

Training Needs Review

Report

ActNow NSW GOVERNMENT AND YOU
Taking a stand against drugs

Training Needs Review Report - November 2000

Prepared by NSW HEALTH DEPARTMENT
for the NSW Drug and Alcohol Training Taskforce

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SHPN: (DPB) 010095
ISBN: 0 7347 33089

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August 2001

Contents

Section 1		
Executive Summary	1	
Section 2		
Overview of the approach and rationale.....	4	
Section 3		
Description of the process.....	9	
Section 4		
Information gathered	13	
Section 5		
Recommendations – goals and outcomes.....	18	
Section 6		
References	22	
Appendices		
Appendix A		
Priority Professionals – agency responses to setting priority exercise	24	
Appendix B		
Needs and strategies – agency responses	32	
Appendix C		
Data collection forms from each phase.....	42	
Appendix D		
List of NSW Drug Summit recommendations...	48	
Appendix E		
Current key training provision in NSW	50	
Appendix F		
Principles of quality curriculum.....	51	
Appendix G		
Department of Community Services (DoCS) Capacity Building Framework	52	

Section 1

Executive summary

This is a report on the outcomes of the Review of Training Needs, conducted by NSW Health (CEIDA) over the period from December 1999 to July 2000.

Alcohol and other drugs (AOD) training for frontline professionals was identified as a significant issue in the NSW Drug Summit 1999. In response, a number of projects were developed to address this issue. (Appendix D lists recommendations from the NSW Government Plan of Action, which resulted from the NSW Drug Summit).

Each of the human services Government Departments is responsible for initiatives aimed at the section of their workforce which have the management of AOD issues as a primary focus of their job. In addition to these projects the NSW Drug Summit identified that there are a range of other workers who have training needs in AOD.

This Review provides a picture of people, in the various agencies that, because of what they do in their job, have the opportunity to contribute to the better management of AOD problems.

The purpose of this Review is to identify strategies to develop this workforce to respond to AOD issues effectively.

The Training Needs Review was informed by recent literature on practice development, organisational learning and work-based learning approaches. While the project does consider the specific skills needed by key professional groups, it does so within an organisational context. It is important to acknowledge what training can be reasonably expected to achieve. Training alone cannot resolve complex problems and concerns. Organisational responsibility for a comprehensive and coordinated approach to these issues is fundamental.

One of the key components of this project was to engage government and non-government human services providers to assess organisational policies, programs and protocols, workforce development strategies and training resource requirements.

This report identifies:

- the professionals who in their current job are priority frontline workers
- their AOD related workforce development needs
- recommendations for key goals for practice change and organisational development
- recommendations for State-wide action and resources to meet identified needs.

A snapshot of the present

The Review examines the current situation and finds that:

- a range of training is occurring, which is both accredited and non-accredited
- training interventions are mostly directed to those with a specialist focus on AOD
- training interventions have a highly varied impact, with some areas being highly resourced, and others under resourced
- there is minimal intersectoral work
- there is insufficient infrastructure support (especially for non-government sector organisations)
- there are no clearly articulated strategic goals to which such training refers.

Identification of 'frontline'

As part of the Review a list of criteria was developed to help organisations to identify their frontline workers. These workers are not those who have AOD issues as their primary focus, but includes those who:

- are likely to have the opportunity to intervene
- have a client base with a high prevalence of AOD problems
- can make a difference to many clients.

Identification of priority areas of practice

Frontline workers encounter people with a wide range of issues associated with AOD. There are people who have occasional or 'one off' problems with their drug use at one end of a continuum, and there are those who regularly use drugs in a hazardous or harmful way. The kind of job a frontline worker has will influence the level of responsibility they have for addressing problems. For example a bilingual welfare worker has different responsibility to a police officer or a community health counsellor but they all will have the opportunity to provide an effective intervention.

This Review describes the areas of practice that different groups of workers undertake in response to AOD problems. Five of these have been identified as priority areas of practice in need of development :

- assessment
- referral
- case management – particularly across sectors
- brief intervention
- management of clients who are intoxicated.

This Review has identified these as a priority because:

- they contribute to the effective, long term management of AOD problems
- there are existing resources available which could be effectively utilised
- they were identified as a role of many different workers.

Workers also identified management of intoxicated clients as of immediate concern and it has been included as a priority because unless workers have the confidence to manage such situations, they are unlikely to respond effectively to drug affected clients.

The Review identifies goals relating to both changes to individuals' practice in their workplaces and changes to organisations. These are necessary to assist people to achieve changes in the way they work.

Ongoing need for systems which enhance practice

Organisations engaged in human service delivery in NSW need to provide leadership, develop policy and partnerships, and ensure there is information and support for individuals to better manage AOD.

The management of these organisations needs to ensure that frontline staff have:

- learning and debriefing opportunities (for instance, access to training and study leave, clinical debriefing and supervision)
- performance management and development systems that support practice goals (for instance, opportunities for developing expertise like job rotation, secondments)

- polices which assist in AOD management (for example policy on assessment, job descriptions and role expectations which include AOD management)
- access to networks of other service providers
- reliable, relevant and timely information (such as drugs and their effects, treatment options, referral pathways, crisis and first aid protocols)
- resources suitable for distribution as take-home an agency to administer projects and manage funds. information for clients.

Goals

Agencies will need to develop strategies to ensure that frontline staff in NSW will be able to:

- assess AOD problems among their client group
- provide appropriate referral to specialist treatment and support services
- manage difficult behaviours associated with intoxication of clients
- participate in case management approaches to quality service delivery
- utilise opportunities for brief intervention to effectively communicate information to client.

Where to from here?

To assist organisations achieve these goals, the Review recommends the following framework for the provision of resources.

1. State-wide coordinated action

Specific action is required to support the enhancement of skills and knowledge in the five priority practice areas. This will include the collation and dissemination of a range of existing resources, tools and curricula currently available or being developed in each area.

This will be coordinated by NSW Department of Health, Drug Programs Bureau (DPB). The DPB will ensure there are appropriate links between the various projects and will oversee progress, through the NSW Training Task Force and a steering group of representatives from the nominated human services Government Departments.

2. Commissioned priority projects

The Review identified sectors which fall outside of the direct control of Government Departments. Projects will be commissioned with appropriate services to ensure the achievement of the strategic goals identified by this Review for these priority sectors:

- youth services
- non-government ethnic welfare services
- non-government AOD treatment services

3. Regional implementation

It is recognised that rural NSW is particularly disadvantaged because there is less existing infrastructure and staff often work in small and remote or isolated agencies. Working across organisations is vital in this context as it enhances cost effectiveness and allows sharing of expertise in developing strategies.

To assist in the development of strategies to meet the goals identified by this Review five regional advisory groups will develop intersectoral projects. These will be implemented in regional NSW using the Premiers' Department Regions as the basis for cross-agency planning. Each Region will nominate an agency to administer projects and manage funds.

Section 2

Overview of the approach and rationale

Background

The NSW Drug Summit 1999, identified the need for a structured approach to the assessment of drug and alcohol training needs for frontline professionals and generalist health and community workers.

5.4 Review of Drug and Alcohol Training Needs:

- encompass in-service training, professional development and workplace training
- evaluate training needs in relation to agreed goals, and review training policies, programs and protocols
- identify gaps in current provision of training for frontline professionals and generalist health and community workers.

(Government Plan of Action, July 1999).

Currently the development and delivery of AOD training in NSW is fragmented and fails to address:

- the need for a coordinated approach to the strategic identification of training priorities
- the targeting of resources
- the monitoring of outcomes (NSW Drug Summit 1999).

The current approach also fails to build the capacity of organisations to implement action-oriented organisational change, i.e. policy development, structural change and intersectoral collaboration (NSW Health, 1999).

The recommendations from the NSW Drug Summit were informed by the NCETA (1998) report, *Education and Training Programs for Frontline Professionals Responding to Drug Problems in Australia*. This report highlighted the need for a coordinated and structured approach to drug education and training, with the aim of increasing the role legitimacy and capacity of organisations to respond to drug problems. This indicated a shift away from ad-hoc, one-off courses, to a focus on:

- strategies for structural reform in the workplace
- greater integration of pre-service and inservice initiatives
- resources allocated to agreed priority areas.

Defining frontline professionals

Recognition of the nature of alcohol and drug problems in the community has resulted in a broadening of attention to include groups such as general practitioners, police, pharmacists, psychologists, social workers, teachers and welfare workers. Many people with drug related problems never come into contact with drug specialist services, but will encounter more general services and can be amenable to interventions from these sources. It has also been recognised that effective responses to many drug problems require collaboration among different groups. (NCETA 1998, page 8)

In order to engage generalist health, welfare and human services workers in the effective management of AOD problems, there is a need to provide adequate information, resources and training systems. The role of specialist AOD workers in this approach is one of support and expert advice.

This report does not focus on the needs of the specialist AOD workforce, as these are predominantly being catered for in defined projects under the NSW Drug Summit.

The Government Plan of Action also identified specific projects for frontline professionals such as:

- general practitioners
- nurses, particularly in hospital settings
- pharmacist
- workers in local government, and local councils
- police (specifically in relation to overdose).

These groups have generally not been included in this report.

Among the groups of generalist workers in a range of settings, different levels of intervention with clients are possible. As these workforces are so diverse, NCETA (1998) listed the following criteria for determining priorities:

- the group is likely to intervene (role legitimacy)
- the group has client base with high prevalence of drug problems.

The group has significant potential to impact on population levels of harm (size and influence).

This report focuses on the needs of workers in government and non-government human services, who predominantly provide direct services to the community. The term 'generalist' when used in relation to these workers, refers to the relationship their role has to alcohol and other drugs, not their skill base. These workers may include professional groups, such as psychologists, social workers, teachers, police and nurses and also workers within particular sectors, such as youth, welfare and community services.

Workers who provide support to other professionals, such as educators, consultants, clinical supervisors and advisors, have not been considered to be frontline for the purpose of this report. It is acknowledged however, that these roles are vital resources for the effective implementation of programs, as are managers, service coordinators and regional planners.

Role of education and training in responding to alcohol and other drugs problems

In recent years, a number of key reports have been produced which identify a shift in response to alcohol and other drugs problems. This shift has implications for the range and role of education and training.

Training is often described as a solution to every organisational problem. The reality is that training is expensive, both in terms of the cost of delivering training in workshop settings, and in the salary investment of participating staff, as well as the cost of backfilling positions. It is important to acknowledge what training can be reasonably expected to achieve. Training alone cannot resolve complex problems and concerns (see Table 1).

In the area of AOD worker education and training, research into the systemic factors which may influence

the access that workers have to learning and utilisation of that learning, has highlighted the need for comprehensive and integrated approaches (King et al, 1997; Roche, 1998; NCETA, 1998).

Traditionally, reviews have focused on individual worker needs, felt and expressed, for content specific training, rather than examining the utilisation of that knowledge once training has occurred. Bush (1995) describes this as an 'individual skills deficit approach, rather than systems enhancement', which leads to a focus on personal skill and knowledge acquisition at the expense of creating good learning environments.

The recommendations from such documents generally have discussed the need for bigger and better training courses, without addressing issues relating to work role, systems and linkages to the workplace. As a result, almost nothing is known about whether people's work practice can be demonstrated to benefit from training. One of the experiences which has been reported by workers attending training courses is that they receive many new ideas and information, but when returning to their workplace, do not have the organisational support or role to carry out or effectively communicate what they have learned (Allsop, 1995).

There is a plethora of research evidence in the fields of knowledge use, practice development, organisational learning, diffusion of innovation and professional development which indicates that short training courses are of little use and certainly less sustainable impact, in their own right. The most effective use of training seems to be as part of an overall strategy or program which encompasses organisational influences, effective resources and ongoing systems for development (NCETA, 1998; NSW Health, 1999; King et al, 1997).

Roche (1994), considered possible dissemination models, and focused on the need for systems support. Braw & Dawes (1995) also examined issues of organisational culture, and the implementation of practical skills following a resource intervention. One of the key findings from this report was that there is much more to facilitating planning and evaluation activity in organisations than simply providing the training to do so. Participants in that study identified that although key resources such as knowledge, skills, training, policies, and information were available in their organisations, they were often not utilised (Braw & Dawes, 1995).

