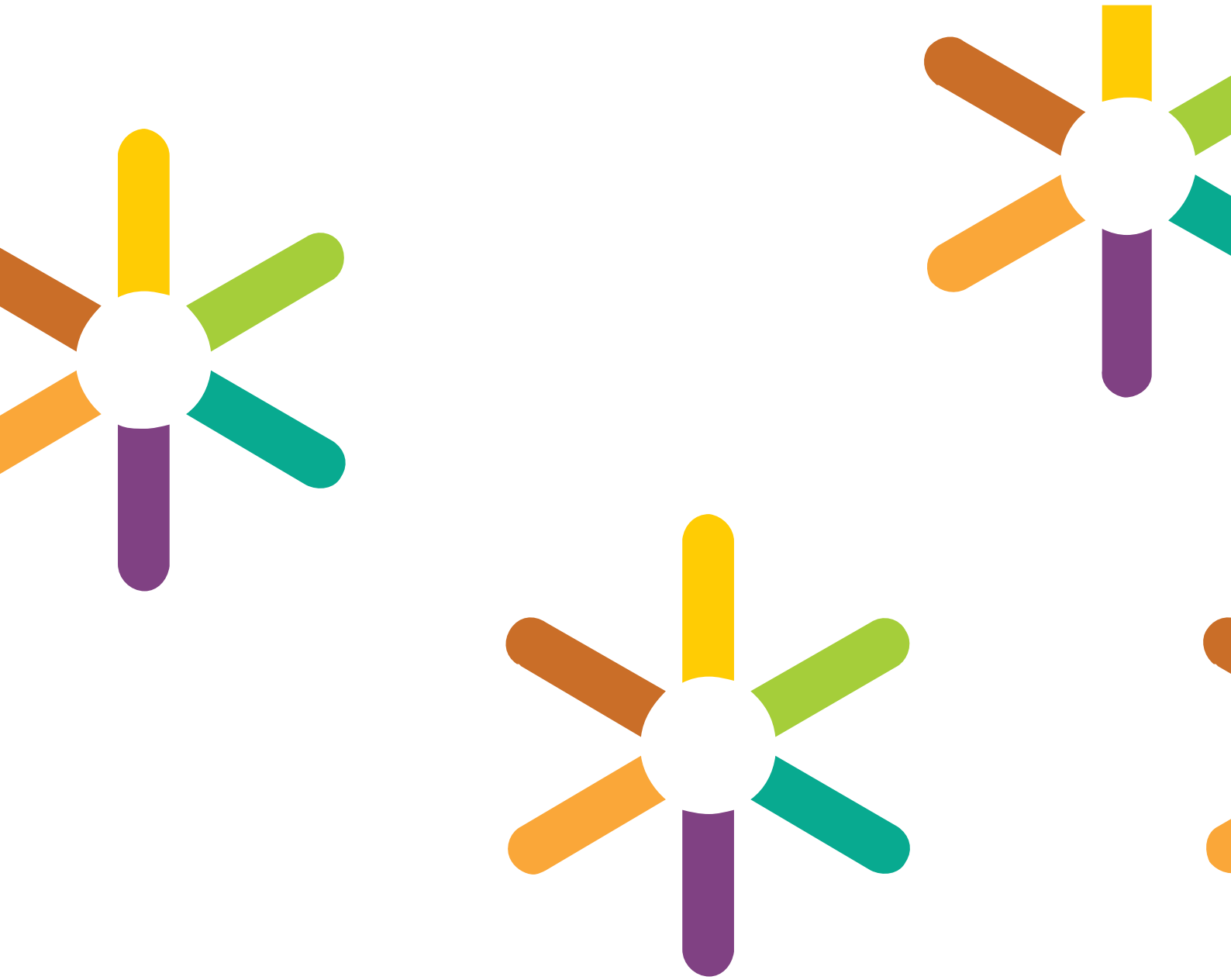
Government of **Western Australia**
Mental Health Commission

Alcohol and Other Drug Prevention: Core Competency Framework



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Background

This framework sets out the minimum level of competencies required of staff responsible for the development, implementation and evaluation of evidence-based, effective alcohol and other drug prevention activity.

What is alcohol and other drug prevention?

As a general guide, alcohol and other drug (AOD) prevention involves:

1. Preventing the onset of AOD use.
2. Delaying the onset of AOD use.
3. Reducing the likelihood of harm caused by those who choose to use AODs.
4. Reducing the extent or severity of actual harm caused by AOD use[1].

