

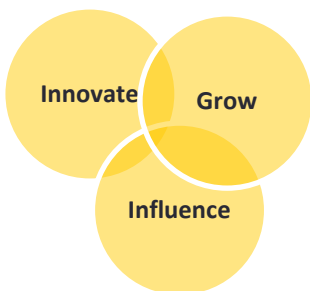


Discussion Paper

Setting the Scene for the NGO AOD Workforce Development Strategy and Implementation Plan

QNADA Vision

A system that values responses addressing the social, cultural and structural determinants of health.



February 2026

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1. Introduction

QNADA has been funded by Queensland Health to develop a workforce development strategy and implementation plan for the non government organisation (NGO), including Community Controlled, alcohol and other drugs (AOD) sector in Queensland by 30 June 2026.

The NGO (including Community Controlled) AOD treatment and harm reduction sector delivered 21 968 closed treatment episodes for 14 811 clients aged 10+ in the 2024-2025 financial year. The majority of episodes (64%) were delivered in non residential treatment settings, with counselling (49%), rehabilitation (21%), and support and case management (16%) the top three main treatment types.

The size and composition of the current NGO AOD workforce is unknown and as part of this project, QNADA is currently working to improve our understanding of the people who make up the AOD workforce through the NGO (including Community Controlled) AOD Establishments Collection. A better understanding of the composition and demographics of the workforce, as well as the investment in different service types will enable the development of strategies to develop and enhance the capability of the workforce.

Maintaining and growing a skilled AOD workforce is vital for the quality, safety, and accessibility of Queensland's AOD services, leading to positive outcomes for people who access services. Workforce development should be systemic, multi-faceted, and coordinated. However, both in Queensland and nationally, there is a lack of strategic, coordinated approaches for AOD workforce development. Existing mental health strategies do not address the workforce needs to deliver specialised AOD services. Similarly, lived-living experience and peer workforce development guidelines do not address the nuance in delivering AOD services for the AOD lived-living experience workforce. Strategies addressing AOD workforce needs including the Mental Health Alcohol and Other Drugs Workforce Development Framework 2016-2021 and the National AOD Workforce Development Strategy 2015-2018 have expired, leading to gaps in planning towards resources, capabilities, and capacity to meet growing demand for AOD support from the community.

Priority 5 in [Better Care Together](#) is focussed on improving workforce capability and sustainability. The strategy recognises the “capability and sustainability of a multi-disciplinary workforce is essential to provide person-centred, recovery-oriented, effective, and efficient MHAOD services and contribute to the improved experience and equity of health outcomes for individuals experiencing MHAOD issues and their families and carers” (p39). It also acknowledges that “A commitment to reduce gaps in health equity and improve diversity of the workforce includes growing, developing and fully utilising Lived Experience (peer) workers and the Aboriginal and Torres Strait Islander health workforce” (p39).

Similarly, [Achieving Balance](#) acknowledges “it is critical to develop and retain a qualified, skilled and experienced workforce to ensure delivery of quality alcohol and other drug treatment services” (p19) and that high levels of stigma create “challenges with workforce health and wellbeing, which is essential to service sustainability, particularly for Aboriginal and Torres Strait Islander workers who often manage multiple professional and personal roles in communities” (p19).

Aim and scope

The aim of this project is to develop a workforce strategy for the NGO (including Community Controlled) AOD treatment and harm reduction sector in Queensland.

Objectives

1. Improve our understanding of the NGO and Community Controlled AOD workforce, including demographics, qualifications, and distribution.
2. Identify strategies to attract and sustain a diverse workforce, including growing the peer and lived-experience, First Nations, and LGBTIQ+SB and multicultural workforces.
3. Establish a strategic, coordinated approach to workforce development across the NGO AOD and Community Controlled sector, promoting sustained growth and capability within the NGO and Community Controlled AOD workforce.

2. What do we mean by workforce development?

Workforce development is a broad umbrella term to describe activities that aim to attract and retain people in a particular field. While this obviously includes education for the potential workforce, as well as ongoing training and professional development for people working in a specific field, organisational and system level settings can also impact the capability and capacity of the workforce, such as commissioning processes, remuneration and supervision.

