Workforce Development
Identifying need, demand and solutions to building capacity and capability in the TC workforce throughout Australasia

Anna Nelson
Matua Raki
Acknowledgements

Rubicon Youth Alcohol & Drug Support, Whangarei
Matua Raki are the National Addiction Workforce Development Centre in New Zealand funded by the Health Workforce NZ (Ministry of Health).

Matua Raki’s mission is to build the capability and capacity of the addiction-related workforces that contribute to the minimisation of addiction-related harm.

These workforces include the specialist addiction workforce, as well as all others who may work with people experiencing addiction related harm.
The NZ TC project

- In 2012 the Ministry of Health funded Matua Raki to undertake a scoping exercise looking at the workforce development needs of addiction TC’s in NZ.
- The scope (which included a literature review and interviews with staff at all identified addiction TC’s in NZ) identified two main options to help meet the workforce development needs identified by the addiction related TC’s.
The NZ TC Project

These were:
1. The development and delivery of a specific TC qualification
2. Incorporation of TC theory and practice into current addiction qualifications
   • a combination of these options would also be valuable.
The NZ TC project

The scope clearly identified what would be required in any such programme of study and this included:

- combined theory and practice related modules
- student immersion in the TC environment
- a strong group work focus
- involvement of TC graduates
- responsiveness to cultural diversity - Maori and Pacific
The NZ TC project

- consideration of a ‘training TC’
- consideration of providing certification or a TC qualification to those who complete the training
- the continued need for work based placements.
The TC working group

- Set up as part of the recommendations for next steps
- 11 members representing TC’s across NZ and ATCA.
- Representing the Ministry of Health, prison based TC’s, Community TC’s, MH workforce development, Pacific services, consumer perspectives and ATCA
- Contributions from Department of Corrections, a Cultural advisor (Maori) and a youth perspective.
So there is a need…but would there really be a demand?

Demand analysis

Aim and Objectives

- The purpose of the demand survey was to ascertain the level of demand in the mental health and addiction sector across Australasia for a professional development course or module(s) that covered TC theory, process and experience. It also aimed to determine the preferred method of course delivery subject to established demand.
Method

- A brief online survey was developed and the link to this distributed in NZ via Twitter, the Matua Raki Facebook page, the Te Pou fortnightly e-bulletin, the AOD netlink (an email distribution list supported by the Health Promotion Agency) and was advertised on the Matua Raki website.

- In Australia via the ATCA membership and the ‘Update’ list server managed by ADCA.
Shameless plug

- Follow me on twitter @trilbysma

- Follow [www.facebook.com/matuaraki](http://www.facebook.com/matuaraki) (please… we only have 50 followers)
Design

The survey consisted of ten questions, with a number of ‘skip logic’ functions embedded in the survey that automatically took respondents to the next appropriate question depending on their answer to the previous one. It’s simplicity and brevity was intentional and the results designed to be read alongside *Supporting New Zealand's Therapeutic Community Workforce: An investigation of current needs* (Matua Raki, 2012), a report detailing the context of the identified needs of the TC workforce in New Zealand.
Design

- Some wording was changed to reflect the different experiences and language used in NZ and Australia.
- 264 NZ respondents
- 238 Aus respondents
- 502 respondents
- The results can be analysed by country and overall
NZ celebrates
Australasian Results

**Professional background** *(they could choose more than one)*

- 27% AOD workers
- 25% Addiction specialists
- 20% Counsellors
- 12% Nurses
- 11% Managers
- 10% Social workers
- 5% Psychologists
- Others including Psychiatrists, doctors, teachers, tradies, experts by experience, administrators, family workers etc.
Results

- 44% of respondents worked in a community based TC
- 17% were not working in a TC and would be unlikely to
- 16% (n=75) were not working in a TC but would like to!
- 14% were managing a TC
- 12% had previously worked in a TC
- 3.5% worked in a prison based TC
Results

- 60% of respondents had had all their TC training via in house theory and through experiential learning.
- 26% of respondents had had TC theory covered in their qualification
- 20% had had an internship at a TC
- 18% had been residents in a TC prior to becoming a staff member
- 17% of respondents currently working in TC’s had had no specific TC training for this work at all.
What type of training did you receive for your work in a TC? (You can tick more than one box)

- The theory was covered in my qualification(s)
- I had a placement/internship (experiential learning) at a TC
- In house theory and experiential learning
- I have been a resident in a TC prior to becoming a staff member
- None, I have had no training for working in a TC
Results

- 85% would be interested in undertaking a course or module that covered TC theory, process and experience.
- 60% wanted to undertake this module in a workshop style. 37% at an educational or training institute, 31% online, 16% through a placement at a TC and 12% at an intensive residential school.
- In Australia 31% wanted this at TAFE level, but non-accredited programmes were also important.
Results

- In NZ 52% preferred having professional development points attached (e.g. professional association in NZ this is dapaanz), although NZQA quals were also important.

- 51% of managers said they would have the resources (payment of fees, backfill etc) to support staff to undertake such a training. Note results were higher in NZ (60%) compared to Australia.
Analysis and discussion

- Clear unambiguous demand for some TC professional development for those in the mental health and addiction sector.
- For those who are currently working in TC’s and for those who are not but would like to
NZ recommendations to the Ministry of Health

Our recommendations to the MoH came as a result of the original need scope and discussions with the TC working group as well as this demand survey and included;

- A module or course that covers TC theory, process and provides some TC experience should be provided to the mental health and addiction workforce. This does not necessarily need to be a ‘qualification’
NZ recommendations to the Ministry of Health

- That the module or course should cover the Drug Treatment Unit (prison) setting as well as the community TC setting and be relevant for those working or wishing to work in both types of settings.
- That the TC working group decide on the best way to provide such a module or course. The options identified by the survey may include a stand alone, or a combination of the following approaches;
- At a workshop
- Through experiential learning
- At an educational or training institute
- Online

• That the TC working group support the development of the content and curriculum of this course or module and make sure that cultural competence is threaded throughout.

• That the training or course has professional development points attached to it (for example dapaanz continuing professional development points).
NZ recommendations to the Ministry of Health

- That the process allows for the possibility that such a course or module may also be delivered in Australia.
- That where possible Matua Raki and Te Pou should support current mental health and addiction training providers to incorporate TC related material in their current programmes and courses, through the Training Providers Network.
NZ recommendations to the Ministry of Health

- That the Ministry of Health consider re-configuring the current Hoe Tahi addiction scholarships to prioritise those wanting to attend such a TC module or course (even if it does not have qualification credits attached).
- That the Ministry of Health consider the on-going positive value of Hoe Rua addiction internships/work based placements for the development of the TC workforce.
"He'll be with you in just a minute. Would you like a cat while you're waiting?"
Discussion and questions

- Would the demand have been so high regardless of the type of training?
- What is the demand from MH vs Addiction sector? Suspect it is higher in our addiction sector.
- Are there differences in the ways forward for NZ and Australia?
- How could such a professional development module be utilised across countries? Could we have trans-Tasman internships, exchanges etc?
Working together – the way forward!

Lynne Magor Blatch and Johnny Dow will host a discussion and consultation about this at 3pm on Thursday. Stream 6.

See you there!