls. Because I was so willing to do something about my problem, they were always there.

– Service user

I just loved working with people that were seeking recovery. It was something that I wasn't expecting to really enjoy. But it's ended up being something that I've stepped in and out of working in drugs and alcohol. I seem to always come back to working in this field. It is because I love doing it.

– AOD worker

We see people arrive with nothing except a really huge drug addiction. Then they leave our program with hope and with purpose and connection. Generally, they leave with a job or they're enrolled in school. They have networks of people that are also in recovery and just general networks. Ultimately, we just hope that they thrive.

– AOD worker

The need for change

Significant factors in Victoria, Australia and internationally are driving the need for workforce change (Figure 1). We are seeing shifts in people's needs and expectations, evolutions in technology and changes to our service delivery models. Government and services are reforming to better support families and address gender inequality, the health inequalities too many Victorians face, and the increasing prevalence of a range of comorbidities. The department is working across agencies and disciplines to deliver a holistic response.

Figure 1: Societal drivers for change

People's changing needs and expectations

Service and care models are responding to changes such as preventable chronic disease, complex mental health needs, service fragmentation, family violence, demographic change, an ageing population, and more informed and assertive users. People are also seeking culturally appropriate services and care where they need it and in line with their wishes and expectations.

Technology and innovation

Service users and practitioners are increasingly using information and technology to improve health and wellbeing, care and management. Information is increasing in volume and becoming digitised and shared. Innovation is putting advanced technology into practice. Biotechnology will transform how health care is personalised and delivered.

Political, economic, regulatory and industrial factors

Key environmental factors driving workforce decisions include budgetary considerations, public safety considerations, new service and funding models, contemporary regulation policy and industrial arrangements.

Workforce expectations and engagement

Workers are looking for greater flexibility, mobility and choice, highlighting the importance of worker engagement. Employers need to match skill sets, interests, lifestyle choices and work arrangements to their preferences. At the same time, health and social care are becoming more complex, driven by greater evidence and access to information, and the need for person-centred care and services.

Unequal outcomes

Determinants of health such as gender inequality, socioeconomic disadvantage and experiences of discrimination lead to differential health and wellbeing outcomes that are entrenched in certain population groups and locations. The most vulnerable people can suffer in systems that deliver barriers to, and variations in, care. Socially isolated and disadvantaged groups often experience low economic participation and can face discrimination in accessing services.

The strategy at a glance

The health and community services workforce is one of our largest and most important contributors to achieving the best health, wellbeing and safety for all Victorians. The Department of Health and Human Services recognises that to achieve its vision of the best health, wellbeing and safety for all Victorians so they can live a life they value, health and community services need workers with the appropriate attitudes, skills, knowledge and commitment.

Workforce is also a catalyst for reform. Workers are powerful contributors to the success of our health and community services system, and have the ability to drive, avoid or resist change. Workforce efforts therefore need to be cognisant of the culture, systems and practices within which workers operate.

To best direct workforce investments we need a comprehensive and inclusive approach to workforce planning, development and practice that involves workers, teams, experts, carers, service users, collaborators and leaders working in alignment. This requires us to strengthen the organisations, networks and settings in which the workforce operates.

Workforce outcomes that contribute to the department's strategic goals are shown in Figure 2. Delivering on our vision for a world-leading workforce that is well supported, collaborative and driven by achieving outcomes means improvements for all Victorians, for workers and for the system overall.

The department has adopted a strategic framework for workforce design and development to support this workforce vision and outcomes. It identifies six key result areas (KRAs), consistent with a thematic analysis of the societal drivers for change, consultation findings with the alcohol and other drugs (AOD) sector and the results of the AOD workforce survey results:

- KRA 1: Improve workforce availability
- KRA 2: Build workforce capabilities and quality
- KRA 3: Increase workforce diversity
- KRA 4: Improve worker health, wellbeing, safety and engagement
- KRA 5: Strengthen leadership and collaboration
- KRA 6: Deliver person-centred, integrated care.

Adopting this framework for workforce interventions in the AOD sector will allow us to share and leverage lessons learnt and successes from and with other sectors, and to grow worker pipelines and opportunities across the breadth of community service and relevant healthcare fields.

The primary focus of this strategy is building the capacity of AOD workers in state-funded services. To build their capability we must recognise the influence of related service systems, hence the holistic viewpoint adopted in this strategy. While other workforces may benefit from the strategies in this document, it has not been designed with these other workforces in mind.

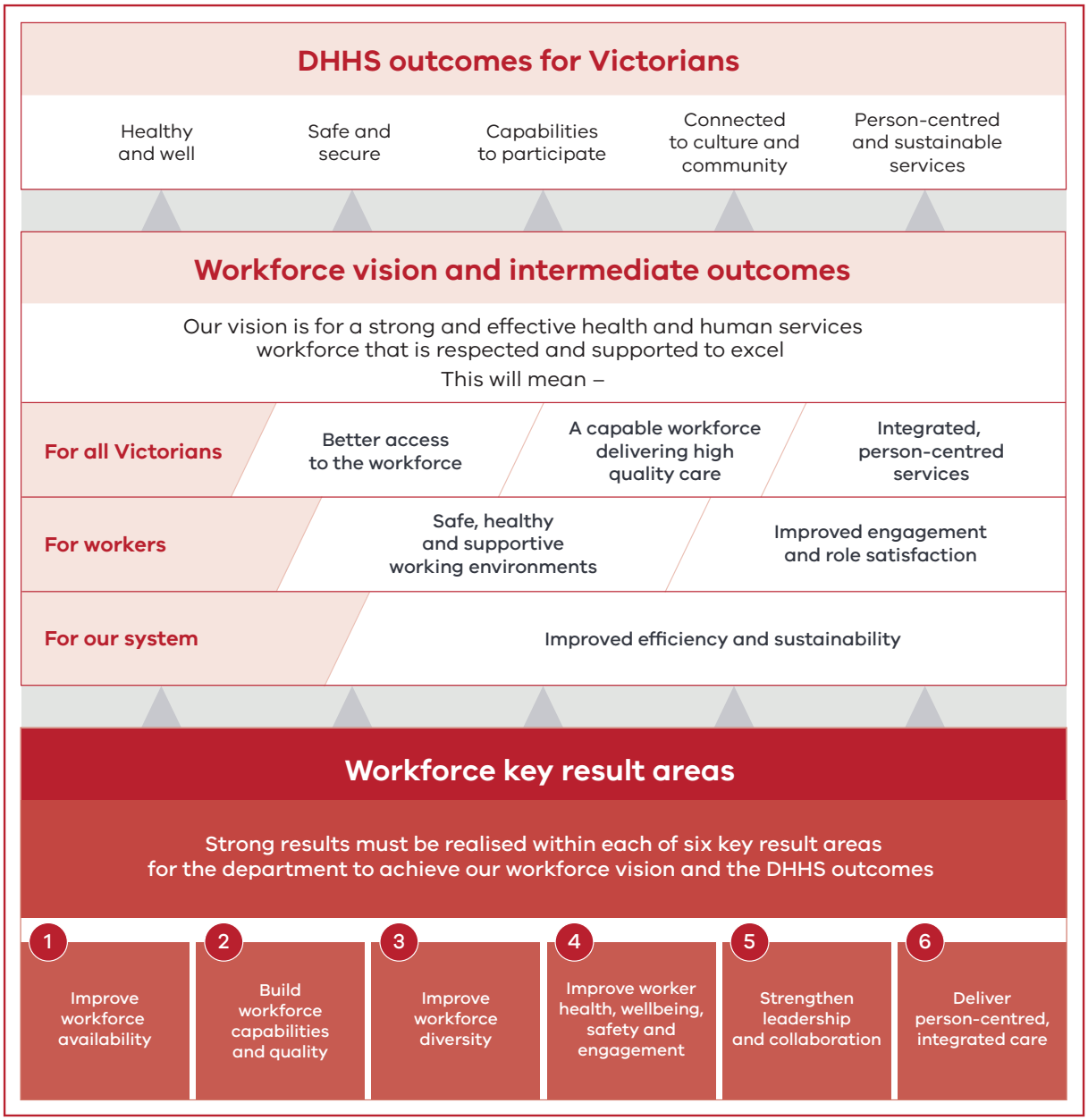
This strategy will deliver priority actions under each of the KRAs to deliver the necessary workforce change. The rationale for choosing these priority initiatives, and the nature, timing and way in which they will be delivered, are described in detail in the following sections.