Our approach will adopt the National Centre for Education and Training on Addiction (NCETA) definition:

Workforce Development is a multi-faceted, systematic approach to building the capacity and sustainability of the workforce. It offers a comprehensive way of thinking about and responding to the complex interplay of issues that affect the workforce and moves the focus from individual workers to organisations and systems.¹

3. What do we know about the AOD Workforce in Queensland?

The National Centre for Training and Education in Addiction (NCETA) undertook a survey of Australia's AOD workforce in 2019-2020, which provides an incomplete, but nonetheless useful profile on some of the Qld AOD workforce, with 21% (274) of the total 1322 respondents from Qld.

- 57% employed in the NGO sector
- 6% identified as First Nations; 25% were born outside Australia; 20% spoke another language, with around 34% of these multilingual workers using their additional language at work
- 65% of respondents reported they had lived experience of alcohol or other drug issues related to their own experience, a family member or other experience
- 28% of respondents did not declare their lived experience to their workplace because they were concerned about stigma.
- 71% of respondents reported their main work role as direct client services
- 44% of respondents reported non-residential treatment facilities as their work setting
- 29% of respondents had an undergraduate degree qualification, closely followed by 26% of workers with a masters/postgraduate/PhD qualification.
- 41% of respondents worked in the AOD sector for over 10 years.

A project to support capability to recognise and respond to domestic and family violence (DFV) recently completed by QNADA included a survey of participating service provider workforce, which

¹ [AOD Workforce Development: NCETA - The National Centre for Education and Training on Addiction](#)

included questions on qualifications. 42% (206) of the respondents to the survey indicated that they worked in a NGO AOD treatment and harm reduction service, Community Controlled service or youth service:

- The most commonly identified professional disciplines included AOD Counsellor, worker or case manager, followed by Social Worker. A small number (less than 10) identified nursing, psychology, youth worker or peer worker as their professional discipline.
- The most common qualifications were diploma (24%), undergraduate degree (bachelor) (22%), masters (12%), certificate IV (9%), graduate certificate (8%) and no formal qualification (8%).

4. What have you been telling us about workforce development?

4.1 Regular forums

QNADA hosts a range of regular forums for AOD services, inclusive of member organisations and Hospital and Health Services, including regional reference groups (Cairns, Townsville, Brisbane and Toowoomba) and statewide advisory groups (Community Controlled members, LGBTIQ+ Sistergirl and Brotherboy, Multicultural). The groups serve to provide networking and information sharing between members, and to inform QNADA's work to support the sector. This section summarises issues raised around workforce in these forums.

Community Controlled Members Advisory Group

This group was established following a consultation workshop held in August 2024, to provide a forum for Community Controlled member organisations. Discussions focus on building capability and sustainability and creating greater access to culturally safe services.

Workforce priorities identified by this group include:

- Developing resources, education and accredited training for workers that is culturally appropriate and recognises prior learning and the lived experience of Aboriginal and Torres Strait Islander people.
- Supporting policy development that dismantles barriers to employment, such as blue card assessment processes, decolonising education and training and developing capability profiles for the Aboriginal and Torres Strait Islander workforce.
- Developing frameworks for supervision and development of the workforce.
- Developing our understanding of lived and living experience in a First Nations context.
- Addressing the impacts of the education system as a system level barrier to growing the workforce.

LGBTQIA+ Sistergirl and Brotherboy (LGBTQIA+SB) Community of Practice

This group was established following a consultation workshop held in August 2024, to provide a forum for workers who identify as LGBTQIA+SB, as well as people working with LGBTQIA+SB communities.

Workforce priorities identified by this group include:

- Education and training resources developed by the LGBTQIA+SB communities that is culturally appropriate and tailored for both urban and regional and remote workforces.

- Improving diversity of training available, from the basics of language use to extended intersectional considerations.
- Improving practice around data collection and use, making sure data is collected in a client centred and safe way.
- Developing opportunities for supervision in identified roles.

Multicultural AOD Advisory Group

This group was established in 2025, following a request from members for a forum on multicultural communities and AOD treatment and harm reduction access.

Workforce priorities identified by this group include:

- Increase representation of multicultural communities in the AOD workforce.
- Support organisations to develop cultural responsiveness to support equity of access to treatment and harm reduction services.
- Supporting policy development that integrates cultural equity and addresses the needs of multicultural communities.
- Develop training and resources to improve cultural responsiveness in the AOD workforce.

