

2013 Environmental Scan - Survey Questions

Each year, the CS&HISC Environmental Scan (which we call the EScan) aims to highlight grassroots industry intelligence on existing and emerging issues within the community services and health industries. It has a focus on merging needs in workforce development which influence an organisation's strategic priorities.

The purpose of this survey is to collect information to inform the 2013 EScan. **Submit your feedback by 15 October 2012.**

INSTRUCTIONS

This survey is aimed at those involved in the Community Services and Health Industries.

There are 40 questions in total. It should take about 45 minutes to complete this survey.

GENERAL (including work environment)

General questions please complete the following questions:

Questions 1 - 13

Questions 34 - 40

WORKFORCE DEVELOPMENT

If you work in Workforce Development area please complete the following questions:

Questions 1 - 23

Questions 35 - 40

TRAINING PACKAGES (including quality)

If you work in Training Packages area please complete the following questions:

Questions 1 - 13

Questions 24 - 40

Thank you in advance for your contribution of your industry and sector knowledge and observations.

YOUR DETAILS - Please enter your contact details below.

Q1. Name

Lucy Barnard

Q2. Position

Strategic Communications & Policy Officer

Q3. Organisation

The Alcohol and other Drugs Council of Australia

Q4. Email

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Q5. Phone

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Q6. What is your organisation's main role?

- ☐ Employer - Private
- ☐ Employer - Public
- ☒ Peak Body
- ☐ Professional Association
- ☐ Regulatory Body
- ☐ Registered Training Organisation (RTO)
- ☐ Union

Other (please specify)

Q7. What is your organisation's geographical coverage?

X ☐ National

- ☐ ACT
- ☐ NSW
- ☐ NT
- ☐ QLD
- ☐ SA
- ☐ TAS
- ☐ VIC
- ☐ WA

Q8. What is your organisation's industry or sectoral coverage?

- ☐ Aboriginal and Torres Strait Islander Health
- ☐ Acute Health
- ☐ Aged Care
- ☐ Child, youth and family services
- ☐ Children's Services (including early / middle childhood and education support)
- ☐ Complementary and alternative health
- ☐ Consumer group
- ☐ Disability services
- ☐ Mental health services

Other (please specify)

Alcohol and other drugs services

SECTION B: THE WORK ENVIRONMENT - This section aims to establish the major trends in the provision of health and community services.

Q9. Is the demand for services in your industry changing?

- ☐ No (If no go to Q14) ☒ Yes (If yes go to Q10 - Q13)

Q10. How have they changed in the past year?

The climate of the alcohol and other drugs sector is ever evolving and adapting particularly to change of government and strategies to meet the requirements of treatment.

In particular, there is a greater need for agencies to address and manage complex needs. These include comorbidity and multi-morbidity which are characterised by a client who may suffer from alcohol and other drug issues as well as mental health and/or other co-occurring conditions like:

- Acquired brain injury
- FASD
- Disability
- Criminal Justice clients
- Homelessness and Housing clients
- Clients and their family members

Furthermore, service delivery has been affected by changes in user habits, manufacturing of drugs, altered chemistry, co-use, and the demographic of users. These factors affect the demands on agencies and their operation.

Q11. What do you believe is driving change? (NB: include observations on factors such as the economy, policy or demographics as well as local changes, if relevant).

The political climate, government in power, funding delivery and current policy have considerable weight in driving change in the alcohol and other drugs sector.

An example of this is the current trend to connect mental health policy with alcohol and other drug issues. While it is important to treat co-occurring issues for better client outcomes, focusing on the link between mental health and alcohol and other drug issues without acknowledging other drivers has left considerable gaps in policy and treatment services.

Other factors driving change in service delivery include user trends such as:

- Preferred drug use
- Polymodal drug use
- Co-occurring issues
- Determinants of drug use (housing, domestic violence, chronic pain, marginalisation, education and employment).

Q12. How has your organisation responded to these changes? (NB. Please include positive actions you may have taken to limit any negative impacts resulting from changes).

Being adaptable and innovative has been critical in the response to change. Sector responses to challenges like funding shortages and policy change include:

- Forging stronger relationships between alcohol and other drugs services
- Engaging partnerships
- Conducting an open partnership styled dialog
- Working together for improved advocacy
- Managing the separation and relationships between government and non-government organisations

Q13. Do you have any observations /opinions on how these changes might affect regional, rural or remote area?