This strategy will ensure minimum standards of practice are met across the entire workforce by rolling out targeted initiatives as an immediate priority. This strategy also incorporates more visionary objectives that will be met over a longer period of time and

with stronger engagement with the sector to meet our more aspirational expectations for alcohol and drug services.

Advances towards this workforce vision align with the department's five outcomes (see Figure 2).

Figure 2: Workforce action areas for the department



What we know about the AOD workforce

AOD workers are employed in a range of settings including residential rehabilitation, withdrawal and community programs. In addition to their AOD-specific education and training, they also come from numerous disciplines such as nursing, social work and psychology, and may develop specialisations over their career that allow them to work in addiction medicine or with specialist clients such as: forensic; youth; lesbian, gay, bisexual, trans and/or intersex (LGBTI); culturally and linguistically diverse (CALD); or Aboriginal clients.

The workforces in scope for this strategy are workers delivering direct client services as part of the AOD treatment sector across a broad range of roles and working in diverse settings. These workers come with valuable experience and skills from: their own lived experience, their broad educational foundation, and their professional foundation and specialist AOD skill sets.

This strategy also takes into account the interface between these AOD workers and the broader health system and community services and includes actions to improve the ability of AOD workers to navigate the system to achieve optimal outcomes for their clients.

Building the capacity of those workers whose primary work focus is on other issues but, nevertheless, play an important role in reducing AOD harm is critical for achieving a holistic service response. This workforce includes non-AOD specialist healthcare workers, such as general practitioners, paramedics and pharmacists, as well as people working in other sectors responding to AOD-related issues. While this strategy is primarily focused on building the capacity of workers delivering direct client services as part of the AOD treatment sector, it includes some actions associated with building the capacity of other workforces to respond to AOD-related harm in KRA 6: Deliver person-centred, integrated care.

Workforce snapshot

The AOD workforce in Victoria is made up of more than 1,500 people. The workforce:

- is predominantly female (73 per cent)
- has an age distribution in line with the broader community sector workforce (48 per cent are between 36 and 54 years old, with 22 per cent of the workforce aged 55 years or older)
- is diverse (24 per cent were born overseas and three per cent identify as Aboriginal and/or Torres Strait Islander)
- is located in metropolitan (69 per cent) and rural (27 per cent) catchment areas.

Pathways into the AOD workforce

Workers come into AOD work from a broad range of sectors. Before their current role, 46 per cent of workers were from another AOD role, 45 per cent were from another sector and nine per cent were from student placements (see Figure 3).

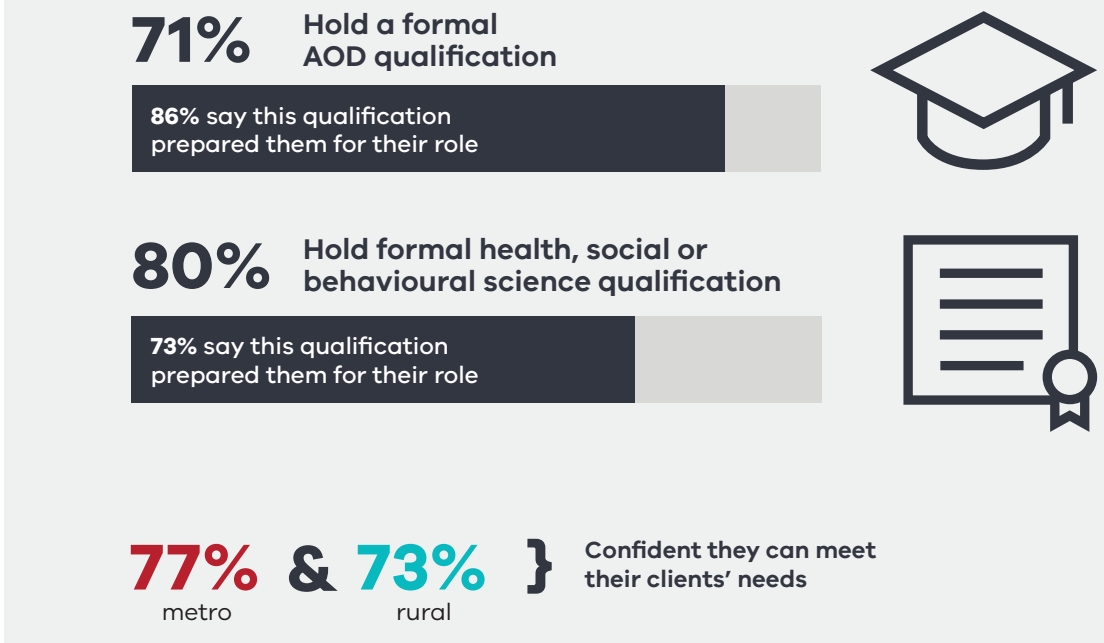
Role security and educational qualifications

Sixty-six per cent of AOD workers have permanent positions. However, the rural workforce is less secure (both full-time and part-time), with 63 per cent of rural workers in permanent positions compared with 72 per cent of metropolitan workers.

Eighteen per cent of workers hold some other paid role (27 per cent for those with one year or less of AOD experience). Almost all of these other roles are in related sectors (only four per cent are in an unrelated sector).

Figure 3: Student inflows and new entrants into the AOD workforce

Figure 4: Qualification and confidence of the AOD workforce



Seventy-one per cent of workers hold a formal AOD qualification and 81 per cent of workers hold a formal health, social or behavioural science qualification. This positions them well to meet, and in many cases exceed, the Minimum Qualification Strategy (MQS).

The MQS requires new workers entering the sector without relevant qualifications to obtain a specialist qualification in AOD or addiction at the Certificate IV level or higher to be eligible to work in an AOD service funded by the department.

New workers entering the sector who have a health, social or behavioural science tertiary qualification are required to undertake four core induction competencies or complete a specialist qualification in AOD or addiction at the Certificate IV level or higher.

Metropolitan workers are slightly more confident they can meet their clients' needs than rural workers (Figure 4).

On-the-job experience

Workers see on-the-job experience as critical. The metropolitan workforce is slightly more experienced than the rural workforce, with 83 per cent of the metropolitan workforce having more than three years' experience compared with 80 per cent of the rural workforce.

Training and supervision

The most sought-after training topic for managers in the AOD sector is managing change followed by dealing with family violence and working with trauma, as detailed in Figure 5.

Eighty-eight per cent of workers access clinical supervision and 58 per cent say it meets their needs. Forty-four per cent of workers provide supervision and 25 per cent of workers seek training in how to deliver supervision.

Worker satisfaction and future intentions

Overall, despite the significant challenges the AOD workforce is currently facing (detailed in the following sections), the 2016 workforce survey results indicate that workers are engaged with and committed to their work. Seventy-nine per cent of metropolitan AOD workers and 70 per cent of rural AOD workers reported feeling satisfied or very satisfied with their work, as shown in Figure 6. Most AOD workers intend to seek advancement in the AOD sector or stay in the same role in the short term (70 per cent overall), while a small number intend to leave the sector or reduce their hours (17 per cent overall).