In developing the process of the Training Needs Review, a wide body of research literature in the area of organisational learning, adult education and training, and knowledge utilisation was drawn upon. Key themes, which can be identified from this research, include:

- the different understandings that workers have of knowledge use (Owen, 1996; Backer 1993)
- the role of leadership and championship have in increasing implementation (Allsop 1995)
- the impact that perceptions of role competence, confidence and legitimacy can have on action (Shaw et al, 1978).

Factors external to training which are likely to influence the effectiveness of learning include policies and procedures, organisational and management structures, resourcing levels, organisational culture, professional links and political imperatives (Owen, 1996; Backer, 1993; Annett & Sparrow, 1985; Bush, 1995).

Moving from 'training' to 'practice development'

'methods and techniques that draw upon workers previous experiences, link concepts and practices and encourage reflection and the transfer of knowledge from one situation to another are vital to the learning process.' (Lankard 1995, p1)

There is a need for a shift in thinking to conceptualise 'practice as something which is continually in process and can be acted upon...something that we are

continually examining and learning from, and no longer seen as a bundle of skills to be mastered.' (Foley 1995b p 47)

The table below provides an indication of the range of influences on practice and the range of interventions that may be needed for effective intervention.

The Western Australian Drug Abuse Strategy Office (WADASO) implemented a project entitled *The Practice Development Drug Management Project* (PDDMP), which aimed to facilitate the improved management of alcohol and other drug-related issues across a broad range of government and non-government agencies. In particular, this project has enabled non-AOD specialist agencies to routinely incorporate AOD issues into clinical and other practices as they relate to the agencies' core business.

These 'practice development projects' can be defined as 'individually tailored programs of organisational and staff development to increase capacity' (Sheridan, 2000:2) The WA program was based on the evidence that:

'past training in alcohol and drug interventions had not resulted in the necessary development of case practice to address the problems encountered by agencies and professions...workplace learning approaches would be necessary to facilitate this development to emphasise both organisational and individual development, and incorporate on the job learning activities as well as conventional training' (Sheridan, 2000:2).

Table 1 – Range of influences on practice

Existing conditions and influences		Interventions and opportunities
Knowledge / Formal Skills Attitudes	P R A C T I C E	Training courses In-services Continuing education and postgraduate specialisation
Role validity, role adequacy, role support		Networks and interagency Organisational policy / On-the-job learning
Professional membership/ethics Legal and statutory requirements		Access to information systems Access to resources

Practice development projects pay particular attention to the following areas.

Role legitimacy – is this my job?

- What is the core business of staff within their various roles?
- Where does drug use come into those roles?
- What are the role boundaries of workers in their dealings with drug use issues?
- Are there agreed role boundaries within this organisation and between this organisation and drug specialist agencies?

Role adequacy – can I do this?

- Do staff have adequate knowledge and skills to carry out their role in regard to drug management?
- Are clear competencies outlined as they relate to specific roles (eg. different for clinical staff, counter staff, supervisory staff, etc.)?
- Can staff demonstrate and explain their use of drug management theoretical models and frameworks, which underpin their clinical practice?

Role support – does my organisation support me to do this?

- Is there a climate of active learning, which encourages developing and trying new skills, using a growth model of reflective practice?
- Are learning resources accessible?
- Is there active peer and line management supervision, which rewards the development of new knowledge, skills and practices?
- Are there clear policies and procedures, which outline the management of drug use within the organisation?

(Rose & Gallagher, 1998)

In implementing practice development projects, WADASO identified the following key steps and strategies within an organisation:

1. All staff to identify the relationship of drug use to their primary role.
2. Identification (eg. case finding, screening, assessment) of drug-related issues as they apply to the organisation's core business.
3. Direct staff management of these issues where appropriate (eg. use of brief intervention techniques, appropriate management of intoxication, etc.).
4. Referral and shared case management within the organisation.
5. Referral and shared case management to specialist agencies outside the organisation.

Table 2 – Practice development approaches to problems

Applying the principles of practice development	
Problem	Practice development approaches
Knowledge of drug effects and pharmacology are needed to do AOD interventions	<ul style="list-style-type: none"> ● Provide information on specific drugs in resource formats (pamphlets, wall charts, website) ● Provide access to ongoing systems for obtaining information when needed (websites, wall charts, resource files, phone advice services) ● Include AOD case studies in mainstream curriculum and supervision so that the knowledge is learned and applied in context ● Information seminars on area specific trends related to presenting client groups
Can't recruit experienced AOD staff	<ul style="list-style-type: none"> ● Determine basic skills required of staff and recruit on basis of generic skill competency, then provide orientation, induction, preceptorship and mentoring systems in partnerships with more experienced services/workers to develop knowledge over time ● Attention to workforce development processes including clinical supervision, performance appraisal, problem based debriefing ● Partnerships with local training providers and/or other services to structure key learning programs (eg NRAHS/TAFE NSW; SWSAHS and College of Nursing)
There are not enough trainers in AOD	<ul style="list-style-type: none"> ● Partnerships of existing training infrastructure (internal and Registered Training Organisations) and workers with AOD expertise. This develops the AOD workers education experience, and the capacity of HR and learning and development units to deliver core modules in a sustainable way ● Interagency or interdisciplinary exchange – DOCS present to health team meetings and vice versa
AOD in competition with other areas of curriculum	<ul style="list-style-type: none"> ● Provide AOD examples in core skills curriculum. (eg. client service training; management of difficult behaviour; child protection assessment skills; can easily include examples related to drugs) ● Focus on problem solving and assessment skills for application to a range of different issues, rather than focus on content lists
No money for training and/or Staff can't be released to attend training courses	<ul style="list-style-type: none"> ● Integration with other mandatory curriculum opportunities, debriefing, supervision ● Focus is on ongoing learning and development and processes for skill development, utilising performance management and staff development rather than one-off events. ● Range of strategies – learning goals, team meetings, information bulletins, debriefing, supervision
Staff are not confident in dealing with issues	<ul style="list-style-type: none"> ● Provide access to clinical advice and support systems (phone, interagency, supervision, team structures) ● Clear organisational goals in service delivery and client care, including role specific expectations
Staff have bad attitudes	<ul style="list-style-type: none"> ● Clear organisational goals in service delivery and client care with clear accountability and monitoring mechanisms ● Supervision and performance management systems ● Participation in case management with other professionals ● Opportunities for job rotation or exchange between different sectors

Section 3

Description of the process

Project design

The overall objective of the Training Needs Review was to report to the NSW Drug and Alcohol Training Taskforce on identified AOD related training and organisational development needs and to recommend goals and outcomes for training.

Framed by the recommendations and resulting projects of the NSW Drug Summit, the process needed to:

- engage organisations and sectors
- acknowledge existing work occurring and in development
- be flexible enough to be appropriate for participating organisations, while still allowing collation of the data collected
- build on previous studies, rather than duplicate similar processes; that is, have a focus on implementation, rather than more research (Bullen and Bisits 1994)
- focus on program development and coordination.

While a wide range of literature was consulted, the key reports which informed the Review were:

- *NCETA (1998) Education and Training Programs for Front-line Professionals Responding to Drug Problems in Australia*
- *NSW Health (1999) A Framework for Building Capacity to Improve Health*
- *WADASO (1999) Organisational Change through Action Learning: A Practical Guide to the Practice Development Drug Management Project*

Outcomes sought

The Training Needs Review provided a framework for:

- involvement of a broad range of stakeholders in the ongoing development, delivery and evaluation of alcohol and other drug training and organisational development programs
- improved intersectoral relationships

- identification and dissemination of best practice models in AOD related training initiatives and organisational development strategies
- identification of gaps in the current provision of training for frontline professionals and generalist health and community workers
- development and implementation of organisationally specific plans of action.

Context

The project was implemented from December 1999 to July 2000. The short time frame meant that the scope of the project stayed focussed on the NSW Drug Summit recommendations. No funding was allocated to this task so it was absorbed in organisations' budgets. Other limitations included the readiness of organisations to conduct training needs reviews, (eg. some had received funding for training needs analysis, others did not have designated positions for this) while others were undergoing periods of restructuring, service expansion, and review.

Other initiatives identified in the NSW Drug Summit were designed to address preservice issues and postgraduate specialisation (Training Forum), expanded treatment programs (NSW Drug Treatment Services Plan) and priority occupation specific funding. To reduce duplication, this Review focussed on workforce and professional development issues. The scope of this project was limited to frontline professionals, and in general did not address the needs of specialist AOD workers and counsellors. NGO Treatment agencies who were not involved in any specific training initiatives, were considered.

Project implementation

Seminar

The Training Needs Review commenced with a seminar held in December 1999 to which a range of key agencies, including peak non-government services were invited. All government departments represented on the Senior Officers Coordinating Committee (SOCC) were invited to send representatives. The

focus of the seminar was on developing a collaborative approach to establishing priorities and changing practice.

The seminar introduced the methodology proposed for the Training Needs Review and provided agencies with an opportunity to meet and discuss the process.

There were a range of key issues raised in feedback from the participating agencies. They were:

- the need to establish mechanisms for ongoing communication between agencies developing training initiatives.
- the achievement of 'whole of government' approaches to areas of need
- the need to ensure quality and legitimacy of planned training (through links to appropriate accreditation systems and/or competency standards)
- the need to ensure that training initiatives are linked to other Drug Summit projects, such as information strategies, expanded treatment services, education to the community on drug issues
- the need to ensure that the range of participating agencies is comprehensive.

Tools and phases

There have been a range of needs assessments conducted which have focused primarily on knowledge and skills of workers. The action plans arising from these assessments have not resulted in sustained improvement in workforce capacity.

To provide a different focus, the Training Needs Review was divided into four phases:

1. Clear identification of the role of the organisation and priority frontline workers.
2. Organisational factors which influence the effective management of AOD.
3. Workforce development needs of frontline professionals.
4. Resources needed by frontline professionals to effectively manage AOD related issues.

The tools used to gather information for each phase (Appendix C) consisted of questions designed to prompt consideration of the range of possible issues, and then simple planning tables. These tables were collected by NSW Health (CEIDA), and used as the

basis for this report. The completion rate for these forms was highly varied, with some agencies preferring to utilise existing planning formats, while others provided information in letter format. Samples of the responses received are located in Appendix A and Appendix B.

Who was involved

Government agencies were asked to identify a key contact person who would facilitate the Training Needs Review data collection in their setting. This involved:

- reviewing their organisation's response to drug and alcohol issues
- identifying key priority occupations within their workforce
- mapping organisational and individual needs to effectively respond to drug management problems and issues
- identifying resources required to achieve these goals.

The review occurred from within agencies rather than being a snapshot viewed from the outside. It was intended that this approach might result in agencies developing action plans and prioritising issues that could be acted upon immediately. This process would also help identify concerns and problems within organisational systems processes and structures, which would impact upon the effectiveness of any training delivery.

This plan did not proceed consistently, due to a range of factors, such as changes in personnel in agencies, the workloads of the nominated contact people and where they were located within the structure of their organisations.

As a result, NSW Health (CEIDA) employed a range of strategies to support the process, including presentations to senior managers to gain organisational support, establishing and facilitating working groups, participating in planning meetings, face-to-face and telephone discussions and distribution of resources.

Participating government organisations

- Department of Community Services (Training Services)
- Department of Community Services (SAAP Training Unit)

- NSW Health Department (Community Health Directors Working Group)
- NSW Police Service (NSW Police Academy)
- Premier's Department (Community Drug Strategies)
- Department of Juvenile Justice (Training and Corporate Development Services)
- Department of Juvenile Justice (Juvenile Justice Conferencing)
- Attorney Generals Department (Training and Development, Crime Prevention, Sheriffs, Local Courts)
- Department of Education and Training
- Department of Corrective Services (AOD and HIV Health Promotion Programs)

The Department of Immigration and Multicultural Affairs (DIMA), while not identified as a direct service provider, provided information and links to the non-government agencies that it funds, including Community Settlement Services (CSS) workers and Migrant Resource Centres. This process was also assisted by the contribution of the Drug and Alcohol Multicultural Education Centre (DAMEC)

Centrelink (East Coast Region) also provided information about customer service centres in areas of known high drug use, which had identified a range of concerns. It is likely that strategies proposed for other sectors could be adapted to meet these needs. As a separate project, CEIDA worked with Centrelink to develop pilot training modules for metropolitan Sydney.

