Health Workforce Australia (HWA) was established in 2010 in response to the Council of Australian Government's (COAG) National Partnership Agreement on Hospital and Health Workforce Reform 2008 that acknowledged Australia needed

"a new single body working to Health Ministers that can operate across both the health and education sectors and jurisdictional responsibilities in health is critical for devising solutions that effectively integrate workforce planning, policy and reform with the necessary and complementary reforms to education and training."1

TEMPLATE FOR WRITTEN SUBMISSIONS

National Health Workforce Innovation and Reform Strategic Framework for Action.

Following an intensive period of research HWA has developed a draft National Health Workforce Innovation and Reform Strategic Framework for Action (Framework) for consultation.

The Framework is intended to establish a robust and well considered direction for future workforce development and reform while not detracting from present needs and commitments. It will be a structure for thinking, planning and action that will support a sustainable health workforce in response to changing population health needs, demographics and technologies.

The development and implementation of the Framework will require partnerships across sectors, jurisdictions and professional groups to look at the Australian health workforce through the lens of major innovation and reform.

HWA seeks feedback on the Framework via a series of national consultations and a call for written submissions.

Stakeholder groups from the health and education sectors are invited to participate in these consultations. These groups include:

- higher education and training providers;
- public and non government health and aged care providers
- professional and regulatory bodies
- representative groups of consumers, carers and service providers;
- jurisdictional officials;
- health workforce policy, planning and research officers.

Stakeholder groups are asked to provide feedback via a written submission to HWA.

[1] COAG (2008) *National Partnership Agreement on Hospital and Health Workforce Reform*. Schedule B p.16

Written submissions are due by **27th May 2011.**

Please complete your submission by referring to the information on the HWA website at http://www.hwa.gov.au/wir/strategy

Send the printed document to HWA at:

Health Workforce Australia

GPO Box 2098

Adelaide SA 5001

or send a copy of your submission by email to **HWAWIR@hwa.gov.au**

WRITTEN SUBMISSION

to **HEALTH WORKFORCE AUSTRALIA** to provide comment on

the **NATIONAL HEALTH WORKFORCE INNOVATION AND REFORM**

STRATEGIC FRAMEWORK FOR ACTION (FRAMEWORK)

PLEASE NOTE

The framework has been informed by the background paper provided. The background paper provides the evidence base and rationale for the framework and is available from http://www.hwa.gov.au/wir/strategy.

Please complete:

Name of stakeholder/organisation making this submission: ADCA

Contact person: Lucy Barnard Title Miss

Telephone 02) 6215 9814 Email Lucy.Barnard@ADCA.org.au

The comments provided in this submission are from the perspective of (please double-click and select 'checkbox' for those that apply):

☐ Education providers to the health workforce

☐ Health service managers

☐ Health workforce planners

☐ Health workforce researchers

☐ Indigenous health services planners and providers

☐ Rural and remote health services planners and providers

☐ A regulatory body

☐ A professional group/s (Please specify)

☐ A consumer group

☐ A carer group

☐ Government - Commonwealth

☐ Government – State or Territory

☒Non-government (not for profit)

☐ Non-government (private, for profit)

☒ Other (Please specify) National Peak

Confidentiality

The information provided in this submission will be presented as part of a **Report** to the HWA Board and the Strategic Framework Expert Reference Group. Individual submissions will be made available to members of the HWA Board on request. HWA does not intend to publish the submissions received or the Report on the submissions.

The **Report** will consist of aggregated, de-identified information and will be used to inform the final **National Health Workforce Innovation and Reform Strategic Framework for Action**.

Thank you for your participation

Health Workforce Australia thanks you/your organisation for taking the time and effort to consider the draft Framework and for providing your perspective and advice.

Further information about the work of HWA is available at www.hwa.gov.au

PLEASE PROVIDE YOUR FEEDBACK ON THE DRAFT FOR CONSULTATION BY RESPONDING TO THE CONSULTATION QUESTIONS BELOW.

The consultation questions presented below refer to the Draft for Consultation - a copy of which is available from http://www.hwa.gov.au/wir/strategy

SECTION 1 – FOREWORD AND BACKGROUND

1. Does your organisation have any comments or advice about the introductory sections of the Framework? In particular we seek your comments about the purpose of the Framework and the commitments that underpin the Framework.

