

Alcohol and other Drugs Workforce Capability Framework



Acknowledgment

The Victorian Department of Health (the department) acknowledges the Traditional Owners of Country throughout Australia, and their continuing connections to land, sea and community, and pays respect to Aboriginal people and cultures, and to Elders past, present and emerging.

The department recognises the strength of people living with substance use or addiction and their families, and remembers those who have been lost to overdose and other drug related harms.

The department acknowledges the many individuals and organisations who contributed their time, experience and wisdom to guide and contribute to the development of this framework.

To receive this document in another format, email the AOD Unit <aod.enquiries@health.vic.gov.au>

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne.

© State of Victoria, Australia, Department of Health, January 2026.

ISBN 978-1-76131-742-2 (pdf/online/MS word)

Available at <www.health.vic.gov.au/alcohol-other-drug-workforce-capability-framework>

Suggested citation

Department of Health 2026 Alcohol and other drug workforce capability framework, State of Victoria, Melbourne.

Contents

Acknowledgment	2
Foreword	5
A note on language, terminology and style	6
Introduction	7
Background	7
Purpose	7
Alignment with other frameworks and standards	8
Implementation	8
Disclaimer	8
Overview of the capabilities	9
Foundation	10
Responsible, safe and ethical practice	11
Human rights	12
Intersectional	13
Trauma-informed and responsive	14
Person-centred	15
Populations	16
Aboriginal and Torres Strait Islander peoples	17
Culturally diverse	18
LGBTIQASB+	19
Women	20
Older people	21
Disability and acquired brain injury	22
Neurodivergence	23
Frameworks	24
Youth	25
Forensic	26
Family violence	27
Homelessness	28
Practice	29
Specialist AOD	30
Assessment, care planning and coordination	33
Primary health	34
Co-occurring mental health and AOD issues	35
Crisis management	36
Evidence-based therapeutic models	37

Early and brief interventions.....	38
Family inclusive.....	39
Lived and living experience	40
Group work.....	41
Harm reduction.....	42
Contexts.....	43
Self.....	45
Reflective practice and clinical supervision	46
Values and perspective	47
Worker wellbeing.....	48
Acknowledgements and contributors.....	49

Foreword

The Victorian Alcohol and Other Drugs (AOD) Workforce Capability Framework sets clear expectations for the knowledge and skills needed in the sector and provides organisations and educators with a roadmap for developing the specialist AOD workforce of the future.

The AOD sector's work is complex and deeply human. It calls for expertise in harm reduction, trauma-informed care and person-centred support, along with a keen understanding of the psychosocial factors shaping substance use. This framework outlines the diverse skills needed to provide high-quality and evidence-based care.

The framework will be a valuable tool in the implementation of the 10-year Victorian AOD Strategy, released in 2025. Together, they will guide the reform and strengthening of the AOD sector to provide a health-led response for people who are experiencing concerns about their substance use.

At its heart, the framework is built on human rights. It recognises the complexity of people's experiences, acknowledging that past barriers have made it harder for many to access appropriate care. With a focus on inclusion and respect, it sets out the essential capabilities needed to deliver care that truly responds to each person's unique needs.

Lived experience has been central to shaping this framework. The voices of people who use AOD services, their families, and supporters, alongside clinical and academic experts, have informed its development.

As we modernise and strengthen the AOD system, this framework will be an essential tool in developing the workforce that supports it. It is a step forward in ensuring that services are effective, person-centred, and meet the needs of our communities - now and into the future.



Jenny Atta
Secretary, Department of Health



A note on language, terminology and style

This framework uses plain English. It avoids the use of clinical language. The Alcohol and Other Drugs (AOD) Workforce Reference Group endorsed this approach.

To keep the framework as simple as possible, it uses everyday words. For example, this framework uses the term 'family' instead of inclusive terminology like 'family, carers and supporters'. These simple terms should be taken to include broader understandings. This means that the word 'family' includes biological and chosen family, extended family and kin, partners, carers, friends and supporters.