Non-government and community sector

Accessing agencies in the non-government (NGO) sector was more problematic, due to the sheer number and diversity of agencies in this field. A decision was made to work with peak and representative groups of NGOs, rather than individual services. As a result, information was gathered from:

- *Network of Alcohol and other Drugs Agencies (NADA)*
The membership of NADA is comprised of 98 agencies, funded by NSW Health, Supported Accommodation Assistance Program (SAAP) or Corrections. The different types of services represented by NADA can be loosely grouped as:

- education and community development services, with a health education focus, particularly among youth
- counselling, community information, access and resource centres
- residential rehabilitation services.

From this process NGO Treatment agencies have been identified as the target for a specific project. They are key service providers but they are external to government departments and do not presently have infrastructure to implement training and development recommendations.

- *Ethno-specific community based services*

The Drug and Alcohol Multicultural Education Centre (DAMEC) identified as the priority, the non-traditional, ethno-specific, community based services. These may be attached to a church or ethnic community welfare group and often work in isolation with limited resources.

While DAMEC is not a peak agency, they were able to provide valuable assistance in engaging workers from a number of these agencies in a process to identify priority needs.

Emerging from this process is a recommendation that this sector be specifically resourced with a commissioned priority project.

Youth sector

The Commission for Children and Young People, Youth Accommodation Association (YAA), Youth Action on Policy Association (YAPA) and the NSW Centre for the Advancement of Adolescent Health worked in partnership with CEIDA to examine the training needs of people working in the youth sector. This included youth health centres consisting of multi-disciplinary health teams, informal drop-in programs, targeted health promotion programs, information and support services, accommodation services, legal services and employment and education programs.

A detailed report on this process, with specific recommendations was released in November 2000. This report will inform the development of a commissioned priority project.

Community services

Information about the needs of agencies funded by DoCS was provided by the DoCS SAAP training unit. There is also a pilot project identified for NGOs, funded by DoCS through the Community Supported Grants Program. This will be implemented by DOCS' Drug and Alcohol Training Team as a specific NSW Drug Summit project.

*Note: NSW Council on Social Services (NCOSS) did not participate in the Training Needs Review. NCOSS had previously conducted a survey, published in 1998, which indicated key concerns of a broad cross section of community organisations in NSW were that. These included:

- a significant proportion of client base were themselves, or through their families and partners, experiencing AOD problems
- the difficulty of referring to specialist agencies (particularly in rural and regional areas)
- a perceived shortage of AOD services and long waiting times.

It is likely that the agencies covered by NCOSS would have similar training needs as other generalist health and welfare workers.

Aboriginal community controlled organisations

The short time frame of the Review resulted in inadequate lead-time for appropriate consultations to occur with this sector. An Aboriginal Health Policy and Strategy has been developed and implemented under the Partnership agreement between the Aboriginal Health and Research Council and NSW Health Department. This would inform the development of specific Alcohol and other Drug initiatives. There has been considerable work and a range of reviews and initiatives in this area and currently the Commonwealth government is funding a national project based on the development of competencies. It is recommended that this sector be resourced with projects which build on new and existing initiatives funded by the Commonwealth or other State departments, which focus on the implementation of locally specific projects.

Section 4

Information gathered

There are a number of different stages in the development of alcohol and other drug problems, and different occupational groups have access to people at these different stages. While there are some specific issues relating to service context (such as regulatory frameworks, mandated reporting and intersections with the criminal justice system) it is possible to identify types of interventions or areas of practice, and the skills required to perform these. (See Table 2)

Community education on drug issues

This area of practice was also described as ‘population approaches’, and ‘primary prevention work.’ For the purposes of this review, a distinction was drawn between workers who are asked to give one-off presentations to community groups, and those whose job role is to develop programs and interventions at this level. Workers identified for this band were usually located in small non-government organisations with strong community links or in identified positions within departments (eg youth liaison officers). Within the community health sector, this is often the role of health promotion officers, however, apart from tobacco, there has not been sustained program implementation on AOD issues.

Education to those at risk of developing problems with AOD

This area was also described as ‘early intervention’ work. A distinction was drawn between the workers who could notice that someone might be at risk, and those whose job role is to develop education programs and interventions. Workers identified in this band were located within government and non-government services with a youth focus, and counsellor roles in TAFE and schools.

Brief interventions

This area of practice involves the provision of appropriate information, resources or advice. A large number of frontline workers are well positioned to provide this service as part of their role, with adequate resourcing and support.

Assessment (recognition and early identification of AOD presentations)

This area of practice involves majority of workers and is the most complex. It is also a term which has different meanings in different settings. There are noteworthy distinctions between levels of assessment, which are related to the level of client interaction. It could be argued that all frontline workers are required to ‘assess situations’ and observe behaviour to ensure effective client service and ensure their own safety. This is particularly relevant for reception and administrative staff of all services.

The next level of assessment is the ability to differentiate problem sources and assist clients with appropriate service pathways. This is relevant for workers involved in interviewing clients, (Chamber magistrates, police, case workers) and those whose primary focus may be other areas of need (accommodation services, case workers, youth sector workers, district officers, welfare officers).

The large proportion of workers who provide this intervention requires that this area of practice be accorded high priority for development of strategic responses.

Workers with a clinical intervention focus may also be required to engage in formal assessments of AOD problems, using standardised scales and withdrawal instruments (nurses, mental health workers, psychologists, counsellors).

In the development of assessment tools and protocols it is essential that family and child protection issues are considered and included.

Referral to appropriate specialist services

This area of practice involves a large number of frontline workers, and was highlighted consistently. Key to this area is a clear understanding of role boundaries among and between services and access to information about networks and pathways to meet client needs. This should also be accorded high priority for strategic responses

As above, the large proportion of workers who work in this area of practice, and its place as the basis for effective service delivery, makes this area a high priority for development of strategic responses.

Counselling

This area of practice involves providing formal interventions to clients with identified problems. These positions were usually specifically identified within agencies by job title, such as AOD counsellor, or AOD psychologist. Within the health sector, there was also recognition that non-AOD counselling positions (mental health, youth health, community and family team counsellors) could have a role in managing non-complex problems, as part of holistic approaches.

Management of intoxicated clients

This was one of the most prominent areas of need. A very high proportion of frontline staff experience (and/or fear) difficulties with managing behaviours associated with intoxicated clients, and this remains a significant barrier to integrated service approaches. Having appropriate policy and procedural support, understanding the nature of the problem, skills in containment, conflict resolution and problem solving were identified to improve worker confidence in this area. A large number of workers identified this area of practice as a high priority.

Management of people with AOD problems in custody

While custody could be considered as a setting which incorporates the areas of practices previously identified, the regulatory and legislative framework makes this work quite unique. These workers are usually employed by Corrections, Juvenile Justice, Police and Attorney General's Departments.

Case management

This issue is gaining increasing recognition in the management of complex AOD issues. Workers in this band are often professionals in sectors such as mental health, youth work, community nurses, juvenile justice officers, Community Settlement Services, non-government welfare providers and DoCS. Workers in accommodation services, and those identified as case managers were also identified as key practitioners. This area is also being impacted upon by initiatives such as the focus on dual disorder, Drug Courts, and other diversion activities.

The *NSW Child Death Review Team Annual Report for 1998-99* recommendations highlights the importance of case management and the relationship between AOD and child protection.

Case management is an identified priority because of the impact this area of practice can have on effective service delivery and health outcomes; it provides an opportunity to promote cross-sectoral collaboration and reduce duplication of effort.

Management of emergency or crisis situations (overdose, withdrawal)

A number of frontline workers encounter clients in life-endangering crisis situations associated with AOD, including overdoses and withdrawal. Effective management of these situations needs policy and procedures and organisational support.

Provision of treatment services in specialist settings

Treatment for AOD is provided through in-patient detoxification (in specialist centres and hospitals), methadone services (private and public), out-patient counselling, ambulatory detoxification, residential rehabilitation (usually non-government) and in custodial settings.

This area of practice was not a specific focus of this report.

Provision of service coordination and/or education to other frontline staff

The work of frontline professionals is often supported by occupations whose role is the development of other workers. Within government departments, there are a range of specialist resource positions, such as Clinical Nurse Consultants, Program Support Officers (JJ), Intensive Support Officers (DoCS), Drug Education Consultants and Community Programs Officers. These workers provide valuable resources and advice to non-specialist staff.

Managers, at a service and regional level, are also key supports to program implementation, particularly in the provision of effective performance management, staff development and supervision systems.

There are also now a number of coordinating positions, such as Community Drug Action Team (CDAT) program managers, Regional Service Delivery Planning (Premiers Department) who could provide other systems for action.

Table 3 – Identification of areas of practice, associated skills and occupations

Practice area	Skills needed	Occupations	
<ul style="list-style-type: none"> • Community education on drug issues 	<ul style="list-style-type: none"> • Needs assessment and evaluation • Program planning • Presentation and/or group work • Communication and social marketing • Media management 	<ul style="list-style-type: none"> • Health promotion & education officers • Youth service workers • Program support officers (JJ) 	<ul style="list-style-type: none"> • CDATS • Youth health workers • Police liaison officers
<ul style="list-style-type: none"> • Education to those at risk of developing problems with AOD 	<ul style="list-style-type: none"> • Adult education skills • Needs assessment and evaluation • Program planning • Presentation and/or group work 	<ul style="list-style-type: none"> • Youth sector workers • SAAP generalist & AOD • Police liaison officers • District Officers 	<ul style="list-style-type: none"> • School counsellors • Program support officers • Community Support teams (disability)
<ul style="list-style-type: none"> • Brief interventions 	<ul style="list-style-type: none"> • Assessment skills • Communication • Motivational interviewing 	<ul style="list-style-type: none"> • JJ AOD counsellors • SAAP generalist • Operational Police • JJ conference convenors • CSS workers & MRC • District Officers • Intensive support officers 	<ul style="list-style-type: none"> • Welfare workers • TAFE counsellors • School counsellors • Nurses (community & JJ) • Juvenile Justice Officers • Youth sector workers • CST (disability)
<p>Assessment –</p> <ul style="list-style-type: none"> • Recognition of AOD problems • Early identification drug use 	<ul style="list-style-type: none"> • Interviewing skills • Observation • Impact on parenting and relationships <p><i>Use of AOD assessment scales</i></p> <p><i>Use of withdrawal scales</i></p>	<ul style="list-style-type: none"> • Receptions and admin staff on intake • TAFE & School counsellors • Nurses (community and JJ) • Juvenile Justice Officers • AOD counsellors • CST (disability) 	<ul style="list-style-type: none"> • Chamber magistrates • Youth sector workers • SAAP generalist & AODof • Operational police • CSS workers & MRC • District Officers • Generalist health
<ul style="list-style-type: none"> • Referral to appropriate specialist services 	<ul style="list-style-type: none"> • Knowledge of and ability to access information on referral opportunities • Assessment skills • Communication 	<ul style="list-style-type: none"> • Youth sector workers • SAAP generalist & AOD • JJOs • CSS workers & MRC • District Officers • Generalist health staff 	<ul style="list-style-type: none"> • Chamber magistrates • TAFE counsellors • School counsellors • Police liaison officers • Nurses (community & JJ) • Caseworkers (JJ)
<ul style="list-style-type: none"> • Counselling 	<ul style="list-style-type: none"> • Assessment • Motivational interviewing • Communication • Relapse prevention strategies • Micro-skills in counselling • Single session and solution focused approaches • Understandings of child protection and parenting and relationship issues 	<ul style="list-style-type: none"> • Youth Health workers • Community health counsellors • Mental Health workers 	<ul style="list-style-type: none"> • AOD workers and counsellors in all agencies (health, JJ, Corrections, DET, NGO sector)