Figure 5: Supporting the AOD workforce

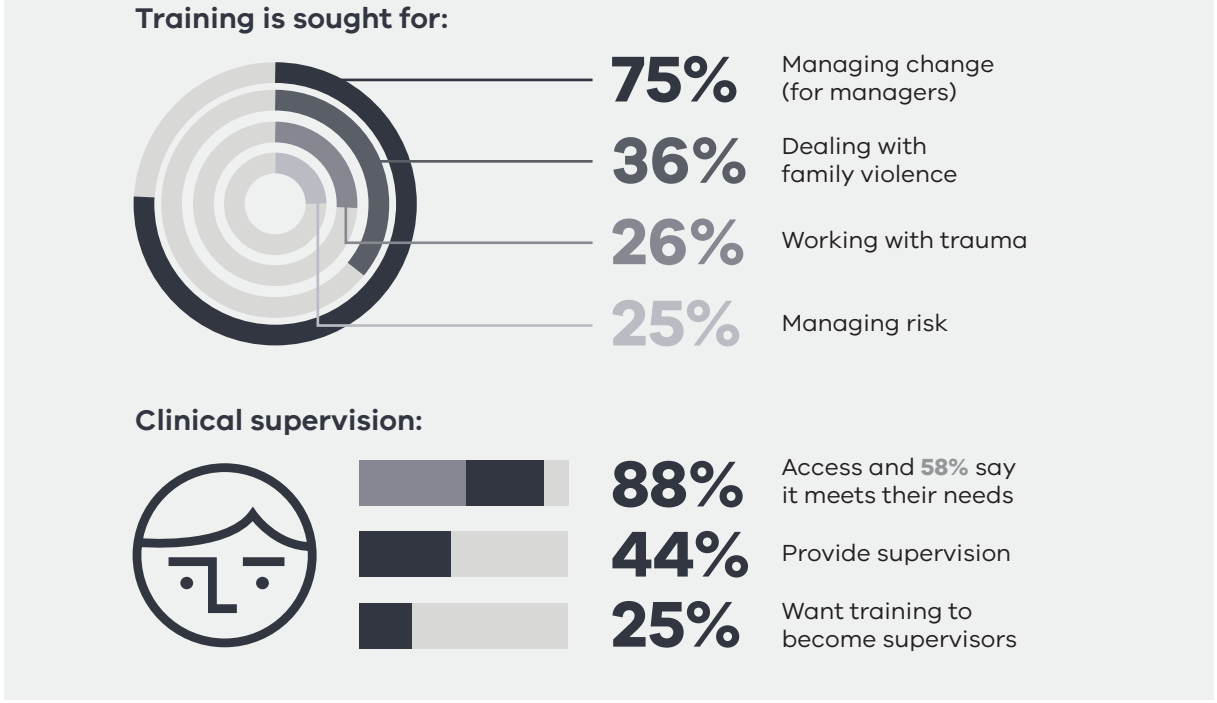
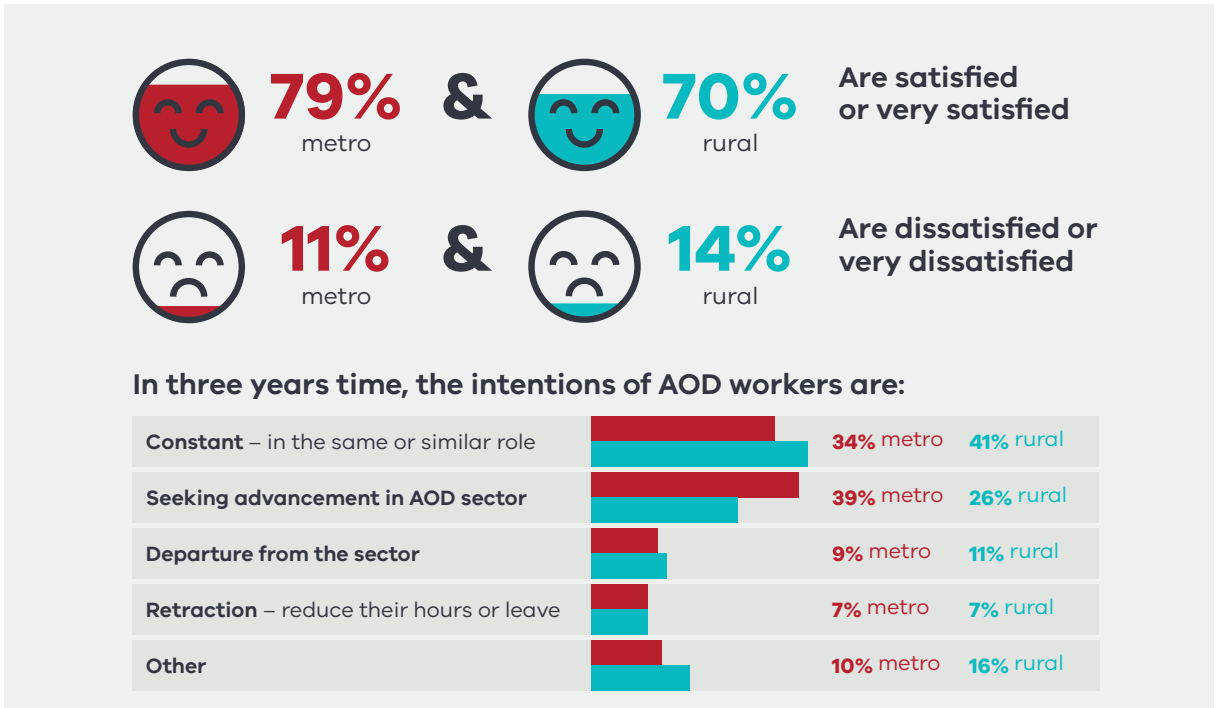


Figure 6: Satisfaction and future intention of the AOD workforce



Reforms and new investments in the AOD sector

The Victorian Government is implementing wide-ranging reforms across the AOD sector including:

- an investment of more than $180 million to reduce the availability of and harm caused by ice and other drugs as part of the *Ice Action Plan*
- the new *Drug Rehabilitation Plan,* which builds on the *Ice Action Plan,* with a further $87 million invested to help save Victorian lives
- doubling Victoria's residential rehabilitation capacity, as new beds become operational and new facilities are built in the Grampians, Hume, Barwon and Gippsland regions
- establishment of new therapeutic day rehabilitation services, providing up to 500 additional places in treatment each year
- trialling a new 28-day withdrawal and rehabilitation model to provide a more clinically intense and integrated treatment model that will help stabilise complex clients and reduce rates of re-presentation to hospital
- expanding residential withdrawal services, with an additional 10 beds funded in rural locations (Mildura, Traralgon, Shepparton and Sale)
- expanding community treatment services so that more people across the state can get critical services like drug counselling
- expanding drug harm-reduction activities through the trial of a medically supervised injecting room in North Richmond, more funding for needle and syringe support services, establishing a peer-led network, initiatives to expand access to naloxone, a new post-overdose response initiative and expanded overdose prevention education
- delivering more services for youth, mothers and babies, opening Victoria's first dedicated mother and baby withdrawal unit and rolling out an additional $1.8 million in annual funding for youth-specific services
- significantly expanding the Aboriginal AOD workforce, with additional Aboriginal AOD positions to improve outcomes for Aboriginal people affected by alcohol and/or other drugs
- establishing a network of new family violence specialist advisors in AOD services across the state to build a responsive service system.

At the same time, the government is working to improve the safety, health and wellbeing of AOD workers, including from occupational violence and aggression, and to ensure the workforce represents the diversity of the Victorian community to provide appropriate care.

These reforms and drivers for change include new directions in care and service delivery that require a coordinated and innovative workforce response.

KRA 1: Improve workforce availability

VISION: Workforce planning, attraction, retention, utilisation and growth strategies deliver a workforce that meets community, service and worker needs and outcomes now and into the future.

Workforce data, planning and strategic foresight are critical to ensuring targeted workforce attraction, recruitment and utilisation, better supply pipelines, and greater planning and innovation capability in agencies and local systems to drive efficiency, effectiveness and sustainability. This will ensure the workforce, carers and providers are available when and where they are needed.

CHALLENGES

In response to rising service demands, new investment in the AOD sector will ensure Victorians receive specialised support from a high-calibre workforce. The 2018–19 State Budget invested a record $259.9 million in AOD treatment services. The 2017–18 State Budget also delivered a significant funding boost for harm reduction, support and drug treatment services to help people overcome substance misuse issues. More than 150 new AOD workers will be recruited to the sector over the next 12 months.

To meet demand, AOD services need to operate at capacity by filling positions with skilled, committed workers. Following the recommissioning of AOD adult non-residential services in 2014, vacancies and recruitment challenges have impeded the ability of services to meet service targets.

Current data[1] indicates lags in filling vacant positions and a system-wide inability to attract, recruit and retain workers. Agencies report that it is challenging to attract AOD workers, particularly in regional and rural areas. Agencies also report difficulties in recruiting to particular roles, including nurse practitioner, Aboriginal AOD worker and team leader positions.