Inclusion of the Non-Government Organisation (NGO) sector in the introduction would be advised, particularly as the NGO sector accounts for a vast proportion of the Health Workforce. In addition, inclusion of the NGO sector, it needs to be acknowledged that the NGO sector as a whole provide services at below cost. This raises particular concern over the sustainability of the sector, employee qualification, pay equity and staff retention.

The NGO sector is a multi-disciplinary field where skilled workers are greatly needed. Limited funding provisions are a barrier for recruiting and retaining highly qualified staff. The high number of volunteers and junior staff that are employed as a result of limited funding means that significant proportions of that funding is consumed by the training required. Furthermore, the nature of employing volunteers and junior staff means employing team members who can have significantly diverse qualifications, experiences and interests. In light of this, the point made with regards to establishing multidisciplinary teams poorly represents the NGO sector as we already work under this premise. Within the NGO sector there has been and continues to see a chronic underinvestment in Alcohol and Other Drug (AOD) services which is a significant barrier to workforce reforms.

The Strategic Framework for Action has focused on treatment services alone and lacks due acknowledgement of preventative measures that ease financial burden on healthcare services by reducing presentations in emergency hospital departments and by reducing numbers of chronic disease patients. The alcohol misuse alone costs the Australian economy $36 billion annually. This cost is entirely avoidable and is reflected in the National Drug Strategy 2010-2015, which has based its preventative approach on this premise. The AOD sector plays a key role in this preventative approach.

SECTION 2 – FUTURE AND INTERMEDIATE OUTCOMES

1. Do the **future** outcomes focus on the most important health workforce issues from your perspective?

No. Although these outlines are comprehensive within the government sector, NGO's have been poorly represented. It is important to note, that NGO's are responsible for areas in which the government sector does not have the capacity or resources to cross and are therefore significant stakeholders in the framework.

1a. If yes, are they achievable through implementation of the Domains/Objectives and Strategies listed in this Framework in conjunction with other major national health reforms?

1b. If no, what might alternative outcomes be and why?

There is immense commitment to improved health outcomes across those in the AOD sector, despite being ill supported through lack of funding. This lack of support is concerning when considering the workforce implications such as sustainability of staff retention in the sector, particularly as resources are already stretched and there is high demand for AOD work. There are further concerns drawn over mounting pressures on health services from an increasing population. Thus, an alternative outcome should encompass the assurance of a sustainable and well supported workforce through implementation of recognition and funding in the health workforce NGO sector.

2. Do the **intermediate** outcomes focus on the most important health workforce issues from your perspective?

No. The document is largely ambiguous and does not take into consideration the AOD/NGO sectors of the Health Workforce. AOD is becoming an increasingly large health concern in Australia, particularly as chronic disease requires ongoing treatment. By not recognising the importance of the AOD sector, whose population is largely supported by NGO's, this document fails to consider a significant and mounting health burden faced by the Australia population. Further, this health burden is often best and most sustainably treated outside the traditional primary health care setting further emphasising the importance of the NGO and community based AOD sectors.

2a. If yes, are they achievable through implementation of the Domains/Objectives and Strategies listed in this Framework in conjunction with other major national health reforms?

2b. If no, what might alternative outcomes be and why?

1. Larger representation of the AOD and NGO communities; in particular, recognition of the multi-disciplinary training and expense necessary for them to function adequately.
2. Although collaboration is mentioned, there is a concern that the NGO community will not be represented at the national level. This is due to complex governance between governments and the NGO sector.
3. The AOD sector is responsible for addressing significant health issues in Australia that are often over simplified, denying patients of their complex needs. Acknowledgment of patient needs, of multiple recovery pathways, the multifaceted involvement of the AOD sector and the expertise healthcare workers require, asserts requisite attention to ensure quality, sustainable and meaningful outcomes.

SECTION 3 – WHAT IS THE HEALTH WORKFORCE?

1. Does the Framework reflect the composition of the health workforce? If not, why not?

It is unclear where the NGO sector fits within this model. Given that the mechanics of the NGO sector works unlike any other in the healthcare workforce, it would be appropriate for it to be recognised as its own category. Furthermore, the diversity of the workforce within the NGO environment acts as a barrier to a 'one size fits all' workforce approach. For example, in the diverse environment of the NGO sector there are General Practitioners and Psychologists that are regulated professions, user organisations that provide consumer input, as well as volunteers.