Practice area	Skills needed	Occupations	
<ul style="list-style-type: none"> • Management of intoxicated clients 	<ul style="list-style-type: none"> • Observation and situation assessment officers • Basic first aid and OH&S • Managing challenging behaviours, including aggression • Communication • Conflict resolution 	<ul style="list-style-type: none"> • Courts counter staff and Sheriffs • Receptions and admin staff with intake roles in range of agencies • AOD workers and counsellors in all agencies (health, JJ, Corrections, NGO sector) 	<ul style="list-style-type: none"> • Nurses (community & JJ) • Operational Police • Custody Officers • Youth sector workers • SAAP AOD, generalist • Senior Youth workers (JJ) • District Officer • ISOs
<ul style="list-style-type: none"> • Management of people with AOD problems in custody 	<ul style="list-style-type: none"> • Communication • Observation and situation assessment • Basic first aid and OH&S • Ability to access specialist advice and referral points 	<ul style="list-style-type: none"> • Operational police • Custody Officers • JJ AOD counsellors and psychologists 	<ul style="list-style-type: none"> • Sheriffs • Corrections Custodial staff • JJ nurses • Centre youth workers (JJ)
<ul style="list-style-type: none"> • Case management 	<ul style="list-style-type: none"> • Motivational interviewing • Relapse prevention and management • Assessment of Dual disorder and other specific population group responses • Team work & Communication • Planning • Problem solving • Impact on parenting and relationships • Assessment and notification of child protection situations 	<ul style="list-style-type: none"> • Case managers in welfares setting • School counsellors • JJOs • JJ centre staff • District Officers & generalists 	<ul style="list-style-type: none"> • SAAP AOD workers • TAFE counsellors • Nurses (community) • CSS workers • CST (disability)
<ul style="list-style-type: none"> • Manage emergency or crisis situations (overdose, withdrawal) 	<ul style="list-style-type: none"> • First aid & OH&S • Observation and assessment • Communication • Problem solving • Management of aggression 	<ul style="list-style-type: none"> • Operational Police • Youth sector workers • JJ centre staff • JJ nurses • District Officers 	<ul style="list-style-type: none"> • Corrections Officers • Teachers and school staff • AOD counsellors in all • CSS workers • CST (disability)
<ul style="list-style-type: none"> • Provide treatment services in specialist settings 	<ul style="list-style-type: none"> • Assessment • Observation • Communication • Treatment planning & Relapse prevention • Motivational interviewing • Health education 	<ul style="list-style-type: none"> • AOD workers and counsellors in Corrections, JJ, health 	<ul style="list-style-type: none"> • Nurses (JJ & Health)
<ul style="list-style-type: none"> • Provide service coordination and/or education to other frontline staff 	<ul style="list-style-type: none"> • Team work • Needs assessment and evaluation • Program planning • Presentation and/or group work • Communication and social marketing • Communication • Problem solving • Media management 	<ul style="list-style-type: none"> • Regional/district managers (in all government departments) • Human resource/ training/ corporate development staff • Place managers (Premiers) • Clinical supervisors • Community Project Officers 	<ul style="list-style-type: none"> • Program managers (CDATS) • Clinical Nurse consultants (Health & JJ) • Drug Education consultants (DET) • Childrens Services Advisors

Section 5

Recommendations - goals and outcomes

Alcohol and other drugs are already impacting on the work of a huge variety of frontline professionals. A number of areas of practice have been identified as a priority. These areas were identified because:

- enhancement in the area could have significant impact on the management of AOD problems in the long term
- there are existing opportunities (for instance existing resources) which could be effectively utilised
- lack of competence in a particular area results in barriers to effective management along the continuum of AOD problems
- a large proportion of the workforce are engaged in the practice, particularly where the practice covers a range of sectors

Priority areas of practice for frontline professionals

- assessment
- referral
- case management – particularly across sectors
- management of clients who are intoxicated
- brief intervention.

The alcohol and other drugs intervention role of different occupational groups and workers within those groups vary considerably. Therefore the intensity of education or training provided should match the intensity or complexity of the intervention they provide. It is important that workers in services are able to provide strategic responses, which are consistent with their broader role. In many cases, this will require collaboration with other agencies, so that effective support can be provided.

Training programs can only support the development of good practice if they are incorporated into comprehensive and integrated change approaches, which must also include policy and information systems, and organisational infrastructure. There is an ongoing need for systems, which enhance practice (see Table 3).

Table 4 - Worker requirements to change practice

Workers need	Examples of strategies
Information about:	
<ul style="list-style-type: none"> • drugs and their effects • range of treatment options, services • contact details for referral networks • crisis and first-aid protocols • legal status and requirements • key initiatives, policy and procedures • impact of drug and alcohol use on parenting 	<ul style="list-style-type: none"> • existing websites and proposed websites • existing fact sheets and information on drugs can be disseminated • service databases exist/in development • standard protocols in each work site easily adaptable • reference cards, posters, fact sheets on particular legal issues in development/may need further development • information bulletins about key projects
Skill development in:	
<ul style="list-style-type: none"> • assessment of problems, observation and recognition • management of difficult behaviours associated with intoxication (eg. aggression) • providing appropriate information to clients in brief interventions • working in multi-disciplinary and cross sectoral teams • case management 	<ul style="list-style-type: none"> • training programs on role specific needs • debriefing of critical incidents • supervision systems • participation in case management meetings • cross-sector service planning • action learning projects • professional development
Access to:	
<ul style="list-style-type: none"> • clear policy frameworks • learning and debriefing opportunities • networks of other service providers • reliable, relevant and timely information • resources suitable for distribution as take-home information for clients • performance management and development systems that support practice goals 	<ul style="list-style-type: none"> • development of agency policies for managing AOD issues • clinical supervision, or regular case management meetings • dissemination of appropriate resources • development of intranet support • regional interagency meetings of NGOs • clearinghouse functions of peak bodies • development of the skills of service managers in performance appraisal and staff development

Key Issues

As well as the overall summary provided in table, there were a number of key issues identified as integral to the success of any proposed training and education initiatives. These include:

- ***Development of organisational protocols and frameworks to support effective intervention in and management of AOD issues***

The requirements of these will vary from agency to agency, however some cross sectoral protocols can be identified as priority areas.

- Interagency guidelines for case management, particularly for young people and those clients with dual disorder issues
- Information systems for referral to specialist AOD treatment and education services.
- ***Development of appropriate assessment skills and tools to support the implementation of these***
A number of agencies identified standardised assessment tools as a key resource for the effective management of AOD issues within their settings. A range of these instruments exist, and could be readily adapted to suit the context of organisational policies.
- ***Curriculum should be informed by and have reference to the National Competency standards where applicable***

The Community Services Training Package provides a comprehensive framework of those skills and practice areas identified through the Training Needs Review. This package contains core competencies in case management, advocacy, networking, assessment and referral, and then specialisation in alcohol and other drugs, youth work, aged care, disability services. These standards are currently under review, with endorsement expected in early 2001.

Where possible, training should be accredited, either to these standards, or to appropriate agency systems.

Appendix F provides a list of best practice principles for quality curriculum.

- ***Enhancement of the skills of agency and line managers of frontline staff to assess and support staff professional development strategies.***

Particularly in the non-government sector, the role of managers and supervisors in coordinating learning initiatives with staff was highlighted as an area needing further development.

- ***Regional and cross-sector initiatives***

These should be given priority so that practice goals can be addressed within the context of continuum of service delivery. For example agencies could combine training delivery initiatives, particularly in rural areas, rather than conducting Department specific courses.

- ***Goals***

Organisations engaged in human service delivery in NSW need to provide leadership, policy, partnerships, information and support for individuals to better manage AOD.

More specifically they need to ensure that frontline staff have:

- learning and debriefing opportunities (for instance access to training and study leave, clinical debriefing and supervision)
- performance management and development systems that support practice goals (for instance opportunities for developing expertise, for example job rotation, secondments)
- policies which assist in AOD management (eg policy on assessment, job descriptions and role expectations which include AOD management)
- access to networks of other service providers
- reliable, relevant and timely information (eg on drugs and their effects, treatment options, referral pathways, crisis and first aid protocols)
- resources suitable for distribution as take-home information for clients.

Organisations will then need to develop strategies to ensure that frontline staff in NSW will be able to:

- assess AOD problems among their client group
- provide appropriate referral to specialist treatment and support services

Organisations will then need to develop strategies to ensure that frontline staff in NSW will be able to:

- assess AOD problems among their client group
- provide appropriate referral to specialist treatment and support services
- manage difficult behaviours associated with intoxication of clients
- participate in case management approaches to quality service delivery
- utilise opportunities for brief intervention to effectively communicate information to clients.

An example provided by the Department of Community Services (DoCS) of planning for integrated approaches is attached. (See Appendix G)

Where to from here?

To assist organisations achieve these goals, the Review recommends the following framework for the provision of resources.

1. State-wide coordinated action

Specific action is required to support the enhancement of skills and knowledge in the five priority practice areas. This will include the collation and dissemination of a range of existing resources, tools and curricula currently available or being developed in each area.

This will be coordinated by NSW Department of Health, Drug Programs Bureau (DPB). The DPB will ensure there are appropriate links between the various projects and will oversee progress, through the NSW Training Task Force and a steering group of representatives from the nominated human services Government Departments.

2. Commissioned priority projects

The Review identified three sectors which fall outside of the direct control of Government Departments. Projects will be commissioned with appropriate services to ensure the achievement of the strategic goals identified by this Review for these priority sectors:

- youth services
- non-government ethnic welfare services
- non-government AOD treatment services

3. Regional implementation

It is recognised that rural NSW is particularly disadvantaged because there is less existing infrastructure and staff often work in small and remote or isolated agencies. Working across organisations is vital in this context as it enhances cost effectiveness and allows sharing of expertise in developing strategies.

To assist in the development of strategies to meet the goals identified by this Review five regional advisory groups will develop intersectoral projects. These will be implemented in regional NSW using the Premiers' Department regions as the basis for cross-agency planning. Each Region will nominate an agency to administer projects and manage funds.

Specific proposals will be developed by Drug Programs Bureau, NSW Health in relation to each of these.

