



**NADA**

network of alcohol and  
other drugs agencies

# WORKFORCE CAPABILITY FRAMEWORK

Core capabilities  
for the NSW non  
government alcohol  
and other drugs  
sector

## About NADA

The Network of Alcohol and other Drugs Agencies (NADA) is the peak organisation for non government alcohol and other drugs services in New South Wales. As a member driven peak body, NADA's decisions and actions are informed by the experiences, knowledge and concerns of its membership.

We represent close to 100 organisational members that provide a broad range of alcohol and other drugs services including health promotion and harm reduction, early intervention, treatment and continuing care programs. Our members are diverse in their structure, philosophy and approach to alcohol and other drugs service delivery.

Together, we work to reduce the harms related to alcohol and other drugs use across the NSW community.

NADA has award level accreditation under the Australian Services Excellence Standards (ASES), a quality framework certified by Quality Innovation and Performance (QIP).

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## Acknowledgement of country

NADA proudly acknowledges Aboriginal and Torres Strait Islander people as the Traditional Custodians of the lands and waters throughout Australia. Our office stands on the land of the Gadigal people of the Eora Nation.

We recognise, respect and value the deep and continuing connection of Aboriginal and Torres Strait Islander people to land, water, community and culture.

We look to and celebrate Aboriginal and Torres Strait Islander people for their cultural guidance, leadership and expertise.

We pay our respects to Elders past, present and future.

## A note on the language used in this publication

Language is a powerful tool. As a peak body, NADA understands that its work presents both an opportunity and a responsibility to shape how we, as a sector, discuss alcohol and other drugs and the people and communities affected by alcohol and other drug use. NADA is committed to using language and imagery that aligns with the needs and preferences of the people and communities we work with and for, and that demonstrates respect for the agency, dignity and worth of all people. To this end, the terms person and people are used throughout this publication, rather than clients, consumers or service users.

# CEO FOREWORD

The non government alcohol and other drugs (AOD) sector plays a vital role in the prevention and reduction of AOD-related harm in New South Wales.

Central to workforce performance are capabilities—the knowledge, skills and attributes that all workers in this sector must demonstrate to perform their roles effectively.

The Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and other Drugs Sector (the Framework) describes the core capabilities and associated behaviours expected of all NSW non government AOD workers.

The Framework has been developed to identify specific and measurable capabilities, while remaining broad enough to encompass the diversity of roles, occupations and areas of speciality that make up the NSW non government AOD sector.

The Framework is not intended to replace existing practice frameworks—it complements them, providing a shared language that we can all use across the sector.

I thank our Expert Advisory Group for their role in the development of this Framework. I also thank you, members of the sector, for recognising the need for this Framework and for contributing your knowledge and expertise to its development.

This Framework, together with our other workforce development initiatives, will help to create a more connected and sustainable sector that is adaptive and responsive to the needs of the people and communities we serve.



**Larry Pierce**  
Chief Executive Officer  
NADA

# CLINICAL DIRECTOR MESSAGE

The complex nature of AOD use treatment is well documented in peer reviewed literature, clinical guidelines and popular culture. Public and private debate about what is needed to respond effectively to substance use issues can serve to undermine the confidence of people who provide treatment as much as that of those who may be attempting to access it.

This Framework—developed for, and with input from those who work in the AOD sector—is designed to clearly articulate the minimum standard of knowledge, skills and attributes required to support best practice across all roles, occupations and areas of speciality. Furthermore, it articulates the core values that inform and shape the approach of care provided in our sector.

We now have a capability framework that unifies the rich and diverse workforce that provides AOD treatment and interventions—building on the strengths of lived experience, identifying the breadth of knowledge required to support people who access AOD treatment and promoting the ongoing commitment to professional development that evidence-based practice requires.

Intending to complement a variety of professional educational and experiential backgrounds, the standards outlined in this Framework will assist individuals working within the sector to map out their own development goals and guide those in supervisory positions to ensure a consistent and high-quality program of workforce enhancement.

Informed by the rigorous examination of relevant comparable standards and expansive consultation with people providing and receiving services, I am proud to commend this Framework to the sector. It provides the foundation for a contemporary set of standards that will ensure that people accessing AOD services and those who support them, can be confident they are receiving quality care that respects and values their unique needs.



**Dr Suzie Hudson**  
Clinical Director  
NADA

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In particular, we thank:

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# ABBREVIATIONS

<b>AOD</b>	alcohol and other drugs
<b>AOD sector</b>	those agencies, organisations and individuals providing AOD-specific or AOD-related programs and/or services
<b>AOD workers</b>	people who work in the AOD sector
<b>Framework</b>	Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and Other Drugs Sector (this document)
<b>EAG</b>	Expert Advisory Group
<b>NADA</b>	Network of Alcohol and other Drugs Agencies
<b>NCETA</b>	National Centre for Education and Training on Addiction
<b>NSW</b>	New South Wales



# INTRODUCTION

## Background and context

### Who is the NSW non government AOD workforce?

There is a diverse range of workers involved in preventing and responding to alcohol and other drugs (AOD) harm. They include AOD workers, social workers, nurses, doctors, addiction medicine specialists, peer workers, counsellors, psychologists and psychiatrists, among others (Department of Health, 2019; Intergovernmental Committee on Drugs, 2014).

In 2017, the Network of Alcohol and other Drugs Agencies (NADA) partnered with the National Centre for Education and Training on Addiction (NCETA) to carry out a survey to identify characteristics of NSW non government AOD workers. These characteristics are shown in Figure 1.



**Figure 1: Common characteristics of NSW non government AOD workers, 2017<sup>1</sup>**

Similar surveys were carried out in 2008 (Gethin, 2008) and in 2013 (NADA, 2014). Together, these three surveys show that workers' personal and professional characteristics have remained generally unchanged over this time. However, the 2017 results suggest that a large proportion of workers in the sector are relatively young, are new to their role, and have limited AOD work experience (Roche et al, 2018).

<sup>1</sup> A total of 294 respondents completed the self-report survey, which represents approximately one-third of the workforce. While this is a respectable sample, caution should be used in generalising the results to the total workforce.

### Capability vs competency

"A competency framework sets the minimum standards of competence. A capability framework sets out how individuals and organisations need to adapt, grow and continuously improve to achieve the highest standards of practice" (Ministry of Social Development, 2017).

## **What are core capabilities?**

Core capabilities are the knowledge, skills and attributes that all workers must demonstrate to perform their roles effectively (NSW Public Service Commission, 2013).

Establishing the core capabilities required by a workforce promotes the development of shared skills, behaviours and attributes for the delivery of high quality, safe and effective care (Department of Health and Human Services, 2016).

## **Why develop a workforce capability framework?**

Preventing and reducing AOD-related harm in Australia requires a skilled, effective and adaptable workforce (Nicholas et al., 2013).

A workforce capability framework establishes a common language and shared understanding of what workers are expected to be capable of doing, in order to do their work efficiently, effectively and appropriately.

It provides a common foundation for the full range of workforce development activities: workforce planning; role design and description; recruitment and selection; performance management; professional development and career planning (NSW Public Service Commission, 2013).

## **What policy and other drivers influenced the development of this Framework?**

Initially, the need for a workforce capability framework was identified by the sector itself. Workforce development has been increasingly recognised as a priority area in recent years (Roche & Pidd, 2010) and, during consultations to inform the development of a workforce development plan for the sector, members of the sector expressed a strong desire to have a clear set of expectations about performance and behaviour for all workers within the sector.

Once this need had been identified, a number of relevant policies, strategies and plans influenced the development of the resulting Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and Other Drugs Sector (the Framework).

The primary policy drivers were the NSW non government AOD Workforce Development Plan 2016–2019 (NADA, 2016) and the National Alcohol and other Drug Workforce Development Strategy 2015–2018 (Intergovernmental Committee on Drugs, 2014).

The relevant strategies and plans that identify workforce development priorities applicable to the AOD workforce are listed at Appendices 1 and 2.

## **Purpose and audience**

### **What and who is this Framework for?**

This Framework describes the core capabilities and associated behaviours expected of all NSW non government AOD workers.

It applies across the sector—to all workers, regardless of their role, occupation or area of speciality.

