



Workforce Development.

Position Paper

June 2022

No Harm, No Discrimination

atdc
Alcohol, Tobacco and other
Drugs Council Tasmania



“

All services are reporting severe difficulty in recruitment across job, difficulty in getting applications in, then receiving next-to-no suitable candidates.

We had a psych/counsellor role close this week (second ad, as first was a bust), and the applicants were 1) a mechanic 2) a nurse 3) a really young enthusiastic girl who hadn't completed her undergrad degree!

Some services are in such a precarious position that one staff member going down, resigning, etc. would result in us closing the service.

Email from AOD Manager March 2022

”



ATDC position statements on workforce development

1. Strategic direction

There is currently no strategic direction guiding the Tasmanian ATOD workforce in its efforts to reform and to meet challenges. The development of a Tasmanian ATOD Workforce Development Strategy must be prioritised.

2. Longstanding funding issues

Governments (both state and federal) can make an immediate impact by increasing funding to meet demand and incorporate indexation, lengthen the timeframe of funding agreements to four/five years, and provide timely notifications of funding renewals. These measures will ease the burden of uncertainty faced by ATOD organisations and support improved staff retention.

3. Supporting the lived experience perspective

The sector requires increased investment to support lived experience advocates and peer workers to become part of the ATOD workforce. Establishment of a lived experience organisation is essential to ensure that the voice of lived experience is genuinely representative and supported.

4. Improving sector visibility

It is imperative that the Tasmanian ATOD sector is visible to the emerging workforce and included in broader recruitment initiatives such as those occurring across the government community sector. The promotion of ATOD specialist work as rewarding, effective and evidence-based would encourage more people to apply for work in the sector. The Tasmanian ATOD sector is small in comparison to other community services industries, which puts the sector at higher risk of critical impact if staff levels are not retained.

5. Supporting increasing complexity and workload

The number of Tasmanians who experience co-occurring mental health, trauma and ATOD issues has risen. The workforce needs support to address this.

6. Creating and maintaining partnerships.

Partnerships are vital to our work—particularly fostering and increasing collaboration between publicly-managed and community-managed ATOD services. Solutions are multi-faceted, so the ability to draw on cross-jurisdictional and cross-sectoral networks is critical to achieving effective and sustainable change.



Why do we need a position statement?

One of the core functions of a peak body like the ATDC is a focus on workforce development.¹

The Tasmanian ATOD workforce is full of people who are committed to social justice and see their jobs as meaningful. This is because of the tangible impact they make on the lives of Tasmanians who experience stigma and exclusion because of their ATOD use.

Despite its high level of commitment and professional expertise, this workforce is undervalued. This is demonstrated by a lack of strategic direction, consistent under-investment and unstable funding. Consequently, ATOD workers receive comparatively poor remuneration and minimal recognition of effort. This makes it hard to recruit new staff and results in forecast workforce shortage.

Additionally, appropriate ATOD-specific training is difficult to find for new entrants to the sector. Community-managed organisations are tasked with upskilling new recruits, only to have them leave the sector for better pay elsewhere.

This is an enduring problem that occurs across multiple jurisdictions, with other states and territories forecasting workforce shortages and noting longstanding structural problems with ATOD workforces.

ATOD consumption has enormous social and economic impacts. Most recent estimates suggest that, in a single year, alcohol caused 5,219 deaths and around 127,000 hospitalisations across Australia. The tangible costs of alcohol (including deaths, lost workplace productivity, hospitalisations, crime, road traffic issues, and impact on the justice system) and intangible costs (such as years lost to premature mortality, disability, etc.) to Australia for the same period were estimated at \$66.8 billion².

Additional to that is the cost of illicit drugs, which contribute 2.7 per cent to the total burden of disease in Australia.³

Despite the huge impacts of ATOD consumption, ATOD treatment and services are not widely understood or valued. There are effective treatments to address ATOD use.⁴ Interventions such as motivational interviewing and cognitive behavioural therapy assist people to make changes that enhance their wellbeing. Many people want assistance, but struggle to access treatment.

At the centre of this conundrum is a workforce that can demonstrably decrease the burden of ATOD harm, but which requires coordinated support to do so.

Workforce development is one of the eight reform areas articulated in the Tasmanian Department of Health's ten-year plan—the *Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania*.⁵

¹ 360Edge *ATDC Benchmarking and service auditing report*, internal unreleased document.