Prevention strategies can involve supply reduction, harm reduction and demand reduction initiatives which together can stop onset of AOD use, delay onset of AOD use, reduce the likelihood of harm and/or reduce the severity of harm from AOD use across communities and population groups.

The three levels of prevention are Primary, Secondary and Tertiary:

- Primary prevention strategies aim to prevent the uptake of AOD use or delay the age at which use begins. Target groups include the whole community, groups in the community or subgroups of the population at increased risk.
- Secondary prevention strategies aim to limit the harms associated with AOD use and prevent use becoming problematic among people already using generally the focus is on groups or individuals in the community.
- Tertiary prevention primarily focuses on individuals with problematic AOD use and is concerned with ensuring the problem does not get worse and wherever possible is reversed and health is restored.

The key focus of this Framework are competencies as they relate to AOD primary prevention initiatives and where considered appropriate secondary prevention initiatives.

Who undertakes AOD prevention work?

A range of service providers and community groups provide AOD prevention programs in Western Australia. These include population health professionals, community drug service staff

[1] Beatty & Allsop, 2009

Who undertakes AOD prevention work? (cont.)

Local Government Community Development Officers, and Community Health and Wellbeing Coordinators and Aboriginal health organisation staff. AOD prevention activity may constitute the core business of some professionals, whereas others may spend only a proportion of their work time in prevention-related activity.

Why develop a core competency framework?

This framework has been developed to support the implementation of the *Western Australian Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018-2025* as well as for the following purposes to:

- Specify the required knowledge and skills of staff who are responsible for developing, implementing and evaluating effective, evidence based AOD prevention activity.
- Assist organisations, employers and employees to develop relevant job descriptions.
- Assist in developing a common understanding within and between organisations of what is involved in undertaking AOD prevention activity.
- Develop a common language between staff undertaking AOD prevention activity.
- Provide a tool for supporting supervision, coaching, mentoring, performance appraisals, career and professional development plans.
- Provide a basis for the planning and development of AOD prevention training and workforce development initiatives.
- Provide a tool to validate and evaluate the role of AOD prevention staff.

This set of AOD competencies was adapted from the Health Promotion Core Competency Framework, but is specific to undertaking AOD prevention activity.

A comprehensive set of Core Competencies for Health Promotion Practitioners is available at: https://www.healthpromotion.org.au/images/docs/core_competencies_for_hp_practitioners.pdf

The *AOD Prevention Core Competencies Framework* does not seek to duplicate but rather complement the Australian Health Promotion Association Core Competencies document.

Where does this initiative fit?

The Mental Health Commission (MHC) leads the development and implementation of the *Prevention Capacity Building Project*. The long-term goal of this project is as follows:

To have a confident, competent and skilled WA workforce that can develop, implement, evaluate and sustain evidence-based effective population level AOD prevention and mental health promotion programs and strategies within their local communities and where relevant, state-wide.

The core competencies specified within this Framework 'set the scene' for the design and implementation of relevant prevention workforce development strategies, which over time will support the achievement of the above-mentioned goal.

Core Competencies

1. Knowledge

A staff member carrying out AOD prevention requires knowledge of:

1.1 Trends relating to AOD use and harm in Western Australia and where relevant specific regional and remote communities.

1.2 Relevant AOD and prevention models, theories and concepts including: (but not limited to) population health, health promotion, harm minimisation, social determinants of health, risk and protective factors, prevention paradox, the public health systems approach, social marketing, behaviour change models, liquor licensing, community action, advocacy and community development.

1.3 Effective evidence-based AOD prevention strategies that can be implemented at a local, state or national level to prevent and reduce AOD use and related harm on a population level.

1.4 Local, state and national strategic frameworks, policies and legislation as well as local, state and national approaches to AOD prevention, which can all be used to prevent and reduce AOD related harm.

1.5 The meaning of cultural security[2] and its application when working with Aboriginal peoples and communities.

2. Program planning, implementation and evaluation competencies

2.1 Needs assessments

A staff member carrying out AOD prevention activity is able to:

2.1.1 Identify relevant AOD research, information and data sources.

2.1.2 Use critical evaluation skills to analyse relevant AOD research, information and data to establish key themes and research findings.