# DEVELOPMENT

## Methods and processes

### How was this Framework developed?

In order to develop this Framework, we began by setting up an Expert Advisory Group (EAG). The EAG was a subgroup of NADA's Practice Leadership Group, a network of senior clinicians from across the sector who provide expert advice and support best-practice treatment and clinical practice.

Then, under the oversight and monitoring of the EAG, we carried out an extensive consultation and development process, as shown in Figure 2 and discussed in more detail below.

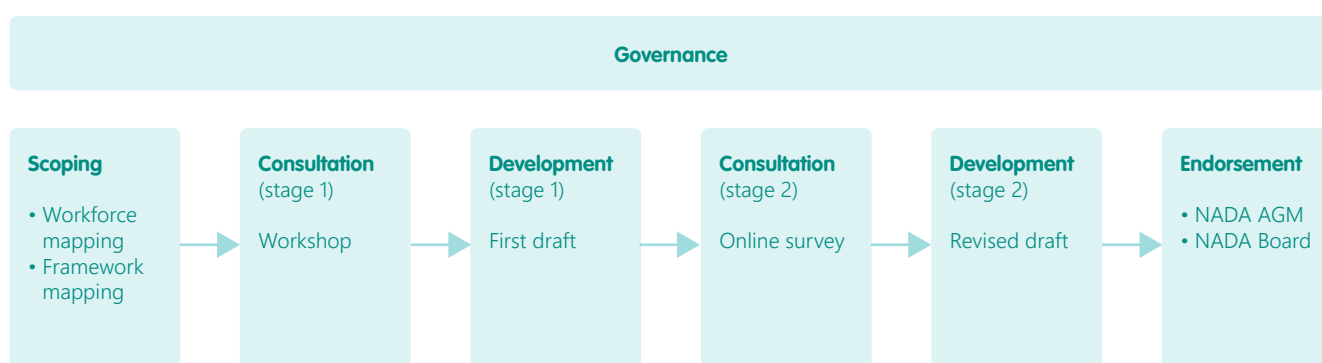


Figure 2: Overview of the consultation and development process

### Scoping

#### Workforce mapping

As the first step in our consultation and development process, NADA partnered with NCETA to carry out a survey to identify characteristics of NSW non government AOD workers. The results showed that these workers come from a wide range of personal and professional backgrounds and operate in a wide range of roles and settings (Roche et al., 2018).

## **Framework mapping**

Next, we reviewed 52 relevant workforce capability frameworks. We considered a framework as 'relevant' if it met any of the following criteria:

- i. It identified capabilities specific to an AOD role.
- ii. It identified capabilities specific to an occupation within the AOD sector.
- iii. It identified capabilities specific to AOD work as an area of focus or speciality.
- iv. It identified capabilities generic to any role, occupation or area of speciality, across the health and social services sector.

Of these, 29 were AOD-specific, 11 of which were from Australia, five from New Zealand, three from the United Kingdom, one from the European Union, four from Canada, four from the United States, and one was international.

By reviewing these frameworks, we were able to identify that most workers require similar capabilities, regardless of their role, occupation or area of speciality.

In particular, we identified 27 capabilities that apply to NSW non government AOD workers. We then organised these 27 capabilities into six 'domains'. Of these, five domains apply to all workers in the sector, and one domain applies just to workers providing AOD treatment and interventions (see page 7).

Appendix 3 summarises this stage.

## **Consultation**

### **Workshop**

NADA then engaged NCETA to facilitate a two-hour consultation workshop with NSW non government AOD organisations. The purpose of this workshop was to consult with the sector regarding the 27 identified capabilities and discuss how they could be supported and applied at an operational level.

Using the feedback gathered through this workshop, we prepared a first draft of this Framework.

### **Online survey**

Next we carried out an online survey, inviting members of the sector to comment on the first draft of this Framework.

We then used their comments to revise the draft, ready for endorsement.

## **Endorsement**

### **NADA Annual General Meeting**

We presented our survey findings and the revised draft of this Framework at the NADA Annual General Meeting in November 2019. The delegates present gave their endorsement in principle, allowing us to finalise the Framework.

### **NADA Board of Directors**

We presented the final version of this Framework at the NADA Board Meeting in February 2020. The board members present gave their endorsement, meaning that the Framework was now ready for publication.

## Underpinning principles

### What key principles underpinned the Framework's development?

The development of this Framework was underpinned by the practice principles for all AOD services in NSW (NSW Ministry of Health, 2019) and Australia more broadly (Department of Health, 2019; Department of Health 2018; Fry, 2007). These are listed and described below.

#### **Services are person-centred**

This means focusing on the individual needs, strengths, goals, preferences, and resources of each person. It includes actively involving people in treatment/service planning, decision making and goal setting.

#### **Services are equitable, accessible and timely**

This means every person has an equal opportunity and the right to seek and receive treatment/support at a time, location, cost, and treatment/service type that is suitable and appropriate to them. It includes ensuring people experience treatment/services as welcoming, accepting and non-judgemental.

#### **Services are evidence-informed**

This means services are evidence-based and informed by relevant practice standards, policies and guidelines. It recognises that every person has a right to receive high quality, safe and effective AOD treatment/support, regardless of the service setting or provider.

#### **Services are culturally appropriate**

This means people seeking treatment/support have the right to interventions that are appropriate for them, underpinned by culture and delivered in settings that are culturally competent, safe, secure and respectful.

#### **Services are delivered by a qualified workforce**

This means the AOD workforce has the requisite knowledge, skills, values and attitudes, and is capable and willing to work across disciplines and sectors to deliver treatment/services that are appropriate and responsive to the person's needs, strengths, goals, preferences and resources.

#### **Services are holistic and coordinated**

This means services work closely with general health, mental health, and social care services to promote a holistic approach to treatment/support. This may include integrated care within a single setting, close ongoing working relationships between systems of care and/or supported referral during and after treatment.

#### **Services are safe, efficient and effective**

This means services are safe and efficient and achieve the best possible outcomes for the person accessing treatment/support. This includes measuring the effectiveness of treatment/service delivery from the perspective of the person alongside other traditional outcome measures.

# OVERVIEW

## Structure

Figure 3 shows the basic structure of the Framework. More information about each element is provided below.

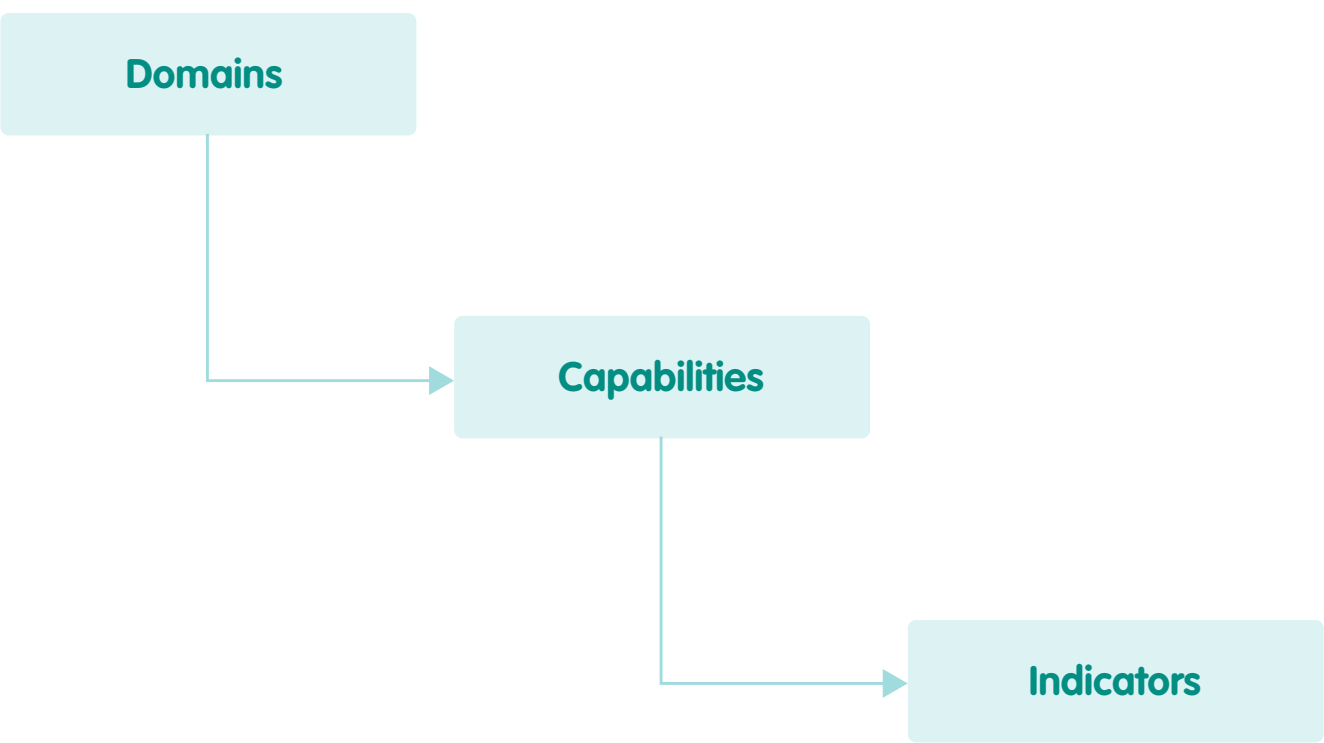


Figure 3: Basic structure of the Framework

## Domains

The Framework is organised into six areas of professional responsibility, referred to as domains. These are listed and described in Table 1.

