

**Response to the
The Health Workforce Australia
Rural and Remote Health Workforce Innovation and Reform Strategy**

4 November 2011

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ADCA Submission to Health Workforce Australia Rural and Remote Health Workforce Innovation and Reform Strategy

The Alcohol and other Drugs Council of Australia (ADCA) is pleased to support and provide further comment to the submission by the National Rural Health Alliance Inc in response to the Rural and Remote Health Workforce Innovation and Reform Strategy (RRHWIR Strategy). ADCA is the national peak body representing the interests of the Australian non-government sector for alcohol and other drugs. It works collaboratively with the government, non-government, business and community sectors to promote evidence-based, socially just approaches aimed at preventing or reducing the health, economic and social harm caused by alcohol and other drugs to individuals, families, communities and the nation.

The RRHWIR Strategy should provide a clear and comprehensive set of guidelines that aim to provide better service delivery, sustainability for the rural and remote workforce, and improved client outcomes. ADCA supports and encourages strategies targeted at priority issues including: recruitment and retention, improved cross sector communication and collaboration, greater access to staff development opportunities and incentive, new and expanding roles and initiatives that reflect rural and remote community needs, clear graduate pathways and staff support, and improved and evolving service models to meet client treatment plans that are specifically tailored to a rural and remote setting.

Recruitment and retention of staff is always an issue in the health sector and more so in rural and remote areas. A focus on recruitment and retention is particularly important in the context of an aging workforce and the need for more services in rural and remote communities. In the non government sector, the average AOD worker is in their forties and while maturity and life experience are highly desirable characteristics in AOD workers, these workers will start to retire and there needs to be strategies in place to replace them. Workforce planning should take into consideration the need to support staff in their work and provide opportunities for debriefing in what is often a stressful environment.

ADCA would like to emphasise the need for specialists in rural and remote areas and the importance of long-term relationships between client and their specialist for optimal care. Furthermore, ADCA would like to see particular attention given to developing greater equality in access to health care services. ADCA recommends employing and adapting strategies that have been highly successful in some rural and remote areas to attract graduates and new employees into rural and remote areas. Embedding AOD content into relevant undergraduate courses and increasing the number of undergraduate rural placements will help to recruit new graduates with relevant experience to rural and remote areas.

Workforce development strategies should be comprehensive and target not only individual workers, but also the systems and organisations that support them in order to get the most out of the resources that are available. This is particularly important in rural and remote areas where resources are limited and distances are great. With adequate resourcing, AOD agencies could provide a more holistic consultancy service which could result in cost and time savings, as well as increased convenience to service users.

Concerns have been expressed that there are some workers entering the sector without adequate skills and knowledge of AOD issues. Currently there is no national minimum qualification for the AOD workforce. ADCA supports the recommendation for a minimum skill level and continued training incentives within the sector to ensure appropriate staffing for sector needs while increasing the capacity and capability of the workforce.

ADCA also believes in the promotion of continued training and education for the benefit of the sector, workforce retention and staff career development. Continuing education should be available through a range of delivery options to meet the needs of the AOD workforce. This may include off-site and on-site, face to face, self paced and self directed education and training options. Ongoing education and training, mentoring programs and networking opportunities will help AOD workers better identify and respond to people with AOD problems and support each other. These programs need to be flexible so that activities can be tailored to workplace needs.

Cross sectoral training (eg training for AOD workers to understand and recognise mental health issues, training for child protection workers to understand and recognise AOD issues) would allow greater understanding of those services and their issues which could inform practice, enhance communication between sectors and potentially result in addressing issues early and more effectively. Secondments to other services and sectors would facilitate sharing of knowledge and experience and contribute to the development of stronger partnerships both within the sector and between sectors. These partnerships are essential in rural and remote areas where resources tend to be limited and shared across a number of communities.

ADCA would like to emphasise the importance of improving relationships and collaboration between similar organisations and their volunteers, clients, family and friends, and the greater public. The ADCA Families and Community working group has found strong evidence of better outcomes when family, friends and communities are incorporated into AOD prevention and early intervention strategies.

Part of the problem for AOD clients in rural and remote areas is the fragmentation of services. AOD clients may have limited choice and travel long distances to gain

access to services which may not necessarily meet their needs. More and better coordinated services are needed in rural and remote areas and any workforce planning must take this into account.

ADCA encourages initiatives that improve accessibility to services in rural and remote settings. Due to travel conditions and the lack of anonymity amongst small communities, clients benefit greatly from services that are deliverable in new and innovative ways. These include phone counselling, internet programs and consultations that are available at alternative locations from the traditional clinic setting. ADCA recommends the promotion of these adaptations to services in rural and remote areas to ensure each client can access the services they need without risking their privacy.

Finally, ADCA would like to see greater emphasis on adequate data collection to support the development of evidence-based strategies and policy making. There is very limited data publicly available to the AOD sector surrounding rural and remote AOD use. For example the most recent information listing injury related to AOD misuse in the rural setting was published in 1998. The Australian Institute for Health and Welfare (AIHW) has advised that such studies are no longer funded because they are not considered a priority, despite there being a need for this information and being easy to conduct.

The announcement today by the Hon Nicola Roxon MP, Minister for Health and Ageing, about the establishment of Rural and Regional Health Australia provides strong recognition of the need for a more coordinated approach to address the urgent need to improve health and health services for people in rural and remote locations. ADCA suggests that this organisation will be an important partner in developing and implementing the RRHWIR Strategy.

We would be pleased to discuss ADCA's response in more detail. Please contact Lucy Barnard at lucy.barnard@adca.org.au or on 02 6215 9814.



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