SECTION 4 – CASE FOR CHANGE

1. Does the case for change adequately reflect the health workforce issues facing Australia? If not, why not?

No.

1. There is a need for greater emphasis on preventative strategies within the document extending beyond issues that have resulted from lack of education. This is particularly significant in the AOD sector where preventative measures weigh considerably on healthcare costs.
2. There is a further need to address pay equity issues in the NGO sector, particularly with recent figures indicating its accountability for gender pay disparity recorded at approximately 14% and up to 35% amongst those in the NGO workforce. This particular issue encourages trained workers to pursue more lucrative appointments in the private industry.

2. Are the priority areas stated appropriate? If not, what should they be?

We would support the Domains for Action, however would question the priority areas for population based groups, capacity building, and settings.

The breadth of prevalence of AOD misuse amongst the total demographic should be an inclusion in this document as it has become a major contributor to the healthcare burden.

The emergence of complex health issues and their growing demand for healthcare resources such as comorbidity – *an individual who has a co-existing mental illness and substance abuse disorder without determination of which disorder is causative or primary, or an individual with a mental illness and co-existing problematic substance use condition which seriously precipitates or exacerbates positive and negative symptoms of their mental illness* – also needs inclusion in this section.

Further, to achieve sustained outcomes, consumers need to be understood within their social context. The complex nature of AOD misuse and the myriad of other associated social issues impact the sustainability of any primary healthcare interventions. Therefore, AOD misuse, comorbidity and community based interventions all need inclusion and serious consideration in this section.

SECTION 5 – DOMAIN 1

Health Workforce reform for more effective and accessible service delivery.

Reforming health workforce roles for more effective and accessible service delivery models to better address health promotion, prevention, population and demographic needs and improve productivity.

1. Are there other strategies that would better support national effort in this domain? (p 20)

Improvement in this domain from the AOD sector perspective include:

1. Increased communication and improved communication pathways and methods between government and non-government agencies.
2. Strategic planning regarding prevention and education
3. Develop adequate case management training to support for better client outcomes. This includes simplified and flexible patient journey and improved and ongoing consultation / advice

2. Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?

Please consider the following comments on the listed strategies:

1.2- Any policy written needs to take into account the differences between the government and NGO sectors in terms of available resources for implementation.

1.4- Without the consideration of cultural differences when transferring and applying internationally developed workforce innovation practices a consequence of this strategy may mean we see the implementation of culturally inappropriate or ineffective practices that within the Australian context are ineffective. Also, when contributing to the innovation and reform initiatives at international level, Australian contributions should be presented in such a way that the context in which they have been developed is acknowledged to lessen opportunities for inappropriate applications of such ideas.

1.5- As it stands, reads ambiguously and could do with clarification

3. Are there potential barriers to achieving change in this domain? What are they? How could they be overcome?

The unique structure of the AOD/NGO sector requires a different approach in defining reform at a national level. The AOD community requires flexibility to function, and uniformity across jurisdictions.

We work with a conglomerate of specialists whose knowledge is accumulated in the workforce, as these skills are rarely taught at an educational level. As a result, workforce reform needs to consider this sector as a different entity to enable a better workforce reform.

4. Are there enabling mechanisms to achieve change in this domain that we have overlooked?

NGO's provide service delivery that the government sectors often overlook.

SECTION 6 – DOMAIN 2

Workforce capacity and skills development.

Develop an adaptable health workforce – equipped with the requisite competencies and support that provide team-based and collaborative models of care.

1. Are there other strategies that would better support national effort in this domain? (p23)

A strategy to support the development of an adaptable workforce requires access to training that recognises prior learning. In ensuring the health workforce, namely the Alcohol and Other Drug (AOD) sector, to fast-track career movement consultation is required across a range of priority population groups. Recognition of prior learning (RPL) requires consultation with the sector to ensure standards are up to date and relevant to each sector. With regard to consultation it is pertinent that the ranges of population groups includes, but are not limited to, Aboriginal and Torres Strait Islander populations and women. The strategies need to be culturally appropriate and culturally accessible. The NGO sector and in particular the Aboriginal and Torres Strait Islander workforce requires consultation around how best to attract workers and subsequently retain the workers in the NGO sector.