Section 6

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Appendices

Appendix A

Priority Professionals – agency responses to setting priority exercise24

Appendix B

Needs and strategies – agency responses32

Appendix C

Data collection forms from each phase42

Appendix D

List of NSW Drug Summit recommendations48

Appendix E

Current key training provision in NSW50

Appendix F

Principles of quality curriculum51

Appendix G

DoCS Capacity Building Framework52

Appendix A

Priority professionals – compilation of agency responses received

Group description	Prevalence of issues	Potential for impact	Role legitimacy	Previous needs assessment outcomes
<ul style="list-style-type: none"> AOD Counsellors (Juvenile Justice Centres) 	<p>High</p> <ul style="list-style-type: none"> approx 90% of young people entering custody are withdrawing from legal and illegal substances. role specific 	<p>High</p> <ul style="list-style-type: none"> work directly with young people to determine substance abuse history including familial drug using patterns They assess risk of self-harm/suicide provide AOD interventions including relapse prevention, management of cravings and drug seeking behaviour, and harm minimisation facilitate psycho-educational group programs 	<ul style="list-style-type: none"> responsible for conducting assessments and providing treatment for AOD issues. assess level of dependence and motivation to change provide a consultancy role and provide information relevant to the management of young people with AOD issues 	<p>Training needs analysis (1999) identified:</p> <ul style="list-style-type: none"> Motivational Interviewing Relapse Prevention Advanced Integrative Cognitive Therapy Brief Solution Focused Therapy Managing Challenging Behaviour
<ul style="list-style-type: none"> Community officers and Intensive Program Unit AOD counsellors and psychologists 	<ul style="list-style-type: none"> approx 90% of young people are using legal and illegal substances. This use is directly related to their offending behaviour 	<p>High</p> <ul style="list-style-type: none"> equivalent to those in the centres; staff provide AOD assessment, treatment, support, education, counselling, follow-up and group facilitation providing regional and rural services to young people not in detention 	<ul style="list-style-type: none"> provision of AOD service for young people in the community one of the agencies used for referral by Juvenile Justice Officers an integral role in the new Youth Drug Courts 	<p>Training needs analysis (1999) identified:</p> <ul style="list-style-type: none"> Motivational Interviewing Relapse Prevention Advanced Interviewing and other therapeutic models Advanced Pharmacology up-to-date knowledge on community services
<ul style="list-style-type: none"> Psychologists (Juvenile Justice Centres) 	<p>High</p> <ul style="list-style-type: none"> approx 90% of young people entering custody are withdrawing from legal and illegal substances. 	<p>High</p> <ul style="list-style-type: none"> the provision of a consultancy role to support the roles of the AOD Counsellor, Nurses and Senior Youth Workers psychologists provide strategies to minimise self-harm/suicide and violent behavioural issues resulting - from substance use and cravings 	<ul style="list-style-type: none"> reinforce the work of the AOD Counsellor on a deeper level 	<ul style="list-style-type: none"> Integrative Cognitive Therapy Brief Solution Focused Therapy Managing Challenging Behaviour The Drug Summit Coordinator has endorsed these outcomes as priorities

Group description	Prevalence of issues	Potential for impact	Role legitimacy	Previous needs assessment outcomes
<ul style="list-style-type: none"> TAFE teaching staff (full and part time) 	<ul style="list-style-type: none"> Situations requiring intervention are rare in general but staff confidence and capability needs to be developed and maintained. The needs of particular groups of teaching staff (eg. those working with 'youth at risk') would be given priority. 	<ul style="list-style-type: none"> Low but there is a potential for improved outcomes for individual cases. 	<ul style="list-style-type: none"> drug issues occur within the context of duty of care and OH&S 	<ul style="list-style-type: none"> to date, training has been 'on request'
<ul style="list-style-type: none"> TAFE Counsellors 	<ul style="list-style-type: none"> prevalence will vary depending on geographical location and student population characteristics 	<ul style="list-style-type: none"> counsellors will have a medium impact as student referrals comprise a limited proportion of the overall student population. Such referrals will be one aspect of a broader role. 	<ul style="list-style-type: none"> counsellors are available to provide counselling advice on request. 	<ul style="list-style-type: none"> all TAFE counsellors have been provided with professional development in drug issues and Motivational Interviewing Techniques
<ul style="list-style-type: none"> School staff 	<ul style="list-style-type: none"> situations requiring intervention are rare but staff confidence and capability needs to be developed and maintained. all primary teachers and secondary teachers of relevant syllabus areas will be involved in the provision of drug education. 	<ul style="list-style-type: none"> Low but there is a potential for improved outcomes for individual cases Medium within relevant teaching contexts 	<ul style="list-style-type: none"> primary teachers and teachers of relevant syllabus areas, particularly PDHPE where drug education is part of the core curriculum, will directly provide drug education. 	<ul style="list-style-type: none"> professional development provided for PDHPE teachers in 1997, a national evaluation of overall project conducted. all teachers provided with professional development during 1998. Reviewed on the basis of state wide evaluation feedback. the development and implementation of new resources and policies includes a training and development component ongoing training and development available when requested by individual schools.
<ul style="list-style-type: none"> School Counsellors 	<ul style="list-style-type: none"> prevalence will vary depending on geographical location and student population characteristics 	<ul style="list-style-type: none"> counsellors will have a medium impact as student referrals for drug use comprise a limited proportion of the overall referrals. Such referrals will be one aspect of a broader role. 	<ul style="list-style-type: none"> counsellors have an identified responsibility for initial student assessment and advice to the principal on referral needs. Their role also includes opportunity to provide advice and support to school staff and parents on drug issues. 	<ul style="list-style-type: none"> all school counsellors have been provided with professional development in drug issues and Motivational Interviewing techniques

Appendix A: Priority professionals – compilation of agency responses received (cont'd)

Group description	Prevalence of issues	Potential for impact	Role legitimacy	Previous needs assessment outcomes
<ul style="list-style-type: none"> • Drug Education Unit staff 	<ul style="list-style-type: none"> • Medium 	<ul style="list-style-type: none"> • all officers have a high potential for impact as they work with a range of staff across the Department. 	<ul style="list-style-type: none"> • staff within the unit provide policy advice, resource development and professional development for departmental staff on drug issues 	<ul style="list-style-type: none"> • regular informal reviews of training needs are carried out at planning meetings and outcomes incorporated into future meetings
<ul style="list-style-type: none"> • Senior staff with a supervisory responsibility 	<ul style="list-style-type: none"> • Low generally 	<ul style="list-style-type: none"> • Low 	<ul style="list-style-type: none"> • Low but would need to be aware of departmental policies. 	
<ul style="list-style-type: none"> • Human Resources personnel work with staff experiencing drug related issues 	<ul style="list-style-type: none"> • Minimal but extent of contact needs to be further explored 	<ul style="list-style-type: none"> • Low but improved handling of incidents may improve outcomes for clients 	<ul style="list-style-type: none"> • limited counselling and referral core part of role 	<ul style="list-style-type: none"> • advice provided 'on request'
<ul style="list-style-type: none"> • Registered and enrolled nurses working in all areas of Area Health Services and Corrections Health 	<ul style="list-style-type: none"> • depending on worksetting/location low-medium-high • nationally 18% of deaths due to AOD use (1997) • almost 260,000 hospital episodes in 96/97 were attributable to AOD • AOD use can complicate management of other health problems of people presenting to health services 	<ul style="list-style-type: none"> • High potential, depending on worksetting • day to day contact with community and patients • nurses can build on existing skills • early identification and referral, early intervention, education, management all legitimate roles for nurses 	<ul style="list-style-type: none"> • Nurses Strategic Plan, NCETA Report, Drug Summit all formally recognise nurses as frontline professionals • duty of care and clinical management 	<ul style="list-style-type: none"> • 93/94 and 95/96 surveys of hospitals and community health services re supporting policies, protocols and AOD education indicated varied and non-integrated implementation • The Survey of Knowledge Skills and Attitudes of Registered and Enrolled Nurses in NSW (B. Goodin, 1997) • Forum: challenges and Barriers to the Implementation of the NSW Strategic Plan on nursing Management of AOD 1995 • These needs assessments indicated that there were process, structural and resource issues that need to be systematically addressed.

Group description	Prevalence of issues	Potential for impact	Role legitimacy	Previous needs assessment outcomes
<ul style="list-style-type: none"> • AOD Workers located in each centre • Regional HIV/AIDS Health promotion Co-ordinators 4 x statewide 	<p>Very High</p> <ul style="list-style-type: none"> • Up to 80% of inmates are in gaol for AOD related crimes. 	<p>High</p> <ul style="list-style-type: none"> • every inmate has access to AOD Workers and Programs. • HIV Health Promotion Programs • Harm Min Peer Education Staff and Primary training. 	<ul style="list-style-type: none"> • AOD Workers are responsible for assessment, referral follow up and liaison with CHS. • Harm - Mini Principles etc. Report writing. Program delivery. • HHPU Coordinators are responsible for dissemination of HIV, Hep and Health Lifestyle information and strategies to implement policies. Condom distribution. Drug Summit Funding to increase positions. 	<ul style="list-style-type: none"> • previous reviews indicate focus on high risk inmates and transition
<ul style="list-style-type: none"> • Community Settlement Services (CSS) Workers and integrated Humanitarian Settlement Strategy (IHSS) Workers. These workers are employed by community organisations that DIMA funds to provide settlement services to newly arrived migrants, refugees and humanitarian entrants. 	<ul style="list-style-type: none"> • prevalence depends on the area or region and the client group 	<p>High</p> <ul style="list-style-type: none"> • CSS and IHSS workers have a high potential for impact because they see a wide range of clients • workers can build on existing skills and knowledge in the assessment and referral of AOD client 	<ul style="list-style-type: none"> • CSS and IHSS workers are responsible for conducting assessments of their clients' needs, providing appropriate information about settlement services that are available to meet those needs, and referring clients to services. 	<ul style="list-style-type: none"> • there has been no previous needs assessment conducted

Appendix A: Priority professionals – compilation of agency responses received (cont'd)

Group description	Prevalence of issues	Potential for impact	Role legitimacy	Previous needs assessment outcomes
<ul style="list-style-type: none"> Project Managers Drugs and Community Action Strategy 	<p>High</p> <ul style="list-style-type: none"> AOD Issues the focus of their work however more so re coordination of other frontline worker efforts 	<p>High</p> <ul style="list-style-type: none"> High potential for impact given their focus is on helping to involve more marginalised frontline workers (eg. parents, volunteers) and streamlining current practices in the regions. 	<p>Project Managers are responsible for:</p> <ul style="list-style-type: none"> conduction needs assessment of region and advising on priority areas for region identifying opportunities for CDATs facilitating CDAT Drug Action Plans coordination role has been identified as a priority for Premier's Dept hence location of DCAS with this unit. 	<p>Drugs summit identified need for:</p> <ul style="list-style-type: none"> more coordinated efforts at State, regional and local levels with regard to AOD activities. need for more collaborative efforts of government and community if services and activities to be effective at a local level.
<ul style="list-style-type: none"> CDAT Members 	<p>High</p>	<p>High</p> <ul style="list-style-type: none"> The model of drug action teams is new for NSW. CDAT members will be direct implementors of local drug action plans. Skills of CDAT members vary. 	<ul style="list-style-type: none"> identified in Gov Plan of Action as key frontline workers re illicit drugs 	<ul style="list-style-type: none"> experiences from other jurisdictions (WA, UK, US) highlight need for AOD training for CDATs Drugs summit identified: need for training and info for community members re illicit drugs
<ul style="list-style-type: none"> SAAP (Supported Accommodation Assistance Program) Drug and Alcohol Worker 	<p>High</p> <ul style="list-style-type: none"> These workers have a specialist role and generally work in the few specialist SAAP services for clients affected by Alcohol and Other Drugs. 	<p>High</p> <ul style="list-style-type: none"> The position requires a high level of understanding of clients affected by AOD. Potential impact is high as all clients in the specialist services are either self – referred or there as a result of identifying AOD as a problem in their lives. 	<p>High</p> <ul style="list-style-type: none"> Specialised drug and alcohol workers are recognised as experts in the field. 	
<ul style="list-style-type: none"> SSAP Services Generalist/ Support Workers 	<p>High</p> <ul style="list-style-type: none"> No formal surveys re: SAAP clients problem use of AOD has been undertaken. Anecdotally, a high percentage of SAAP workers attending training courses identify AOD as an issue in casework. Anecdotally, at least 60% of SAAP clients are affected by AOD (including children affected by their carer's usage). 	<p>High</p> <ul style="list-style-type: none"> Depending on SAAP staff competency in identification, assessment and other aspects of client casework. Potential impact is high as SAAP workers have access to a wide range of clients impact is also dependent on organisations management attitudes and willingness and work-place culture re: housing clients with AOD issues. 	<ul style="list-style-type: none"> This varies, SAAP support workers are involved in casework with clients. Competency varies. In non-AOD specific services legitimacy can be low-high depending on the competency of the worker and the attitudes of the organisation. 	<ul style="list-style-type: none"> in the SAAP Training Unit Training Needs Analysis conducted in 1996 62% of all respondents ranked AOD training as the 11th most important out of 44 course subject areas 60% of all Aboriginal and Torres Strait Islander respondents ranked AOD as the 9th most important training need.