A range of strategies are needed to build interest in a career in the sector and to support potential recruits to acquire specialist knowledge and skills. We need to continue efforts to educate and attract potential recruits, destigmatise working in the AOD sector and create career pathways.

PRIORITY ACTIONS

Attraction and recruitment

Attracting talented staff is important for providing clients with quality treatment and growing and maintaining a sustainable workforce. Understanding who may be interested in an AOD career is critical for a targeted approach to build the AOD workforce. The AOD sector's strengths need to be presented as a desirable career avenue to attract new workers, retain existing workers and encourage people who have worked in the sector previously to return. Initiatives to support workforce attraction and recruitment include the following.

Attraction campaign

An attraction campaign will be developed to encourage people to consider a career in the AOD sector. The campaign will aim to reduce negative perceptions of working in AOD and raise awareness of the diversity of career opportunities and pathways.

1 Data from the 2016 AOD Workforce Survey indicates that around 30 per cent of all agencies take more than three months to fill vacancies.

Sector-wide online jobs board

VAADA will be supported to upscale its online jobs board. This will help services find the staff they need to fill vacancies and retain skilled staff within the sector. The jobs board will include functionality to search across geographical regions and settings and incorporate search engine optimisation to attract job seekers.

Attracting workers from other settings and sectors

The department's MQS recognises that workers with tertiary qualifications in health, social or behavioural science have a strong foundation for building effective AOD practice by attaining four core units of competency in AOD. Targeting workers with these qualifications expands the recruitment pool and brings critical skills into AOD practice in relation to known co-occurring issues related to mental health, family violence, problem gambling and disability.

Streamlining the education pipeline to meet AOD sector needs

The department will work closely with the education sector to meet industry requirements in terms of workforce supply and specialist skill sets. Workers will be encouraged to access SkillsFirst subsidies for accredited AOD studies.

Pathways into AOD work

Stimulating interest for people to engage with specialist AOD education and training puts more people on the pathway to AOD jobs and careers. Working closely with the education sector can improve these opportunities. Initiatives to support pathways into AOD work include the following.

Student placement support

A new, centralised student placement program will orient students to the AOD sector by supporting them to undertake observational visits to different AOD services. New student placement coordinators will also create links between education providers and AOD services to increase capacity for agencies to identify and accept students in relevant courses to undertake placements.

This initiative will facilitate coordinated entry to the AOD sector for students from multiple pathway origins. Exposure to a variety of AOD settings will allow students to make informed decisions about their careers. Support and advice from dedicated and experienced supervisors will give new entrants the best chance of succeeding in a challenging work environment.

Alcohol and drug studies for nurses

To grow the AOD nursing workforce and ensure it is equipped with the right support to provide the best treatment and care, an additional $450,000 is being invested in an extra 20 scholarships towards the Graduate Certificate in Addictive Behaviours and face-to-face training sessions across rural and metropolitan Victoria, specifically catering to AOD nurses and nurses and midwives in non-AOD-specific roles. In addition to this, four open days will be held across Victoria in both residential and non-residential services to provide nurses and midwives working in other sectors insight into the nature of AOD work.

Building specialist career pathways

In addition to opportunities for clinical advancement into senior roles, career opportunities for specific workforce groups need to be supported. Priority groups include nurses, dual diagnosis workers, addiction medicine specialists, peer workers and Aboriginal AOD workers.

Nurses play a vital role in assisting people undergoing drug rehabilitation. They monitor their progress and help them adjust to life without substances misuse. Nurse practitioners have demonstrated value in withdrawal services, undertaking assessments and making physical health interventions prior to seeing a prescriber. Employing more nurse practitioners is appealing for many agencies, particularly where there is limited access to general practitioners. New models of care may be needed to better utilise the skill set and scope of practice offered by nurse practitioners.

Addiction medicine specialists provide comprehensive care for people with a wide range of substance misuse issues. Addiction medicine physicians work collaboratively with multidisciplinary teams of clinicians to improve health outcomes for people experiencing substance-related harm. Victoria currently has limited addiction medicine specialists in dedicated roles. Succession planning is critical to ensure the small number of existing addiction medicine specialist positions is retained.

Priority initiatives to support specialist career pathways and opportunities include the following.

Expanding the addiction medicine workforce

The department is undertaking an analysis of the existing addiction medicine workforce. The AOD Sector Reference Group will analyse and further explore the findings of this work.

Recruiting more nurse practitioners

The department will promote the existing nurse practitioner scholarship program to AOD nurses. In recognition of the expansion of dual diagnosis, this workforce strategy will also aim to increase the number of nurse practitioners in the sector, particularly in withdrawal services.

Exploring new workforce models

The department will explore a structured approach to utilising advanced practitioners. This initiative will deliver more recognition and reward for people who have worked in the sector for relatively long periods and have developed strong knowledge and skills. Less experienced staff can benefit from the practice wisdom of these advanced practitioners.

Client demand and presenting issues need to inform and drive the quantum of workers in each layer of a tiered workforce model. This then drives what capability, supervision structures and ratios are required. An agreed career structure needs to be underpinned by the funding model.

Consideration will be given to structures that support sharing resources for supervision, peer-to-peer professional development and support, specialist responses and clinical educators.

KRA 2: Build workforce capabilities and quality

VISION: Workforce capabilities meet service needs and contribute to improved health, wellbeing and safety outcomes for all Victorians.

Supporting the development of capabilities in the workforce, and among service users and their support network, is key to improving the health, wellbeing and safety of Victorians. This will ensure appropriate expertise is available so prevention, early intervention, service coordination and navigation efforts are successful in limiting the need for more intensive interventions, and so specialist and advanced capabilities are accessible where and when they are required. Making the best use of the skills across the health and community services workforce through improved working arrangements and role redesign will improve workforce utilisation.

CHALLENGES

A capable AOD workforce is one that provides quality treatment and meets the needs of those seeking help. Workers need to respond to unique requirements of different communities. A priority area for this strategy is to build the capability of the AOD workforce to better respond to LGBTI, Aboriginal and young people.

A range of policy and service delivery reforms are occurring across sectors that directly or indirectly affect AOD service delivery. Workforce development in AOD needs to support these reforms so the specific needs of particular groups in the community are met and so legislative frameworks are implemented.

The actions outlined in this strategy will support AOD workers to better respond to forensic clients and people with co-occurring conditions (such as mental health issues) or family violence issues that are identified or disclosed.

Ensuring that all AOD workers have appropriate knowledge and skills to deliver high-quality services provides a solid foundation for building more advanced practice. The core skills for effective AOD practice can be built through pre-vocational qualifications, post-vocational accredited training and good induction and professional development opportunities.

Recruitment needs to be coupled with accelerated learning programs so employers can grow their workforce 'on the job'. Consistent with this priority, activity needs to focus on rebuilding clinical leadership and advanced practice to provide supervision, support and mentoring to workers who need to rapidly acquire and apply a specialist AOD skill set in practice.

Across the board, the capability of new workers, existing workers, senior clinicians and managers needs to be increased, especially in areas of trauma-informed and family-inclusive practice, personalised and responsive care, and cultural safety. A well-developed understanding of the drivers and triggers of substance misuse and the necessary evidence-based treatment options is needed to deliver the best service outcomes.

Agencies report a lack of specialist knowledge, skills and experience across the AOD workforce to meet demand and address complex needs.

PRIORITY ACTIONS

Minimum qualifications

The minimum educational requirements for AOD practice are currently outlined in the department's MQS. The MQS requires new workers entering the sector without relevant qualifications to obtain a specialist qualification in AOD or addiction at the Certificate IV level or higher to be eligible to work in an AOD service funded by the department.

New workers entering the sector who have a health, social or behavioural science tertiary qualification are required to undertake four core induction competencies or complete a specialist qualification in AOD or addiction at the Certificate IV level or higher.

More work is needed to maintain high levels of compliance with the MQS.

Apart from Certificate IV accredited units of training, depending on the previous qualifications of new entrants, the Graduate Certificate of Addictive Behaviours is also considered an appropriate and desirable qualification for meeting MQS requirements.

Competency development for workers already in the AOD sector who have a base-level qualification but no formal AOD or addiction qualifications is also needed. People interested in working in the sector with no previous experience or qualifications also need to be identified and supported to achieve base-level training required for work readiness. The attraction and recruitment campaign will ensure these people are identified and provided with the right information to navigate entry.