### Domain 1: Foundational knowledge and practice

NSW non government AOD workers have, maintain and apply the knowledge required for effective practice.

### Domain 2: Communication and engagement

NSW non government AOD workers demonstrate effective communication and engagement skills, and are accountable and responsible for the information they collect and maintain in the course of their work.

### Domain 3: Access and equity

NSW non government AOD workers promote cultural safety, responsiveness and equity in service delivery and in practice, and actively pursue opportunities to promote social inclusion and to eliminate stigma and discrimination.

### Domain 4: Ethical, safe and responsible practice

NSW non government AOD workers meet their ethical, professional, legal and regulatory obligations, and actively contribute to continuous improvement in safety and quality.

### Domain 5: Personal and professional development

NSW non government AOD workers make an effective professional contribution and demonstrate active engagement in research and evaluation, continuing professional development, supervision and self-care.

### Domain 6: Treatment and interventions

NSW non government AOD workers effectively assess, plan and deliver evidence-based treatment and interventions that are appropriate and responsive to the person's needs, strengths, goals, preferences and resources.

**Table 1: Framework domains**

## Capabilities

Each domain includes a set of capabilities. These describe the knowledge, skills and attributes that a worker in the sector is expected to have in order to perform their work efficiently, effectively and appropriately within that domain.

## Indicators

Each capability has an associated set of indicators. These are examples of observable behaviours or results that provide evidence that a worker demonstrates that capability.

## Alignment

This Framework does not replace existing practice frameworks—it complements them, by identifying the shared knowledge, skills and attributes that are expected of all NSW non government AOD workers.

The following are some of the role- and occupation-specific documents that might also apply to workers within the sector.

### Aboriginal Health practitioners

- Registration standards
- Code of conduct

### AOD workers

- Code of ethics
- Specialist competencies

### Case managers

- Code of ethics
- Standards of practice

### Counsellors

- Training standards
- Code of ethics and practice
- Specialist competencies

### Doctors

- Registration standards
- Advanced training standards
- Codes of ethics and conduct
- Professional practice framework
- Practice guidelines and policies

### Nurses

- Registration standards
- Codes of ethics and conduct
- Practice standards
- Practice guidelines and policies
- Specialist competencies

### Pharmacists

- Code of conduct
- National competency standards
- Professional practice standards
- Practice guidelines and policies

### Psychiatrists

- Education and accreditation standards
- Code of ethics
- Practice standards and guidelines

### Psychologists

- Registration standards
- Code of ethics
- Practice guidelines and policies

### Researchers

- Code of conduct
- Ethical guidelines

### Social workers

- Education and accreditation standards
- Code of ethics
- Scope of practice
- Practice standards and frameworks
- Practice guidelines and policies



## Application

### How does the Framework apply to individuals?

For individual workers, the Framework provides:

- a common language and shared understanding of expected behaviour
- a structure to guide self-assessment, professional development and career planning.

### How does the Framework apply to organisations?

For organisational managers and leaders, the Framework provides a common foundation for:

- workforce planning—identifying and aligning workforce capability to meet organisational needs
- recruitment and selection—designing, defining and describing the capabilities needed in AOD roles, and then matching people with the right capabilities to those roles
- performance management—facilitating assessment and discussion about staff performance and professional development needs
- workforce structure and mobility—structuring the workforce for maximum flexibility and performance, and facilitating talent management, succession planning and career progression within organisations and across the sector
- professional development—planning, prioritising, designing and evaluating learning and development activities
- recognition and reward—establishing a basis for staff recognition and reward
- benchmarking—comparing staff capability across programs and organisations.

### How does the Framework apply to the sector?

The Framework benefits the sector by:

- promoting the development of a skilled, flexible and mobile workforce
- enhancing the recognition and validation of the knowledge, skills and contributions of non government AOD workers
- enabling the design of workforce development initiatives, training and qualifications that meet sector needs and requirements.

# THE FRAMEWORK

Foundational knowledge and practice	Communication and engagement	Access and equity
Understand and adapt practice according to higher-level systemic influences	Communicate and engage effectively with people accessing AOD services	Recognise and respect the strengths, dignity and rights of people accessing services
Understand and apply relevant theoretical and practice-based frameworks	Understand and comply with communication and information management responsibilities	Incorporate strategies to promote social inclusion and to eliminate stigma and discrimination
Understand and apply knowledge about AOD use and AOD-related health conditions	Contribute to team and organisational effectiveness	Work respectfully and inclusively with people from diverse backgrounds
	Collaborate and work in partnership to deliver services	Understand, respect and promote the history, culture and rights of Aboriginal and Torres Strait Islander peoples
	Understand and apply conflict resolution skills	Regard and promote engagement of family and significant others as an integral component of AOD service delivery

## The Framework at a glance

The Framework is made up of 27 capabilities, which are organised into six domains, as shown in Figure 4.

Five of these domains apply to all workers in the sector, and one domain applies just to workers providing AOD treatment and interventions.

Ethical, safe and responsible practice	Personal and professional development	Treatment and interventions
Observe and promote ethical standards	Make an effective professional contribution	Conduct effective screening and assessment processes
Maintain a high standard of integrity and professionalism	Engage in research and evaluation	Undertake effective treatment and intervention planning
Be accountable for all actions and decisions	Engage in continuing professional development	Deliver effective treatment and interventions
Practise within all applicable legal and regulatory frameworks	Engage in professional supervision	
Understand and comply with work health and safety requirements	Engage with self-care	
Contribute to continuous improvement in quality and safety		

Figure 4: The Framework domains and capabilities at a glance

## Domain 1: Foundational knowledge and practice

NSW non government AOD workers have, maintain and apply the knowledge required for effective practice.

Capabilities	Indicators
<b>1.1</b> <b>Understand and adapt practice according to higher level systemic influences</b>	<ul style="list-style-type: none"><li>a. Recognises AOD work as an essential component of the health and social services system</li><li>b. Recognises social, political, legal, cultural and organisational contexts and systems and how they impact on people and practice</li><li>c. Recognises the structural components of disadvantage and the impact of power hierarchies</li><li>d. Recognises relevant changes in society, demography and culture and the impact of these influences on current-day approaches and interventions</li><li>e. Recognises relevant policy, and the strategic policy frameworks that inform AOD service delivery</li><li>f. Recognises relevant legislation, and the legal and regulatory frameworks that inform and mandate practice</li></ul>
<b>1.2</b> <b>Understand and apply relevant theoretical and practice-based frameworks</b>	<ul style="list-style-type: none"><li>a. Recognises a range of AOD theories, models and concepts, and their implications for practice</li><li>b. Recognises the ways in which AOD use is a population health and public health issue</li><li>c. Recognises the role of social determinants and the need for structural interventions to address health and social inequalities</li><li>d. Recognises the factors that can contribute to or protect against AOD use</li><li>e. Incorporates strategies to enhance person-centred practice</li><li>f. Incorporates strategies to enhance behaviour change</li><li>g. Incorporates health promotion and harm reduction principles</li><li>h. Incorporates trauma-informed practice principles</li></ul>