One of the issues that is particularly relevant to the NGO sector is the high turnover of staff. Once trained, a member of staff is highly sort after by other more highly funded organisations outside of the NGO sector. Also, with the increase of skills the worker often seeks work in a sector that has access to a

greater level of funding and offers an increased level of job security.

Ensuring access to higher or tertiary based education that is flexible and encourages access to courses across a wider range of subjects, combined majors, and/or degrees will facilitate the education of a more highly trained and increasingly flexible workforce. The sector would like to see strategies that provide incentives and encourage flexibility and duality around tertiary based study eg. Combine degrees in relevant fields.

2. Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?

Whilst models exist amongst allied health professions, like dentistry, setting and regulating the educational system will be difficult. Therefore, introducing a consistent national regulatory body that has an overarching national standard for induction with the capacity to ensure local or state based flexibility will mitigate this concern.

There is a history of poor communication between health and education sectors. Exploring further liaisons between partners without understanding previous attempts and failures may only further damage relationships between education and health. The provision of incentives to develop collaborative initiatives, including but not limited to education and research, will encourage collaboration between the health and education sector will further facilitate a highly skilled workforce.

2.5- There is potential for undermining health workforce learning if rather than used as a means to *enhance* learning it becomes the primary mode for workforce learning. While there is particular value in providing this service for regional locations and the nature of the AOD/NGO workforce requires education to be flexible and adaptable, there is the concern that the value of a face-to-face interaction in learning may be lost.

2.6- The Aboriginal and Torres Strait Islander (ATSI) peoples need to be adequately consulted and involved in the development of any strategies for improving the attraction, recruitment, retention and support of the ATSI peoples in training programs and in the health workforce.

3. Are there potential barriers to achieving change in this domain? What are they? How could they be overcome?

There are a number of potential barriers to achieving change. There could be a lack of participation within the heath workforce. Incentive based training, career and financial incentives could overcome this.

The lack of communication between government, the private and NGO sector health organisations is a potential barrier for achieving change. Acknowledgement and understanding of the importance and skills of the community sectors needs to occur. Further, an understanding of the education and competencies that exist within the community sector is another important issue that is omitted.

Another barrier may be difficulties finding people who are willing to be adaptive and participate in ongoing learning and workplace development. Culture change strategies could be employed to address this issue.

4. Are there enabling mechanisms to achieve change in this domain that we have overlooked?

An enabling mechanism could be nationally recognised ‘in-house training programs. ‘In-house’ training programs are closer to the ground and more current than many external educational institutions.

SECTION 7 – DOMAIN 3

Health workforce leadership for sustainable change.

Develop leadership capacity to support and lead health workforce innovation and reform.

1. Are there other strategies that would better support national effort in this domain? (p26)

There are a number of other strategies that could support leadership for sustainable change. Firstly, the strategies make no reference to the Non-Government Sector. A strategy needs to be developed that explores and addresses leadership not just at different levels of health but across the health sectors (e.g. Public, Private and Non-Government). Such a strategy would further need to address how the three sectors must work together to achieve change across the industry and not just in fragmented parts.

Secondly, there is no mention of how specialisation or expertise is used at a leadership level. For example, the Non-Government Alcohol and Other Drug sector has evolved to meet the needs of consumers and the community while using evidence to inform the needs of the individual consumers. This translates into a sector that is flexible and responsive at a grassroots consumer level while simultaneously navigating a complex web of treatment options (both medical and psychosocial), treatment providers (across all provider types – Public, Private and Non-Government) across an array of client needs (far beyond the scope of just alcohol and other drugs). As a result of this approach Alcohol and Other Drug Workers have been considered expert in responding to client needs by understanding the intensity of interventions required based on the social context in which the client lives and exists. A strategy that learns from the wisdom and success of current innovators and current leaders would be more cost effective.

Further, there is not a strategy that outlines the need for "expert" leaders to work together to achieve comprehensive workforce change across the industry. Therefore, performance indicators or indicators of success need to be developed to measure that identified leaders exist and are working across the 3 sectors and that those leaders either come from a number of expert fields (such as the NGO AOD field) or alternatively that the leaders in the expert fields are consulted with regularity.

Finally, none of the strategies listed make reference to the role consumers may have at a leadership level. Literature would support the need to have consumer input at all levels and across sectors. However, any strategy that involves consumers would require clear roles and responsibilities to ensure that the process did not become a tokenistic one. Moreover, success indicators should be developed to determine the effectiveness of the strategies and further challenge potential tokenism of such a strategy.

2. Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?

The current focus on regulation in an increasingly litigious society make innovation at a leadership level difficult. As a result of risk management practices, the threat of litigation and compliance issues, current leaders are often very conservative in their decisions. Therefore, for the strategies to be effective leaders would be required to change a careers worth of learnt behaviour or new leaders would need to be identified. However, new leaders would lack experience and specific leadership skills and would require intensive and immediate support. Also, a drastic change would create a climate of fear and uncertainty which will undermine change efforts in the short term. The process would need to be handled with strategic forethought to mitigate the potential negative consequences.

3. Are there potential barriers to achieving change in this domain? What are they? How could they be overcome?

The key barrier to change is the nature of frontline clinical work and the nature of management and

leadership. Many workers interested in clinical and frontline positions are initially attracted to their professions because of the value placed on and working with others. Often leadership roles are administrative, taking workers away from their area of passion making leadership positions unattractive. Conversely, workers attracted to management positions often have limited exposure to the consumers' needs or the social context of the client. This limits or slows any innovation processes that could/should occur.

Providing leadership roles that celebrate frontline experience such as senior practitioners and facilitate and encourage innovation could address this. However, funding for such positions needs to exist across the sector, including the community sector. Further, leaders and managers could be provided with mandatory KPIs that expect managers to understand a consumers journey through the system be it through job shadowing, a consumer committee or allocating time to talk to consumers, etc.

4. Are there enabling mechanisms to achieve change in this domain that we have overlooked?

Health needs to be considered within the social determinants of health which clearly identifies the health workforce as reaching beyond just medical health and allied health professionals. Given this understanding, current leaders should be sought out that already understand the continuum of "health services" as expanding beyond the traditional and clinical health setting. For example, NGO AOD services are funded to treat a specific issue but work with the individual clients' needs within their social context. Leaders from this field are simultaneously specialised and generalist and should be sought out to provide input as they are already advanced in workforce reform and leadership innovation.

SECTION 8 – DOMAIN 4

Health workforce planning.

Enhance workforce planning capacity, both nationally and jurisdictionally, taking account of emerging health needs and changes to health workforce configuration, technology and competencies.

1. Are there other strategies that would better support national effort in this domain? (p29)

Technology is useful tool in this day and age as it allows us to share and communicate with each other quickly and effectively. Currently the health workforce has not embraced this to its full capacity and as a result is suffering. Therefore a suggested strategy that could allow the health workforce to function more effectively would be develop an online database in which all health workforce sectors could share what is happening in their field and the needs in their consumer groups. NGO's who work in regard to AOD in particular, could benefit from the implementation of this as it would give them the opportunity to inform clients of what is available in the health sector for their specific needs as well as let others know of what is available in our field.

To further embrace technology to its full capacity in the health sector, there will need to be an emphasis placed on up skilling workers. E-health and tele-health are good examples of technology where up skilling is necessary in order to offer these to consumers. NGO's in particular could benefit from using E-health and tele-health in their work as clients may find these are better ways to communicate with workers, however without the necessary skill set workers may not be able to provide adequate services if unaware of how to operate this technology.

2. Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?

In this domain of the health workforce reform, the strategies although valid have the potential to completely overlook the NGO sector of health. This is due to the lack of involvement in the testing of scenarios. In addition, the lack of thought around how workforce planning may be different in this sector as opposed to that in the government sector.

To further this argument, this domain does not take into consideration that the patient lives within a social context which ultimately impacts on their health. The literature identifies that social determinants of health (e.g. housing, finances, relationships etc.) exist and therefore must exist outside a clinical setting (e.g. hospitals and medical clinics). NGO's already operate within this sphere particularly in the AOD sector where a holistic approach ensures the consumer's needs are at the centre of the work as opposed to the health issue being at the forefront. Therefore, it is apparent in this domain that workforce planning strategies must be considered from a consumer perspective in order to provide them with the best possible health outcomes. A specific example where consideration of consumers is necessary is the transitioning consumer where clients can be released from hospital without sufficient support to function in their day to day lives. This is an area which the government system fails to recognize, and where conversely, the NGO sector is aware of these service delivery shortcomings, but lacks funding to facilitate programs to provide support to these consumers. Funding therefore is needed in the NGO sector to fill this void.