The MQS needs to be understood as a starting point rather than an end point for AOD core capabilities. Providing ongoing professional development that supports evidence-based, complex service responses needs to be offered to all staff during the course of their career. Initiatives to support and raise the level of worker compliance with the MQS include the following.

Clear advice on the requirements of the MQS

The department will provide clear advice regarding when and how agencies can employ new workers consistent with the MQS. This advice will clearly outline the various pathways to MQS compliance and the variety of organisational and worker supports available.

Uplift to meet the MQS

VAADA will manage an online training hub to coordinate and promote access to the funded accredited AOD training options. Specialist AOD training providers will be funded to work collaboratively to offer a Certificate IV in Alcohol and Other Drugs and the AOD skill set so that new and existing workers can access free, high-quality, accredited training and meet the MQS.

Training in priority areas

The work of AOD services can be complex. Changing patterns in drug use, system reforms and changing legislation continually reshape service delivery. This strategy will ensure that new recruits and staff are provided with high-quality training and development opportunities.

Building on the foundations established in the MQS, ongoing professional development is essential for building specialist skills that strengthen service outcomes. This is typically non-accredited training that focuses on specific interventions and modalities (such as cognitive behaviour therapy, motivational interviewing and group work), working with particular populations and client cohorts at an advanced level (particularly forensic,

diversity and dual diagnosis) or skills relating to particular program types or settings (including intake and assessment, care and recovery coordination and residential rehabilitation).

In Victoria, as in other parts of the world, mental health and AOD services are working with increasing numbers of people who are experiencing both mental health and drug and alcohol problems and disorders. The co-occurrence of these problems and disorders (referred to as 'dual diagnosis' in some instances) adds complexity to assessment, diagnosis, treatment and recovery. Workforce development activities designed to build the competency, capacity and orientation of the workforce to effectively respond to dual diagnosis remains a priority activity.

The 2016 AOD Workforce Survey indicated that 67 per cent of people surveyed had completed training in specific interventions such as cognitive behaviour therapy and motivational interviewing, and 61 per cent had training in managing risky behaviours (Table 1).

Initiatives to support training in priority areas include the following.

Advanced practice series

A series of short courses will be delivered for people new to the sector who have relevant undergraduate degrees (for example, in psychology, social work or nursing) but may require some non-assessed professional development to begin work in the AOD sector. These courses will include: intake and assessment; understanding and managing co-occurring disorders; counselling skills; group skills for AOD workers; and working from a recovery-oriented perspective. These workshops are not linked to accredited courses but provide an opportunity for current workers in the AOD sector to either learn new skills or to consolidate/update existing skills in these areas. Workers will be able to choose whether to attend one or more of these workshops depending on their professional development needs.

Table 1: Training completed by workers

Training completed by workers	Percentage
Specific interventions or therapies (for example, cognitive behaviour therapy, motivational interviewing, brief interventions)	67%
Managing risky behaviours (for example, aggression)	61%
Responding to multiple and complex needs (for example, dual diagnosis, trauma)	60%
Working with specific population groups (for example, Aboriginal and Torres Strait Islander, LGBTI, CALD populations)	55%
Working with multidisciplinary teams	33%
Clinical supervision	32%
Leadership and management (for example, staff performance, team leadership, peer workforce support)	31%
Administration (for example, developing policies, risk assessments and work manuals)	28%
Building and maintaining service partnerships	28%

Better responses to young people

The correlation between youth substance misuse and psychological, social, educational, legal, housing and mental health programs is very high. Young people who misuse substances have often experienced neglect, emotional or sexual abuse, family conflict and housing instability (see *The Victorian youth alcohol and other drug service system: a vision realised* <http://www.ysas.org.au/node/685>). The reasons for youth substance misuse are complex and the ways in which young people respond to various treatment modalities differs from the adult population given they are in the developmental phases of life. Further building an appropriately skilled youth AOD workforce that is equipped to not only address the needs of the young person, but take a holistic view and focus on the family and broader social context, will be a priority area of this workforce strategy.

The department will operationalise a youth-specific AOD framework that will involve piloting a training program for future accreditation.

LGBTI capacity-building program

The rates of illicit drug use and alcohol misuse are higher in the LGBTI community, and members of this community are less likely to seek treatment.[2] Building the capacity of the AOD workforce to support LGBTI people will be a key focus area of this strategy.

Thorne Harbour Health will work with Victorian AOD and allied organisations to identify training needs using the *Rainbow eQuality guide*. Thorne Harbour Health will:

- provide secondary consultations to organisations and service providers
- examine models for delivering training to LGBTI organisations regarding AOD and dual diagnosis client presentations
- develop and implement a range of early intervention tools and resources for LGBTI people and people living with HIV/AIDS who are at risk of developing substance misuse issues.

Up to 500 people will be trained over a two-year program.

Implementation of the AOD worker capability framework

The *AOD worker capability framework* was developed in 2015 and has been implemented in youth AOD services through the Youth AOD Learning Hub. The *AOD workforce capability framework* has proven to be a key resource for organisations to use when identifying capability requirements of their workers and developing key training, learning and development activities to achieve these capabilities.

Further implementation of the *AOD workforce capability framework* across the AOD sector will build the foundational capabilities of individuals, teams and organisations to deliver recovery-oriented, trauma-informed and culturally safe care to clients. Initiatives include the following.

Expansion of the Youth AOD Learning Hub to promote the *AOD worker capability framework*

Although designed for youth AOD workers, the content of the Youth AOD Learning Hub embodies the essential capabilities identified in the *AOD worker capability framework* and has broader applicability. Promoting it to adult services will allow access to high-quality online learning for those workforces too.

Further work will be done to refine and release the *AOD worker capability framework,* consistent with the lessons learnt from the implementation phase. The final framework will include a range of tools and resources to support implementation in different settings.

2 Department of Health 2014, *Victoria's lesbian, gay, bisexual, transgender and intersex (LGBTI) health and wellbeing action plan 2014–18,* State Government of Victoria, Melbourne

Using the latest technology – social learning platforms

Optimising the Youth AOD Learning Hub with the latest social learning technology will be a priority initiative. The department will explore options to implement creative solutions to accessibility issues such as social learning platforms. Such a platform would be designed to be engaging and interactive so that workers (particularly those who are living in regional areas or who are time-poor) can easily access high-quality information to assist with their practice.

Upskilling the AOD workforce to respond to forensic clients

Clients are considered 'forensic' if they enter the AOD treatment system via the justice system. While up to 40 per cent of AOD demand involves forensic clients, the AOD Worker Survey indicated that only 25 per cent of the workforce is accredited by the department to work with forensic clients.

There is a clear need to upskill the existing workforce to work with forensic clients, as well as a need to develop systems and professional development pathways to ensure that the minimum qualification requirements appropriately reflect the increasing complexity of this work.

Areas of focus include developing group facilitation work skills and building general capability for working with forensic clients across the health and justice systems. Specialist training to deliver new forensic AOD programs will be required, as will systems to provide on-the-ground training to less experienced staff to shadow experienced forensic clinicians.

Initiatives to support the ability of the workforce to respond to forensic clients include the following.

Expanding capability to respond to forensic clients

The Department of Health and Human Services and the Department of Justice and Regulation are designing and implementing a range of workforce actions to improve forensic responses. These will include:

- building the capability of the forensic AOD workforce to work with community correctional services (CCS) by delivering training and embedding a shared model of case management between the AOD and CCS workforces
- a foundational online training package will be made available for the AOD workforce to increase understanding of the Victorian forensic AOD service system
- specialist forensic training for AOD providers commissioned to deliver new forensic AOD treatment interventions as part of the Forensic AOD Service Delivery Model.

AOD forensic unit of competency

The department will partner with relevant organisations to explore the merits of developing an accredited training unit in AOD forensic practice. Forensic capability is increasingly considered a core capability for AOD services and will be considered for inclusion in the MQS to incentivise workers to complete the unit.

Organisational supports

In partnership with the Department of Justice and Regulation and the sector, the department will develop a response to the recommendations of the recent forensic AOD job analysis project, including reviewing the current Forensic Accreditation Program and a learning and development program that builds capability of AOD workers to respond to forensic clients. Practical tools, such as capability checklists, will be developed to support agencies to build the capability of their workforce.