Group description	Prevalence of issues	Potential for impact	Role legitimacy	Previous needs assessment outcomes
<ul style="list-style-type: none"> SAAP Services Co-ordinator / Manager 	<ul style="list-style-type: none"> (cont.) It is difficult to get an accurate figure of the prevalence as the self-identification of AOD issues may lead to the non-acceptance or rejection of prospective or current clients from the SAAP service. 	<p>High</p> <ul style="list-style-type: none"> These staff are often influential re: the intake and case management of clients affected by AOD issues. They can influence worker's casework approach to clients and role model values/attitudes. 	<ul style="list-style-type: none"> Coordinators/Managers usually have authority in the SAAP setting. Often clients hide AOD issues from them for fear of having access to the service blocked or withdrawn. 	(see above)
<ul style="list-style-type: none"> Operational Police Officers 	<p>High</p> <ul style="list-style-type: none"> responsible for implementation of Cannabis cautioning diversion scheme for adults and cautioning scheme for young people responsible for implementation of diversion trials for other drugs in two regions 	<p>High</p> <ul style="list-style-type: none"> Police Officers are responsible for identifying people eligible for cautioning and initiating proper action 	<ul style="list-style-type: none"> Police have the legal and societal mandate to implement drug laws, and have common law discretion to enable cautioning under current guidelines. Other professionals are unable to provide this service. 	
<ul style="list-style-type: none"> Education Development Officers 	<p>High</p> <ul style="list-style-type: none"> EDOs in 80 Local Area Commands will need training to deliver cannabis cautioning and young offender's Act training to all operational police officers 	<p>High</p> <ul style="list-style-type: none"> need to ensure all operational police have a knowledge and understanding of cautioning procedures and protocols 	<ul style="list-style-type: none"> provide front line training to officers in local area commands and other commands in the Police Service 	
<ul style="list-style-type: none"> Youth Liaison Officers 	<p>High</p> <ul style="list-style-type: none"> responsible for cautioning young people for drug and other offences 	<p>High</p> <ul style="list-style-type: none"> it is hoped that cautioning young people may be effective in deterring future drug use. Diversionary outcome is preferable for young people who are not persistent offenders 	<ul style="list-style-type: none"> issue cautions to young people by virtue of the Young Offenders Act 	

Appendix A: Priority professionals – compilation of agency responses received (cont'd)

Group description	Prevalence of issues	Potential for impact	Role legitimacy	Previous needs assessment outcomes
<ul style="list-style-type: none"> • Custody Officers 	<p>High</p> <ul style="list-style-type: none"> • responsible for safety of persons who are affected by drugs and who are in police custody 	<p>High</p> <ul style="list-style-type: none"> • Safety in Custody is a priority issue. 	<ul style="list-style-type: none"> • Police Service has duty of care to persons in custody 	
<ul style="list-style-type: none"> • Conference Convenors (casual on call contractors) 	<p>High</p> <ul style="list-style-type: none"> • many clients - drug related offences 	<p>High</p> <ul style="list-style-type: none"> • need basic communication assessment and referral information 	<ul style="list-style-type: none"> • the role of convenor is essential in conference preparation. AOD issues are a large part 	<ul style="list-style-type: none"> • convenors have identified this training as a major need
<ul style="list-style-type: none"> • Clerical officers (Public Servants) 	<p>Low</p>	<p>Low</p> <ul style="list-style-type: none"> • may deal with such clients irregularly 	<ul style="list-style-type: none"> • may be confronted with some issues - may not 	<ul style="list-style-type: none"> • some clerical officers do not feel they need training whereas managers do feel they need some training
<ul style="list-style-type: none"> • Conference Administrators (Public Servants) 	<p>Medium</p>	<p>Medium</p> <ul style="list-style-type: none"> • talk to clients and families on phone 	<ul style="list-style-type: none"> • central management role • responsible for accreditation 	<ul style="list-style-type: none"> • essential to have training
<ul style="list-style-type: none"> • Chamber Magistrates 	<p>High</p> <ul style="list-style-type: none"> • Chamber magistrates conduct interviews with a range of court clients about sensitive matters and are therefore seen as a priority group for training. 			
<ul style="list-style-type: none"> • Clerical officers who have client contact (in Sheriffs' office) 		<ul style="list-style-type: none"> • benefit from general awareness training on drugs and alcohol 		
<ul style="list-style-type: none"> • Uniformed Sheriff's Officers at the 52 centres that do field work (approx 160 staff) 	<ul style="list-style-type: none"> • While the Sheriff's Office deals with approximately 2000 security 'incidents' a year the office is not able to provide a break down of how many of these incidents are related to people affected by drugs or alcohol. However, anecdotal evidence suggests that many staff in the Sheriff's Office have direct contact with clients that who are affected by alcohol or other drugs. 	<ul style="list-style-type: none"> • Sheriff's working in children's courts, the Adult Drug Court and Youth Drug Court Program may require specific attention 		

Group description	Prevalence of issues	Potential for impact	Role legitimacy	Previous needs assessment outcomes
<ul style="list-style-type: none"> Community Mental Health Workers 	<p>High</p> <ul style="list-style-type: none"> many clients have A&OD issues also or self-medicate A&OD issues are often implicated in episodes of psychosis, depression and suicidality 	<p>High</p> <ul style="list-style-type: none"> in conjunction with good mental health interventions Mental Health Workers are responsible for comprehensive assessment of all clients accessing the mental health service and often deal with presentations that are related to A&OD use. 	<ul style="list-style-type: none"> Mental Health staff are already recognised as legitimate stakeholders in A&OD work. 	<ul style="list-style-type: none"> needs assessments frequently identify A&OD training requirements of Mental Health Worker
<ul style="list-style-type: none"> Sexual Assault and Child Protection Workers 	<p>High</p> <ul style="list-style-type: none"> adult victims may self-medicate. parenting difficulties can be exacerbated by alcohol and other drug use AOD issues often linked to Child Protection issues. 	<p>High</p> <ul style="list-style-type: none"> clients of Sexual Assault Services and Child Protection are identified as a high risk group for AOD abuse. 	<ul style="list-style-type: none"> PANOC workers take a family systems approach which would encompass AOD issues within the family system need to assess role of AOD issues in parenting/abuse. need to recognise and address AOD issues as they arise 	<ul style="list-style-type: none"> estimates of up to 65% of current Child Protection clients with AOD issues.
<ul style="list-style-type: none"> Aboriginal Health Workers 	<p>High</p> <ul style="list-style-type: none"> Aboriginal Health Workers are the first point of contact for many Aboriginal people. workers have reported that approximately 80% of Aboriginal clients have or are directly affected by AOD Issues 	<p>High</p> <ul style="list-style-type: none"> Aboriginal workers are in a position to have high impact because Aboriginal clients relate to where each is coming from. impact could be particularly high in partnership with other key workers 	<ul style="list-style-type: none"> Aboriginal Health Workers are recognised as key players in Aboriginal Health Aboriginal Health Liaison Workers facilitate client access to any services which will improve their health and well-being. This is consistent with the National Aboriginal Health Strategic Plan (wholistic, incorporating health, cultural and spiritual aspects). Role legitimacy is therefore high. rural Aboriginal communities have a high prevalence of substance use disorders 	<p>Steve Ella - 1997 unpublished needs analysis conducted on the Central Coast</p> <ul style="list-style-type: none"> 75% of people surveyed used tobacco. 23% reported alcohol problems 3% reported illicit drug problems (figures judged to be under-representative of actual usage)

Appendix B

Needs and strategies - examples of responses received from agencies

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> Social Workers 	<ul style="list-style-type: none"> recognition of A&OD problems appropriate immediate brief interventions referral to appropriate specialist services 	<ul style="list-style-type: none"> use of A&OD assessment strategies brief interventions knowledge of referral opportunities 	<ul style="list-style-type: none"> training consultancy from specialist staff development of policies and practice guidelines 	<ul style="list-style-type: none"> specialist staff 	<ul style="list-style-type: none"> training materials
<ul style="list-style-type: none"> Aboriginal Health Staff 	<ul style="list-style-type: none"> community education on A&OD issues early intervention with A&OD problems community ownership culturally appropriate services by mainstream staff 	<ul style="list-style-type: none"> community development skills assessment skills adult education skills A&OD awareness 	<ul style="list-style-type: none"> utilise existing skills set up mentoring systems continue access to specialist training opportunities 	<ul style="list-style-type: none"> Rural Health Education and Research Centre specialist A&OD staff 	<ul style="list-style-type: none"> specific training kits aimed at Aboriginal staff
<ul style="list-style-type: none"> Mental Health Staff 	<ul style="list-style-type: none"> capacity to provide continuum of care for mental/ health/ AOD clients improved outcomes for mental health clients with A&OD issues reduction in the number of systems and staff that clients have to deal with improved case management 	<ul style="list-style-type: none"> training in A&OD issues training in case management strategies to support clients with combined mental health and A&OD problems 	<ul style="list-style-type: none"> use of specialist A&OD staff self directed learning packages visits to other sites staff swaps use of CNCs 	<ul style="list-style-type: none"> CNCs specialist A&OD staff 	<ul style="list-style-type: none"> training kits
<ul style="list-style-type: none"> Sexual assault and child protection staff 	<ul style="list-style-type: none"> as above but related to sexual assault plus integrated approaches to managing parenting issues and A&OD issues 	<ul style="list-style-type: none"> as above but related to sexual assault 	<ul style="list-style-type: none"> use of specialist A&OD staff specific A&OD training related to sexual assault strengthened case management structures 	<ul style="list-style-type: none"> Sexual Assault and PANOC Co-ordinators specialist A&OD staff 	<ul style="list-style-type: none"> training kits

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> • Generalist counselling staff 	<ul style="list-style-type: none"> • integrated counselling approaches • referral to specialist services as appropriate 	<ul style="list-style-type: none"> • skills in brief interventions • assessment skills • general A&OD knowledge • assessment skills 	<ul style="list-style-type: none"> • use of specialist A&OD staff • use of senior clinicians • self-directed learning packages • peer supervision 	<ul style="list-style-type: none"> • specialist staff • senior clinical staff • specialist A&OD staff 	<ul style="list-style-type: none"> • training materials • additional supervision time
<ul style="list-style-type: none"> • Intake staff 	<ul style="list-style-type: none"> • early identification of A&OD presentations • early referral to appropriate services • adequate assessment of risk and need for service • successful brief interventions 	<ul style="list-style-type: none"> • understanding of services available • brief intervention skills • computer skills • withdrawal scales competency 	<ul style="list-style-type: none"> • training in skills required • ongoing assessment of competencies • establishment of specialist support • information available on service availability 	<ul style="list-style-type: none"> • computers • some assessment tools • some withdrawal scales 	<ul style="list-style-type: none"> • training packages • more computers • information systems

Appendix B: Needs and strategies - examples of responses received from agencies (cont'd)

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> Client contact staff in Local Courts in specific locations such as the Adult Drug Court and courts that contribute defendants to the Adult and Youth Drug Courts. Training and development needs of District Courts would be similar 		<ul style="list-style-type: none"> strategies for managing the behaviours of people who are effected by alcohol or other drugs. 	<ul style="list-style-type: none"> Skills training about alcohol and other drugs would be best integrated into 'handling difficult client situations' skills type training. It is envisaged that skills training about appropriate security precautions, OH&S training re: handling dangerous substances and basic first aid training would be provided in this context. 	<ul style="list-style-type: none"> ensuring drug and alcohol issues are included in general client service skills training information dissemination through circulars including drug and alcohol issues on OH&S committee agendas and in OH&S training ensuring that there is critical incident debriefing for staff as required working with local networks to ensure appropriate referrals 	
<ul style="list-style-type: none"> The Sheriff's Office 	<ul style="list-style-type: none"> managing and responding to the behaviours of clients who are affected by alcohol or other drugs 	<ul style="list-style-type: none"> The Sheriff of NSW has further advised that the Sheriff's Office will be instituting random breath testing for alcohol as part of the recently negotiated Consent Award. 	<ul style="list-style-type: none"> 'train the trainer' approach implemented on drug and alcohol issues induction program for new recruits and the 'Annual Re-certification' training for Sheriff's Officers. training could also be integrated into 'Advanced Skills' training for Sheriffs Officers. 	<ul style="list-style-type: none"> OH&S (new recruits receive training receive Hazardous Substance Kits and instruction on how to conduct safe searches and the appropriate use of force) as part of the program delivered by the Operational Training and Support Unit 	