2.1.3 Conduct research using appropriate research methodologies in order to explore AOD issues.

2.1.4 Consult and involve key stakeholders, including the general public, service users and consumers, carers and experts in relevant areas.

2.1.5 Review, analyse and summarise relevant international, national, state and local data, projects and policies.

[2] The term cultural security means to respect the legitimate cultural rights, values, beliefs and expectations of Aboriginal people and that this approach is central in the development of programs, services, policies and strategies. *Ways of Working with Aboriginal People, Part 1 Training*, Strong Spirit Strong Mind Aboriginal Programs, WA Mental Health Commission (2018).

2.1.6 Develop service development and/or strategic recommendations and prioritise these according to relevant criteria (including budget, time constraints, feasibility and so on).

2.2 Program planning

A staff member carrying out AOD prevention activity is required to:

2.2.1 Develop specific, measurable, achievable, realistic and time-bound AOD prevention program/project aims and objectives.

2.2.2 Select appropriate evidence-based strategies and interventions to achieve program aims and objectives.

2.2.3 Conduct or coordinate appropriate pre-testing with target groups to ensure suggested strategies are appropriate and accepted.

2.2.4 Where appropriate facilitate community and/or target group ownership of relevant strategies to secure sustainability.

2.2.5 Identify and secure required resources, including funding, to implement strategies.

2.2.6 Develop a detailed action plan and timeline to guide the implementation of agreed program/project plan.

2.2.7 Be aware of ethics if carrying out or commissioning research.

2.2.8 Use negotiation, communication and persuasion skills to gain support from local key stakeholders for the implementation of effective evidence based AOD activity.

2.2.9 Identify potential contentious or sensitive issues related to the program and develop an appropriate risk management/stakeholder engagement approach as required.

2.3 Program implementation and evaluation

A staff member carrying out AOD prevention activity is able to:

2.3.1 Lead and manage the implementation and monitoring of evidence-based AOD prevention strategies.

2.3.2 Develop and where relevant implement a comprehensive AOD prevention program/project risk management plan as part of prevention planning process.

2.3.3 Develop an appropriate approach to evaluation as part of the prevention program/project planning process.

2.3.4 Conduct formative evaluation during program implementation to ensure continual adaption and program improvements.

2.3.5 Implement appropriate evaluation mechanisms to assess program effectiveness.

2.3.6 Analyse program/project evaluation findings and communicate findings to appropriate stakeholders as well as use evaluation findings to inform future prevention activity.

2.3.7 Engage local stakeholders in implementing prevention activity at a local level.

3. Coalition building

A staff member carrying out AOD prevention activity is able to:

3.1 Identify and bring together relevant internal and external key stakeholders who are relevant to the success of the AOD prevention project or program (e.g. health, social work, Police, housing, business, sporting groups, local government, academia etc)

3.2 Recognise the skills, strengths and perspectives of each stakeholder group and facilitate their active participation in the AOD prevention program/project.

3.3 Establish an agreed purpose across key stakeholders and where appropriate form a group with appropriate terms of reference.

3.4 Maintain group motivation, commitment and active participation.

3.5 Effectively network and strengthen partnerships with relevant stakeholder groups through application of appropriate skills (negotiation, problem solving skills, motivating skills, decision making, team work, and delegation).

3.6 Facilitate and chair meetings.

3.7 Use appropriate written and verbal skills to communicate with relevant audiences (e.g. the general public, professionals, management, media).

3.8 In partnership with relevant stakeholders, develop a project/program plan which sets out agreed program/project aims and objectives (see program planning section).

3.9 Work with the local coalition to assess community readiness to address identified AOD issues.

3.10 Apply cultural security and political sensitivity when undertaking all AOD prevention work to ensure support, and where appropriate, active engagement is facilitated from relevant local groups.

4. Advocacy

A staff member carrying out AOD prevention activity is able to:

4.1 Support/promote relevant AOD prevention key messages in their community.

4.2 Develop, or support the development of, a comprehensive advocacy plan identifying key advocacy strategies.

4.3 Facilitate and, where appropriate, conduct advocacy to support the implementation of relevant AOD prevention strategies.

4.4 Appropriately utilise the media and relevant media outlets (e.g. digital, print, radio) to convey key messages and gain support for AOD prevention strategies.

4.5 Establish with their agency the scope and parameters of support to conduct advocacy and engage with the media in advance to allow responsive action to be timely.

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