Enhanced ability to respond to family violence

The AOD Worker Survey identified that training in family violence is the highest priority for workers. This confirms the finding of the Royal Commission into Family Violence (RCFV) that staff in universal systems (such as health services and schools) are not adequately skilled, equipped or supported to recognise family violence and do not know how to respond when it is disclosed or identified. The RCFV also found there is not enough effort to prevent family violence or to intervene at the earliest opportunity. The Victorian Government is committed to implementing all of the RCFV recommendations, including those that address the lack of targeted and mainstream responses to meet the intersectional needs of diverse communities. Improving this capacity in AOD services is a priority activity and includes the following.

Family violence

A coordinated approach will ensure that developing family violence workforce initiatives will best support the workforce to identify and respond to family violence. These initiatives include:

- establishing new specialist family advisor positions located in family violence services to support improved responses to family violence in AOD settings
- training to implement a revised *Family violence risk assessment and risk management framework* that sets minimum standards for screening, risk assessment, risk management, information sharing and referral processes
- implementation of Family Safety Victoria's *Responding to family violence capability framework* in all AOD services.

Trauma informed

The impact of traumatic experiences on people who access health and human services can be profound and can vary considerably from person to person. Service delivery will be provided in a way that is informed by the impact of trauma on the lives of people requiring mental health treatment and care. This will include:

- providing new and more learning and development in priority areas of need including responding to trauma, family-inclusive practice, forensic issues, dual diagnosis, cultural safety and gender sensitivity and safety.

KRA 3: Increase workforce diversity

VISION: The workforce reflects the diversity of the community and works in culturally safe and supportive environments to deliver services and care that communities need and prefer.

Supporting, encouraging and respecting diversity in the health and community services workforce will better serve all members of our community and service system and contribute to improved outcomes for Victorians. Building training and career pathways into employment for diverse members of the community will also support a fairer and more inclusive society.

CHALLENGES

Responding to diversity requires a workforce that reflects the community. Attracting the skills and experience of people from a range of backgrounds into the AOD workforce promotes an inclusive workplace culture. People from Aboriginal and CALD backgrounds, the LGBTI community, and people with disabilities are traditionally under-represented in the health and community services workforce.

The department will work with agencies representing service users to determine what communities need and prefer, and co-design workforce development strategies accordingly.

PRIORITY ACTIONS

CALD and refugee workforce

There is evidence to suggest CALD populations are less likely than other community groups to access AOD treatment services. This may be due to a lack of awareness of services, language barriers or lack of trust of services[3]. One of the most effective ways to provide culturally safe services is to build a workforce comprising those population groups most represented in the service access data.

The attraction and recruitment campaign to be developed will be broad reaching and encourage people from all cultural and ethnic backgrounds to consider a career in AOD services.

Advice will be sought from appropriate CALD and refugee representative groups to ensure workforce development initiatives are informed and guided by experts with lived experience. In particular, advice will be sought on how to ensure the AOD treatment sector is operating in a way that is trauma-informed and client centred. Best practice approaches, such as understanding each client's cultural background, migration and settlement experiences, will be explored and considered by these groups.

3 Intergovernmental Committee on Drugs 2015, *National Alcohol and other Drug Workforce Development Strategy 2015–2018,* Department of Health, Canberra

Aboriginal workforce

The immediate priority is to increase the number of Aboriginal workers in the sector in recognition that Aboriginal Victorians are more likely to experience substance-related issues than other Victorians. The reasons for substance use are largely associated with economic marginalisation, discrimination, cultural dispossession, family conflict/violence and a family history of alcohol misuse.[4] This is why holistic, trauma-informed interventions, interlinking all sectors, must be supported.

AOD issues can arise in many different settings and with people of any age. Aboriginal AOD workers work face to face with clients, and with communities to prevent alcohol, drug and other problems from occurring in the first place. Expanding and supporting the Aboriginal workforce to meet these community needs and to create cultural safety in mainstream services is a priority. Initiatives to support the Aboriginal AOD workforce include the following.

Support for the Aboriginal workforce

Significant expansion of the Aboriginal AOD workforce will occur over the next three years to provide additional specialist counselling and treatment for Aboriginal Victorians facing alcohol and other substance misuse issues.

The Victorian Aboriginal and Community Controlled Health Organisation (VACCHO) will continue to hold two seminars per year for the Aboriginal AOD workforce to allow peer connections, and a funded workforce project officer will implement the outcomes of the recent Aboriginal workforce study.

Expanding the capability of mainstream services to deliver culturally safe practice

AOD workers employed in mainstream services will be provided with training to improve their appreciation of the social and cultural implications of substance use, and their ability to more effectively support these clients in accessing appropriate supports. All training, whether it be Aboriginal-specific or not, will be delivered in a culturally safe way.

Facilitate a more diverse workforce via an attraction campaign

The workforce attraction campaign will help recruit a more diverse workforce by delivering targeted messages to certain population groups, particularly those from the CALD, LGBTI and Aboriginal communities.

In line with the principles of self-determination, the department will support a dedicated project officer at the Victorian Aboriginal Community Controlled Health Organisation to develop the capacity and capability of the Aboriginal AOD workforce.

Additionally, a range of initiatives, including setting up an Aboriginal-specific community of practice, are described under KRA 4: Improve worker health, wellbeing, safety and engagement.

4 Australian Institute of Health and Welfare 2011, *Substance use among Aboriginal and Torres Strait Islander people,* AIHW, Canberra

KRA 4: Improve worker health, wellbeing, safety and engagement

VISION: Worker safety, health and wellbeing are supported within the system, and the workforce is engaged and working to its full potential to improve outcomes for people.

Engaging the health and community services workforce to realise its potential and strengthen care and service delivery will contribute to better outcomes for all Victorians. This can only be achieved if organisations and support agencies have a commitment to improving worker health, safety and wellbeing by promoting and supporting a safe working environment, and an organisational culture and processes where staff are positively engaged and any risks and issues are addressed promptly and effectively.

CHALLENGES

AOD workers need more access to accessible and engaging training, as well as support to attend this training while managing ongoing caseloads. Underpinning the learning and development needs of the AOD workforce is the need to provide capability and skills development in an innovative, engaging and accessible way that utilises technology and innovation to disseminate and reinforce practice improvement. Existing approaches to learning and development can be difficult for workers to manage alongside their caseloads. Rural and regional AOD workers face particular difficulties in accessing training. Finding innovative ways to make learning accessible and engaging for this workforce is paramount.

Articulating and addressing the variation of supervision needs across workforce streams is needed in recognition of the vastly different settings and treatment approaches of certain workforces such as forensic, Aboriginal and peer workers. Setting standards for supervision practice and more clearly articulating expectations for accessing supervision would help workers get the support they need.

In recent reports, 10 per cent of staff did not have any access to clinical supervision and almost 25 per cent of AOD workers who received clinical supervision felt that it did not meet their needs. Qualitative and anecdotal evidence suggests that clinical supervision is often difficult to access despite being available. Providing targeted training in supervision will increase the number of senior workers who are capable of providing formal clinical supervision to new and existing workers.

PRIORITY ACTIONS

Accessible and engaging training

Available and accessible formal and informal training will be provided for AOD workers and managers to improve their skills, competencies and capability. The AOD Workforce Survey indicates that most agencies (92 per cent) had delivered training to their staff in the 12 months to June 2016; 64 per cent had delivered training to more than 50 per cent of their staff in the 12-month period.

Providing training through innovative learning systems that are flexible and modular and allow workers to actively participate in training through the use of smartphones and tablets will ensure that training is delivered at a time and place that is convenient to the worker.

Access to training and connecting to practice leaders and peers for rural workers is constrained by service delivery demands, distance and limited local training opportunities. Using online technology to provide webinars and teleconferencing in clinical case studies and discussions will ensure that AOD workers in rural and regional areas are able to receive supervision and practice support. Initiatives to support available and accessible training include the following.

Training coordination group

There is an identified lack of coordination when it comes to AOD education and training. A training coordination group led by VAADA will use sector intelligence, including workforce data, to identify training needs and develop a coordinated program of activities that includes both accredited training and professional development. It will also identify where the need is greatest and ensure workers and agencies are supported to access development opportunities.