Far North Qld AOD Reference Group

This group was established in 2017 to support PHN engagement with AOD service providers and includes members from NGO and HHS services operating across the Cairns and Hinterland region.

Workforce priorities identified by this group include:

- Recruitment issues related to low funding levels.
- Prolonged vacancies due to workforce shortages in the region.
- Impact of short term funding extensions to workforce retention and flow on impacts for workforce and service capability.
- Increasing complexity of presentations due to the intervention of statutory systems such as child safety and youth justice.
- Shortage of harm reduction positions impacting capacity to provide safer injecting advice.

North Qld AOD Reference Group

This group was established in 2017 to support PHN engagement with AOD service providers and includes members from NGO and HHS services operating across the Townsville region.

Workforce priorities identified by this group include:

- Shortages in harm reduction workforce positions impacting capacity to provide safer injecting advice.
- Recruitment and retention issues related to workforce availability.
- Challenges with commissioners such as Qld Corrective Services and the length of time taken to provide clearance for workers to deliver programs leading to service delivery delays.

Brisbane and Ipswich AOD Reference Group

This group was established in 2018 following consultation with members in the region and the PHNs as separate groups for Brisbane and West Moreton. Overlap of membership led to the consolidation

of these groups into one in 2025. Membership consists of NGO and HHS services operating across the Brisbane and West Moreton regions.

Workforce priorities identified by this group include:

- Workforce capability to recognise and respond to family and domestic violence.
- Structural issues in supporting clients to access the mental health system.
- Lived-living experience workforce expansion and safety.
- Intersections with housing, eating disorders and neurodiversity.

Darling Downs AOD Reference Group

This group was established in 2017 to support PHN engagement with AOD service providers and includes members from NGO and HHS services operating across the Darling Downs region.

Workforce priorities identified by this group include:

- Building workforce capability in supporting multicultural communities, particularly around refugee resettlement communities.
- Supporting clients to access mental health services.
- Difficulties supporting people experiencing housing insecurity and homelessness.
- Building capability to recognise and respond to family and domestic violence.

4.2 National Strategies and Plans

National strategies and action plans are also relevant to the development of a workforce development strategy for the NGO sector in Queensland. This section provides a summary of opportunities for workforce identified in national strategies and plans.

First Nations communities

[The National Aboriginal and Torres Strait Islander Health Plan 2021 – 2031](#) vision is “Aboriginal and Torres Strait Islander people enjoy long, healthy lives that are centred in culture, with access to services that are prevention-focussed, culturally safe and responsive, equitable and free of racism” (p6).

It highlights the importance of the cultural and structural determinants of health, noting “Aboriginal and Torres Strait Islander health is viewed in a holistic context that recognises not only physical health and wellbeing but also the social, emotional and cultural wellbeing of individuals, families and communities throughout the entire life course” (p6).

It identifies workforce as one of three enablers for change (along with genuine shared decision making and partnerships and Community Controlled comprehensive primary health care), which includes 3 objectives:

1. Implement strategies to grow the Aboriginal and Torres Strait Islander workforce across health, mental health, disability and aged care.
2. Improve cultural safety in workplaces across health, mental health, disability and aged care systems.
3. Continue to support the leadership role of the Aboriginal and Torres Strait Islander Community Controlled health workforce organisations.

LGBTIQA+ communities

[The National Action Plan for the Health and Wellbeing of LGBTIQA+ People 2025 – 2035](#) vision is “LGBTIQA+ people achieve equitable health and wellbeing outcomes with access to safe, respectful, high-quality and inclusive health and wellbeing services” (p11).

It highlights that gay, lesbian, and bisexual people were 2.4 times as likely as heterosexual people to have used substances in the previous 12 months, with almost half (44.4%) reported using one or more drugs for non-medical purposes in the past 6 months. Gay, lesbian and bisexual people are also 1.2 times as likely to consume alcohol at risky levels.

It identifies workforce capability as one of five focus areas:

1. Build system wide leadership and cultural change
2. Strengthen preventive health, protective factors and build health literacy
3. Enhance accessibility, availability and safety of healthcare services
4. Ensure workforce capability and capacity across both mainstream and LGBTIQA+ led services
5. Improve research, data and evaluation.

