Alcohol and other Drug Sector Workforce Planning:
staffing structures, recruitment, retention and worker wellbeing

Acknowledgement

We acknowledge the traditional custodians of the land on which we live and work, and recognise their strength in connection to the land, sea, and community. We pay our respect to their Elders past and present.

We acknowledge the widespread and intergenerational effects of colonisation. The policy and actions of dispossession established long-lasting barriers between peoples, land, and culture. Furthermore, we acknowledge that this trauma has a systemic presence in Western Australian society, policy, and the alcohol and other drug system. We acknowledge the need to address this issue by re-evaluating the systems in place that affect the cultural, social, and economic matters of Aboriginal people.

WANADA is committed to advancing conciliation/reconciliation and fostering the valuable contributions that Aboriginal people make in the alcohol and other drug service sector to deliver meaningful, lasting outcomes for Aboriginal people, families, and communities.

About WANADA

The Western Australian Network of Alcohol and other Drug Agencies (WANADA) is the peak body for the alcohol and other drug education, prevention, treatment, and support sector in Western Australia. WANADA is an independent, membership-driven not-for-profit association.

WANADA is driven by the passion and hard work of its member services, which include community alcohol and other drug counselling; therapeutic communities; residential rehabilitation; intoxication management and harm reduction services; peer based; prevention; and community development services.
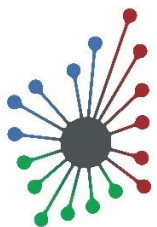
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Summary of Recommendations

WANADA recommends the following:

1. Sector service planning and demand modelling is revised with consideration of the impact of, and lessons from, the pandemic.

2. The establishment of sector-informed and -coordinated work readiness training, developed and delivered in partnership with relevant tertiary and VET institutions.

3. The revised Western Australian Alcohol and Other Drug Interagency Strategy establish coordinated systemic responses to alcohol and other drug and intersecting issues that recognise and enhance specialist roles and responsibilities across sectors.

4. That future alcohol and other drug service tenders recognise, and appropriately support, both multidisciplinary clinical teams and cross-service collaboration resource requirements.

5. A sector-led approach to exploring service model development, with an initial focus on cultural responsiveness.

6. Investment to support the reintroduction of addiction studies and addiction medicine specialist units at Western Australian universities.

7. Ongoing resourcing of sector-led collaborations with VET institutions to develop sector-relevant traineeship pathways.

8. Expansion of the Mental Health Commission's Volunteer Alcohol and Other Drug Counselling Program to support increased capacity and regional engagement.

9. Ongoing support for the systemic implementation of Aboriginal alcohol and other drug sector leadership and workforce planning initiatives.

10. System-wide support for scholarships and similar programs that assist Aboriginal people to attain sector-relevant qualifications while working in the sector.

11. Establishing regional, rural, and remote specific initiatives to inform local planning and service model development with this informing service tender processes.

12. A coordinated, sector-led approach to developing education and training institution linkages with regional, rural, and remote services to support work readiness and professional development.

13. Adequate resourcing for the delivery of sector-led induction and onboarding processes with appropriate training, supervision, mentoring, and other support.

14. The development of a sector-led promotion strategy to increase awareness and desirability of careers in the alcohol and other drug sector.

15. A sector-led process to support the identification and prioritisation of, and coordinated responses to, sector training needs.

16. Development of a sector-led peer workforce development and peer-leadership strategy, specific to the alcohol and other drug sector.

17. Increased investment in leadership development, coordinated by, and specifically for the alcohol and other drug sector.

18. The establishment of a sector-led process to establish and facilitate ongoing alcohol and other drug sector workforce monitoring.

Contents

Background and introduction

Workforce planning and development have been areas of significant focus and concern for the alcohol and other drug sector.

The recommendations outlined throughout this report build on and complement key initiatives and considerations highlighted as essential by WANADA's member-driven advocacy in recent years. Central to WANADA's position is the need for a systemic approach across individual, organisation and systems levels, to support a sustainable and specialist alcohol and other drug sector workforce.

Consultation approach

The information in this report is informed by consultation with the Western Australian alcohol and other drug sector during 2022. This consultation has included:

- discussions with over 30 senior sector representatives (executive managers, service managers, human resources managers) from 13 organisations representing 42 services across multiple sites
- surveys of sector workers and executive managers
- focus groups with service workers and service users

WANADA would like to take this opportunity to thank all those who participated in this consultation, acknowledging the considered responses and enthusiasm to engage.

The information provided in this report builds on WANADA's 2017 report, *Comprehensive Alcohol and Other Drug Workforce Development in Western Australia*. It also draws on National Centre for Education and Training on Addiction (NCETA) research, and relevant state and commonwealth strategies.

In the spirit of transparency and co-production, this report will be a live working document, to support ongoing development and incorporation of contemporary member feedback. This enables information exchange within the sector and continued validation of the report content.