² Whetton, S., Tait, R.J., Gilmore, W., Dey, T., Agramunt, S., Abdul Halim, S., McEntee, A., Mukhtar, A., Roche, A., Allsop, S. & Chikritzhs, T. (2021) *Examining the Social and Economic Costs of Alcohol Use in Australia: 2017/18*, Perth, WA, National Drug Research Institute, Curtin University.

³ AIHW (Australian Institute of Health and Welfare) 2019. *Australian Burden of Disease Study 2015: interactive data on risk factor burden*. Web report. Canberra: AIHW. <https://www.aihw.gov.au/reports/burden-of-disease/interactive-data-risk-factor-burden/contents/illicit-drug-use>

⁴ Fisher, A., Nepal, S., Harvey, L., Peach, N., Marel et al., 2020, *Drug and alcohol psychosocial interventions: an Evidence Check rapid review*, Sax Institute.

⁵ Department of Health, 2020, *Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania*, accessed online 12/3/2022, found here: https://www.health.tas.gov.au/sites/default/files/2021-11/AOD_Reform_Agenda_DoHTasmania2020.pdf



At a recent meeting of ATDC members (ATDC AGM, 2021) it was clear that workforce development issues significantly impact organisational capacity to reduce drug related harm for Tasmanians.

Many of the workforce issues are longstanding and, to a large extent, structural in nature. This means that a focused and long-term strategic effort is needed to address them.

The purpose of this paper is to identify the key issues so that the ATDC as a peak body can undertake advocacy and implement actions to drive meaningful change for the ATOD specialist workforce.

A National AOD Workforce Strategy?

A revised National AOD Strategy is expected in 2022. Currently this work is in draft stage and expected to be completed at the end of 2022.

The first National AOD Workforce Strategy elapsed in 2015.

What is workforce development?

The National Centre on Education and Training in Addiction (NCETA) defines workforce development (WFD) as a multi-faceted, systemic approach to building the capacity and sustainability of the workforce, which:

- offers a comprehensive way of thinking about and responding to the complex interplay of issues that affect the workforce; and
- moves the focus from individual workers to organisations and systems.

The goal of workforce development is to develop a knowledgeable, skilled, efficient and engaged workforce that is able to respond to the multiple and complex needs of clients. This is best addressed by actions targeting multiple levels, including individual staff, organisations and the sector.

Where do we get our information?

The following sources were used to write this paper:

- six rounds of biennial surveys of the Tasmanian ATOD specialist workforce;
- regular contact with Tasmanian organisations that provide ATOD specialist services;
- participation in national networks that deal with ATOD specialist workforce issues;
- previous ATDC submissions to state and federal government processes; and
- journal articles and grey literature on the topic.

Together, this information informs our advocacy and supports this position paper.



Our workforce

Who are they?

The ATOD specialist workforce are the people who work in community-managed organisations in Tasmania that are funded to deliver ATOD services. This includes managers, administrators and people involved in health promotion education and prevention, as well as the frontline staff who provide treatment and support.

The 2020 Workforce Survey indicated that Tasmania's ATOD workforce is slowly changing—for example, these days more of our workers have tertiary qualifications than in the past.

Many people in our workforce have a lived experience of ATOD use, either personally or through a family member or friend. The majority have a high level of job satisfaction and were drawn to the sector by the desire to help people.

Find out more about the ATOD workforce here:

atdc.org.au/atdc-2020workforce-survey

A typical Tasmanian alcohol, tobacco and other drugs sector community worker

A profile of a typical Tasmanian ATOD community sector worker, based on results from the ATDC 2020 Workforce Survey. (n=156 respondents)

Our typical ATOD worker is,

Working full-time hours (56%)

Permanently employed (78%)

Most likely a woman (64%)

Equally likely to be under 45 than over 45 years old

Employed under SCHADS Award (most between levels 3-6)

Tertiary qualified

and works with a diverse team.

10% identify as Aboriginal

5% are living with a disability

38% working part-time hours

5% from a culturally and linguistically diverse background

18.6% are members of a professional association

49% identified as having a lived experience of close family or friend who had experienced issues with ATOD use





Showcasing excellence

The Tasmanian ATOD Awards celebrate the many exceptional people working to promote health and prevent harms associated with alcohol, tobacco and other drugs in Tasmania.

Go to atdc.org.au/awards to learn more about the awards, including past nominees and winners.