## Capabilities

## Indicators

### 1.3

#### Understand and apply knowledge about AOD use and AOD-related health conditions

- a. Reflects on personal values, attitudes, assumptions and beliefs regarding AOD use, and acknowledges their potential impact when working in AOD practice contexts
- b. Maintains knowledge and awareness of AOD prevalence and patterns of use within the community served
- c. Recognises that AOD use occurs across a continuum, from occasional use to dependent use
- d. Recognises varying presentations of AOD use and associated needs across the lifespan
- e. Recognises the properties and effects of commonly used drugs and their interactions
- f. Recognises the behavioural, psychological, physical and social effects of AOD use on the individual, their family and significant others, and the broader community
- g. Recognises recommended classification systems and diagnostic criteria for AOD-related health conditions
- h. Recognises and responds appropriately to people under the influence of AOD, and ensures that immediate risks and safety needs are addressed
- i. Recognises and responds appropriately to potential medical and mental health conditions that may co-exist with AOD-related health conditions
- j. Maintains knowledge and awareness of the continuum of AOD service delivery, from health promotion and harm reduction, prevention and early intervention, treatment and continuing care
- k. Maintains knowledge and awareness of a range of medications used to treat AOD-related health conditions, appropriate to role, occupation and area of speciality

## Domain 2: Communication and engagement

NSW non government AOD workers demonstrate effective communication and engagement skills, and are accountable and responsible for the information they collect and maintain in the course of their work.

Capabilities	Indicators
<b>2.1</b> <b>Communicate and engage effectively with people accessing AOD services</b>	<ul style="list-style-type: none"><li>a. Communicates clearly and respectfully, adapting style, language, content and format to suit the needs of the person, the situation and the information being provided</li><li>b. Uses culturally appropriate non-verbal communication, including eye contact and body language, to create a welcoming, safe and supportive environment</li><li>c. Uses an interpreter and/or appropriate technology where necessary, to facilitate accessible, timely and effective communication</li><li>d. Actively listens to people without judgement or bias, attending to verbal, emotional and contextual cues</li><li>e. Displays appropriate compassion and empathy, while maintaining professional and ethical boundaries</li><li>f. Recognises and challenges own values, attitudes, assumptions and beliefs regarding AOD use</li><li>g. Recognises and understands when it is appropriate to disclose lived experience as a method for facilitating engagement</li><li>h. Recognises and understands when it is appropriate to use humour as a method for facilitating engagement</li><li>i. Undertakes appropriate follow-up during and after service delivery to ensure that the person's needs have been met</li></ul>
<b>2.2</b> <b>Understand and comply with communication and information management responsibilities</b>	<ul style="list-style-type: none"><li>a. Identifies and applies relevant legislation and organisational policies, protocols and guidelines relating to privacy and confidentiality</li><li>b. Uses non-discriminatory language in all verbal and written communication</li><li>c. Legibly and thoroughly completes designated forms for documentation and reporting</li><li>d. Maintains currency of skills in using information and communication technologies</li><li>e. Understands and meets professional and ethical requirements when using social media</li><li>f. Obtains relevant permissions and informed consent to facilitate exchange of information as required</li><li>g. Fulfils reporting requirements in a timely manner</li></ul>

## Capabilities

## Indicators

### 2.3

#### Contribute to team and organisational effectiveness

- a. Relates to colleagues with courtesy, respect and integrity
- b. Understands team roles and responsibilities and how they contribute to the overall mission and purpose of the program/organisation
- c. Communicates effectively, respecting diversity and using language that is accessible and inclusive
- d. Communicates openly and transparently, keeping relevant team members informed of work in progress to enable them to carry out their work effectively
- e. Seeks and values others' input, demonstrating willingness to learn from and refer to others for feedback and advice
- f. Uses recognition and praise to acknowledge the support and contribution of others in the workplace
- g. Responds to conflict and differences of opinion constructively and in ways that respect other team members' points of view
- h. Maintains a zero-tolerance approach to discrimination, bullying and harassment in the workplace

### 2.4

#### Collaborate and work in partnership to deliver services

- a. Maintains a good working knowledge of relevant service providers and their role, services and referral/access criteria
- b. Communicates openly, builds trust and treats other service providers fairly, ethically and as valued allies
- c. Works cooperatively and collaboratively with other service providers to achieve common goals, while respecting confidentiality and practice boundaries
- d. Responds to service provider requests efficiently and effectively as appropriate
- e. Participates in relevant professional and interdisciplinary activities to expand own professional network

### 2.5

#### Understand and apply conflict resolution skills

- a. Recognises potential conflict situations and management approaches within AOD practice contexts
- b. Communicates clearly and calmly, manages own emotions and maintains composure in situations where tension, conflict or emotions arise
- c. Uses de-escalation, harm minimisation and negotiation skills as appropriate to achieve best possible outcomes
- d. Escalates concerns to more experienced colleagues and/or to the appropriate manager/supervisor/other, as required and without delay

## Domain 3: Access and equity

NSW non government AOD workers promote cultural safety, responsiveness and equity in service delivery and in practice, and actively pursue opportunities to promote social inclusion and to eliminate stigma and discrimination.

Capabilities	Indicators
<b>3.1</b> <b>Recognise and respect the strengths, dignity and rights of people accessing AOD services</b>	<ul style="list-style-type: none"><li>a. Works alongside and in partnership with people in a manner that values their strengths and expertise</li><li>b. Applies the principles of all relevant state, national and international standards on human rights and responsibilities</li><li>c. Treats people fairly and equitably, showing consideration and respect for all people</li><li>d. Develops and adjusts own approach to facilitate empowerment, and works to eliminate all violations of human rights and social justice</li><li>e. Recognises and supports the principles of autonomy and self-determination by actively and genuinely engaging people in all planning, decision making and goal setting</li><li>f. Provides information to people about their rights in a way that supports them to understand and exercise their rights</li><li>g. Advocates for non-disclosure of sensitive and confidential information where there are concerns that disclosure could adversely affect a person</li><li>h. Ensures that people are aware of organisational feedback and complaint processes and how to use them</li></ul>
<b>3.2</b> <b>Incorporate strategies to promote social inclusion and to eliminate stigma and discrimination</b>	<ul style="list-style-type: none"><li>a. Recognises and understands the pervasive impacts of stigma and discrimination on people who use AOD, their families and significant others</li><li>b. Supports people to remain engaged in services, and counters the stigma and judgement that people may face by creating a welcoming, safe and supportive environment</li><li>c. Acknowledges the impact of language with respect to stigma and discrimination, and role models language that is non-judgemental, person-centred, strengths-based and empowering</li><li>d. Recognises and takes steps to overcome biases and safeguard people against stigmatising and discriminatory behaviour</li><li>e. Actively pursues and engages in activities that promote social inclusion, anti-discrimination and the de-stigmatisation of AOD use and of AOD-related health conditions</li></ul>



## Capabilities

## Indicators

### 3.3

#### Work respectfully and inclusively with people from diverse backgrounds

- a. Focuses on genuinely understanding the needs and strengths of each person, including the person's interpretation of their own identity, situation and experience
- b. Identifies and addresses service access and resource barriers to enable full and active participation, engagement and benefit
- c. Respectfully collects and records demographic information in line with relevant policies, protocols and guidelines
- d. Adapts and modifies practice in order to work effectively and inclusively with people with respect to their age, developmental level, language, culture, ability, sex, gender, sexuality, socioeconomic background, values, faiths, customs and beliefs
- e. Maintains a good working knowledge of relevant communities and of locally available services, and facilitates access as appropriate
- f. Consults and engages meaningfully and collaboratively with community Elders, religious ministers, spiritual leaders, cultural advisors, traditional healers, local community-based organisations, peer and consumer advocates, interpreters and others as appropriate, in order to develop and provide culturally safe and responsive practice
- g. Critically reflects on the extent, limitations and impact of own knowledge, values, assumptions and beliefs, and seeks appropriate consultation, supervision and debriefing
- h. Engages in continuing professional development to maintain and advance cultural responsiveness