> **This report remains a working document. WANADA invites ongoing feedback and discussion with the sector about workforce planning.**

Report structure

The not-for-profit sector has some capacity to flexibly respond to external conditions. These conditions contribute to drivers for change and improvement. Given the ongoing pressures of the pandemic it is appropriate for this report to unpack some of the **impact of COVID-19**.

The consultation and information drawn on for this report was focused on:

- **Ideal staffing structures** to enable service models that best meet service user needs (individual, family and community).
- **Recruitment** and other strategies for securing the ideal staffing structure.
- **Worker wellbeing** and other **retention** strategies

Each of these focus areas has been structured to draw on the Signs of Safety assessment and planning framework:

- Describe some of the concerns/pressures driving the need for change in relation to ensuring a suitable sector workforce into the future **(what is the sector worried about?)**
- Identify strategies and initiatives that have been applied or considered **(what is working well?)**
- Identify developments/strategies or initiatives needed to respond to workforce planning pressures **(what needs to happen?)**. These are further formulated into recommendations where appropriate.

Impact of COVID-19

During the COVID-19 pandemic, WA alcohol and other drug organisations were able to manage and ensure continuity of critical services. Early in the pandemic organisations had developed and implemented pandemic response plans, with the primary focus being service user and worker safety. These response plans were reviewed and updated as needed to reflect Health Department restrictions and requirements, and changes in local context.

Service provision

Some residential services had to temporarily reduce service capacity support safe isolation/quarantine practices and to house residents in individual rooms where shared rooms were previously offered. This reduction, however, supported social distancing and service capability to respond to local outbreaks.

Non-residential counselling services demonstrated capacity to provide remote services via telephone and video counselling. The impact of this change of delivery was mixed. Some regional, rural, and remote services noted the switch to remote online servicing enabled increased service access and engagement, including to Aboriginal people living in remote communities. In some regions, services reported that there were significant barriers to access such as infrastructure limitations, overcrowding and unsafe home environments inhibiting service engagement (particularly impacting young LGBTQI service users). Feedback that WANADA received from service users early in the pandemic demonstrated appreciation for alternative service access options to enable continuity of service; however, for most service users, face-to-face engagement would be a preferred option in non-pandemic circumstances. Effectively, establishing rapport and enabling social connectedness where needed is best achieved through in-person service provision.

Outreach and community engagement services (including to remote communities) were modified. As appropriate, some services focused on enabling return to Country, enhancing health service navigation, and prioritising essential supports including access to food and shelter.

Pre-pandemic population planning indicated inadequate alcohol and other drug services to meet demand. Notwithstanding some reduced capacity due to the pandemic, services in general reported increased demand and service users presenting with increased intersecting concerns, such as mental health and wellbeing and domestic and family violence.

Workforce

Organisations reported a need to manage fluctuating staffing numbers due to COVID-19 transmission and isolation requirements, and workforce losses including a small number due to objection to vaccination mandates for workers. This trend varied, with some regional locations reporting higher rates of workforce losses.

Fluctuating worker numbers clearly impacted workloads, yet there was consistent recognition and acknowledgement across the sector that workers were dedicated and committed to supporting service users. As a result, service quality was maintained and there was less disruption to service delivery capacity than expected.

Services adopted a range of approaches to manage fluctuating worker numbers where possible and appropriate. For example, some organisations:

- called on remaining workers to take on additional or expanded duties in the short-term
- requested part-time workers temporarily increase their hours to cover shortages
- established a casual pool of support workers to maintain service capacity
- redeployed workers to different service sites (within larger organisations), with a focus on maintenance of critical service continuity
- supported workers who were well but required to be in isolation to deliver remote service provision to service users or on-call advice to support colleagues
- offered more than their usual number of student placements to increase recruitment opportunities, with new student placement recruits having already undergone organisation and service orientation
- established split workforce 'teams' to minimise the risk of transmission between colleagues and maximise capacity for service continuity.

Service managers were frequently required to take on additional responsibilities to support an appropriate response for their service users, workers, and communities, including:

- adjusting operations to meet changing restrictions and situations
- monitoring vaccination status of staff and service users
- implementing additional hygiene, social distancing, and sanitisation policies to promote health
- developing contingency plans for staffing and other contingencies
- participating in local and regional community planning forums, meetings and initiatives, as well as contributing to internal service planning and meetings.

Since COVID-19 emerged, increases in flexible working practices have become more commonplace in all workplaces, there is an increased number of sector workers employed part-time. This is both a challenge and a strength as reducing work hours can aid retention, but also adds to the complexity of managing teams.

In brief:

- The professionalism and person-centred principles of the Western Australian alcohol and other drug sector is evident. Sector services have been well prepared, demonstrating flexibility and effective change management, to maintain critical service provision to date during the pandemic.
- There is little doubt the pandemic will result in longer-term increased service demand, including a need to enhance responsiveness to intersecting concerns.
- Pressures on staff require a strengthened focus and prioritisation of worker and management wellbeing.

Recommendation 1

WANADA recommends sector service planning and demand modelling is revised with consideration of the impact of, and lessons from, the pandemic.