The framework uses the word 'person' rather than 'client', 'consumer' or 'patient' to refer to someone seeking care and support from the AOD services. This is in keeping with a person-centred approach that values the human rights and wisdom of the person seeking care.

The framework uses the abbreviation 'AOD' to refer to 'alcohol and other drugs'. Alcohol must be included in any discussions about drug use.

It also avoids use of the term 'addiction'. Instead, we recognise that the people we work with seek support because their AOD use is causing concerns or problems in their lives.

The framework acknowledges the diversity in sexuality and gender. It uses the abbreviation LGBTIQASB+ for the community of people who identify as lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual, sistergirl, brotherboy, and more.

Introduction

Background

This framework sets out the knowledge and skills people need to work effectively in the alcohol and other drug (AOD) sector.

It highlights the specialist AOD practice that the AOD workforce delivers.

This framework puts harm reduction at the centre of practice. This means every member of the AOD workforce is responsible for reducing harm.

It also recognises that people working in specialist harm reduction services are a distinct workforce. This framework does not cover all their skills and knowledge.

Similarly, this framework views lived and living experience roles as a distinct discipline within the AOD workforce. It does not cover the specific capabilities of this discipline in detail.

However, some items refer to knowledge and skills relevant to designated lived and living experience roles. These are marked with a note.

Purpose

The framework describes the knowledge and skills the AOD workforce needs to support people seeking treatment and care.

It provides a common language that can be used across all service types, disciplines and roles. This encourages a shared approach to professional practice.

The framework is for:

- **workers** to understand expectations and make informed decisions about professional development
- **service leaders** to design services and recruitment processes
- **education and training providers** to develop curriculums
- the **government** to undertake policy development and planning.

It describes high-level capabilities. It does not provide detailed descriptions of each capability. This detail will be included in the education and training curriculum, and practice and clinical guides. It will change over time as new evidence emerges.

This high-level approach allows the framework to stay current.

Structure

This framework has 5 areas of capabilities. They are both distinct and interconnected. The areas are: foundation, populations, frameworks, practice and self.

These areas group similar capabilities together. They describe the breadth of skills and knowledge of any AOD worker, no matter their discipline, qualification or training.

- 1. Foundation:** this area describes the foundational skills and knowledge needed to work with people seeking support. All other capabilities are built on this.
- 2. Populations:** this area provides additional insight into the specific needs of the identified populations.
- 3. Frameworks:** this area groups relevant skills and knowledge related to therapeutic practice frameworks.
- 4. Practice:** this area identifies the specialised skills and knowledge in AOD practice.
- 5. Self:** this area groups capabilities related to workers' individual professional practices that interact with the treatment and care they provide.

Alignment with other frameworks and standards

The framework sits alongside professional discipline and service specific requirements and frameworks. It does not contradict or attempt to override any other professional standards, guidelines, or training protocols.

The framework sits alongside similar capability frameworks for the family violence and mental health and wellbeing workforces. These arose from the recommendations of the Royal Commission into Family Violence and the Royal Commission into Victoria's Mental Health System.

Implementation

Use of this framework will be encouraged by the department for funded AOD services. It is intended for use as a resource rather than as an additional requirement.

Disclaimer

All members of the workforce must adhere to legislation and any other required policies and procedures. This framework supports this and must not be used without adherence to those requirements.

Overview of the capabilities



1. Foundation

- Responsible, safe and ethical practice
- Human rights
- Intersectional
- Trauma-informed and responsive
- Person-centred



2. Populations

- Aboriginal and Torres Strait Islander peoples
- Culturally diverse
- LGBTIQASB+
- Women
- Older people
- Disability and acquired brain injury
- Neurodivergence



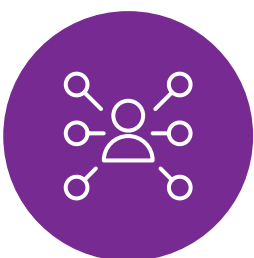
3. Frameworks

- Youth
- Forensic
- Family violence
- Homelessness



4. Practice

- Specialist AOD
- Assessment, care planning and coordination
- Primary health
- Co-occurring mental health and AOD issues
- Crisis management
- Evidence-based therapeutic models
- Early and brief interventions
- Family inclusive
- Lived and living experience
- Group work
- Harm reduction
- Contexts