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> Chamber Magistrates 		<ul style="list-style-type: none"> appropriate referral agencies for court clients with drug and alcohol issues best time for specific interventions in relation to AOD issues 	<ul style="list-style-type: none"> training about drug and alcohol issues for Chamber Magistrates would best be placed in the overall context of training aimed at improving intake, assessment and interview skills 		
<ul style="list-style-type: none"> TAFE teaching staff (full and part time) 	<ul style="list-style-type: none"> develop capability and confidence to deal with drug related incidents at the level identified with the group as appropriate 			<ul style="list-style-type: none"> existing staffing and funds 	
<ul style="list-style-type: none"> TAFE Counsellors 	<ul style="list-style-type: none"> to increase knowledge of key issues relating to AOD use and counselling to increase understanding of the role of the counsellor in relation to DET AOD policies and practices 		<ul style="list-style-type: none"> three day training course ongoing provision of the course annually for new counsellors 	<ul style="list-style-type: none"> course commenced June 1999 all counsellors now trained existing staffing and funds 	

Appendix B: Needs and strategies - examples of responses received from agencies (cont'd)

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> School staff 	<ul style="list-style-type: none"> teachers understand the principles of effective drug education effective implementation of drug education within the PDHPE syllabus and other syllabuses where appropriate. to equip non-school based staff with the knowledge, skills and understanding necessary for them to assist schools to effectively address drug issues 		<ul style="list-style-type: none"> provision of policy documents provision of curriculum support materials targeted training and development in the implementation of policy and teaching materials 	<ul style="list-style-type: none"> existing departmental staffing and funds Commonw'lth funding through the National School Drug Education Strategy 	<ul style="list-style-type: none"> additional drug education consultants
<ul style="list-style-type: none"> School Counsellors 	<ul style="list-style-type: none"> to increase knowledge of key issues relating to AOD use and counselling to increase understanding of the role of the counsellor in relation to DET AOD policies 		<ul style="list-style-type: none"> three day training course course commenced May 1997 all counsellors now trained 	<ul style="list-style-type: none"> existing staffing and funds ongoing provision of the course annually for new counsellors 	<ul style="list-style-type: none"> nil
<ul style="list-style-type: none"> Drug Education Unit staff 	<ul style="list-style-type: none"> to ensure that staff have the necessary understanding and skills to develop resources and provide professional development for other departmental staff 		<ul style="list-style-type: none"> regular opportunities for training and development 	<ul style="list-style-type: none"> existing staffing and funds 	<ul style="list-style-type: none"> nil

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> Human Resource personnel work with staff experiencing drug related issues 	<ul style="list-style-type: none"> develop capability and confidence to deal with drug related incidents at level identified with group as appropriate 		<ul style="list-style-type: none"> work with two or three identified institutes to provide training course, evaluate and refine training course then offer to other institutes target groups will be determined in consultation with institutes 	<ul style="list-style-type: none"> existing staffing 	<ul style="list-style-type: none"> sponsor in Institute Co-ordinator of process Training through customised accredited training for frontline workers currently available through non-metropolitan areas
<ul style="list-style-type: none"> Community Settlement Service (CSS) Workers and Integrated Humanitarian Settlement Strategy (IHSS) Workers. 	<ul style="list-style-type: none"> to ensure that funded organisations under the CSS and IHSS Schemes develop organisational policies and protocols that support CSS and IHSS workers to make appropriate referrals in relation to alcohol and other drug issues, in the context of their assessment, case management, information provision and referral duties 		<ul style="list-style-type: none"> research other organisations' policies and protocols consult with managers and workers of funded organisations to assess level of need for training/ information in AOD identify opportunities for better links between settlement workers and AOD workers, e.g. share information on service providers and forums, hold a meeting between workers, distribute lists of AOD workers and settlement workers. 	<ul style="list-style-type: none"> DIMA community consultants CSS and IHSS workers managers of funded organisations training 	<ul style="list-style-type: none"> evaluation expertise survey form or questionnaire other organisations' policies or protocols

Appendix B: Needs and strategies - examples of responses received from agencies (cont'd)

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> Project Managers Drugs and Community Action Strategy 	<ul style="list-style-type: none"> to develop organisational policies and protocols which support DCAS PMs in the management of AOD issues (as is Relevant to their co-ordination role) to improve AOD general knowledge as applicable to DCAS PMs co-ordination role 		<ul style="list-style-type: none"> research policies/procedures from other agencies who have used CDAT model conferences orientation to AOD training workshop sign up to ADCA listserver subscription to Connexions workshop issues at team meetings guest speakers from other gov agencies at team meetings media training 	<ul style="list-style-type: none"> training budget time of DCAS PM's 	<ul style="list-style-type: none"> other organisation's policies/procedures (eg WA - which have used community action model)
<ul style="list-style-type: none"> Members of CDATS 	<ul style="list-style-type: none"> to improve AOD general knowledge as applicable to community action role 		<ul style="list-style-type: none"> review experiences from other jurisdictions DCAS team to identify potential gap area and training program structure agency to consult with CDATs and design package 	<ul style="list-style-type: none"> DCAS website CDATs toolkit DCAS PMs reviews from other jurisdictions training budget 	<ul style="list-style-type: none"> agency to do needs assessment agency to design package
<ul style="list-style-type: none"> SAAP (Supported Accommodation Assistance Program) Drug and Alcohol Workers 	<ul style="list-style-type: none"> to develop training that will support SAAP drug and alcohol counsellors in their casework with clients 		<ul style="list-style-type: none"> develop a SAAP AOD training tool that is useful and accessible to all SAAP services staff AOD Best Practice Forum to provide opportunities in which these workers can share their skill and knowledge with other SAAP workers 	<ul style="list-style-type: none"> Human Resources: 1 staff member: 4-6 hours per week total for project SAAP AOD Training Project Reference Group 	<ul style="list-style-type: none"> National Drug and Alcohol Research Centre's best practice information on alcohol and other drug assessment and counselling practices curriculum development expertise

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> SAAP Services Generalist/ Support Workers 	<ul style="list-style-type: none"> to develop training that will improve SAAP workers casework with clients affected by alcohol and other drugs. To provide training that is relevant and accessible to all SAAP workers 		<ul style="list-style-type: none"> to provide training that is relevant and accessible to all SAAP workers 	<ul style="list-style-type: none"> Human Resources: 1 staff member: 4-6 hours per week total for project SAAP AOD Training Project Reference Group 	<ul style="list-style-type: none"> National Drug and Alcohol Research Centre's best practice information on alcohol and other drug assessment and counselling practices curriculum development expertise
<ul style="list-style-type: none"> SAAP Services Co-ordinator/ Manager 	<ul style="list-style-type: none"> to improve organisational policies and practices by alcohol and other drugs 		<ul style="list-style-type: none"> to develop training that will improve SAAP management casework with clients affected by alcohol and other drugs 	<ul style="list-style-type: none"> Human Resources: 1 staff member: 4-6 hours per week total for project SAAP AOD Training Project Reference Group 	<ul style="list-style-type: none"> National Drug and Alcohol Research Centre's best practice information on alcohol and other drug assessment and counselling practices curriculum development expertise

Appendix B: Needs and strategies - examples of responses received from agencies (cont'd)

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> Operational Police officers 	<ul style="list-style-type: none"> trained in procedures for cautioning adults 		<ul style="list-style-type: none"> develop policy develop training strategies develop training materials Mandatory Police Continuing Education Package article in Policing Issues and Practice Journal distributed to every police officer 	<ul style="list-style-type: none"> run Workshops for Education Development Officers (80) EDOs deliver training to all operational police (13,000) marketing material in Policing Service Weekly distribution of Cannabis Cautioning Guidelines and aide memoir to all police completed using existing education network 	<ul style="list-style-type: none"> assistance already provided in form of funding for project officer and maintenance budget
<ul style="list-style-type: none"> Custody Officers 	<ul style="list-style-type: none"> Custody managers and custody officers have an appropriate level of knowledge and skills to manage drug affected persons in custody 		<ul style="list-style-type: none"> appropriate material included in redeveloped Safe Custody course and Custody Manager's workshop 	<ul style="list-style-type: none"> Principal Tutor, Safe Custody, Education Services resources for development, documentation and delivery of training. 	<ul style="list-style-type: none"> some funding provided through Police Service Drug Summit Funds
<ul style="list-style-type: none"> Operational Police Officers 	<ul style="list-style-type: none"> to reduce the number of persons discouraged from calling an ambulance to an overdose by police attendance and activity 		<ul style="list-style-type: none"> produce clear and workable guidelines for police attendance at overdoses 	<ul style="list-style-type: none"> operating procedure developed and disseminated 	

Appendix B: Needs and strategies - examples of responses received from agencies (cont'd)

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed for these practice goals	Strategies to achieve these goals	Resources currently available	Extra resources needed
<ul style="list-style-type: none"> Youth Liaison Officers (Police) 	<ul style="list-style-type: none"> administer cautions to young people for drug offences subject to the Young Offenders Act 		<ul style="list-style-type: none"> ensure youth liaison officers are confident to administer cautions to young people for appropriate drug offences Youth Liaison Officers to present package to operational police in Local Area Commands 	<ul style="list-style-type: none"> Principal tutor, YLO and education services resources for development, documentation and delivery of training 	
<ul style="list-style-type: none"> Conference Convenor 	<ul style="list-style-type: none"> effectively facilitate Y.J. conference that are drug related offences and 'victimless' 	<ul style="list-style-type: none"> Gain general knowledge re: illegal drug use affecting individuals users Families and support Community Identify appropriate outcome opportunities which addresses offending behaviour and are seen to be a benefit to the community (other than CSO's) 		<ul style="list-style-type: none"> D & A counsellor willing to assist with training dependent on manager's approval and workload at time 	<ul style="list-style-type: none"> printed resource material guest speakers for training sessions YJC Guidelines training specific to YSC
<ul style="list-style-type: none"> Conference Administrator and Conference Conveyors 	<ul style="list-style-type: none"> to provide training and support to CCs and CAs in working with conference participants experiencing AOD issues. the training needs to include some technical information such as pharmacology of substance abuse as well as practical information on how drug misuse may affect cognitive and communication skills, and strategies to work effectively with such issues 		<ul style="list-style-type: none"> Strategies (currently) include allocating referrals where D & A issues are mentioned to CCs with experience in AOD work; providing training using local service providers to CCs (not ideal given their time constraints and the pro bono nature of the training); providing CCs with research on AOD issues that have implications for their work; and information on relevant organisations for referrals. 		<p>Resources needed include either funding to pay for specific, relevant training using local services or an expansion of the department's training program to include AOD and CCs, and the biggest wish of all would be adequate services to actually refer people to.</p>

Appendix C

Data collection forms used in Training Needs Review

Phase 1

Form 1 -

Questions to help you identify and prioritise staff for the Training Needs Review process

<p>The following questions are intended as a guide to help you complete Form 2. The Frontline Professionals you identify in this process will define the scope and focus of the implementation of the Training Needs Review.</p> <ol style="list-style-type: none"> 1. What role is identified for your agency from the Drug Summit Plan of Action? 2. What programs and priorities have been identified for your agency from the Drug Summit Plan of Action? 	<ol style="list-style-type: none"> 3. Which types of Frontline Professionals will this have impact on? 4. Which types of Frontline Professionals within your organisation currently deal with alcohol and other drug use issues in their day to day work? How? 5. Of the above identified group/s who would have the potential to create the greatest impact on alcohol and other drug issues? Why? How?
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Form 2 – Identifying priority frontline professionals - sample

Group description (by job, occupation, title, location)	Prevalence of issues (low, medium,high)	Potential for impact (low, medium,high)	Role egitimacy	Outcomes of previous needs assessment
Example: Social Worker	High Social workers in this organisation report that more than 60% of clients have alcohol and other drug issues	High Social workers have a high potential for impact, because they have access to a wide range of clients and can build on existing skills and expertise in the application of AOD specific interventions	<ul style="list-style-type: none"> • Social workers are responsible for conducting assessments and intervening on a range of issues including alcohol and other drugs • The National Centre for Education and Training on Addictions recognise that frontline professionals, e.g. social workers, have an essential role in addressing alcohol and other drug issues • In this organisation, social workers are expected to address alcohol and other drug issues with their clients and are provided with support to do this. 	A needs assessment conducted by the organisation in 1998 identified that 60% of clients seen by social workers had alcohol and other drug issues.