Ideal staffing structures

A recognised strength of the Western Australian alcohol and other drug sector is the variety of service types and models being delivered predominantly by NGO providers. As such, there is no single ideal staffing structure. Some service models suit a staffing structure that is predominantly drawing on 'peer'[1] and cultural expertise, while other service models require expertise that is informed by appropriate tertiary qualifications (notwithstanding many tertiary qualified staff also have relevant alcohol and other drug lived experience and/or cultural expertise).

Irrespective of the need to recruit people with relevant and specific tertiary qualifications or cultural or peer expertise, there were several core competencies and foundational skills desired of people entering the alcohol and other drug sector.

To discuss ideal staffing structures, this report focuses on:

- core competencies and knowledge/awareness desired for people entering the alcohol and other drug sector workforce
- common themes reported by representatives of different service types when describing ideal staffing structures
- changing service models presented by the sector, and the impact of this on ideal staffing structures into the future

Core competencies and foundational knowledge

The sector identified core competencies and foundational knowledge/awareness needed by people recruited into treatment and support roles within the alcohol and other drug sector. These core competencies include:

- ability to set and maintain healthy professional boundaries
- self-awareness and capacity for self-reflection
- self-care awareness and practices – this is particularly important given the high level of stress and burnout amongst new sector workers[2] and the links to compassion fatigue, vicarious trauma, and the impact of working with a stigmatised population group
- empathy and non-judgemental attitudes
- capacity to contribute to de-escalation
- capacity to work in a multidisciplinary team (including with people who have cultural and peer expertise)
- capacity to work independently (particularly for regional, rural, and remote and outreach workers)

Some foundational knowledge/awareness identified as needed includes an appreciation of:

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[1] Terminology used to describe alcohol and other drug workers who have relevant lived experience is contested. 'Peer' is a term often used in the sector to describe roles where relevant lived experience is a criterion. WANADA acknowledge that some workers in these roles prefer other terminology. Additionally, most sector workers who have relevant lived experience are not employed in identified lived experience roles. Drawing on consultation with sector workers, WANADA is using the following definition of the term 'peer' in this report: *A peer is a person who identifies as a member of a community or group and is accepted as a member by other members of the community or group.*

[2] Skinner, Natalie, and Ann Roche. 2021. "'Very demanding. Extremely rewarding': Exploring the co-occurrence of burnout and engagement in alcohol and other drug sector workers". *Drug and Alcohol Review*. https://doi.org/10.1111/dar.13250

- the need for cultural responsiveness – it was noted that some recruits have a theoretical understanding of cultural responsiveness, however they are challenged by what this looks like in practice, including within the context of alcohol and other drug service delivery
- the need for evidenced based practice
- brief intervention approaches
- withdrawal support needs
- crisis management
- harm reduction
- the value of community engagement
- the impact of intersecting issues such as health, wellbeing, and safety

Skills and knowledge development, including building on the core competencies and foundational knowledge/awareness above, is often currently supported by organisations early after recruitment. This support requires considerable time and resource investment. Recruits new to the sector require training in practice requirements. These may include:

- the purpose of participating in practice supervision
- effective screening and assessment, including risk assessments such as suicidality
- group management and/or facilitation skills
- motivational interviewing
- social welfare support
- team working
- trauma-informed practice
- case management and referral
- intersecting specific considerations as appropriate (e.g., working in a justice environment, mental health first aid)
- considerations for working in regional, rural, and remote areas (as necessary)
- service user record keeping requirements and data records for contractual reports
- contributing to continuous quality improvement

New employees are required to work in areas where culture, trauma, poverty and disadvantage, dependence, stigma, and isolation are interconnected. Some organisation representatives spoke of losing a percentage of new recruits when they realise the need to respond to the complexity of issues that service users present with. In addition, organisation representatives reported losing recent recruits to higher paid positions within government, other services or industry, after they have provided sector induction and supported relevant skill development.

Ideally alcohol and other drug work readiness training is provided through the relevant VET or tertiary institutions, developed in consultation with sector service providers to ensure quality, relevance, and appropriateness. This would overcome some of the barriers experienced by regional, rural, and remote service providers in securing early recruitment training.

> Recommendation 2
> WANADA recommends the establishment of sector-informed and -coordinated work readiness training, developed and delivered in partnership with relevant tertiary and VET institutions.

Common ideal staffing structure themes

Several organisations noted they have recently undertaken strategic reviews of their organisation and staffing structures to achieve a range of goals, including increasing efficiency (specifically for larger organisations), improving worker wellbeing and retention, and supporting sustainable staffing structures that best meet individual, family, and community needs.

Management structure

Several organisations report management and middle management structure concerns, particularly considering the need to support significant change management related to, for example, meeting pandemic response needs, meeting service provision expectations, and increasingly complex data and reporting requirements. Effective change management was identified as incorporating co-design solutions with workers, service users, and community members as appropriate. Enabling effective change management in the current environment is frequently time sensitive (urgent) and resource intensive, adding to the pressures on management. Within this, WANADA's consultation revealed a need for a larger pool of people with management skills and training.