Cherie Eustace, Anglicare Tasmania

Cherie was the recipient of the Tasmanian ATOD Awards 2021 Individual Award for Excellence. Employed in the ATOD sector for over a decade, Cherie is known for her strong advocacy for the people she works with. Going above and beyond to make a difference, this includes the coordination of groups to directly help people with their drug use, and seek opportunities to make change. Cherie was recognised for developing the concept behind Anglicare Tasmania's dedicated alcohol and other drug hotline, which was established in response to increasing need during the COVID-19 pandemic.

Above: Tasmanian ATOD Award winner Cherie Eustace and Minister for Mental Health and Wellbeing Jeremy Rockliff

“ The insecurity and often insufficient funding also mean that organisations cannot invest in research and development, we cannot try new programs without hitting the brick wall of the funders advising that as they can't guarantee funding and they would prefer we didn't introduce new programs as they don't want the publicity if we then must cease the program. This means we can't be innovative, responsive and informed by new evidence. ”

AOD Manager, community-managed organisation



Recent developments

Increasing client complexity

ATOD workers are assisting a growing number of clients with complex needs. Staff also report difficulties with referrals; particularly in accessing mental health professionals. This has had an impact on staff wellbeing, contributing to stress and burnout.

It also demonstrates a need for better service integration across the sector, including better coordination, collaboration and communication across the ATOD system, and with other service sectors such as mental health, housing, employment and justice.

Raising the capacity of ATOD staff to address co-occurring issues/complexity in clients also warrants attention and investment, especially in relation to cases involving ATOD use, trauma and mental health issues.

COVID-19 pandemic-related burnout has also been reported, with increased reports of exhaustion, depersonalisation, depression, anxiety and sleep disturbances among many healthcare workers. Service disruptions, rapid shifts to service provision via telehealth, and other adaptations have had an impact on staff.⁶

Lived Experience

Across the last three years there has been two additional roles introduced into the ATOD sector, Peer Workers and Lived Experience Advocates. Peer workers work alongside treatment and support providers and use their lived experience, plus skills learned in formal training, to deliver services and support to clients. Lived Experience Advocates share stories and their lived experience to (mostly)

influence system design and planning. Both roles serve to improve and make the ATOD system more accessible and responsive for those using it. Moving forward, it is vital that these roles are supported.

Increasing demand for ATOD services

Over the past two years, ATOD organisations have been reporting increased levels of service demand. The increasing number of referrals has placed additional pressure on already stretched services and in some cases, waitlists have increased.

The level of unmet demand was quantified in the 2017 report '*A single Tasmanian alcohol and other drugs (AOD) service system framework*'. Based on drug policy modelling, the report estimated that between 6,000 and 7,000 Tasmanians needed, but were unable to access, assistance. As demand for services has increased since the publication of that report, it can be assumed that the level of unmet demand will also have grown.

Additionally, recent data⁷ has shown that there has been a steady increase in the number of people waiting to access information and education about ATODs. Since these reports, member organisations have reported that demand has increased further.

This, in addition to pressures associated with the COVID-19 pandemic, has had an impact on staff wellbeing, resulting in increased stress and burnout.

ATOD treatment, support and education services in Tasmania require further investment to meet rising demand and to safeguard the wellbeing of those staff providing services.

⁶ Li, H., 2021, 'Keeping the alcohol and other drug workforce resilient after the COVID-19 emergency', *Drug and Alcohol Review*, May, 40, pp685-686.

⁷ At at June 2021 there were 1200 people waiting. *Covid-19 Impact on Tasmanian ATOD Services, July 2021 to June 2022, Summary Report*, ATDC, accessed online 16/5/2022, found here: https://www.atdc.org.au/wp-content/uploads/2021/10/ATDC-COVID-19-Impact-Project-Summary-Report_FINAL.pdf



ATDC Actions

Please see Appendix One for a detailed breakdown of the key workforce issues and proposed actions, with reference to jurisdictions and sectors. The intent of the table is to clarify where ATDC time and resources can be focused to produce the greatest impact, noting that some of the issues would best be addressed through partnerships. Recommended actions for the immediate and long-term are outlined below.

Immediate responses

- Consider rebadging the Advisory Group as an ATOD sector group focused on workforce development.
- ATDC Sector Development program to:
 - adopt a strategy for increasing visibility of the ATOD sector, targeting the emerging workforce; and
 - prioritise supporting the workforce to meet the challenge of increased client complexity (e.g. through provision of training, increasing visibility of ATOD work among relevant referral networks).
- ATDC to advocate for greater visibility of the ATOD workforce in community sector and government health workforce strategies.
- Continue to advocate for resources dedicated to the peer workforce.