## Capabilities

## Indicators

### 3.4

**Understand, respect and promote the history, culture and rights of Aboriginal and Torres Strait Islander peoples**

- a. Acknowledges the resilience, strengths, capacities and contributions of Aboriginal and Torres Strait Islander peoples
- b. Develops an understanding of Aboriginal and Torres Strait Islander history, and particularly the impact of colonisation on present-day grief, loss and intergenerational trauma within these communities
- c. Respectfully collects and records information identifying Aboriginal and Torres Strait Islander identity in line with relevant policies, protocols and guidelines
- d. Communicates in a culturally sensitive and respectful way, being mindful of potential mistrust of service providers as a result of policies that led to the Stolen Generations and to contemporary child removals
- e. Seeks to understand and show respect for Aboriginal and Torres Strait Islander cultural values, protocols and practices in a local context
- f. Seeks to understand and show respect for Aboriginal and Torres Strait Islander family and kinship structures
- g. Maintains a good working knowledge of relevant Aboriginal and Torres Strait Islander communities and of locally available services, and facilitates access as appropriate
- h. Consults and engages meaningfully and collaboratively with Aboriginal and Torres Strait Islander Elders, cultural advisors, traditional healers, local organisations and communities in order to develop and provide culturally safe and responsive practice
- i. Critically reflects on the extent, limitations and impact of own knowledge, values, assumptions and beliefs, and seeks appropriate consultation, supervision and debriefing

## Capabilities

## Indicators

### 3.5

**Regard and promote engagement of family and significant others as an integral component of AOD service delivery**

- a. Engages in practice that reflects that the person exists within a context of family, significant people, community and culture
- b. Works in partnership with the person to identify and involve family<sup>2</sup> and carers as partners in care, when safe and appropriate to do so
- c. Engages with family and significant others in a way that validates and responds to their needs, strengths, goals, preferences and resources, and ensures that all parties feel heard, informed and supported
- d. Works to understand family/relationship structures, including roles and responsibilities, parental or carer responsibilities, and the nature of these relationships with the person
- e. Provides relevant and timely information to family and significant others, consistent with privacy and confidentiality requirements
- f. Assists the person, their family and significant others to access and engage with appropriate services
- g. Appropriately identifies and addresses risks to the safety and wellbeing of children and parents

<sup>2</sup> The term 'family' here can refer to biological, adoptive, foster, chosen, nuclear and/or extended family, and recognises that a person's family can include anyone identified by that person as being important in their life.

## Domain 4: Ethical, safe and responsible practice

NSW non government AOD workers meet their ethical, professional, legal and regulatory obligations, and actively contribute to continuous improvement in safety and quality.

Capabilities	Indicators
<b>4.1</b> <b>Observe and promote ethical standards</b>	<ul style="list-style-type: none"><li>a. Abides by an appropriate professional code of ethics</li><li>b. Applies the principles of human rights and social justice in day-to-day work</li><li>c. Identifies relevant organisational policies and procedures, and uses them to guide ethical decision making</li><li>d. Seeks appropriate consultation and support with the relevant manager/supervisor/other when faced with an ethical dilemma</li><li>e. Critically examines and reflects on personal and professional ethics and values that influence practice</li><li>f. Challenges systems, policies and practices that are unjust or fail to meet international standards of human rights</li></ul>
<b>4.2</b> <b>Maintain a high standard of integrity and professionalism</b>	<ul style="list-style-type: none"><li>a. Models and promotes the values, attitudes and behaviours expected of role/profession, and consistently acts in a principled and accountable manner</li><li>b. Displays honesty and integrity by acknowledging mistakes and by seeking appropriate learning and support where necessary</li><li>c. Presents a professional demeanour and image likely to engender safety, confidence and trust</li><li>d. Recognises that private behaviour should not have an adverse impact on professional practice</li><li>e. Promptly addresses unethical or otherwise inappropriate behaviour through suitable means</li></ul>

## Capabilities

## Indicators

### 4.3

#### Be accountable for all actions and decisions

- a. Works within the defined duties and responsibilities of the position description or a defined scope of practice
- b. Maintains appropriate personal and professional boundaries
- c. Recognises power imbalances and takes steps to safeguard people against abuse and misuse of position and authority
- d. Recognises and declares conflicts of interest when they arise
- e. Maintains privacy and confidentiality, and understands the relevant legal safeguards, limitations and constraints
- f. Uses equipment and resources responsibly and for their specified purpose
- g. Recognises own limitations, and refrains from undertaking activities where capability has not been demonstrated or where appropriate education, training, consultation and experience have not been undertaken
- h. Reflects on professional performance with a view to improving outcomes

### 4.4

#### Practise within all applicable legal and regulatory frameworks

- a. Observes duty-of-care obligations, and responds to breaches or lapses in duty of care promptly and appropriately
- b. Maintains and stores information/records in line with privacy and confidentiality requirements
- c. Complies with legal and organisational requirements for obtaining and recording informed consent
- d. Fulfils mandatory reporting responsibilities
- e. Alerts the appropriate manager/supervisor/other in a timely manner of any relevant laws, regulations, standards, codes or policies not observed by the program/service/organisation

## Capabilities

## Indicators

### 4.5

#### Understand and comply with work health and safety requirements

- a. Recognises and acts on legal responsibilities for work health and safety, including contributing to the psychological safety of the workplace
- b. Recognises, reports and manages safety breaches and hazards in line with relevant policies, protocols and guidelines
- c. Applies the principle of open disclosure to notify people of incidents or lapses in care or safety as appropriate
- d. Consults and collaborates with others to identify, analyse and implement strategies to minimise risk
- e. Participates in ongoing workplace health and safety training, consultations and discussions
- f. Uses safety equipment and personal protective equipment as instructed, where required
- g. Escalates concerns regarding policies, service provision or workplace behaviours with the appropriate manager/supervisor/other

### 4.6

#### Contribute to continuous improvement in quality and safety

- a. Demonstrates knowledge and understanding of quality improvement methodology and of the organisation's quality and safety framework
- b. Participates in relevant quality improvement activities, including but not limited to organisational accreditation, policy development, audits and benchmarking
- c. Supports partnering at service planning and evaluation level to enhance outcomes and ensure greater participation at all levels
- d. Collects and uses routine outcome data to inform and drive practice improvement
- e. Provides opportunities and encouragement for people to evaluate service delivery, and ensures people are aware of organisational feedback and complaints mechanisms



## Domain 5: Personal and professional development

NSW non government AOD workers make an effective professional contribution and demonstrate active engagement in research and evaluation, continuing professional development, supervision and self-care.

Capabilities	Indicators
<b>5.1</b> <b>Make an effective professional contribution</b>	<ul style="list-style-type: none"><li>a. Gathers relevant information, consults with others and asks questions as necessary to make well informed, timely decisions</li><li>b. Displays diligence, demonstrating care and attention to detail in undertaking professional activities</li><li>c. Considers situations and problems from different perspectives, keeping an open mind to different possibilities</li><li>d. Maintains a positive approach in the face of uncertainty and change, and accepts and adapts to new or different ways of working</li><li>e. Cultivates the ability to identify and learn from mistakes</li><li>f. Demonstrates initiative and uses time and resources efficiently to achieve desired outcomes</li><li>g. Uses innovation and creativity to optimise improvements in service delivery and in practice</li><li>h. Displays optimism, resilience, persistence and drive to achieve desired outcomes, including motivating others in the face of setbacks</li></ul>
<b>5.2</b> <b>Engage in research and evaluation</b>	<ul style="list-style-type: none"><li>a. Recognises and values the role of research and evaluation in obtaining and generating knowledge for practice</li><li>b. Maintains currency of research and evaluation knowledge, appropriate to role, occupation and area of speciality</li><li>c. Applies and integrates current evidence and knowledge to practice, focusing on improvements in outcomes</li><li>d. Seeks and takes up opportunities to partner and collaborate with researchers to generate knowledge for practice</li><li>e. Embraces opportunities to engage people accessing services, their family and significant others in research and evaluation, including co-production and research leadership</li><li>f. Applies ethical principles when conducting or participating in research and evaluation</li><li>g. Contributes to knowledge generation and dissemination activities consistent with role and experience</li></ul>



## Capabilities

## Indicators

### 5.3

#### Engage in continuing professional development

- a. Actively participates in continuing professional development in line with occupational requirements
- b. Develops, implements and regularly reviews a personal and professional development plan
- c. Keeps informed of new research, evidence and developments, appropriate to role, occupation and area of speciality
- d. Contributes to the learning and professional development needs of others, where appropriate
- e. Maintains professional certification and association requirements, as required