With the context as presented above, it is not surprising that different organisations have responded differently when considering their management structure. For example, one organisation reported flattening their organisational hierarchy, while another has developed additional management levels to better support senior staff. There were also examples of enhancing administrative roles within organisations. The intent for this has been to reduce the pressure on, and increase support for, managers by enhancing change management consistency and overall organisational efficiencies when implementing change.

Specialist service provision and sector engagement in systemic policy and planning

Whether providing clinical/treatment, prevention, or harm reduction services, a significant common theme that WANADA heard was the need to promote, maintain, and further develop the specialisation of alcohol and other drug services and sector engagement in systemic policy and planning. This need is typically predicated on stigma, discrimination, and prejudice experienced by people impacted by their own or a significant other's alcohol and other drug use.

Problems commonly intersecting with alcohol and other drug issues are exacerbated by, and exacerbate, a range of health and social issues (including general health, mental health and wellbeing, contact with the justice system, employment, family and community relationships, connectedness and social inclusion, domestic and family violence, poverty, housing security, etc). Early and brief intervention at any stage of alcohol and other drug use, by any service sector, is evidenced as effective in reducing harms associated with alcohol and other drug use. The sector is calling for an across-sector and cross-government systemic approach to alcohol and other drug harm reduction that challenges stigma and discrimination, ensures consistency in identification of potential substance use harm, and appreciates the benefits of early/brief intervention and appropriate referral. With inadequate alcohol and other drug services to meet demand (even before demand increases resulting from the pandemic) the sector capacity is further hampered by inadequate systems response and inadequate cross-sector capability.

A strong specialist alcohol and other drug service sector is needed to achieve an appropriate systemic approach that is focused on reducing harm, including harms from stigma and discrimination.

> **Recommendation 3**
> WANADA recommends the revised Western Australian Alcohol and Other Drug Interagency Strategy establish coordinated systemic responses to alcohol and other drug and intersecting issues that recognise and enhance specialist roles and responsibilities across sectors.

Services with multidisciplinary teams

Throughout the sector there is a preference for multidisciplinary teams within most services. A significant proportion of sector workers have relevant lived experience/lived experience expertise (i.e., can call on their own and/or collective experience when working with service users). Depending on the service type, multidisciplinary teams may include:

- alcohol and other drug counsellors from a range of disciplines such as psychology, social work, Master of Counselling, behavioural science
- health and allied health professionals (Aboriginal health, medicine and nursing, population health and community development, occupational therapy, nutrition, pharmacy)
- welfare support workers
- cultural experts, who support culturally appropriate service delivery such as assertive outreach to effectively engage with Aboriginal communities
- 'peer' support workers, who have been described as facilitating a "warm and soft landing when service users first engage with a service"

These different disciplinary and experiential perspectives enhance service capability.

If services do not have capacity to employ a multidisciplinary team, they frequently collaborate with other organisations to support effective care-coordination, particularly to address intersecting issues. This approach, while efficient, comes with its own challenges and resource requirements to maintain cross-organisation partnerships.

> **Recommendation 4**
> WANADA recommends that future alcohol and other drug service tenders recognise, and appropriately support, both multidisciplinary clinical teams and cross-service collaboration resource requirements

Reconsidering service models

Many organisations are reconsidering service models that best meet community needs. This is a particular focus for Aboriginal services. Culturally responsive service models require a stronger focus on genuine community connection, addressing life-course risk and protective factors, and supporting individuals' (re)engagement with community as a part of the service delivered. Considerations include:

- Addressing social determinants of alcohol and other drug concerns in the community requires improved cross-sector capability building
- Addressing life-course concerns requires workers with skills, knowledge, and capacity to work in age-appropriate ways as well as beyond a clinical focus
- Supporting individual (re)engagement with community and connections generally requires cultural and peer expertise as well as awareness of emerging local alcohol and other drug issues

Changing service models clearly has significant implications for staffing structures and workforce planning which cannot be overlooked if it is to contribute to better service user and community outcomes.

Partnerships with other organisations and services may enhance outcomes and contribute to efficiency. Effective partnerships, however, require cross-sector willingness to support the intersecting sectors' approaches and values (including willingness to appreciate different risks and impact of stigma).

> Recommendation 5
> WANADA recommends a sector-led approach to exploring service model development, with an initial focus on cultural responsiveness.

Recruitment and pathways to employment in the alcohol and other drug sector

Many alcohol and other drug services identify challenges in recruiting staff. These challenges apply broadly across many sectors and locations, potentially creating a new need for competitive career promotion. For example, recruitment concerns have always been heightened in all sectors in regional, rural, and remote settings. In addition, pre-existing recruitment concerns have been exacerbated by the pandemic, together with very low unemployment rates.