Long-term responses

- Advocate for development of the Workforce Development Strategy to be prioritised as part of AOD Reform Agenda key actions.
- Advocate for establishment of an independent organisation to support participation of advocates and peer workers with lived experience.
- Address the stigma associated with ATOD issues and work.
- Continue advocacy to address long-standing funding issues.
- Continue engagement with existing networks/committees to strengthen linkages and identify further collaborative opportunities, especially between publicly-managed and community-managed AOD organisations.

Appendix 1: Partnerships and collaboration

The ATDC recognises the complexity of implementing workforce development initiatives for the community-managed sector. Actions will occur at multiple levels and in partnership across jurisdictions and sectors. Table 1 provides the view of the community-managed sector on how to address some of the challenges outlined in this paper and maps opportunities for collaboration.

Table 1: Collaboration and Partnerships—where are the opportunities?

Concern	State	National	ATOD specialist only	General community services	Government services	Community managed sector	What action does the ATDC take?
ATOD Workforce Development not prioritised	Y	Y	Y	N	N	Y	- ATDC to prioritise workforce development activities and to investigate and identify resources to support the actions identified in this paper
Lack of foundation documents (e.g., workforce strategy, treatment framework, service specifications)	Y	N	Y	~not for other key sectors (Mental Health, Aged Care, Disability, Early Learning etc.)	Y (at the sector level)	Y	- Advocate for the prioritisation of a Tasmanian ATOD Workforce Development Strategy - Continue to contribute to AOD Reform Agenda workforce key actions - Seek to work with the Tasmanian Government to determine current and anticipated future demand; for example, the community-managed sector supports the commissioning of appropriate consultants to determine workforce composition requirements (roles and number of FTEs), required to provide quality evidence-based treatments and meet demand. ⁸
Short funding duration and late renewals	Y	Y	Y	Y	Y	Y	- Advocate for increased funding, 5-year funding agreements (State and Commonwealth). Indexation to be included, timely renewals.

⁸ This would be conducted as part of a wider project to define the required components, roles and scope of the specialist public and community alcohol and other drug services. As recommended in Reform Direction 2 of the 'Reform Agenda'.



Concern	State	National	ATOD specialist only	General community services	Government services	Community managed sector	What action does the ATDC take?
Lack of lived experience	Y	N	Y	N	Y	Y	- Continue to support the lived experience workforce (Lived Experience Advocates and peer workers) to grow and integrate into the mainstream workforce
Lack of staff, forecast to worsen	Y	Y	N	Y	Y	Y	- Work with industry partners (e.g., TasCOSS, Skills Tasmania) to address workforce shortages - Work with UTAS and TasTAFE to increase visibility of ATOD sector to course participants
Access to ATOD training	Y	Y	Y	N	Y	Y	- Continue to coordinate ATOD training - Collaborate with ADS to apply their ATOD worker core competency framework to the community-managed workforce - Work with UTAS and TasTAFE to increase ATOD content in key courses - Work with national partners to develop a directory of available ATOD-specific training - Seek to strengthen clinical collaboration and information sharing (individual or group formats) - Assist member organisations with student placements - Support organisations to continue to provide on-the-job training - Increase focus on frontline worker wellbeing



Concern	State	National	ATOD specialist only	General community services	Government services	Community managed sector	What action does the ATDC take?
Stigma of ATOD work	Y	Y	Y	~ There is general stigma of community sector work	Y	Y	<ul style="list-style-type: none"> - Develop specific messaging on the value of ATOD work (what it is and what it does) suitable for a wider ATOD stigma minimisation campaign - Work with national partners and advocate for a coordinated stigma minimisation campaign that includes the value of ATOD work
Upskilling in co-occurring ATOD, trauma and mental health treatment	Y	Y	Y	~ also relevant to Mental Health workforce	Y	Y	<ul style="list-style-type: none"> - Priority inclusion in sector development and workforce training calendars - Work with national partners to investigate a coordinated approach
Service system integration/pathways	Y	Y	Y	Y	Y	Y	<ul style="list-style-type: none"> - Focus on ATOD sector vertical integration as a priority alongside industry partners in community and government sectors. - Seek to strengthen communication, pathways and referrals between public and community-managed services