Webinars in supervision to regional areas

In recognition of the importance of supervision to worker safety, morale and confidence, the department will engage a service provider to deliver a monthly webinar series on supervision to reach regional areas.

Support healthier, safe workplaces

AOD workers will be provided with the knowledge and skills that will enable them to respond effectively to people who are affected by ice in ways that enable them to stay safe and protect themselves, their fellow workers and the broader community.

Responding to people affected by crystal methamphetamine ('ice')

Recognising the risk to workers from occupational violence and aggression, half-day face-to-face ice training will continue to be rolled out across the state. AOD workers can access this training on how to appropriately and effectively respond to people affected by ice from 360Edge and the Australian Nursing and Midwifery Federation until June 2020.

Building organisational capacity

The frontline worker training package includes a program aimed at building organisational capacity to offer clinical supervision and practice support to frontline workers. This takes into consideration the specific needs of the different services, workforces and settings in which they operate. The focus is on developing models that are flexible and can be adapted to maximise access and effectiveness. Organisations and employers can use information in the online training package and the face-to-face training to develop and implement standard best-practice organisational policies and practice guidelines on how to respond to ice-affected clients. Implementing standard and agreed approaches provides greater certainty for frontline workers.

Tailored supervision programs

To work to their full potential, the workforce needs supportive organisational and service delivery environments. Supervision is a critical support for the workforce in building capability, in reflection and in preventing burnout. Whether these supports are provided in-house or externally, there is a need to support agencies to engage high-quality supervisors. Agencies also report that they are sometimes using line managers to provide clinical supervision due to resource issues. Initiatives to support the delivery of tailored supervision programs include the following.

Aboriginal-specific reflective practice

Under the *Ice Action Plan,* training in Aboriginal-specific reflective practice will be offered to people employed in community-controlled health organisations. VACCHO will continue to deliver a one-day program that aims to equip participants to develop knowledge, skills and confidence to participate effectively in a reflective peer group. The training will improve the health and wellbeing of the frontline workforce by providing them with an opportunity to receive supervision and other culturally appropriate forms of practice support that will improve knowledge transfer.

Aboriginal community of practice

In recognition of the value that senior Aboriginal clinicians bring to the sector, a new community of practice dedicated to senior Aboriginal clinicians will be established so they can regularly convene, share best practice and advocate.

Training in supervision

Free training in clinical supervision and other forms of practice support will continue to be offered to the AOD workforce across Victoria. In recognition of the importance of supervision to worker safety, morale and confidence, the department will also deliver a monthly webinar series on supervision to reach regional areas.

Tailored supervision for workers with forensic clients

Building the skills of senior staff to provide clinical supervision for AOD workers who work with forensic clients is also a high priority because only seven per cent of staff are currently accredited to provide forensic clinical supervision.

Supervision that attends to lived experience

Lived experience is a known pathway into AOD work, but some staff do not choose to disclose. Clinical supervision needs to be able to attend to this. Following exploration of supervision models and practices as part of the Self Help Addiction Resource Centre (SHARC) Peer Workforce Development Network, the department will identify opportunities to apply lessons to clinical supervision practices for AOD workers that are not in dedicated peer worker roles. This will require close collaboration across clinical supervisors of AOD workers.

KRA 5: Strengthen leadership and collaboration

VISION: Strong, collaborative and respectful leadership in and between sectors and services drives outcomes and accountability and reduces preventable harm.

Supporting leadership and collaboration to systemically drive reforms and improve practice will promote safety, wellbeing and productive engagement of service users and the workforce. Leaders and collaborators need the skills and attributes to facilitate collective engagement in system design and delivery, and to champion behaviour change.

CHALLENGES

Leadership in AOD service delivery needs to be strengthened in the areas of change management, service partnerships and leadership capability. Skills in this area are essential to support practice change, to provide support, education and supervision to less experienced staff, and to implement service reforms. This is critical for building minimum and advanced practices in AOD services during a period of rapid reform and sector growth. Both local and sector-level mechanisms are required to bolster existing capacity and to grow new capacity for this leadership cohort.

For the most part, the existing AOD workforce can be understood at two levels: entry-level workers and more experienced clinicians. A tier of workers with more than five years' experience and a highly developed specialist skill set is required for complex casework and to provide clinical supervision and mentoring to less experienced workers. Increasing the number of senior practitioner roles within the sector may provide more attractive career pathways while also supporting services to respond to people with multiple and complex needs.

Supporting staff by offering career pathways and opportunities for advancement is important for building and retaining the AOD workforce. The 2016 AOD Workforce Study indicated that 30 per cent of workers would be seeking promotional opportunities over the following three years. Creating promotional opportunities into senior clinical roles in addition to management roles is important for retaining and building clinical leadership and in the treatment of complex needs.

PRIORITY ACTIONS

Reward and recognition

Reward and recognition programs build staff satisfaction at both the agency and sector levels. Striking the right balance between funding accountabilities (and related administration) and a clinical focus is important to maintaining morale. Workers want to be involved in practice innovation and given the opportunity to innovate. Workers value events that showcase sector achievements, best practice and values.

Postgraduate studies in addictive behaviours

There is a need for more scholarships for accredited AOD training to reward and recognise the dedication of long-serving AOD workers. These will be targeted to emerging advanced practitioners, and AOD agencies will be encouraged to identify promising workers to undertake this opportunity.

The department will provide more scholarships for students to undertake postgraduate studies in addictive behaviours. Scholarship recipients may exit the course with a graduate certificate or continue (self-funded) to a graduate diploma or a master's degree in addictive behaviour. The aim of this initiative is to encourage lifelong learning for AOD workers and to retain high-calibre staff in the sector.

Recognising subject matter experts

Micro-credentialling or 'sub-degrees' allow experienced and qualified staff to undertake training targeted to their role and setting – for example, in family violence, child protection and forensic treatment. Staff could enrol in units of competency associated with the micro-credentialled options, broadly allowing this to increase cross-sector capability as well as rapidly increasing the skill base of new staff in line with increasing complexity.

Making high-quality professional development available to workers allows them to engage with the work more effectively and to increase their ability to better support clients.

These sub-degrees may be administered in person or via online learning platforms. Online learning platforms take a new approach to learning, with a primary emphasis on accessible and searchable 'bite-sized' learning content available on personal devices. These platforms facilitate social learning opportunities that provide both 'top down' education and peer-to-peer learning and serve to connect isolated workers. Their usefulness for remote or time-poor AOD workers should be explored so they can access evidence-based material and share content with others.

Recognition for subject matter experts

A number of initiatives will come together to deliver on this goal to recognise subject matter experts. The concept will initially be piloted with the forensic AOD workforce. AOD workers who meet the capability requirements of a forensic AOD specialist will be recognised as subject matter experts. Based on the findings of this forensic AOD pilot, the department will explore ways to recognise those AOD workers who have developed areas of expertise in other areas including, but not limited to, family violence and dual diagnosis.

Creating managers and leaders

The management role within AOD services is complex yet essential to maintaining strong clinical governance, reducing risk and managing sector reform and evolution. Strong managers can attract and retain good staff and need to be well prepared and supported to do so.

Agencies report that in the absence of opportunities to advance into senior clinical roles, experienced clinicians often take up management roles. They are not always well equipped for this significant change in role given its equally specialist skill set. Pathways into management need to focus on developing skills in business management and change management.

Management development

The department will explore ways to support dedicated management and leadership development in recognition of the value that strong managers bring to clinical governance, reducing risk and managing the complex and ever-changing treatment system.

Supporting communities of practice

Networking opportunities and uptake have fallen significantly since recommissioning. Finding ways to unite a diverse workforce through communities of practice is critical to facilitate knowledge sharing and to support networks. Reinvigorating the Change Agent Network and providing more opportunities to connect (for example, online social learning platforms) can encourage the workforce to come together to share knowledge, skills and support. Creating connections between workers is valuable either through communities of practice or structures that support peer-to-peer interactions such as group supervision or well-designed training events and forums.