There are many recruitment barriers specific to the alcohol and other drug sector, related to:

-   Service expansion needs. Expansion is welcomed and necessary, however it is well recognised that specialist service provision needs to more than double to meet community demand[3]
-   University pathways into the alcohol and other drug sector have reduced. Courses for students developing their skills and knowledge in relevant areas (including nursing, psychology, social work, and human services generally) often do not have adequate (if any) alcohol and other drug content The number of 'addiction studies' elective units has reduced, with three universities previously offering these elective options being reduced to one since 2008. In addition, the 'addiction medicine' unit for medical students is no longer offered in Western Australia
-   Stigma and discrimination toward both those who experience alcohol and other drug harms and workers in the sector. Stigma impacts the promotion of the sector as a career option, perception of barriers to working in the sector, as well as worker retention

> Recommendation 6
> WANADA recommends investment to support the reintroduction of addiction studies and addiction medicine specialist units at Western Australian universities.

To discuss and explore solutions to increase recruitment into the specialist alcohol and other drug sector, this report focuses on:

-   current established, and possible, strategies to increase pathways to employment into the sector
-   recruitment considerations
-   induction and onboarding support considerations

Pathways to sector employment

Tertiary and VET student placement pathway

13% of respondents to the 2022 WANADA workforce survey identified student placement at an alcohol and other drug service formed part of their pathway into work in the sector. Similarly, consultations with sector leaders identified student placements as an effective, and key, recruitment tool. Sector leaders reported that recruitment from placements supports access to qualified workers who are already familiar with the service and service users. Placement opportunities, however, need to be of a suitable length to support students to

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[3] Mental Health Commission. 2019. *Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (Plan) Update 2018*. Mental Health Commission, Government of Western Australia.

build a reasonable level of alcohol and other drug service competence and designed to minimise administrative impost on services. Sector leaders noted this is one reason that hosting VET student placements is less desirable, as the duration is usually limited to three weeks and there is a large amount of documentation and other resourcing required relative to the length of placement time.

> **Recommendation 7**
> WANADA recommends ongoing resourcing of sector-led collaborations with VET institutions to develop sector-relevant traineeship pathways.

Volunteer pathway

23% of respondents to the 2022 WANADA workforce survey identified that volunteering formed part of their pathway into employment in the sector. Volunteering is a mutually beneficial arrangement for services and volunteers that enables skill and knowledge development through mentoring relationships with experienced sector workers.

Sector leaders noted that many staff had participated in the Mental Health Commission Volunteer Alcohol and Other Drug Counsellors Training Program, which provides for both intensive training and long-term volunteer counsellor placement (minimum 12 months). Placements are available at select metropolitan alcohol and other drug services. WANADA understands from the Mental Health Commission that demand for this program regularly exceeds available placements. This was confirmed by organisations during the consultation process.

> **Recommendation 8**
> WANADA recommends expansion of the Mental Health Commission's Volunteer Alcohol and Other Drug Counselling Program to support increased capacity and regional engagement.

'Peer' worker pathway

Sector consultation has reinforced the distinctions between alcohol and other drug sector peer work roles and definitions, as compared to peer work in other service sectors. Informed by the alcohol and other drug sector, WANADA defines a peer as a person who identifies as a member of a community or group and is accepted as a member by other members of the community or group.

In the alcohol and other drug sector, peer work is largely understood to be an entry level, and transitional, role that acts as a bridge between being a service user (or 'consumer') and a sector worker.

> *"There is a connection to the consumer. The 'peer' is the first step out of being a consumer."* – Peer worker at a treatment service

In consultation, including with sector peer workers, WANADA learned that alcohol and other drug peer work has an "expiry date", and the word 'peer' eventually becomes less relevant over time, particularly if the person's treatment experience or alcohol and other drug use was some time ago.

> *"The word 'peer' eventually becomes obsolete. It feels provisional, like an apprenticeship. You outgrow it."* – Peer worker at a treatment service

To support the transition from peer worker to other roles in the sector (e.g., counsellors, managers), organisations regularly support peer workers to attain relevant qualifications (through study leave, flexible work, and/or paid training).

Cultural expertise pathway

Increasingly, the sector recognises that cultural knowledge is of different, but equivalent, value to formal qualifications. For this reason, services may recruit Aboriginal people who do not have formal qualifications but who can bring valuable cultural expertise and knowledge to the service. Services may then support the worker to attain relevant formal qualifications to complement their expertise. Some services are exploring, or have established, partnerships with training providers to fund scholarships to support Aboriginal people to attain relevant qualifications to work in the alcohol and other drug sector.

Some services emphasised that cultural experts should receive equal remuneration to their professionally qualified colleagues and advised that remuneration is according to the seniority of the role.

Recruiting Aboriginal staff

Community connection is a well-recognised recruitment pathway for Aboriginal workers. Services that have established strong relationships with Aboriginal communities, including Aboriginal Community Controlled Organisations, are more likely to be attractive workplaces for Aboriginal workers. Services with a high proportion of Aboriginal workers noted that many Aboriginal applicants and new recruits were likely to have family or community connections with existing service workers.