5. Self

- Reflective practice and clinical supervision
- Values and perspective
- Worker wellbeing

1. Foundation

Responsible, safe and ethical practice	11
Human rights	12
Intersectional	13
Trauma-informed and responsive	14
Person-centred	15

1. Foundation



Responsible, safe and ethical practice

Key knowledge for the workforce

I know:

- the standard and codes of ethics that apply to my role
- the professional boundaries I need to apply in my interactions with colleagues, people who use substances and their families
- the different forms of consent and my responsibilities related to legal consent
- what professional integrity is and how it can affect my work with people who use substances
- the health and safety responsibilities, and legal and regulatory requirements relevant to my role
- the risk management frameworks that apply to my role
- the importance of duty of care responsibilities, and respect for the dignity of risk of people receiving support.

Key skills for the workforce

I can:

- use a transparent approach and be accountable for all actions and decisions
- reflect on the standard of ethics that applies to my role supporting people who use substances
- maintain professional boundaries and navigate conflicts of interest with colleagues, people who use substances and their families
- comply with legal and regulatory requirements, health and safety, and duty of care responsibilities
- use a risk-mitigation approach when supporting people accessing support.

Human rights

Key knowledge for the workforce

I know:

- the human rights frameworks and legislation relevant to my role and how they contribute to equality and equity for all people
- the peak human rights charters, such as the Victorian Charter of Human Rights and Responsibilities, and everyone's role in respecting and upholding human rights
- the mechanisms that can legally allow for the violation of human rights, and the impacts of rights violations on people
- the disproportionately high rate of human rights violations of people from communities more likely to experience marginalisation and discrimination.

Key skills for the workforce

I can:

- integrate human rights principles into the support I provide
- help people understand their human rights
- take the action required when a person's rights are being infringed
- use a rights-informed approach to support people to make decisions.

Intersectional

Key knowledge for the workforce

I know:

- what intersectionality is and how it relates to a person's identity
- about different types of diversity, including gender, culture, aboriginality, religion, disability, age, power, status, sexual preference, and values systems, and how they intersect and influence people's experiences
- that people experience compounding discrimination, which creates inequality and exclusion
- the impact of inequality and exclusion on health, wellbeing and access to support.

Key skills for the workforce

I can:

- include an intersectional analysis as part of my holistic approach to providing support
- take time to consider the strengths of someone's identity

Trauma-informed and responsive

Key knowledge for the workforce

I know:

- what trauma and trauma-related diagnoses are, such as post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD)
- how trauma can affect people, influence their responses and actions, and make it difficult to access support
- how people's experience of trauma relates to their substance use
- how stigma against people who have experienced trauma can lead to discrimination by health professionals and support services
- the core principles of trauma-informed practice and the role I can play in reducing traumatisation and re-traumatisation of people accessing services
- that effective trauma-informed and responsive practice requires a service-wide approach.

Key skills for the workforce

I can:

- create and advocate for a welcoming and inclusive service with a functional understanding of trauma
- use a trauma-responsive approach when supporting people
- provide physical, psychological and emotional safety for people accessing my service.

Person-centred

Key knowledge for the workforce

I know:

- that everyone has unique preferences, needs, values and experiences, and that these influence service outcomes
- that everyone has strengths and resources, and this affects service outcomes
- the importance of actively engaging with the person accessing services and how to support their participation
- the importance of building mutual trust and respect, and working in collaboration with people accessing services and their support networks
- that the opposite of person-centred care is program- or system-centred care, and what this looks like
- that recovery is a concept that describes a personal journey and is built on a person's strengths and resources
- how a relational approach to engagement can create safety for a person.

Key skills for the workforce

I can:

- use a person-centred, collaborative and respectful approach that responds to individual needs
- recognise people's strengths and resources, and incorporate them into their support
- communicate using non-stigmatising language
- consider all aspects of the person's context when supporting them
- meet someone where they are at, and seek to understand them with compassion and neutrality
- support people accessing services in a way that aligns with their recovery journey.

