

# Building the living and lived experience workforce in the non-government alcohol and other drug sector

## 2023 Member consultation workshop

### Background

There is ample evidence to support the value of employing people with lived and living experience (LLE) in the alcohol and other drug (AOD) sector. People with LLE have long been working in general AOD roles where their LLE is not identified or promoted. In an identified LLE role, a person's LLE of AOD use is a requirement of the role and they share their experience to support clients.

The Special Commission of Inquiry identified the need for the AOD sector to grow and better utilise a peer workforce (referred to here as LLE workforce) in the delivery of AOD services. To identify actions needed to achieve this and how best to support its members, NADA held a consultation workshop. This enabled the sharing of views and experiences in order to plan and prioritise activities to build the current and future living and lived experience workforce (LLEW).

### Barriers and enablers for growing the LLE workforce

**Panellists:** *Norm Henderson (Senior AOD officer, Weigelli Aboriginal Corporation & Board Director, NADA), David Kelly (Director, Programs - Odyssey House), Leone Crayden (CEO, The Buttery & Chair, NADA Board), Craig Worland (Lived Experience Advisor, Lives Lived Well) and Emma Paino (Peer Supervisor and Educator).*

**Panel discussion:** An interactive panel discussion explored how LLE worker role fits across service settings, with experiences shared from the mental health NGO sector. A summary of discussion points and audience contributions is provided under key themes.

### Benefits of LLE work for people accessing AOD services

- A unique specialisation that is distinct from non-identified AOD roles and can enhance clinical perspectives
- LLE workers have a key role in supporting positive engagement with people who access services
- LLE workers support people to prepare for accessing a service and commencing treatment, such as with managing expectations, breaking down the language of AOD treatment, transitioning from custody to treatment
- LLE workers can provide practical support, greet the person when they arrive at a service, and offer a lived experience perspective of the treatment journey
- On exiting treatment, LLE workers can support this transition phase, what to expect and how to prepare

### What is needed to support LLE workers

- Ensure LLE positions are well defined and understood by the organisation prior to commencing recruitment
- Ensure LLE positions are meaningful additions to the service and not tokenistic
- Consider the LLE workers own 'recovery'. Some attendees reported that in the first two years after a person completes their own AOD treatment they may be at greater risk of relapse, and need particular support
- LLE workers require LLE supervision that is facilitated by a supervisor with specific LLE worker experience. Training may be needed to enable LLE workers to upskill as clinical supervisors.

## **Considerations for the intersection of LLE workers and people in clinical/not identified roles**

- Non-LLE staff should have a clear understanding of the LLE role, the difference between identified and non-identified LLE roles and how the identified role fits alongside other roles in the organisation, through active and open workplace discussions
- LLE worker perspectives should be valued in the team and the role viewed as complimentary rather than competing for the relationship with the client

## **What is needed to grow the AOD LLE workforce?**

**Large group 'world café' discussion:** This facilitated session enabled small and large group discussion and feedback on what is needed from NADA members to develop the LLE workforce. Key issues are provided below under key areas of workforce development.

### **Laying the foundations for LLE work**

- Organisational understanding and commitment is needed from the top down and at all levels
- Development of a consistent LLEW framework as a reference for the sector
- Consider role requirements and objectives and suitability of 'living' vs 'lived' experience eg a person with living experience who does not identify with 'recovery' models may not be appropriate for a residential treatment service where the treatment goal is abstinence
- Development of a suite of position description templates relevant to program and setting which can be adapted by members
- Ensure role scope and expectations are clear and understood by LLE workers and non-LLE staff
- Stigma and discrimination towards people with LLE to be addressed to enable a safe space for LLE workers
- Consult with people who access AOD services to gain their feedback about how the LLEW will best be implemented
- How will the success/impact of the LLEW be measured?
- Training for non-LLE workers about the LLE role, particularly supervisors of LLE workers
- Champions in an organisation can advocate for the value of LLE work – not only LLE workers themselves
- Work towards an award for LLE workers that acknowledges their attributes and skills

### **Recruiting the LLE workforce**

- HR and other processes to be established before recruitment occurs
- Consider how to make LLE work attractive to prospective employees
- Where possible employ more than one person in an identified LLE position
- Guidance documents on what is suitable eligibility for LLE positions eg relevance of time in recovery
- Ensure appropriate pay/award and conditions that recognises the unique expertise of LLE workers
- Demonstrate commitment and provide job security by avoiding casual and part time positions
- View LLE as a valid and core expertise/credential/qualification
- Recruitment process should be informed by LLE workers/ people with LLE, with LLE representation on interview panel and questions provided to the applicant in advance
- Criminal record checks for LLE workers can be a barrier to employment. This can be addressed through carrying out a risk assessment that considers the context, setting and role requirements.
- Consider how the criminal history check will be carried out, ensure this is communicated to the worker, have a consistent key contact person for support throughout the recruitment process

### **Supporting and developing LLE workers in the workplace**

- Access to regular and relevant professional development
- Specific training for the LLEW, which may include a qualification like the Certificate IV in Mental Health Peer Work, and/or a range of non-accredited workshops, eg meaningful and safe self-disclosure, LLE leadership
- Training in general skills and knowledge such as reflective practice, use of IT, advocacy skills, trauma informed care, mental health first aid, suicide prevention

- A LLE supervision framework and access to LLE-specific supervision, provided by a worker with LLE (group/ individual)
- Ensure availability of trained LLE supervisors/mentors
- Networking and communities of practice opportunities that link LLE workers to a broader network outside of their organisation
- Career progression opportunities and leadership positions, not limited to frontline positions

#### **Ongoing support for non-LLE staff**

- Mechanisms that enable LLE workers and non-LLE staff to build mutual understanding of each other's roles and sharing experiences
- Build an organisational culture that values LLE worker, promotes safety and is trauma informed
- Specific training for non-LLE workers about the role of a LLE worker
- Training and communities of practice specific to non-LLE managers who are supervising LLE workers

#### **Priorities and next steps**

- Build a common understanding, definition and objectives of the AOD LLE role across the NGO sector
- Develop an AOD LLEW framework to support organisational readiness to recruit and support the workforce, informed by people with LLE
- Develop a suite of position descriptions to fit a range of AOD treatment programs and settings eg residential rehab, community based, harm reduction
- Consider ways to build shared understanding and raise the profile of AOD LLE workforce and address stigma and discrimination towards people with LLE of drug use - training, forums, resources
- Identify, inform or develop professional development options to meet needs of LLE workers, including national qualifications and non-accredited options, including communities of practice and networking forums
- Identify, inform or develop training for non-LLE staff, managers of LLE workers and to support organisational readiness for a LLE workforce, including communities of practice
- Develop a LLE supervision framework and upskilling of people with experience in LLE roles to train as supervisors
- A recruitment guide including HR processes, criminal record checks, interview and onboarding of LLE workers
- This paper to inform collaboration with NSW Ministry of Health, NUAA, AIVL and other key stakeholders seeking to progress LLEW development in NSW and nationally
- NADA to have ongoing engagement with membership to continue to informing NADA's activity to build the LLE workforce

#### **For more information**

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