Regional areas generally suffer from reduced access to services despite efforts to meet their needs through internet based applications. Limitations of computer based services include remote access to the internet and a shortage of IT skilled staff and clients.

To avoid increased feelings of marginalisation, services strive to work with rural groups employing new terminology such as “mini-metropolitan” to help ensure remote areas are not missed. Furthermore, rural groups are more willing to participate in open dialogue and form partnerships with metropolitan equivalents.

SECTION C: WORKFORCE DEVELOPMENT NEEDS -This section seeks to establish current and emerging workforce changes

Q14. What do you believe are the current and emerging occupational shortages?

Occupational shortages stem from a number of factors:

- Pressure from an aging workforce
- Difficulty recruiting staff into the sector
- Salary competition from both public and private sectors
- Availability of funding
- Short term funding rounds and inflexibility of funding sources to respond to emerging trends

There is a need for:

- Generalists and further training
- Capacity to address complex needs such as mental health problems, domestic violence, housing, culture, and education
- Ability to cope with increasing demands on service providers that support no-wrong-door policies
- Capacity to address the needs of family, friends and communities

Q15. Are you aware of, or do you see a need for, new job roles emerging or required?

☒ Yes (go to Q16) ☐ No (go to Q17)

Q16. Describe these new roles and how they meet client needs.

New roles in the sector could include jobs that:

- Place greater emphasis on capacity building, training generalists, and build family inclusive services
- Manage affected family, friends and community members
- Build community capacity through networking and developing locally based programs
- Promote care packages and programs

Q17. Does your organisation undertake workforce development?

☒ Yes (go to Q19 – Q23) ☐ No (go to Q18)

Q18. How are workplace changes and job roles addressed within your organisation?

Workplace change and job roles are addressed by emphasising professional development and encouraging staff to enter training courses, workshops and forums.

Staff are encouraged to:

- Engage in professional development or clinical placements
- Manage workplace training expenses through a balance of internal and external training
- Have senior staff mentor and support their workers to develop and retain skills
- Mentor across like organisations
- Practise clinical supervision

Q19. What is influencing change in workforce development? Has this changed in the last year?

Workforce change has been driven by greater understanding of workforce development which is viewed as more than completing education and training.

Workplaces are encouraging:

- Clinical training
- Career pathway planning
- Succession planning
- Innovative remuneration packages

One innovative idea is to develop transferable sector packages that move with employees when they are recruited to a new agency within the sector, enabling them to retain their long service leave entitlements and encouraging them to stay in the sector.

The sector has responded positively to Improved Services Initiative funded projects.

Q20. Are there barriers to this development?

Barriers to workforce development include:

Sector based barriers:

Recruiting and retaining skilled staff

- Resources and funding
- Securing a sector wide culture shift
- Generating greater attention towards clinical work strategies rather than focusing on prevention.
- Motivating staff to attend clinical supervision in preference to formal education and training courses that are often viewed as more valuable to staff members due to industry recognition

Organisational barriers:

- Determining which staff members attend
- Aligning training with organisational need
- Finding courses that meet staff training needs rather than to "ticking the boxes"
- Finding courses that appeal to staff and provide appropriate acknowledgement
- Managing workloads with training
- Trusting workloads to others while staff are in training

Issues:

- Sending multiple staff externally or recruiting a trainer to bring information to the workplace - particularly relevant to remote service providers
- Being able to build on what is learnt at a course through continued training opportunities (ditto comment above re remote areas)
- Opportunities to integrate training into workplace practice

Q21. Do you have a workforce plan, and what is its long term projection (5 years, 10 years, 15 years...)

Due to three year funding rounds and insecurity of continued projects, organisations in the alcohol and other drugs sector draft strategic plans that dovetail with funding cycles.

Q22. Is workforce planning / or development being undertaken in your sector? (If so please explain).

Planning in the alcohol and other drugs sector occurs predominantly at an organisational level, a consequence of a competitive funding model. National and some state and territory AOD peaks provide support for professional development through education and training courses and access to information and resources.

Planning on a national level is limited.

Q23. How do you see workforce development policies, strategies and funding supporting the community services and health industries growth and reform?

Strong partnerships with Registered Training Organisations are necessary to achieve meaningful workforce development. Some funding pools are based on participant completion quotas which is unrealistic and difficult to achieve.

SECTION D: TRAINING PACKAGES

Q24. Are you aware of both the Community Services Training Package and the Health Training Package?

