

Victorian Department of Health AOD Workforce Development Strategy: Consultation Paper

Consultation questions

Please complete this response form and return to Jo Norman, KPMG at jonorman@kpmg.com.au by 7 October 2011.

For the AOD Workforce Development Strategy as a whole:

1. Do you believe that the overall approach of the AOD Workforce Development Strategy provides clear direction to further develop the AOD workforce?

We believe it builds on and improves on previous Workforce Development Strategies - congratulations. It is well researched and quite comprehensive in its scope. The strategies structure is good. While we recognise the necessity of needing to be flexible enough to meet what ever challenges that present themselves by providing broad aims – we can sometimes sacrifice clarity of direction.

2. Do you believe that the AOD Workforce Development Strategy will help improve the AOD workforce? Do the themes and strategies address the needs of the workforce and the organisation that employs them?

The Strategy comprehensively identifies the potential challenges and provides some good general strategies to address the needs of these challenges in an encompassing structure. It is well thought out and constructed.

3. Do you have any suggestions for improving / strengthening the Strategy as a whole?

We believe there needs to be some education to workers and managers in the sector of what WFD is because most equate training with WFD and ignore what needs to occur on various levels.

- Individual level (e.g., motivation, skill, stress)
- Team level (e.g., support, cohesion)
- Organisational level (e.g., policies, resources, supervision)
- Systems level (e.g., funding, legislation)

For each theme:

1. Theme 1: Workforce planning

1.1. What are your suggestions for improving / strengthening the strategies under this theme? What barriers may need to be overcome?

A true consultation is required here with the sector being able to engage. However the sector will need leadership and facilitation

Barriers

Knowledge - The sector needs to understand Workforce Development before they can work with it.

Resources - Organisations need access to resources and support to implement a Workforce Development Approach to different clinical governance areas. Over the last couple of years there has been increased focus on working with families, dual diagnosis, working with CALD, client involvement, whole of person and whole of government approach. At an organisational level each of these different and important clinical areas requires a workforce development approach at the individual, team and organisational level. Especially at the Organizational level (e.g., policies, resources, supervision) and the Team Level - Clinical Review. This will require leadership, coordination and resources.

1.2. Please identify who should have responsibility for each strategy.

DH obviously will take the lead.

There are a small number of organisations that run registered training organisations that actively implement a Workforce Development approach to clinical areas.

2. Theme 2: Workforce design and structure

2.1. What are your suggestions for improving / strengthening the strategies under this theme? What barriers may need to be overcome?

The development and description of the competencies is very important. An articulated academic pathway will take some work.

Generally the Higher Ed sector (Unis) are far less responsive than the VET sector and will need to be pushed/encouraged to include curricula that reflect the work in the AOD sector

Strategy 2.5 – Links between service providers: The competitive tendering environment over the last 20 years has led to a lack of cooperation. Funding should be aimed at partnerships and consortia (where possible).

2.2. Please identify who should have responsibility for each strategy.

DH, Unions, Industry based RTO's and Higher Education organisations, VAADA.

3. Theme 3: Workforce supply and distribution

3.1. What are your suggestions for improving / strengthening the strategies under this theme? What barriers may need to be overcome?

The Higher Ed sector provides little or no Undergraduate education in AOD for SW, OT or other allied health. We need to give these professions a CLEAR explanation of what is required in the AOD sectors for their graduate. If they are unable to provide adequate curricula, their graduates should be expected to complete a Vocational Graduate Certificate/Diploma where they can acquire the necessary knowledge and skills

Re 3.4. This should be a Vocational Grad Cert/Dip., as skills and knowledge acquisition is required here. A generic course could be offered by several institutions clearly articulating the skills and competencies needed to be attained on their placements.

Economic Rationale

Social Workers, Nurses, AOD workers, Teachers and Dual Diagnosis workers – who have not received a Post Graduate Qualification can obtain 90% of the funding of a Vocational Grad Cert/Diploma course from Skills Victoria. This allows the Department to provide higher level training – that could provide a pathway and could help ensure at least 2 years retention of staff within the sector.

Re 3.7. Adequate remuneration recognising service knowledge and skills will be required to attract these people back

3.2. Please identify who should have responsibility for each strategy.

Partnerships between DH, Industry based RTO's, TAFEs and Unis

4. Theme 4: Workforce skills and competencies

4.1. What are your suggestions for improving / strengthening the strategies under this theme? What barriers may need to be overcome?

The Higher Ed sector (unis) are very slow to respond to the needs of industry (average 3 years before curriculum change) – the plan will need to take this into account.

The 4 AOD RTO's have been competitors in this small sector for far too long. This has led to duplication, lack of cooperation and at times reduction of standards. While this is beginning to be addressed – it really requires the DoH to really take the lead in this area.

The four industry training organisations with support and backing from the DoH, VADDA and the CSHITB are in the perfect position to openly consult, advise and monitor the TAFE and university courses.

4.2. Please identify who should have responsibility for each strategy.

DH, CSHITB, Industry based RTO's, TAFE's and Uni's

5. Theme 5: Workforce leadership and management

5.1. What are your suggestions for improving / strengthening the strategies under this theme? What barriers may need to be overcome?

This is a vital part of the WFD strategy. However we need to be careful of not re-inventing wheels. There is a great deal to be learnt from other sectors regarding this and we need to utilise that knowledge.

The AOD sector has a number of key experienced and respected individuals who should be targeted to provide their perspective on this issue.

To facilitate and implement the leadership and management education outcomes a workforce development approach will need to be implemented.

The Community Services Training Package includes a Vocational Graduate Diploma in Management. This could be worth exploring as it is structured and developed by the Community Services sector and will attract 90% Skills Victoria funding for people with qualifications less than a Vocational Graduate Diploma.

5.2. Please identify who should have responsibility for each strategy.

DH, CSHITB, Industry based RTO's, TAFE's and Uni's

6. Priority groups – Koori AOD workers, dual diagnosis workers and consumer participation

6.1. What are your suggestions for improving / strengthening the strategies for these groups? What barriers may need to be overcome?

While it is very important to consult the Koori community in relation to this issue – there have been a number of very effective AOD resources that have been developed with the Koori and Aboriginal communities – including:

- Have a look at the Healing Ways project that was completed by VDDI ETU - Katherine Bakos
- Aboriginal Health worker Supervision Model is near completion – VACCHO and Katherine Bakos
- Indigenous Training for non indigenous workers currently being developed by Ngwala

The development of a consumer/client participation qualification might be worthwhile investigating – this would allow consumer/client a professional educational pathway that could be built on if required.

DoH should include a clause in their FASA or contracts that all training development funded by the DoH should be validated by consumers.

Has consumer input and feedback been sought for this strategy?

6.2. Please identify who should have responsibility for each strategy.

VACCHO, Aboriginal services, APSU, VDDI

Do you have any other comments?

Overall, we wish to congratulate the Department of Health and KPMG for the development of a well researched, comprehensive and well structured Workforce Development Plan.

Due to the comprehensive nature of the Workforce Development Plan - the Department will need to implement a very clear and structured implementation plan – otherwise the fear is that the implementation of the plan could create confusion.