3. Are there potential barriers to achieving change in this domain? What are they? How could they be overcome?

A fundamental barrier to achieving change in this domain is that they do not consider the NGO's in their planning, and they do not consider that when working in a health context you need to not only look at the health of a consumer but also consider the impact of the social context on their health.

The exclusion of NGO's in planning creates an enormous barrier as it therefore does not consider large portion of the health industry. In addition, it does not consider that this sector, although ill funded, provides much needed support and prevention to consumers in regards to health. Furthermore, NGO's have a skill set that other health sectors do not have, and therefore NGO's could provide some significant health workforce planning innovations that other sectors may fail to acknowledge.

One particular area that other health sectors do not recognize is the impact of the social context on the health of a consumer. When working in health it is imperative that you look at the consumer outside of the traditional clinical health setting. For example, issues such as housing and finance can negate the benefits of health interventions. NGO's already work within this holistic framework where they look at both the clinical and the social context issues and as a result the health workforce reform would likely benefit from including NGO's in their planning.

4. Are there enabling mechanisms to achieve change in this domain that we have overlooked?

Health workforce planning in order to be successful, must incorporate enabling mechanisms that include learning from other sectors and the successful use of technology. By overlooking these areas the success of this document has been compromised as it fails to acknowledge fundamental areas of the growing health industry.

Learning from other sectors of the health industry in particular NGO's in the AOD sector is vital. They work across a vast range of settings such as clinical health, housing, etc. To achieve this they have a clear consumer driven goal rather than a wholly AOD focused goal. NGO's, as a result have a skill set that other sectors could learn from and become more consumer focused in their practice.

Another enabling mechanism that has been overlooked is technology. Technology is fast becoming one of most efficient ways to ensure that all health care professions stay up to date with the emerging health needs in Australia. In regards to consumer needs it fills the gap between health care professions by providing client information to other health care professionals working with them. Clients therefore do not have to keep repeating their story and are likely to feel less frustrated with the health care system. Further, the use of technology would likely improve consumer accessibility to services.

SECTION 9 – DOMAIN 5

Health workforce policy and regulation advice.

Develop policy, regulation, funding and employment arrangements that are supportive of health workforce reform.

1. Are there other strategies that would better support national effort in this domain? (p32)

Developing public awareness of available opportunities regarding employment in the health workforce would greatly support efforts. Targeting the Indigenous workforce regarding employment opportunities in health would see culturally appropriate service delivery be more readily available. Identifying the strengths and weaknesses in funding for each health care profession to ensure funding is distributed more evenly would strengthen this domain.

The development of a common national health goal or understanding of the consumer would further support workforce policy. The community sector works with an individual to achieve long term holistic outcomes. Current health specialisations are still extremely valid but appear for the most part to operate in a vacuum. If all service providers were working towards the same goal and understood their individual part in the chain, better workforce cohesion would occur, and this would be likely to infinitely improve the client's journey through the health system, which would ultimately result in improving health outcomes.

Finally, identifying the unique and distinct skill set that different professions and sectors contribute will assist in valuing the specific skills and their place within workforce policy. For example, NGOs employ a holistic and often intensive case management process with clients who have an array of complex needs. The intensity of the case management is often unique to the community setting. Moreover, the consumers receiving this intense case management and support are often the most complex within the health system and despite this the NGO sector still receives such limited funds.

2. Can you foresee any unintended negative consequences of the suggested strategies? How could these consequences be avoided?

Some of the negative consequences are specific to the specific strategies such as:
5.1 - NGO's are not mentioned, resulting in parts of the health workforce sectors being left without a voice. This can be overcome by including NGO's in any proposed strategies for achieving workforce changes.

5.2 – There is the potential for the NGO sector to be overlooked regarding evidence based development of policy. NGOs must be included in the evidence base to ensure all health work force sectors are being acknowledged. Further, excluding the community sector does not acknowledge the value of sustainable health outcomes outside of the traditional health setting.

5.5 - Without engaging the community sector regarding evidence based workforce change, a large section of the health community will be overlooked. Also, a lack of resources, in conjunction with increasing demands and increasing client waiting lists has necessitated significant innovation and

development within the NGO sector. Not engaging with NGOs would likely see potentially significant innovation and reform initiatives lost or contained to the NGO sector.