Successful recruitment of Aboriginal workers is often based on word of mouth and likely to be more organic than structured conventional recruitment processes. Organisations identified a range of strategies to increase recruitment of Aboriginal workers, including broader strategies to increase the cultural responsiveness and safety of organisations. These include but are not limited to: Aboriginal advisory groups and dedicated board positions; sector leader relationships with Aboriginal Elders and community leaders; and cultural supervision being made available to all workers.

> Recommendation 9
> WANADA recommends ongoing support for the systemic implementation of Aboriginal alcohol and other drug sector leadership and workforce planning initiatives.
>
> Recommendation 10
> WANADA recommends system-wide support for scholarships and similar programs that assist Aboriginal people to attain sector-relevant qualifications while working in the sector.

Regional, rural, and remote service recruitment

WANADA heard of specific challenges associated with recruitment in regional, rural, and remote services. These external challenges impact services' ability to attract appropriately qualified people to relocate from metropolitan areas (including interstate) and recruit suitably qualified local people. Of particular note is the difficulty competing with the salaries and benefits offered by government and mining companies.

Recruiting workers from outside the local area

The higher cost of living and limited/no availability of appropriate housing were key factors reported by regional, rural, and remote alcohol and other drug services as impacting external recruitment. The extent of these issues varied across regions and were reported as particularly severe in the Pilbara and Kimberley.

Barriers to relocation that impacted recruitment of workers from outside the region included relocation costs, and the low desire of people to move away from established social and support networks.

Organisations described a range of strategies utilised to support recruitment of qualified workers from out of area, including:

- supporting access to housing through rent subsidies and providing housing either owned by the organisation or in partnership with local government
- covering or subsidising relocation costs
- providing allowances to offset higher costs of living, where relevant
- promoting the work as values-based to appeal to a vocational motivation and establish a distinction between the sector and other industries.

Recruiting a local workforce

WANADA heard that local people in regional, rural, and remote areas are more likely to understand the local community, be well-established, and be aware of the local social issues that service users may experience. Despite this, local people who may demonstrate the above-mentioned core competencies were reported through sector consultation as less likely to hold the appropriate qualifications to work in alcohol and other drug services. Regional services linked the development of a local workforce to the need for:

- access to relevant in-person training, professional development, and networking opportunities
- established relationships with local VET representatives, to support pathways such as traineeships for local people

Recommendation 11
WANADA recommends establishing regional, rural, and remote specific initiatives to inform local planning and service model development, with this informing service tender processes.

Recommendation 12
WANADA recommends a coordinated, sector-led approach to developing education and training institution linkages with regional, rural, and remote services to support work readiness and professional development.

Induction support

WANADA heard that workers new to the alcohol and other drug sector often lack requisite specialist knowledge and skills, have unrealistic expectations, and are inadequately prepared for the nature of the work. These limitations highlighted the essential role of induction, on-the-job training and mentoring.

Many organisations emphasised that the quality of induction support in the initial three to six months of employment strongly influences retention. Several organisations reported, however, that demand pressures and workforce shortages impacted the capacity to deliver this level of induction support.

Some larger organisations sought to address these capacity issues by creating combined student supervisor and new recruit mentor roles. Greater consideration of additional resourcing for supported entry to the sector for students and other new recruits would support workforce sustainability.

> Recommendation 13
> WANADA recommends adequate resourcing for the delivery of sector-led induction and onboarding processes inclusive of appropriate training, supervision, mentoring, and other support.

Sector career promotion

There is a common need to consider effective and targeted career promotion, that is developed with an awareness of motivations, pathways, and benefits that are unique to the alcohol and other drug sector.

Several sector organisations identified the need for increased alcohol and other drug sector career promotion at relevant career expos and forums associated with education institutions including VET and universities. Sector organisations noted the need to match the promotion activities of other sectors and highlight the values-based and rewarding nature of careers in the alcohol and other drug field.

Data collected by WANADA in 2022 indicates workers gain high satisfaction from careers in the alcohol and other drug sector. The community-driven and values-based nature of the sector, however, is challenged by stigmatising community perceptions of alcohol and other drug use. This community perception is further compounded by criminalisation.

Sector-led career promotion activities can be developed to best represent the benefits of alcohol and other drug sector careers, while addressing stigmatising attitudes.

> Recommendation 14
> WANADA recommends the development of a sector-led promotion strategy to increase awareness and desirability of careers in the alcohol and other drug sector.