The workforce focus area has two actions:

- Build a pipeline of culturally safe and inclusive health and wellbeing workers (action 12)
- Upskill the existing workforce to ensure responsive and safe care (action 13)

4.3 Insights from Informal Engagement and Project Work

QNADA regularly engages with members in informal ways, as well as formal consultations undertaken with members as part of our project work. This section provides a summary of workforce issues identified through informal engagement and project delivery.

Supporting and Growing the Peer and Lived and Living Experience Workforce

In 2023 – 2024, QNADA undertook a consultation with members in the Brisbane North PHN region to understand organisational readiness to support a peer and lived-living experience workforce. Participants recognised the importance of identified or designated peer and lived-living experience roles, and highlighted the need for organisational capacity development to ensure effective protections and structures for peer and lived-living experience workers. For example, protections from heightened scrutiny, background checking and role ambiguity, or the moral injury that can come from working inside punitive systems all contribute to supporting the sustainability of the peer workforce.

Since 2023, QNADA has been collaborating with QuIVAA to develop strategies to address these structural barriers to growing the Peer and Lived-Living experience workforce. QuIVAA is currently working to develop a Peer Workforce Framework and Organisational Readiness guide to support the development and expansion of the Peer and Lived-Living expertise workforce in Queensland.

The draft framework is anchored in the values of the QuIHN Peer Leadership Framework, including autonomy, equity, dignity, and the belief that peer work is inherently political. It is intended to inform systems, services and workforce development.

QNADA is working in partnership with QuIVAA to pilot the Organisational Readiness guide with a small number of members in the first half of 2026.

Clinical and Practice Supervision

In 2020 – 2021, QNADA undertook a project with funding from Brisbane North PHN to increase AOD worker access to clinical or practice supervision (external to their organisation), by trialling a supervision exchange model. Participating services nominated workers for both supervisee and supervisor roles, who then had access to supervision training before being matched and undertaking monthly supervision over six months.

The trial demonstrated improved worker wellbeing and confidence amongst participants, which provided proof of concept that this type of program is feasible and produces good outcomes.

Domestic and Family Violence Capability

In 2024 – 2025, QNADA undertook a project with funding from the Mental Health, Alcohol and other Drugs Strategy Branch to understand and improve service capability to recognise and respond to domestic and family violence. Participating services completed a supported assessment of capability over four domains (Client, Worker, Organisation, System).

The process included a survey of workforce knowledge and confidence in supporting people experiencing violence and people using violence, which identified the following training and support needs in relation to responding to domestic and family violence:

- Trauma informed practice
- Working with complexity at the intersection of MH, AOD and DFV
- Information sharing in the context of DFV
- Risk identification and management when working with people using DFV
- Risk identification and management when working with people experiencing DFV
- Understanding DFV and its impact
- Care coordination and case planning for people experiencing DFV
- Care coordination and case planning for people using DFV
- Effective collaboration with DFV services
- Integrated responses to FDV in their local area.

Structural Determinants of Health

For people accessing specialist AOD treatment and harm reduction, contact with agencies like police, justice and child safety are associated with a range of adverse outcomes, including:

- On a person's disclosures with treatment services, with potential follow on impacts for treatment effectiveness
- Heightened stress, and/or
- Disruptions to treatment delivery, particularly during periods of imprisonment.

QNADA's systemic responses position papers identify structural reforms that will reduce the complexity of people's circumstances, including:

- Enabling effective multi-agency collaboration requires police and other statutory entities to understand their statutory role means they are not well placed to provide case management support. An effective cross system response would recognise NGO service providers as better positioned to provide intensive case management and support.

- Services for young people must be delivered in a way that prioritises choice, confidentiality, and consent. Investment is needed to improve the availability, accessibility and acceptability of voluntary AOD treatment services for children and young people. Additional resourcing and workforce/sector development is also required to expand programs for young people across the spectrum of treatment and harm reduction interventions, in developmentally appropriate ways.
- Cross-system governance, which includes peak bodies and other key stakeholders is critical to drive structural improvements and provide a robust monitoring and evaluation function to improve system responses.
- Planning and commissioning of health services within the criminal justice system, and particularly those within correctional centres should be undertaken by Qld Health to ensure equitable access to health services (as required by the Queensland Human Rights Act 2019).