2. Populations

Aboriginal and Torres Strait Islander peoples	17
Culturally diverse	18
LGBTIQASB+	19
Women	20
Older people	21
Disability and acquired brain injury	22
Neurodivergence	23

2. Populations



Aboriginal and Torres Strait Islander peoples

Note: We use the term 'Aboriginal' to include both Aboriginal and Torres Strait Islander peoples

Key knowledge for the workforce

I know:

- about Aboriginal social and emotional wellbeing, and how it is connected to Country, culture, spirituality, ancestors, kinship and community
- about the strength and protective nature of Aboriginality, for example connection to culture, Country and kin
- about the ongoing intergenerational impact of colonialisation, and the effects of systemic marginalisation and discrimination on the social and emotional wellbeing of Aboriginal people and communities
- about the ongoing impact for Aboriginal people and communities from institutional discrimination, such as mistrust of mainstream services and authority
- about the unique barriers for Aboriginal people and communities in accessing AOD and other services, and why many Aboriginal people do not trust health and wellbeing professionals and those working for other government services
- about the unique and ongoing Aboriginal experiences of trauma, including intergenerational trauma, and its relationship with substance use
- the history, culture and protocols of the Aboriginal people and communities local to my service, including local Elders
- what self-determination is and how to support the self-determination of Aboriginal people and communities.

Key skills for the workforce

I can:

- deliver trauma-informed, strengths-based, culturally safe and responsive AOD support for Aboriginal people and communities
- take time to get to know and build relationships with the Aboriginal people I support and their communities
- recognise the resilience and wisdom of Aboriginal people and communities, and engage in ongoing listening and learning
- intentionally create a welcoming space to support Aboriginal people and their access to service, including through displays in local language
- work in partnership with mainstream and Aboriginal-led organisations, and respect the service choices of the Aboriginal people and communities I support
- reflect on my own values and attitudes, and how they may affect my practice with Aboriginal people and communities.

Culturally diverse

Key knowledge for the workforce

I know:

- what racism is, what it looks like and how it affects people and their access to services and care
- about the diversity of cultural, linguistic and religious identities across communities in Victoria, keeping in mind there is diversity within diversity
- the barriers that culturally diverse people and communities face in accessing services and ways to overcome them
- how to work in partnership with culturally diverse people and communities to understand people's experiences and preferences
- what cultural awareness and cultural responsiveness are, and how they improve outcomes for people accessing services
- my own social and cultural beliefs and how they affect the way I support people accessing services
- my own biases or assumptions about culturally diverse communities and how they affect the way I support people accessing services.

Key skills for the workforce

I can:

- work supportively with my culturally diverse colleagues
- be inclusive of people's cultural identity and provide safe and responsive support
- use the existing supports and systems available to help the people I support to access services
- use language supports, including professional interpreters, and enable equality of communication for people accessing services and their families
- work in partnership with people accessing services to select other care that is safe and responsive
- engage in cultural humility and use organisational structures such as supervision to reflect on my own cultural awareness, biases and ways of sharing power when working with culturally diverse people and communities.

LGBTIQASB+

Note: LGBTIQASB+ means lesbian, gay, bisexual, transgender, intersex, queer or questioning, asexual, sistergirl, brotherboy, and more

Key knowledge for the workforce

I know:

- the diversity in sexuality, gender and innate variations in sex characteristics across communities in Victoria, and how people's substance use and service outcomes can be shaped by their identities
- about LGBTIQASB+ people's experiences of minority stress, stigma, discrimination, inequality and suppression of identity and how they relate to substance use
- about how these LGBTIQASB+ experiences affect trust in healthcare professions, and expectations of and access to support
- what homophobia, transphobia and biphobia are and how they affect people and their communities
- what heteronormativity is and how it affects people and their communities
- about specific substance use norms, cultures and risks within LGBTIQASB+ communities
- my own perspective and biases about sexual and gender diversity and how these affect the way I support people accessing services.