Finally, the goals of different health sectors often create competing demands in the workforce, which would benefit from working collaboratively and cohesively. Creating a common goal or educating the workforce in the varying goals in health workforce policy would further assist in the development of collaboration across the industry.

3. Are there potential barriers to achieving change in this domain? What are they? How could they be overcome?

The Indigenous community may not hold the same values as the health workforce. By understanding their values we are better able to meet their needs in health workforce.

If NGO's are not included in the national allied health award a large number of health care workers in the health care sectors will be lost. Legislation therefore needs to include the community sector of health. Moreover, if seeking innovation from employees, employees must be in turn shown some innovation in their workforce conditions, for example flexible work hours or work weeks. Agencies must be funded and/or encouraged to support their staff with innovative work arrangements to see the flow on effect of innovation from employees.

4. Are there enabling mechanisms to achieve change in this domain that we have overlooked?

Engaging and including the community sector better in the policy planning process would better see the community needs represented as the community sector works often, at a grassroots level. Further, the inclusion of the community sector would be the greatest enabling factor of collaboration and cohesion.

SECTION 10 – MONITORING AND EVALUATION

1. Do you have any comments about monitoring and evaluating the success of the Framework?

There needs to be solid evaluation measures and clearly articulated outcomes to be able to determine the effectiveness and progress of implementing the Framework. Therefore, to evaluate the effectiveness of workforce reform the measures of success need to be defined beyond simply health indicators. There are a range of social determinants of health that need to be considered as success indicators.

On a whole the framework fails to recognize the NGO sector. The NGO sector incorporates community based health, particularly in regard to AOD where funding is negligible. Funding will need to be provided at local and community levels for evaluation to take place.

EXTRA DETAIL

Innovations

1. Are there workforce innovations or reforms already happening in your area of responsibility that others should know about? If yes, what are they?

NGOs (particularly AOD NGOs) are currently operating in a generalised system in which workers have to have specialist and generalist skills. Services are consumer driven – that is driven by the stated needs and holistic understanding of the individual within their social environment. Workers are aware of the

intensity of available AOD interventions and match accordingly with the consumer's needs and within their context. Moreover, workers are aware of the complex web of other services such as rehabilitation, GPs, housing services, recreational services, etc. This is largely due to the on site training and promoted leadership development that in encouraged and often the norm in NGOs. This culture is a result of the passion and commitment of workers found in this sector. Further, NGOs understand the determinants of health in a broader context and as such will tackle issues such a parenting, criminal behaviour, welfare, resilience, to provide sustained health outcomes that are ultimately more cost effective.

2. Would you like HWA to follow up with your organisation to obtain further information?

Yes

Other comments

1. Do you have any other comments or advice about the Framework?

The framework should better consider the needs of the consumer. Consumer's lives continue after they exit a clinical health setting. There are a number of social determinants that will impact the success of the health interventions. The NGO sector currently fills this void. However, the workforce cohesiveness between NGOs and formal health systems in often strained. Hospital and clinic staff only have the capacity to respond within their setting. NGOs are able to function more flexibly and fail to understand the constraints of the alternate setting. Both sectors play a crucial role. However, workforce planning needs to bridge the transition points and allocate resources and training appropriately.

Therefore, the framework should consider:

1. The consumer holistically and within their broader social context. The workforce must be able to meet the needs of the individual
2. Consider the relationship between the three sectors (public, private and NGO) and why it is currently not cohesive and allocate training funds to address the tensions, gaps and competing demands (a clearly articulated common biopsychosocial goal of consumer driven long term outcomes may assist this).
3. Assessing the gaps in services that impacts on the consumer such as, transition points (e.g. the patient leaving hospital) and develop a needs matrix that links resources to outcomes. Transition may seem minor but if left unaddressed could undo all the other interventions wasting the investment of health dollars thus far.
4. Expert areas that have a generalist approach that demonstrate solid returns on investment. An example being the NGO AOD sector addresses health issues such as Hepatitis C, and liver disease providing enormous cost savings to primary health care while, sustaining the outcomes by working with consumers more broadly on other social issues such as housing, finances, relationships, parenting and so on.

Finally Preventative health care does not appear to be overtly stated. The preventative workforce is an emerging one that is professionalising as it develops. A solid investment in workforce planning will only allow strategic development of this workforce and the achievement of long term health savings.