### 5.4

#### Engage in professional supervision

- a. Understands the role, purpose and function of supervision and the importance of seeking supervision from an appropriately trained and qualified supervisor
- b. Actively participates in supervisory processes as appropriate, including cultural supervision where necessary
- c. Actively seeks feedback from peers and manager/supervisor in order to continuously improve practice
- d. Engages in critical reflection in supervision and in practice, including examining personal and professional values that influence practice

### 5.5

#### Engage with self-care

- a. Understands the potential for work-induced stress and trauma, and works to prevent and, where necessary, mitigate harm
- b. Routinely reflects on personal and professional strengths, resources and limitations, sets realistic self-expectations and learns from experience and feedback from peers
- c. Schedules regular self-care breaks, maintains reasonable work hours and addresses work-related concerns with the appropriate manager/supervisor/other
- d. Employs coping and relaxation strategies and works towards developing and honing personal resilience skills.
- e. Builds and maintains support systems for self at work, and supports others to care for their health and wellbeing as appropriate

## Domain 6: Treatment and interventions

NSW non government AOD workers effectively assess, plan and deliver evidence-based treatment and interventions that are appropriate and responsive to the person's needs, strengths, goals, preferences and resources.

Capabilities	Indicators
<b>6.1</b> <b>Conduct effective screening and assessment processes</b>	<ul style="list-style-type: none"><li>a. Creates a welcoming, safe and supportive environment and uses a range of relational and therapeutic skills including active listening, respect, empathy and sensitivity to establish trust and rapport</li><li>b. Clearly explains the purpose and structure of the assessment process, how privacy and confidentiality will be protected, and associated limitations and constraints</li><li>c. Uses standardised screening and assessment tools to gather relevant information from the person, and from others as appropriate, in a structured and non-judgemental way</li><li>d. Tailors the assessment process, adapting communication and approach to suit the needs of the person, the situation and the information being obtained</li><li>e. Recognises and identifies interrelated issues and how they impact on presenting need</li><li>f. Conducts the assessment process in a manner that minimises unnecessary duplication of information</li><li>g. Sensitively explores issues and needs relating to trauma, violence, grief, loss and intimate relationships, consistent with role, experience and scope of practice, and only when safety practices have been established with the person and the person has indicated their consent and readiness to do so.</li><li>h. Recognises and understands obligations and sensitivities relating to the use and disclosure of personal information, and refrains from seeking irrelevant or unnecessary information</li></ul>

- i. In consultation with the person, facilitates engagement of family and significant others to support or enhance the assessment process, when appropriate and safe to do so
- j. Sensitive asks about the needs and responsibilities of being a parent or carer, and provides or facilitates access to appropriate information, support and referral, as required
- k. Appropriately assesses, documents and communicates risk and safety concerns, and provides or facilitates access to appropriate information, support and referral, including ongoing risk assessment, as required
- l. Follows all relevant policies, protocols and guidelines relating to assessing and responding to child protection and family and domestic violence concerns, and ensures immediate risk and safety needs are addressed
- m. Where appropriate, provides brief intervention and advice and assists the person to access appropriate information, support and referral, as required
- n. Identifies and acts on situations that may require further assessment, consultation and/or referral to other services, and facilitates access as required
- o. Appropriately communicates, records and reports assessment outcomes
- p. Supports the person to identify and develop strategies to reduce AOD-related harm
- q. In collaboration with the person, generates an initial care plan in a timely manner that addresses immediate treatment, risk and support needs

## Capabilities

## Indicators

### 6.2

#### Undertake effective care planning

- a. Collaborates with the person, and with others as appropriate, to develop an individualised care plan that draws on the assessment findings, the person's needs, strengths, goals, preferences and resources, and the best available evidence
- b. Identifies and addresses gaps in assessment information, seeking relevant permissions and consent from the person before exchanging information with external sources
- c. Assesses stages of change and responds appropriately, using motivational interviewing and other psychosocial strategies to facilitate engagement and positive change
- d. Supports the person to establish realistic and achievable goals, and to identify and address barriers that might restrict goal achievement
- e. With the person, reviews and provides information and advice on treatment and intervention options matched the person's needs, strengths, goals, preferences and resources
- f. In consultation with the person, facilitates engagement of family and significant others to enhance or support care plan development, when appropriate and safe to do so
- g. Recognises the role of social determinants of health, and incorporates this understanding when planning care
- h. Supports the person to identify personal relapse risk factors and to develop strategies and skills to prevent and manage relapse and other harms associated with AOD use, including how to access ongoing support, as required
- i. Effectively responds to people who may be at risk of harm, and ensures adequate risk and safety planning occurs
- j. Evaluates and takes steps to prevent violence, abuse and neglect in the person's relationships, including facilitating referral to appropriate services
- k. Identifies the need for specialist intervention and accounts for this in care planning, facilitating access as required
- l. Plans and negotiates how progress will be monitored and establishes time frames for review, in line with relevant policies, protocols and guidelines
- m. Communicates, with permission, relevant aspects of the care plan to relevant service providers to ensure seamless care
- n. Provides the person, and others as appropriate, with a copy of their care plan, taking into consideration relevant privacy and confidentiality requirements and concerns

## Capabilities

## Indicators

### 6.3

#### Deliver effective treatment and interventions

- a. Delivers services in line with the individualised care plan and matched to the person's needs, strengths, goals, preferences and resources
- b. Recognises and upholds the person's rights, including the right to informed consent, the right to provide honest feedback on the quality, experience and impact of the care provided, and the right to refuse treatment
- c. Maintains a positive, compassionate, caring and empathic attitude
- d. Supports the person to make informed decisions, providing or facilitating access to accurate and appropriate information, as required
- e. Seeks to promote cultural safety, responsiveness and equity in service delivery and in practice
- f. In consultation with the person, facilitates engagement of family and significant others to enhance or support care provision, when appropriate and safe to do so
- g. Identifies and coordinates management of co-existing conditions, working collaboratively with other service providers to ensure the totality of the person's needs are met
- h. Incorporates a range of evidence-based interventions consistent with role, experience and scope of practice, and matched to the person's needs, strengths, goals, preferences and resources
- i. Effectively responds to people who may be at risk of harm, and ensures appropriate, timely and assertive follow-up occurs.
- j. Identifies and actively supports the person to access relevant services, and advocates for the person throughout the referral and intervention process
- k. With the person, and with others as appropriate, reviews progress at regular intervals or when indicated by changing circumstances, and modifies the care plan as needed
- l. Provides timely and appropriate written and verbal care reports to facilitate clinical handover and transfer of care, consistent with privacy and confidentiality requirements
- m. Responds appropriately to unplanned cessation of treatment, and ensures the person is provided with adequate information, support and follow-up
- n. Provides the person, and others as appropriate, with a copy of the care plan and discharge summary on completion of treatment, consistent with privacy and confidentiality requirements
- o. Seeks feedback from the person, and others as appropriate, regarding the quality, experience and impact of the care provided
- p. Completes and uses relevant documentation and outcome measures throughout the episode of care
- q. Ensures all documentation is clear, accurate, objective, timely and appropriate

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Roche, A.M. & Pidd, K. (2010). *Alcohol and other drugs workforce development issues and imperatives: Setting the scene*. Adelaide: National Centre for Education and Training on Addiction (NCETA), Flinders University.