Key skills for the workforce

I can:

- integrate respect for and inclusion of LGBTIQASB+ diversity into the support I provide
- advocate for name, pronoun and acknowledgement of identity within the service I work in and with other services involved
- use appropriately gendered language and supports, including introducing my pronouns and asking others' pronouns, to ensure equality of communication and safety for people accessing support
- ensure support is culturally safe for LGBTIQASB+ people and responsive to people's individual needs
- work in partnership with LGBTIQASB+ people to break down barriers to service
- reflect on my own values and attitudes and how they affect my practice with LGBTIQASB+ people and communities.

Women

Key knowledge for the workforce

I know:

- about sexism and gender inequality and how they affect women accessing support
- how gender inequality underpin women's experiences of trauma and re-victimisation
- about the interrelationship between gender, trauma, violence, mental health and substance use
- that substance use patterns are gendered, including reasons for use, modes of administration and effects of use
- that women access support at lower rates than men, and some support services can become male dominated, which is a barrier to access
- that women can have their access to AOD support controlled or restricted by their partner where there is family violence
- about the barriers and facilitators for women in accessing support, such as punitive policy approaches in pregnancy and parenthood that lead to fear of healthcare providers and increased stigma
- that providing or facilitating childcare can be crucial for women seeking support
- that pregnancy is a pivotal time for women who use substances, and that it can be an opportunity for effective engagement
- that prenatal substance use frequently occurs within the context of inadequate housing, intimate partner violence, trauma, poverty and social isolation
- about women's health and reproductive issues that may interplay with substance use.

Key skills for the workforce

I can:

- use women-focused, strengths-based and trauma-informed approaches when working with women accessing support
- work in partnership with women to break down the gender-related barriers to accessing support
- implement actions to counter gender bias, discrimination, gendered attitudes, stereotypes and inequalities in my practice
- facilitate access to single-gender services when preferred by women seeking support
- create a physically and emotionally safe environment in which to engage women.

Older people

Key knowledge for the workforce

I know:

- what ageism is and how it affects people, their substance use and their access to and outcomes from services
- how the ageing process and the ageing body may affect substance use and service outcomes, including changes to physical health and cognitive functioning
- that people's needs, experience of substance use and service outcomes change based on age
- about the range of issues some older adults experience that affect their ability to access or participate in care. This includes elder abuse, polypharmacy, loss of identity, increased likelihood of living in poverty, increased social anxiety and fear
- how to work with older adults to help them address their unique issues and support their needs.

Key skills for the workforce

I can:

- use an individualised and age-appropriate approach to support older adults
- provide integrated care with other healthcare professions that care for older adults and refer appropriately into these services. This includes geriatrics, aged mental health and aged care services.

Disability and acquired brain injury

Key knowledge for the workforce

I know:

- what ableism is and how it affects people with disability and acquired brain injury (ABI)
- about the historic and ongoing exclusion and institutionalisation of people with disability and ABI and the effects of this
- that there are different forms of disability, including physical, intellectual and sensory, and that these can be lifelong or are a result of illness or injury
- about the interactions between the functional effect of someone's disability or ABI and their substance use
- about the barriers that people with disability and ABI face in accessing services, including physical and communication access, and ways to overcome them
- the importance of including support people when needed or wanted by someone with a disability or ABI.

Key skills for the workforce

I can:

- use my knowledge of disability and ABI to create accessible, inclusive and engaging support
- recognise when someone may have a disability or ABI and the specific form it takes
- use my knowledge of someone's disability or ABI to create an individualised approach that responds to their needs
- use different ways of communication to support individualised needs
- find and refer someone for specialist support, including for the National Disability Insurance Scheme (NDIS)
- work collaboratively with someone with disability or ABI, their family, identified support people and specialist services.

Neurodivergence

Note: We use the term 'neurodivergence' instead of 'neurodiversity' to refer to the experience of neurological difference compared with neurotypicality.