Retention and wellbeing

Workforce retention and wellbeing were consistently highlighted throughout sector consultation as an essential contributor to the sustainability of the alcohol and other drug specialist workforce. A number of internal and external challenges were reported as being barriers to supporting workforce retention and wellbeing, these included:

- The high level of organisational investment required, particularly for workers who are new to the sector and have limited exposure to alcohol and other drug service delivery
- The need to increase cultural security at an organisational level to improve retention of Aboriginal workers, particularly at services who currently employ few Aboriginal workers
- Increasing turnover and attrition rates are increasing due to the aging of the workforce as well as stress and burnout[4]. The sector reported that the aging workforce is a particular issue for specific services (e.g., those in regional settings), as well as specific disciplines (e.g., alcohol and other drug nurses). Stress and burnout were anecdotally reported by the sector as being impacted by a variety of circumstances, including the need to address increasingly complex intersecting issues that service users present with (requiring additional cross-sector systems navigation and individual advocacy)
- The impact of stigma and discrimination on the sector, and workforce. Community perception and stigmatising public commentary regarding alcohol and other drugs continues to significantly impact worker wellbeing[5]
- The insecurity of funding, and therefore employment, which is exacerbated in instances where contract renewal notices are delayed

To discuss and explore solutions to increasing retention and wellbeing in the specialist alcohol and other drug sector, this report focuses on:

- supervision and management support
- career and professional development
- work conditions
- wellbeing supports

Supervision and management support

Across the sector, organisations offer a wide range of supervision and management support to their workers.

- **Line management** was identified as an important mechanism for work planning, professional and skill development, mentoring, and wellbeing support. Many organisations identified team meetings as a useful forum for group-based line management.

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[4] Skinner, N., McEntee, A. & Roche, A. 2020. Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University. https://nceta.flinders.edu.au/application/files/1216/0748/4166/NCETA-NAODWS-19-20-Draft14.pdf
[5] Colmar Brunton. 2014. WANADA Research to inform strategies to reduce AOD related stigma – General Public Quantitative Research Report.

- **Practice supervision** supports worker wellbeing and assists in building the confidence and skill of workers who come to the role with only learned theoretical knowledge. Most organisations offer a combination of multiple forms of practice supervision to workers, which varied in frequency.
  - Internal practice supervision, with senior staff supported to develop practice supervision skills through formal training.
  - External practice supervision, either with a prescribed supervisor or an approved list of supervisors for workers to choose from.
  - Group supervision (delivered internally or externally) to build the capacity of teams to work with service users by enabling workers to learn from colleagues' experiences, skills, and challenges.
  - Peer practice supervision. 'Peer' workers noted that supervision is necessary for safety, validation, and motivation.
- **Cultural supervision** was reported as being offered by many organisations to Aboriginal staff. Cultural supervision may be provided by Aboriginal workers who have been trained to be supervisors, or by Elders. Supervision is likely to be supported by ongoing informal supervision, yarning, and mentoring. Some organisations extend the provision of cultural supervision to non-Aboriginal staff to ensure all workers can appropriately work with Aboriginal service users.

Sector leaders noted that there is an opportunity to enhance worker awareness and understanding of supervision and management support, and how to effectively engage in these practices.

Career and professional development

Most organisations have established internal career development processes to support employees to meet their career ambitions, training needs, and performance development needs. In most organisations, the induction period is followed by a period of around two years where new workers undertake mandatory training on foundational skills[6]. Following this period, workers undertake training to respond to intersecting issues such as domestic and family violence or mental health.

Foundational training is available, however for those workers who have been employed in the sector longer term, organisation representatives noted that there is little locally available training in advanced alcohol and other drug skills. Online training is available, however these may not fully align with the local context and networking opportunities can be limited.

In WANADA's focus group consultation with peer workers, the group noted specific considerations for peer work including remuneration, role scope, professional development, and career progression. Sector organisations indicated they value the contribution of peer workers to the service and reported supporting professional development (including pathways to roles outside of peer work). Sector organisations have communicated to WANADA the need for an alcohol and other drug specific, sector-led approach to alcohol and other drug peer workforce development and peer-leadership.

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[6] See foundational skills list on page 9-10 of this document.

> **Recommendation 15**
> WANADA recommends a sector-led process to support the identification and prioritisation of, and coordinated responses to, sector training needs
>
> **Recommendation 16**
> WANADA recommends development of a sector-led peer workforce development and peer-leadership strategy, specific to the alcohol and other drug sector

Leadership development

> *"Leadership development is a key development area for the sector. It's necessary for sector expansion. For every new service created, we need new managers and leaders as well as frontline and admin support staff."*
> – Executive-level Manager

Sector organisations reported the need to increase the availability of suitably competent and qualified sector leaders to meet current (and projected) demand. Clinicians promoted through internal pathways to leadership positions require additional non-clinical, management skills development (alongside mentoring).

Sector organisations reported the importance of supporting Aboriginal leadership opportunities. WANADA's Aboriginal Alcohol and Other Drug Sector Leadership project explores a system-wide strategic approach to developing Aboriginal leadership, and supporting self-determination, within the sector (refer to recommendation 10).

> **Recommendation 17**
> WANADA recommends increased investment in leadership development, coordinated by, and specifically for the alcohol and other drug sector

Work conditions

Organisations reported to WANADA a range of flexible working arrangements recently introduced, including in response to the pandemic. Changes included more flexibility in where and when work is done, particularly for workers in management and executive levels of organisations. Some non-residential services provided counsellors the opportunity to provide telehealth appointments from home, if the preferred method of engagement from service users. A noted trend across a number of sector organisations was an increase in the number of part-time workers.