Change Agent Network

The department will continue to support the Change Agent Network as it goes into its fourth year of operation. This community of practice is critical in uniting existing and emerging leaders to develop and share leadership, knowledge and expertise. The Change Agent Network will continue to:

- increase the capacity and capability of existing and emerging leaders in the AOD sector to drive and support culture and practice change
- increase the clinical skills of existing and emerging leaders
- help to effectively translate evidence into best practice across AOD service delivery and treatment.

KRA 6: Deliver person-centred, integrated care

VISION: The workforce partners with service users, their carers and families, working in team-based, integrated models of care and supporting advocacy and choice, with service users placed at the centre of care.

Designing and delivering services around people and their needs will ensure care is coordinated across different providers and the system. Teams of professionals should work together in an integrated way and promote evidence-informed care to get the best outcomes for service users and improve their collective practice.

CHALLENGES

A well-supported workforce is required to deliver person-centred, integrated care. The sector has lost some of the skill and experience that existed prior to recommissioning, and regaining this will take considerable effort. The current funding model works well for a system operating at capacity, but agencies advise that when they are short-staffed and need to recruit (as is often the case), the provision of training can strain existing resources. Service delivery demands should not be a barrier to workforce development. Targets and key performance indicators need to be adjusted to recognise the need for workforce development. Further exploration of this with the sector will be required to fully implement this strategy.

The AOD sector needs to further develop and embed the peer workforce within organisations and services and ensure appropriate training and support for peer support workers in these new roles. Peer workforce models and training approaches need to be co-designed with service users.

PRIORITY ACTIONS

Training under the *Ice Action Plan*

A suite of workforce development initiatives are being rolled out under the *Ice Action Plan* for both the specialist AOD workforce and workers whose primary work focus is on other issues but who, nevertheless, play an important role in reducing AOD harm. The training aims at developing the specific skills needed when delivering services to people who are affected by ice and other substances, for example, de-escalation and encouraging people to get help for drug and alcohol issues.

Ice: Training for Frontline Workers was released in January 2016. This comprehensive package assists frontline workers to recognise the effects of substance use and manage the chaotic behaviours often associated with its use. The online training resource continues to be expanded with the addition of customised topics designed for people working in different settings and with vulnerable population groups.

To build on the information provided in the online training package and offer workers an opportunity to augment their skills in responding safely and effectively to people who are affected by ice, the Victorian 2016 Budget has funded the rollout of face-to-face training to 9,700 frontline workers per year to 30 June 2020. Over the lifetime of the project, training will be delivered to 38,800 frontline workers across the health, education, community services, emergency services, welfare, transport and justice sectors.

Under the *Ice Action Plan,* training to build skills in supervision and other forms of practice support is available to senior staff, managers and team leaders in health and human services. This training complements other Victorian Government reform priorities that promote more integrated service delivery and builds the capacity of all workforces to more appropriately respond to the diverse and complex needs of all consumers and clients that present for assistance and support.

Community participation and representation

The World Health Organization's 2016 *Framework on integrated people-centred health services* ('the IPCHS framework') advocates shifting away from health systems designed around diseases and health institutions towards health systems designed for people. This report identifies 'participatory governance' as a strategic enabler to achieve coherent and integrated healthcare policy, planning and delivery. Policy options may include greater community representation at the meetings of healthcare boards and community participation in policy formulation and evaluation.

To improve community participation and representation in the AOD sector:

- In addition to the existing Aboriginal representation on the overarching sector reference group, Aboriginal representation will be sought on a working group to be established to oversee the implementation of this strategy to ensure the Aboriginal community informs decision making.
- Representation will be sought from people with direct experience of forensic AOD services when developing the new forensic AOD worker accreditation program.

Recovery-oriented care and engaging support networks

Recovery-oriented approaches recognise that people come to treatment through many different paths and that their goals and journey towards recovery and wellbeing are individual. Aligning all aspects of service delivery with recovery-oriented care has change management and workforce development implications because this represents a new way of working for some people. Supporting a change process is an important step towards a common understanding of recovery.

The IPCHS framework identifies empowering and engaging individuals and families as a key enabler to achieving integrated person-centred care. A service user's health and wellbeing outcomes can be improved if their support network is empowered to engage in an equal and reciprocal relationship with the treatment provider, thereby enhancing that individual's ability to make choices regarding health behaviours and navigating the health system.

Gathering recovery stories

A series of short recovery-oriented films will soon be available online. The stories in these films will be told from the perspectives of individuals, families (and other support networks) and health workers who have either experienced or recovered from crystal methamphetamine use, or supported someone through this process.

These stories will benefit both workers whose primary role involves reducing AOD-related harm as well as those whose primary work focus is on other issues but who, nevertheless, play an important role in reducing AOD harm.

The short vignettes will promote the message that it is possible to overcome an ice addiction, with the interviewees offering their first-hand experience of support and advice from AOD workers. This project will provide valuable insights into the types of therapeutic interventions that have helped, as well as the types of behaviours that service users don't perceive as being strengths-based.

These resources will be made publicly available on the department's website and via the online ice training website in early 2018.

Responding to client needs

Clearly articulated models of care, including those focused on case 'matching', may inform workforce composition and assist workforce planning. They also provide greater role clarity and ensure that workers are allocated cases commensurate with their skills and experience. Triage processes will need to align client needs with skill sets to mitigate clinical risk.

A pilot to better understand this approach and test its application will be explored for the AOD Forensic Program, informed by the findings of the Forensic AOD Worker Job Analysis.

Peer workforce

The value of peer workers in the AOD sector is immense and often quoted as a necessary part of recovery. People seeking help are less likely to feel judged or stigmatised by those who have a similar experience. Equally important is how people with this lived experience of substance-related harm apply that in advocacy, research, education and policy roles. Defining and supporting pathways from 'service user' to 'peer worker' is an important aspect of growing this workforce.

Expansion and support of the peer workforce

An AOD peer workforce network will be established to ensure that the peer workforce is sustainable and built on evidence-based practice.

Co-designed activities in the initial stages may include facilitating a community of practice of the peer AOD workforce, conducting surveys, undertaking a situational analysis and developing and delivering priority training.

Peer workers across the Victorian AOD treatment sector will bridge the gap between intake and admission to treatment and expand options for continuing care and recovery coordination after treatment planning.

Integrated workforce models

Linkages will be forged between leadership groups across various sectors, including but not limited to the Change Agent Network and the Mental Health Inter-professional Leadership Group. These connections will allow for greater service integration and client-centred care.

Oversight and monitoring of implementation

A commitment to work closely with the sector to identify and respond to workforce issues will underpin this strategy's implementation.

The department will work closely with the Primary Health Networks to support collective workforce efforts through shared access to training and development opportunities.

The existing AOD Sector Reference Group will oversee the development, implementation and monitoring of the activities in this plan supported by time-limited, dedicated working groups for priority initiatives.

The immediate priorities will be implemented across the next 12–18 months. In some cases, implementation has already commenced to provide immediate support to the AOD workforce.

Activities identified as long-term strategies will need deeper exploration to develop and, where required, new funding will be identified and sought.

The AOD Sector Reference Group will also assist with communicating to the sector about activities in this plan, and to link this work into a broader context.

The department will also link in with other workforce strategies such as the *Aboriginal workforce strategy*.

Measuring our success

Through delivering strong results within each KRA, we will achieve our workforce vision of a world-leading AOD sector that is supported and works collaboratively to achieve the best health, wellbeing and safety for all Victorians.

This achievement will be evidenced by all Victorians having better access to a highly skilled workforce that delivers high-quality, integrated, person-centred services. Workers will enjoy safe, healthy and supportive work environments and improved engagement and role satisfaction.

An evaluation framework will be developed in consultation with the Sector Reference Group. Consistent with the evaluation framework, data collection to monitor implementation can include:

1. Qualitative evidence will be collected annually through interviews with service users, workers, peak bodies and agency managers on their perception of progress made against each KRA. Results will be reported back to the AOD Sector Reference Group.
2. The AOD workforce survey will be conducted every two years at the worker and agency levels to identify progress made against indicators including compliance with the MQS, self-reported satisfaction and engagement levels and preferred learning and development opportunities. Results will be made available on the department's Knowledge Bank website.

Further evaluation mechanisms will be designed in collaboration with the AOD Sector Reference Group.