Key knowledge for the workforce

I know:

- what neurodivergence is and its different forms, including autism, attention deficit hyperactivity disorder (ADHD) and Tourette's syndrome
- the markers of neurodivergence and that neurodivergence often goes unrecognised
- the reasons people who are neurodivergent may use substances
- about the barriers that people who are neurodivergent face in accessing services, including why neurodivergence is associated with reduced help-seeking.

Key skills for the workforce

I can:

- use my knowledge of neurodivergence to create accessible, inclusive and engaging support
- recognise when someone may be neurodivergent and meet them where they are at
- use my knowledge of someone's neurodivergence and create an individualised approach that responds to their needs
- find and refer someone who is neurodivergent to specialised services, including for diagnosis if appropriate
- work collaboratively with someone who is neurodivergent, their family and specialist services.

3. Frameworks

Youth	25
Forensic	26
Family violence	27
Homelessness	28

3. Frameworks



Youth

Key knowledge for the workforce

I know:

- about adolescent development and the different perspectives on it
- how trauma affects the developmental trajectory of young people
- that substance use and its associated issues can present differently in young people compared with adults
- how relationship-based practice creates therapeutic opportunities for young people.

Key skills for the workforce

I can:

- engage young people where they are at
- protect young people's safety, wellbeing and future prospects in a developmentally responsive way
- provide strengths-based and solutions-focused care
- create experiential and participatory opportunities for positive development
- engage family members, carers, community members and care teams in my support of a young person
- apply a developmental lens when engaging in assessment and care planning with young people.

Forensic

Key knowledge for the workforce

I know:

- about the relationship between offending behaviour and substance use
- about the relationship between offending behaviour and ABI and intellectual disability
- about working with someone in the stage of change they are in, including when they are required by the justice system to attend a service
- about personality traits and their relationship with offending behaviour, including antisocial traits
- about the criminal justice system, including court processes, and legislative frameworks
- the effects of, and trauma related to, involvement in the justice system, particularly for Aboriginal people
- about the impact of criminalisation of substances on communities.

Key skills for the workforce

I can:

- adapt therapeutic approaches and boundaries in response to personality traits
- adapt my engagement style in response to the motivational stage of the person I am supporting
- develop care plans that include the intersection of substance use and offending behaviour and consider the impacts of the justice system
- provide support to people in their interactions with the justice system
- provide brief interventions for diversion programs.

Family violence

Key knowledge for the workforce

I know:

- the term family violence includes multiple forms of power, control and violence used by people in a variety of relationships
- that family violence involves patterns of power, control and violence that often increase in frequency and severity over time
- the warning signs and indicators of family violence
- about the various ways people use violence, including coercive control, and how this affects victims
- the gendered nature of family violence and its co-occurrence with sexual assault
- the relationship between family violence and intersectionality
- the relationship between family violence and substance use
- how family violence can affect peoples' needs, access to support and service outcomes
- what collusion is when engaging with adults who use violence and the importance of promoting and supporting the safety of victim survivors
- what victim blaming is and how it affects people experiencing family violence
- my responsibilities to identify and respond to family violence according to the Multi-Agency Risk Assessment and Management (MARAM) Framework
- the information-sharing laws and regulations that guide my role and the importance of confidentiality when supporting victim survivors of family violence
- the developmental aspects of young people who experience and/or use violence.

Key skills for the workforce

I can:

- identify the indicators of family violence and assess the level of risk to victims
- use an individualised, rights-based, nonjudgemental and empowering approach when supporting people who are experiencing family violence
- work in a non-collusive way with people who use violence
- support referral to specialist family violence services, considering the preferences of the person
- engage in cross-sector and multidisciplinary teamwork to support victim survivors and their families
- centre the rights, agency and safety of victim survivors in my practice
- centre the needs of children who may have witnessed family violence in my practice
- carry out the responsibilities I have in my role according to the MARAM Framework, and information sharing and mandatory reporting legislation.

Homelessness

Key knowledge for the workforce

I know:

- the factors that can contribute to people becoming homeless
- the effect of being homeless, including on health and wellbeing
- the effect homelessness can have on service outcomes and access to support
- the relationship between substance use and homelessness
- the barriers for people in accessing safe and secure housing, including discrimination and stigma associated with substance use
- about the Housing First approach.