☒ Yes

☐ No

Q25. How do you use the community services and health training packages in your work?

The sector is moving towards a minimum skill qualification for certificate IV in alcohol and other drugs or equivalent.

Because the sector has difficulty attracting staff, organisations provide further education and courses to skill their workers.

Q26. Do you believe the community services and health training packages support workforce development?

Yes.

The issue lies in variations in the quality of training, the capacity of packages to reflect emerging needs and flexibility towards teaching capacity and accessibility.

Q27. How do you see workforce development policies, strategies, and funding supporting the community services and health industries growth and reform?

Refer to question 23

Q28. Do the qualifications and competency standards help you or your organisation in up-skilling your workforce, in your HR practices (including job descriptions, performance management and retention strategies)? (please provide detail with your answer)

Yes.

The standards assist with better improving workforce skills, obtaining staff commitment for a set period, and improving performance reviews to ensure position descriptions meet organisational needs.

Q29. Have Training Packages captured the new /emerging job roles in your workforce? (please provide detail with your answer)

To some degree packages address new workforce needs. Sector development is challenged largely by recruitment, qualification deficits, and staff retention.

Organisational input into Registered Training Organisations' curricula is limited, which means that current issues such as case complexity (dual diagnosis, comorbidity, driving factors and support networks) are not addressed.

SECTION E: TRAINING QUALITY

Q30. Are you satisfied with the quality of the training within your current and new workforce?

☒ Yes (go to Q31)

☐ No (go to Q32-34)

Q31. Do you consider on the job assessment as important; and what is the current status of on the job workplace assessment? (include whether you believe it is increasing or decreasing,)

Yes and no.

Training requirements vary between organisations limited in their capacity to provide training and education to staff.

Q32. What are your training concerns around quality? (please include detail, if relevant, on delivery of training and assessment procedures)

Q33. Discuss different ways your responses could apply to regional, rural and remote areas.

Q34. Do you have any observations / opinions on how a regional, rural or remote setting might impact on the quality of training?

SECTION F: GENERAL

Q35. Is technology/health informatics/e-health having any impacts on existing roles? (please explain your response; and include any observation you have regarding impact for remote, rural and regional areas)

Technology is having greatest impact in rural areas particularly where internet is accessible. Training applications such as teleconferences and webinars are more prevalent and help forge a balance in meeting training needs.

Access to technology and IT competency is a continuing challenge in keeping up with emerging technology.

Q36. Did the recent Fair Work Australia legislative decision have on impact your industry? If so, please explain.

There have been varying degrees of understanding and implementing the pay equity legislation. Some organisations have been disadvantaged by favouring workers, adjusting staffing and pay – only to learn that they will not be supported to recover staffing.

While the Fair Work Australia legislative decision is welcomed, the extent of outcomes remains largely unknown.

Q37. Do you believe there are pathway barriers between Higher Education and VET? If so, how do you consider these barriers can be overcome?

Yes.

While the distinction between higher education and TAFE is blurred, greater recognition is given to prior learning. This can be attributed to difficulties in resourcing training, affording study leave, and the potential loss of trained staff members.

The sector would like to see greater flexibility in Registered Training Organisation programs so that there's greater emphasis on work competency than qualification. Ideally organisations should be able to tailor courses to suit organisational needs, complete courses in smaller modules over greater time, and receive credit towards better qualifications.

Progressive diplomas or recognition of training hours is more applicable in the not-for-profit sector.

Q38. Do you consider there are any implications for a 'Demand Driven' VET funding model? Please explain your response.

Demand driven funding may be suited to large workforces; however funding training by demand would threaten availability of alcohol and other drug specific training for small organisations.

Q39. Do you consider leadership and management development important? If yes, please explain.

Yes.

Leadership and management development is important in the alcohol and other drugs sector as it:

- Contributes towards longevity of staff
- Improves workplace culture
- Supports and retain good clinicians
- Recognises that good clinicians are not necessarily good leaders
- Shifts emphasis from formal qualifications to practical workshops, which smaller organisations are better able to afford

Q40. Please share any other information to wish to raise or comment on.

The sector would like to see greater consultation between it and government on improving workforce capacity.

THANK YOU for participating in this consultation. Your contribution is greatly appreciated.

Would like to receive a copy of the report once it is published in 2013?

Yes ☒

No ☐

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If you have any queries or would like to discuss any issues or challenges that may impact on the EScan 2013 please contact:

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