5. What other states and territories are doing

New South Wales

The [NSW Alcohol and other Drugs Workforce Strategy 2024 – 2032](#) includes a vision for “A NSW AOD sector that is able to recruit and retain a skilled, diverse workforce that reflects the communities it supports. The AOD workforce is engaged, well-supported and has a positive experience of delivering high quality care throughout rewarding careers”.

It includes four objectives:

1. Attract staff to the sector to build a diverse, multidisciplinary workforce. Create visible and appealing career pathways.
2. Retain staff in the sector and ensure a supportive, safe, and rewarding work experience, with opportunities for development and career progression.
3. Build capability of the health system to respond to AOD use and harms, while reducing stigma.
4. Reduce demands on the workforce through efficient systems that prioritise health outcomes and the experience of providing and receiving care.

Victoria

The Victorian Alcohol and Drug Association (VAADA) undertook a survey of the workforce in 2023, to understand current challenges and opportunities to build workforce capacity and capability, to ensure it can effectively meet the needs of service users now and into the future. It identified a range of system capability opportunities including:

- Increase cultural diversity across the workforce, including through recruitment practices and initiatives.
- Improve engagement and relationships with Aboriginal people and organisations, including increasing recruitment of and support for Aboriginal workers, and strengthening partnerships with Aboriginal Community Controlled Organisations.
- Develop and implement strategies to attract new graduates to work in the AOD sector, including increased collaboration with tertiary and vocational education institutions.
- Develop and implement strategies to enhance worker wellbeing, and reduce stress and burnout.

- Strengthen supervision policies and practices across agencies.
- Sector-wide training on responding to multiple and complex needs.
- Clinical and therapeutic skills training for early career workers.
- Advanced clinical skills training for mid-to-late career workers.
- Leadership and management training for workers in management roles, and those seeking career progression into management roles.
- Clinical supervision training for workers in supervisory roles.

The Self Help Addiction Resource Centre (SHARC) has developed a [strategy for the AOD Peer Workforce](#) to support resourcing and planning for AOD peer workforce development. It includes four key domains to prime, recognise, support and evolve the peer workforce.

Western Australia

The [Mental Health, Alcohol and other Drug Workforce Strategic Framework 2020 – 2025](#) was developed by the WA Mental Health Commission to “guide the growth and development of an appropriately qualified and skilled workforce that will deliver individualised, high quality mental health and AOD services and programs for the WA community” (p30). It includes five priority areas:

1. Support the current and future workforce to deliver high quality, modern, culturally appropriate and secure, services and programs.
2. Ensure the specialist workforce is adequately configured and supported to meet the requirements of the WA community.
3. Promote innovation in service delivery and encourage the uptake of best practice and evidence informed practices, including the integration of services and delivery of holistic, whole of person support.
4. Support relevant health and human service agencies outside of the mental health and AOD specialist providers, and their staff, to deliver appropriate mental health and AOD services.
5. Improve workforce data collection and continually monitor and evaluate workforce data to enable effective planning and development activity.

South Australia

The [South Australian Alcohol and other Drug Sector Workforce Development Framework 2025 – 2032](#) envisions working towards “a sustainable, capable, and diverse specialist AOD workforce that is appropriately skilled, supported and connected to provide high quality, accessible and culturally responsive services” (p10). It includes five priority areas:

1. Securing new workforce for the future
2. Developing a capable and collaborative workforce
3. Supporting workers who provide AOD treatment and harm reduction
4. Promoting a digitally and technologically enabled workforce
5. Promoting a culturally safe and competent workforce.

6. How can my organisation get involved?

QNADA will be consulting with members and stakeholders from February to April 2026. There are a range of ways to get involved:

- Provide a written submission to us, responding to all or parts of this discussion paper.
- Organise a one on one consultation with your team and QNADA.
- Attend one of our reference or advisory group meetings during March 2026.
- Attend one or more of our focused consultation forums for:
 - Aboriginal and Torres Strait Islander Community Controlled members
 - LGBTIQ+ Sistergirl and Brother boy communities
 - Multicultural communities
 - Young people
 - Peer and Lived-Living experience.

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