Key skills for the workforce

I can:

- use an individualised approach to support people who are homeless or at risk of homelessness
- use an inclusive and responsive approach to support people who have experienced or are experiencing homelessness
- support people to maintain a successful tenancy
- support people to access housing options and support pathways.

4. Practice

Specialist AOD	30
Assessment, care planning and coordination	33
Primary health	34
Co-occurring mental health and AOD issues	35
Crisis management	36
Evidence-based therapeutic models	37
Early and brief interventions	38
Family inclusive	39
Lived and living experience	40
Group work	41
Harm reduction	42
Contexts	43

4. Practice



Specialist AOD

Key knowledge for the workforce

DRUGS AND THEIR EFFECTS – I know:

- about psychoactive drugs, their class and their effects on people's physiology and behaviour, including when a person is intoxicated, in withdrawal or coming down
- about the forms of drug administration and other factors or variables that influence the effects of psychoactive substances, such as poly drug use.

INTERVENTION PLANNING AND TREATMENT TYPES – I know:

- about the opportunities and limitations of each form of intervention or treatment
- how to identify the most effective interventions that align with the goals of the person I am supporting.

PHARMACOTHERAPY – I know:

- about the uses, purposes, outcomes and availability of different pharmacotherapies, including for withdrawal and relapse prevention
- about the indications and contraindications of different pharmacotherapies, and the potential side effects and risks.

CONTROLLING, REDUCING OR CEASING SUBSTANCE USE – I know:

- that every person has different motivations for modifying their substance use, whether that be controlling, reducing or ceasing, and that these can change over time
- about lowered tolerance and the increased risk of overdose for people who are choosing to reduce or cease substances.

WITHDRAWAL CARE AND SUPPORT – I know:

- the psychological, physical, emotional, behavioural impact and risks of withdrawal
- that people may need to attempt withdrawal more than once and should be supported to return when they are ready.

RELAPSE PREVENTION – I know:

- that people can lapse or relapse when changing behaviour and that this can be a part of their process.

Key skills for the workforce

DRUGS AND THEIR EFFECTS – I can:

- apply my knowledge of drugs and their effects to assess the potential impacts, risks and harms associated with a person's substance use
- provide information to someone on the combination of different substances, including prescription medication.

INTERVENTION PLANNING AND TREATMENT TYPES – I can:

- explore the functions of substance use to guide planning and treatment
- identify interventions relevant to their goals, readiness and motivation to address substance use issues
- accurately assess which type of intervention, or tailored intervention, is suitable for a person's context, while working in a person-centred way.

PHARMACOTHERAPY – I can:

- recognise when pharmacotherapy may be an appropriate treatment option for someone I am supporting
- support someone in a person-centred way through their pharmacotherapy treatment
- facilitate someone to access pharmacotherapy when appropriate.

CONTROLLING, REDUCING OR CEASING SUBSTANCE USE – I can:

- work with a person from where they are at with their substance use
- explain the specific benefits and characteristics of different strategies to support a person to change their substance use behaviour
- support someone to identify and use strategies that will help them achieve their substance use goals, considering the person's skills, resources, needs and preferences
- provide overdose education and Naloxone information
- work collaboratively with other health professionals to monitor a person's symptoms related to changing of substance use behaviour
- work with someone to evaluate the effectiveness of strategies and their progress with substance use goals, and to change their goals if required.

WITHDRAWAL CARE AND SUPPORT – I can:

- complete screening, assessment and planning in partnership with someone who is seeking withdrawal care and support
- identify the most appropriate setting for and type of withdrawal care, considering a person's needs, preferences and risk factors
- support someone or facilitate support for someone to manage their withdrawal symptoms, whether planned or unplanned
- support someone to maintain their behaviour change post withdrawal.