Form 3 – Implementation plan for identified priority group - sample

Priority frontline professionals	Goals/objectives	Strategies	Timeframe	Resources available	Resources needed
Example: Social Worker	<ul style="list-style-type: none"> to develop organisational policies and protocols which support social workers in the management of alcohol and other drug issues to improve alcohol and other drug assessment and counselling skills for social workers within this organisation 	<ul style="list-style-type: none"> research other organisations' policies and protocols review current policies and protocols consult with managers and social workers survey social workers to identify current skills in conducting AOD assessments and providing counselling related services 	<p>March 2000</p> <p>May 2000</p>	<ul style="list-style-type: none"> Human Resources Project management team Senior Social Workers Clinical Supervisors 	<ul style="list-style-type: none"> evaluation expertise survey form other organisations' policies and protocols National Drug and Alcohol Research Centre's best practice information on alcohol and other drug assessment and counselling practices

Form 1: Organisational review questions

Current Situation:

With particular reference to the priority frontline professionals your organisation identified in Phase 1, could you give an overview of the current situation in your organisation which influences their practice? The following questions are designed as prompts to assist in mapping a range of possible factors which could facilitate or provide barriers to practice, or service delivery goals. Answering these questions may assist in the completion of Form 2.

- (i) How does your organisation's Strategic/Business Plan provide direction on the management of AOD issues?
- (ii) What policies/guidelines exist for workers to effectively identify, manage and refer AOD clients?
- (iii) How are these policies/guidelines operationalised?
- (iv) How are these policies/guidelines monitored?
- (v) What organisational structures support workers to effectively identify, manage and refer clients with AOD issues?
- (vi) How does your organisation demonstrate commitment towards achieving AOD related goals?
 - (a) What financial and organisational resources are allocated to AOD work?
 - (b) What percentage of management and frontline workers' time is allocated to AOD issues?
 - (c) What involvement does the organisation's senior managers have in AOD related Steering and Management Committees?
- (vii) How does your organisation identify the competencies required by frontline workers to effectively identify, manage and refer clients with AOD issues?
- (viii) What monitoring and evaluation systems are used by your organisation to identify the amount and type of AOD related action undertaken by the identified frontline staff?
- (ix) What quality improvement initiatives are undertaken by your organisation and how do they impact on your frontline professionals?

1. Future goals and objectives

- (i) In terms of future policy development, what opportunities exist for the incorporation of AOD issues?
- (ii) What opportunities exist for the incorporation of AOD goals in your organisation's strategic and business planning process?
- (iii) What organisational structures could be developed to more effectively support frontline workers in their work with AOD affected clients?
- (iv) What opportunities exist for the development of quality improvement systems that will impact on AOD work?

2. Strategies to achieve these goals

- (i) What are your suggested strategies for achieving these goals and objectives?

3. Proposed timeframes

- (i) What are your proposed timeframes for achieving these goals?

4. Resources

- (i) What resources are currently available to help you achieve these goals?
- (ii) What resources are required to achieve these goals?

Form 1: Organisational development plan for frontline professionals

Current situation	Future goals/objectives	Strategies to achieve these goals	Timeframes	Resources available	Resources needed

Workforce development review - questions

<p>Professional development training programs (external)</p> <ul style="list-style-type: none"> • Are there relevant AOD-related professional development training programs available for your frontline staff? - If so, are there any gaps or barriers preventing your frontline staff from participating in these? • Is the AOD-related training accredited or part of a broader performance management system? • How well do current AOD-related professional development training programs support frontline professionals' career pathways? <p>Workplace-based training (internal)</p> <ul style="list-style-type: none"> • What AOD-related training was offered within your department in the past year? • How did the curriculum build on past programs or the assessed needs of workers? - If it didn't, how was the curriculum developed for this training? • Is the AOD-related training accredited or part of a broader performance management system? • Are there regular opportunities such as staff meetings in which workplace-based training could be provided? Please identify these. 	<p>Incidental and informal learning opportunities</p> <ul style="list-style-type: none"> • Are the work roles of your frontline professionals sufficiently broad and flexible enough for them to learn new AOD-related skills and knowledge? • So that workers can learn new AOD-related skills and behaviours, are there opportunities for workers to observe other AOD-specific personnel? • What opportunities or forums are there for your frontline professionals to collaboratively develop strategies to enhance AOD-related skills or knowledge? • In what ways does your organisation assist frontline professionals to plan, implement and critically assess the effectiveness of their AOD-related work? <i>(adapted from checklist 2 and 3 in Indicators to Help with Capacity Building in Health Promotion)</i> <p>Professional support and performance management systems</p> <ul style="list-style-type: none"> • What professional support systems or relationships exist for your workers that support their ongoing AOD-related work needs (mentors, clinical supervisors, peer support)? • How are AOD issues included in performance appraisal or performance management systems? • What opportunities exist for staff to improve their AOD-related skills and knowledge?
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Form 3.1: Workforce development plan for frontline professionals

Priority professional group (as identified previously)	Future goals/objectives in skill/practice development	Knowledge and skills needed to achieve these goals	Strategies to achieve these goals	Resources available	Resources needed

Phase 4

1. Financial resources

- What proportion of the organisation's budget is allocated to AOD-related activities?
- In what ways could the organisation improve its allocation of financial resources to AOD-related issues?
- What opportunities exist for obtaining short- and long-term funding for AOD-related projects?
- What clerical / administrative support, equipment, office space and meeting space is required to implement effective AOD-related strategies?

2. Partnerships

- What goals does the organisation have in common with other organisations?
- What joint ventures/partnerships/collaborative projects is the organisation currently involved in that relate to AOD use?
- What have been the outcomes of any joint ventures/partnerships/collaborative projects relating to AOD use?
- What are the barriers to establishing and maintaining partnerships with other organisations?

3. Access to Information

- What systems are in place for ensuring availability of information to support workers in dealing with AOD issues (e.g. libraries, literature reviews, national goals and targets, best practice information)?
- How could these systems be improved and developed?
- How are future staff needs for access to information assessed?

4. Tools

- How are best practice models, guidelines or standards for reducing AOD -related harm utilised in the workplace?
- How might these tools be better distributed?

Form 4.1: Resource development plan for frontline professionals

Current situation	Future goals/ objectives in skill/ practice development	Strategies to achieve these goals	Proposed timeframes	Resources available	Resources needed

Appendix D

NSW Drug Summit – Recommendations on Training

5.1 Given the current fragmented approach to training requirements in the drug and alcohol field, there is a need for a whole of government approach to the establishment of training priorities, the targeting of resources and monitoring implementation.

5.2 An inter-agency body should be established with membership from relevant government and community organisations to achieve coordination and to ensure action on the Summit recommendations and the range of issues identified in the distributed Summit reference material on training requirements.

5.3 Adequate resources be allocated to the implementation of all areas of training: pre-service, in-service, professional development and that provided in workplaces. Such resources should be explicitly identified.

5.4 All professions and agencies providing drug and alcohol prevention, rehabilitation, crisis intervention and management services must include for their frontline workers and volunteers appropriate quality training. This training should include a set of core skills underpinned by relevant knowledge, and should be accredited nationally. It must also incorporate practical or workplace experience in a variety of contexts.

5.5 All generalist health professionals have a specialist drug and alcohol component within their core professional education and training and access to ongoing 'in-service' and further education programs.

5.6 All generalist community service workers have a specialist drug and alcohol component within their pre-service training and access to ongoing 'in-service' and further education programs.

5.7 Health, welfare and other frontline services should develop policies, programs and protocols to support the implementation of skills and knowledge gained through core training in alcohol and other drugs.

5.8 The expansion of numbers working in the alcohol and drug field should be encouraged by the creation of appropriate career structures supported by postgraduate training.

5.9 Training must include content specific to various occupations and roles and must at least address:

Worker requirements

- key competencies and skills
- team work with other disciplines
- working with coerced clients
- working with young drug users
- clear delineation of roles
- application of skills in a variety of contexts

Interventions

- comprehensive assessment of substance use
- protocols for treatment
- early intervention procedures
- home based interventions
- management of intoxication
- management of aggression
- management of withdrawal states

5.10 The breadth, mix and delivery mode of training should be varied to reflect the client group and the work context, especially work with Aboriginal and Torres Strait Islander communities and in cross cultural contexts.

5.11 Continuing education must be provided for doctors, nurses and other professionals involved in clinical management of patients who use pharmacotherapies.

5.12 Priority in training must be accorded to general health and community service workers and to those workers in early intervention programs targeting groups at high risk for substance abuse (for example, child protection programs and programs involving families at risk).

- 5.13 In order to improve the standard, quality and effectiveness of training, priority must be given to a series of professional development programs for prospective educators and trainers in each of the professions and other community service and health occupations.
- 5.14 All occupational health and safety modules included in current TAFE or other training provider courses should incorporate and/or expand content relevant to drug and alcohol issues.
- 5.15 Drug and alcohol training modules aimed at raising community and family awareness must be developed for use by community organisations in a range of delivery modes.
- 5.16 Appropriate support materials for assisting families and communities in drug and alcohol awareness programs should be disseminated to relevant organisations.
- 5.17 Practical work place training targeted at supervisors, human resource managers and others in key occupational health and safety roles should be designed to facilitate early identification and intervention.

Appendix E

Training providers in AOD – suitable for frontline professionals

As well as a range of training units located within Government Departments, there are a range of private and public sector Registered Training Organisations which can provide training in accredited courses.

NSW Health has developed a Directory of Alcohol and other Drugs Training Resources.

This can be found at :

<http://www.ceida.net.au/resources/index.htm>

Initiatives occurring as part of the NIDS frontline professionals program.

These include:-

- shared care of illicit drug users
- training for those who respond to the needs of young people (especially juvenile justice staff and youth workers)
- medical practitioners, particularly GPs

- those who respond to the needs of people with co-existing illicit drug problems and mental health disorders
- police – National framework for the implementation of education and training programs to enhance police responses to illicit drug related problems in Australia – commissioned to the Australasian Police Education Standards Council.
- pharmacists

Appendix F

Principles for defining quality in education and training programs

King et al (1997) described key strategies in development of curriculum to best practice standards:-

- consistency with principles of effective education and training
- content informed by research and quality assurance literature
- content informed by standards of practice and identified competencies
- identification of existing curricula and teaching resources
- appropriate location and modes of delivery
- identification of priority target groups

Characteristics of quality education and training programs (NCETA 1998, p5)

- use of experiential learning methods
- training which focuses on knowledge, skills and attitudes
- programs with clear learning objectives
- the use of quality resources
- flexible learning methods that enhance access
- training which is informed by evidence based practice
- training which links with accepted standards
- training which is assessed and evaluated
- programs that are relevant to work role
- training which is supported by the workplace
- the provision of post-training support, supervision and practice

Appendix G

Using the capacity building framework for action

Provided by DoCS 2000 (p38)

Capacity to optimise outcomes in relation to AOD related harm		
Workforce development	Organisational development	Resource allocation
<ul style="list-style-type: none"> • provide flexible learning opportunities for front-line staff and their clinical supervisors • use clinical supervisions systems to promote evidence-based practice • build in post-training support mechanisms to ensure transfer of learning • engage agency partners as co-learners and co-presenters in DOCS AODS learning and development programs that will serve to clarify roles, responsibility and practices 	<ul style="list-style-type: none"> • define AOD best practice standards in AOD policy • integrate clear AOD assessment protocols into practice manual • identify opportunities to reduce, manage and prevent AOD related harm minimisation risk assessment, case management and community development • use performance management systems to reinforce AOD policy and best practice standards 	<ul style="list-style-type: none"> • allocate financial resources to produce a wholistic approach (intersectoral projects, supervision and training) • provide staff with access to information to support action

Notes

Notes