Many services reported they have recently comprehensively reviewed leave arrangements. To contribute to improved worker wellbeing, additional leave arrangements being explored or offed by different organisations include:

- Cultural leave for Aboriginal staff – including for sorry business and family support
- Purchased leave – for example, to support families with children who need school holiday leave
- Life and wellness leave – enables workers to attend to personal business
- Encouraging paternity leave
- Christmas shutdown leave

- Study leave and associated flexible arrangements

Many organisations have reviewed remuneration and allowances to offer a competitive wage to their workers. Approaches applied by select organisations include implementing Employee Bargaining Agreements or offering remuneration above the relevant award, re-calculating the Employee Value Proposition, and/or enhanced working conditions.

Retention challenges in regional, rural, and remote areas

Regional, rural, and remote services face additional, unique retention challenges, particularly for workers relocating from metropolitan centres. These challenges include difficulties adjusting to the new environment and local community, and feelings of being isolated from colleagues and collaborating services due to geographical dispersion.

Organisational responses to retention challenges in regional, rural, and remote areas have included a focus on local workforce recruitment and development, and increased support for worker connections both to the team and the wider local community (refer to recommendations 12 and 13).

Wellbeing supports

Services outlined to WANADA a range of social, connection and wellbeing practices that they had put in place to support their workers.

- **Values-driven workplace culture** was identified by several organisations as important to promoting retention and wellbeing. The organisation values frame team building activities and are demonstrated and promoted through strong organisational leadership.
- **Team building days/weeks** are held annually or six-monthly at many organisations to provide training, wellbeing and social connection activities, and opportunities for group discussion. These activities enhance team relationships and are especially important for workers in regional, rural, and remote areas who may be geographically isolated from colleagues.
- **Employee-driven social and wellbeing activities** are supported and resourced by many organisations, for example, skill sharing, social clubs, and out-of-office events.
- **Health and wellbeing programs** are provided to workers at many organisations, for example, *RUOK? Day*, *International Day Against Homophobia Biphobia and Transphobia (IDAHOBIT)*, access to flu vaccination (voluntary) and access to skin cancer screens.
- **Wellbeing strategies that focus on the whole person** and respond to external stressors impacting workers, for example, providing access to information sessions with personal financial advisors.

Employee Assistance Program

The WANADA umbrella employee assistance program (EAP) was established in 1998 to support the wellbeing of employees and volunteers in the alcohol and other drug sector. Twenty-nine WANADA member organisations currently subscribe to WANADA umbrella EAP, covering at least 2190 sector workers. Most organisations who do not subscribe to the WANADA umbrella EAP offer an alternative EAP.

According to the WANADA umbrella EAP provider, workers access the EAP for a range of reasons. For around 85% of EAP users, the primary issue is a personal reason. The remaining 15% of EAP users access the EAP to assist with workplace issues, including: workplace conflict, organisational restructure, workplace

stress or trauma or critical incident. WANADA notes that the use of the EAP has increased over the past two years, largely due to stress resulting from the pandemic.

Wellbeing considerations for workers with relevant lived experience

Around two-thirds of the sector workforce identify as having relevant alcohol and other drug lived experience; however, most are not employed in identified lived experience roles, and many do not share this information with their employer. In line with national workforce data[7], 62% of respondents to WANADA's 2022 sector workforce survey identified having relevant alcohol and other drug lived experience. Of these workers:

- 29% reported they are employed in roles where relevant lived experience is a specific criterion
- 20% indicated they had not shared this information with their employer

These statistics demonstrate a clear need for any workforce wellbeing strategies that specifically consider lived experience to be applied to the whole workforce.

> *"…if workforce support and development efforts focus exclusively on workers in designated peer roles, the majority of workers with lived and living experience are unlikely to benefit."* – Kostadinov and Skinner (NCETA) 2022[8]

Wellbeing Data Collection

Many larger organisations regularly survey their workforce to collect information on worker wellbeing, satisfaction, engagement, turnover intentions, and other measures. Some organisations use existing validated tools, while others have developed bespoke surveys.
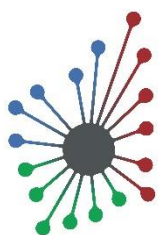
Many organisations expressed interest in participating in a regular, sector-wide workforce data collection process, or sharing data from their own surveys, to inform planning and whole of sector workforce initiatives.

> Recommendation 18
> WANADA recommends the establishment of a sector-led process to establish and facilitate ongoing alcohol and other drug sector workforce monitoring.

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[7] NCETA national alcohol and other drug workforce survey 2019 data shows that 65% of respondents identify as having relevant alcohol and other drug lived experience, and 2 in 3 of these workers have shared this information with their employer.
[8] Kostadinov, Victoria, and Natalie Skinner. 2022. "Supporting peer workers and beyond: priorities for AOD workforce development". *Drug and Alcohol Research Connections.* http://connections.edu.au/opinion/supporting-peer-workers-and-beyond-priorities-aod-workforce-development