# APPENDICES

## Appendix 1: National AOD workforce development context

Strategy/plan	Goals/objective(s)
National Drug Strategy 2017–2026	<ul style="list-style-type: none"> <li>Build the capacity of the workforce to deliver services and respond to emerging issues</li> </ul>
National Framework for Alcohol, Tobacco and other Drug Treatment 2019–2029	<ul style="list-style-type: none"> <li>Support the workforce to provide high quality, responsive person-centred services</li> </ul>
National Quality Framework for Drug and Alcohol Treatment Services	<ul style="list-style-type: none"> <li>Engage and maintain a workforce that has the appropriate qualifications, skills, knowledge and supervision</li> </ul>
National Alcohol and other Drug Workforce Development Strategy 2015–2018	<ul style="list-style-type: none"> <li>Enhance the capacity of the Australian AOD workforce to prevent and minimise alcohol and other drug-related harm across the domains of supply, demand and harm-reduction activities</li> <li>Create a sustainable Australian AOD workforce that is capable of meeting future challenges, innovation and reform</li> </ul>
National Mental Health Workforce Strategy and Plan 2011	<ul style="list-style-type: none"> <li>Develop, support and secure the current workforce</li> <li>Build capacity for workforce innovation and reform</li> <li>Build the supply of the mental health workforce</li> <li>Build the capacity of the general health and wellbeing workforce</li> <li>Data and monitoring and evaluation</li> </ul>
National Alcohol Strategy 2019–2028	<ul style="list-style-type: none"> <li>Enhance the capacity of generalist healthcare, community, welfare and support services</li> <li>Provide further education and training to health and other professionals for the treatment of alcohol problems</li> <li>Disseminate, promote and provide training to support the use of established resources</li> </ul>
National Fetal Alcohol Spectrum Disorder Strategic Action Plan 2018–2028	<ul style="list-style-type: none"> <li>Increase screening, diagnostic skills and knowledge in frontline professionals</li> </ul>
National Ice Action Strategy 2015	<ul style="list-style-type: none"> <li>Invest in treatment and workforce</li> </ul>
National Aboriginal and Torres Strait Islander Peoples Drug Strategy 2014–2019	<ul style="list-style-type: none"> <li>Build capacity and capability of the AOD service system, particularly Aboriginal and Torres Strait Islander-controlled services and its workforce, as part of a cross-sectoral approach with the mainstream AOD services to address harmful AOD use</li> </ul>
National Tobacco Strategy 2012–2018	<ul style="list-style-type: none"> <li>Provide policy guidelines and accredited training in best practice smoking cessation (particularly brief interventions) to a range of health professionals and health, community and welfare workers, and ensure these are regularly updated to reflect best practice</li> </ul>
National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018–2022	<ul style="list-style-type: none"> <li>Train and support health practitioners in best practice pain assessment and management</li> <li>Establish and promote systems and guidelines to ensure adequate management of acute, chronic and cancer pain</li> </ul>



## Appendix 2: NSW AOD workforce development context

Strategy/plan	Goals/objective(s)
Draft NSW Health Alcohol and Other Drugs Strategy 2017–2021	<ul style="list-style-type: none"> <li>Build AOD workforce capacity to meet the needs of priority populations</li> </ul>
[NSW non government AOD] Workforce Development Plan 2016–2019	<ul style="list-style-type: none"> <li>Build a diverse and sustainable workforce that is competent, capable and supported to meet [people's] needs</li> </ul>
Health Professionals Workforce Plan 2012–2022	<p>Stabilising the Foundations</p> <ul style="list-style-type: none"> <li>Multifaceted and multi-owned solutions</li> <li>Integrated and comprehensive workforce planning</li> </ul> <p>Building Blocks</p> <ul style="list-style-type: none"> <li>Provide effective working arrangements</li> <li>Develop a collaborative health system</li> <li>Support local decision making</li> <li>Develop effective health professional managers and leaders</li> </ul> <p>Right People, Right Skills, Right Place</p> <ul style="list-style-type: none"> <li>Recognise the value of generalist and specialist skills</li> <li>Grow and support a skilled workforce</li> <li>Effective use of [the] healthcare workforce</li> </ul>
NSW Premier's Priorities 2015–2019	<ul style="list-style-type: none"> <li>Increase the number of women in senior leadership</li> <li>Increase [the number of] Aboriginal and Torres Strait Islander people in senior leadership</li> </ul>
NSW State Health Plan: Towards 2021	<ul style="list-style-type: none"> <li>Support and develop [the] workforce</li> </ul>
NSW Rural Health Plan: Towards 2021	<ul style="list-style-type: none"> <li>Enhance the rural health workforce</li> </ul>
NSW Aboriginal Health Plan 2013–2023	<ul style="list-style-type: none"> <li>Strengthen the Aboriginal workforce by attracting, developing and sustaining more Aboriginal people to work in health</li> </ul>
Healthy, Safe and Well: A Strategic Health Plan for Children, Young People and Families 2014–24	<ul style="list-style-type: none"> <li>Foster an empowered and capable workforce</li> </ul>
Living Well: A Strategic Plan for Mental Health in NSW 2014–2024	<ul style="list-style-type: none"> <li>Invest in [the] workforce</li> </ul>
NSW Strategic Framework and Workforce Plan for Mental Health 2018–2022	<ul style="list-style-type: none"> <li>Build the capacity of health and partner workforces to respond to suicide and self-harm behaviours</li> <li>Strengthen the capacity of partner workforces to respond to the needs of [people]</li> </ul>
NSW Blood Borne Viruses and Sexually Transmissible Infections strategies 2014–2020	<ul style="list-style-type: none"> <li>Provide capacity building opportunities for the NSW Health workforce and our community partners to develop and enhance the skills required to support achievement of the targets of the strategy</li> </ul>

## Appendix 3: Framework mapping

Scope	Title	Origin	Foundational knowledge & practice	Communication and engagement	Access & equity	Ethical, safe & responsible practice	Personal & professional development	Treatment & interventions
AOD	Canadian Centre on Substance Abuse. (2014). Competencies for Canada's Substance Abuse Workforce. Ottawa, Ont: CCSA.	Canada	•	•	•	•	•	•
AOD	Community Services and Health Industry Skills Council (2015). CHCSS00093 Alcohol and Other Drugs Skill Set. Canberra: Commonwealth of Australia.	Australia	•	•	•	•		•
AOD	Skills for Health (2014). Drugs and Alcohol National Occupational Standards Review Project: Context and tracking document. N.P.: SfH.	United Kingdom	•	•	•	•		
AOD / Case management	Association of Alcohol and other Drug Agencies NT (2015). Case Management in Non Government Alcohol and Other Drugs Services: A Practical Toolkit. Darwin: AADANT.	Australia		•	•	•		•
AOD / Counselling	Centre for Substance Abuse Treatment (2006). Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice. Rockville, MD: Substance Abuse and Mental Health Services Administration.	United States	•	•	•	•	•	•
AOD / Counselling	Federation of Associations of Counselling Therapists–Alberta (2018). Competencies for Entry to Practice for the Profession of Addictions Counselling for Alberta.	Canada	•	•	•	•	•	•
AOD / Domestic and family violence	Jenner, L., Lee, N. & Alcohol Tobacco and Other Drug Association ACT. (2017). Scope of Practice: for Working with Service Consumers in Alcohol and Other Drug Settings Who Experience or Use Domestic and Family Violence. Canberra: ATODA.	Australia	•	•	•	•	•	•
AOD / Gambling	Addiction Practitioners' Association Aotearoa-New Zealand (2011). Addiction Intervention Competency Framework: a competency framework for professionals specialising in Problem Gambling, Alcohol and other Drug and Smoking Cessation intervention. Wellington: dapaanz.	New Zealand	•	•	•	•	•	•
AOD / Medicine	Royal Australasian College of Physicians (2013). Physician Readiness for Expert Practice Training Program: Addiction Medicine Advanced Training Curriculum. Sydney: RACP.	Australia	•	•	•	•	•	•
AOD / Medicine	American Board of Addiction Medicine Foundation (2012). Core Competencies for Addiction Medicine. N.P.: ABAM.	United States	•	•	•	•	•	•
AOD / Mental health	Queensland Health (2010). Queensland Health Dual Diagnosis Clinician Tool Kit. Brisbane: Queensland Health.	Australia	•	•	•	•	•	•
AOD / Mental health	Matua Rāki and Te Pou (2013). Co-existing problems knowledge and skills framework. Auckland: Matua Rāki and Te Pou.	New Zealand	•	•	•	•		•
AOD / Mental health	Te Pou o te Whakaaro Nui (2014). Competencies for the mental health and addiction service user, consumer and peer workforce. Te Pou o te Whakaaro Nui. Auckland, New Zealand.	New Zealand	•	•	•	•	•	

Scope	Title	Origin	Foundational knowledge & practice	Communication and engagement	Access & equity	Ethical, safe & responsible practice	Personal & professional development	Treatment & interventions
AOD/ Mental health	Te Pou o te Whakaaro Nui & Ministry of Health (2018). Let's get real: Real Skills for working with people and whānau with mental health and addiction needs. Auckland: Te Pou o te Whakaaro Nui.	New Zealand	•	•	•	•	•	•
AOD / Mental health	Hughes, L. (2006). Closing the Gap: A Capability Framework for Working Effectively with People with Combined Mental Health and Substance Use Problems (Dual Diagnosis). N.P.: CCAWI.	United Kingdom		•	•	•	•	•
AOD / Mental health / Nursing	Kane, C., Brackley, M., Clement, J., D'Antonio, P., Haber, J., Hamera, E., ...& Pearson, G. (2012). Essential Psychiatric, Mental Health and Substance Use Competencies for the Registered Nurse. Archives of psychiatric nursing, 26 (2), 80-83.	United States	•	•	•	•		•
AOD / Mental health	Substance Abuse and Mental Health Services Administration (2011). Addressing the Needs of Women and Girls: Core Competencies for Mental Health and Substance Abuse Service Professionals. Rockville, MD: Substance Abuse and Mental Health Services Administration.	United States	•	•	•	•	•	•
AOD / Nursing	Drug and Alcohol Nurses of Australasia (2012). Specialist Nursing Standards and Competencies. Brisbane: DANA.	Australia	•	•	•	•	•	•
AOD / Nursing	Drug & Alcohol Services South Australia (N.d.). ATOD Specialist Nursing Practice. Adelaide: DASSA.	Australia	•	•	•	•	•	•
AOD / Nursing	Drug and Alcohol Nurses of Australasia. (2012). Addiction specialty nursing competency framework for Aotearoa New Zealand. Wellington: Matua Raki.	New Zealand	•	•	•	•	•	•
AOD / Nursing	Canadian Association of Schools of Nursing (2015). Entry-to-Practice Mental Health and Addiction Competencies for Undergraduate Nursing Education in Canada. N.P.: Canadian Association of Schools of Nursing.	Canada	•	•	•	•	•	•
AOD / Other	Catherine Booth College, School for Learning & Development (2014). The Salvation Army Capability Framework Social Programme Competency Matrix. N.P.: The Salvation Army.	Australia	•	•	•	•	•	•
AOD / Prevention	Brotherhood A & Sumnall HR (2011). European drug prevention quality standards: A manual for prevention professionals. European Monitoring Centre for Drugs and Drug Addiction, Manual 7. Luxembourg: Publications Office of the European Union.	European Union	•	•	•	•	•	•
AOD / Prevention	Canadian Centre on Substance Abuse. (2015). Competencies for the Youth Substance Use Prevention Workforce: Prevention Workforce Competencies Report. Ottawa, Ont.: CCSA.	Canada	•	•	•	•	•	•
AOD / Prevention	Western Australia Drug and Alcohol Office. (N.D.). Western Australian Alcohol and other drug prevention core knowledge and skills framework. Perth: Western Australia Drug and Alcohol Office.	Australia	•	•	•	•	•	•

Scope	Title	Origin	Foundational knowledge & practice	Communication and engagement	Access & equity	Ethical, safe & responsible practice	Personal & professional development	Treatment & interventions
<b>AOD / Social work</b>	Galvani, S. (2015). Alcohol and other Drug Use: The Roles and Capabilities of Social Workers. Manchester: Manchester Metropolitan University.	United Kingdom	•	•	•	•	•	•
<b>AOD / Treatment</b>	Australian Association of Smoking Cessation Professionals (2017). Core Competencies for Tobacco Treatment Specialists. N.P.: AASCP.	Australia	•	•	•	•	•	•
<b>AOD / Treatment</b>	Heaps, M. (2017). The Universal Treatment Curriculum for Addiction Treatment Professionals. Paper presented at the 2nd European Conference on Addictive Behaviour and Dependencies. Lisbon, Portugal.	International	•	•	•	•		•
<b>AOD / Treatment</b>	NSW Ministry of Health (Preliminary Draft V2.4, 2019). Clinical Care Standards Alcohol & Other Drug Treatment. North Sydney: NSW Ministry of Health.	Australia		•	•	•		•
<b>Case management</b>	Marfleet, F., Trueman, S. & Barber, R. (2013). 3rd Edition, National Standards of Practice for Case Management. Case Management Society of Australia & New Zealand.	Australia		•	•	•		•
<b>Child protection</b>	Office of the Senior Practitioner, NSW Department of Family and Community Services (N.D.). Care and Protection Practice Standards. Sydney: NSW Department of Family and Community Services.	Australia		•	•	•	•	•
<b>Community work</b>	Australian Community Workers Association (2017). Australian Community Workers Ethics and Good Practice Guide. Melbourne: ACWA.	Australia	•	•	•	•	•	•
<b>Community work</b>	Department of Health and Human Services (2017). Community Sector Workforce Capability Framework Tool Kit. Melbourne: State of Victoria, Department of Health and Human Services.	Australia		•	•	•	•	•
<b>Counselling</b>	Australian Counselling Association (2016). Scope of practice for registered counsellors. Brisbane: ACA.	Australia		•	•	•	•	•
<b>Counselling</b>	Australian Society of Rehabilitation Counsellors (2019). Core competencies for the profession of rehabilitation counselling. Sydney: asorc.	Australia	•	•	•	•	•	•
<b>Disability</b>	National Disability Services (N.D.). NDS Disability Career Planner and Capability Framework – Direct Service Delivery Job Family. Sydney: NDS.	Australia		•	•	•	•	•
<b>Health promotion</b>	Australian Health Promotion Association (2009). Core Competencies for Health Promotion Practitioners. Sunshine Coast: AHPA.	Australia	•	•	•	•	•	•
<b>Integrated health</b>	Hoge, M.A., Morris, J.A., Pomerantz A., & Farley, T. (2014). Core competencies for integrated behavioural health and primary care. Washington, DC: SAMHSA – HRSA Centre for Integrated Health Solutions.	United States		•	•	•	•	•

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Medicine	Royal Australasian College of Physicians (2017). Professional Practice Framework. Sydney: RACP.	Australia	•	•	•	•	•	•
Medicine	Royal Australasian College of Physicians (2013). Professional Qualities Curriculum. Sydney: RACP.	Australia	•	•	•	•	•	•
Mental health	State of Victoria, Department of Health (2013). National Practice Standards for the Mental Health Workforce 2013. Melbourne: State of Victoria, Department of Health.	Australia		•	•	•	•	•
Mental health / Child and adolescent health	MH-Kids (2011). NSW Child and Adolescent Mental Health Services (CAMHS) Competency Framework. Sydney: NSW Ministry of Health.	Australia		•	•	•	•	•
Mental health / Nursing	Australian College of Mental Health Nurses Inc (ACMHN) (2010). Standards of Practice for Australian Mental Health Nurses 2010. Canberra: ACMHN.	Australia		•	•	•	•	•
Nursing	Nursing and Midwifery Board of Australia (2014). Nurse practitioner standards for practice. N.P.: NMBA	Australia		•	•	•	•	•
Nursing	Nursing and Midwifery Board of Australia (2016). Registered nurse standards for practice. Melbourne: NMBA.	Australia		•	•	•	•	•
Nursing	Nursing and Midwifery Board of Australia (2016). Standards for practice: Enrolled nurses. N.P.: NMBA	Australia		•	•	•	•	•
Pharmacy	Pharmaceutical Society of Australia (2017). Professional Practice Standards. Canberra: Pharmaceutical Society of Australia.	Australia		•	•	•	•	•
Public health	The Council on Linkages Between Academia and Public Health Practice (2014). Core Competencies for Public Health Professionals. N.P.: Council on Linkages.	United States	•	•	•	•	•	•
Public sector	NSW Public Service Commission (2013). NSW Public Sector Capability Framework. Sydney: NSW Public Service Commission.	Australia		•	•	•	•	•
Social work	Australian Association of Social Workers (2013). AASW Practice Standards. Canberra: AASW.	Australia	•	•	•	•	•	•
Social work / Domestic and Family Violence	Australian Association of Social Workers (2018). AASW Family Violence Capability Framework. Canberra: AASW.	Australia	•	•	•	•	•	•
Youth work	NSW Kids and Families (2015). Youth Health Competency Framework: Working with young people to address their health needs. North Sydney: NSW Kids and Families.	Australia		•	•	•		•