RELAPSE PREVENTION – I can:

- support someone to talk openly about lapses, relapse and relapse prevention
- create a relapse prevention plan in collaboration with the person I am supporting
- help people accessing support to learn from lapse and relapse
- support someone to identify and understand the risk factors and circumstances or situations that can lead to relapse
- support someone to identify their protective factors and build skills to reduce the likelihood and impact of lapse or relapse
- create a safe relationship to support someone to disclose lapse or relapse.

Assessment, care planning and coordination

Key knowledge for the workforce

I know:

- about the social determinants of health and how they are relevant to assessment and care planning
- what information I need for my role and what each piece of information is used for
- the information people accessing support need to have before beginning assessment
- the purpose of record keeping when conducting assessment and care planning
- the ethical considerations when conducting assessment and care planning
- people's right to privacy and that I must not gather additional information that is not needed for the purpose of assessment and care planning
- the Commonwealth and state legislation and industry codes of practice, such as the *Clinician guide to the Victorian AOD intake and assessment tools 2021*, relevant to conducting assessment and care planning in my role.

Key skills for the workforce

I can:

- start where the person is at, and gather assessment information in a person-centred and strengths-based way
- consider the person's identity and preferences when conducting assessment and care planning
- explain why I am asking for information and what I will use it for, and provide ongoing feedback to the person I am supporting
- use judgement to know when to pause assessment to provide immediate supportive care
- collaborate with the person in prioritisation, goal setting, goal review, evaluation of support strategies and identification of any barriers
- collaborate with the person and other health professionals to develop a care plan that is meaningful and achievable
- identify the options available to include in a care plan
- create a summary or formulation from assessment conversations
- review progress with the person and recognise achievements, small and large
- accurately record information while conducting assessment and care planning
- identify and understand potential risks and how to respond
- include social and community connection options as part of a care plan
- lead or participate in coordination with other services, collaborate with care teams, and advocate for the person I am supporting within those teams.

Primary health

Key knowledge for the workforce

I know:

- about the importance of health promotion and prevention for people with substance use issues
- about the barriers to accessing primary health services specific to people with substance use issues
- about the support options for acute and chronic health conditions, including blood-borne viruses, sexual and dental health.

Key skills for the workforce

I can:

- support and advocate for people who live with an acute or chronic health condition, including blood-borne viruses, to access the right primary health support
- work collaboratively with primary healthcare professionals to support the best health and wellbeing outcomes for people.

Co-occurring mental health and AOD issues

Key knowledge for the workforce

I know:

- the relationship between mental health and substance use, and the bidirectional and mutually influencing nature of this
- the ways a person's co-occurring conditions can affect them, including in other areas of their life, and their access to and outcomes from service
- that it can be difficult to differentiate mental health symptoms from those of intoxication, comedown and withdrawal
- people can experience a worsening of mental health symptoms during intoxication, comedown and withdrawal
- what integrated care is, and the value of providing or facilitating integrated care
- about how stigma associated with mental health and substance use affects a person's perception of self (self-stigma) and influences outcomes.

Key skills for the workforce

I can:

- screen for and assess co-occurring mental health and substance use issues
- use a person-centred and empowering approach when supporting someone to access and make informed decisions about other services
- identify and support a person's goals, needs and preferences regarding their substance use and mental health support
- provide or facilitate integrated care and support a person to understand the roles and responsibilities of the services involved
- collaborate with the person and mental health service providers to provide integrated care
- reflect on my own values and attitudes regarding mental health and how they could affect my practice and the people I support.

Crisis management

Key knowledge for the workforce

I know:

- the signs of emotion dysregulation and distress
- the differences between, and the co-occurring nature of, self-injury and suicidality
- the risk factors, signs and protective factors for self-injury and suicidality
- the differences between self-injury and suicidality, including function and co-occurrence
- the responsibilities I have in my role relating to risks during crises
- the immediate and longer-term impacts of supporting someone during a crisis.

Key skills for the workforce

I can:

- use a respectful, compassionate and collaborative approach when supporting someone experiencing a crisis
- work with someone to create a plan to prevent or respond to crises in advance
- apply self-regulating techniques when I am interacting with someone who is dysregulated
- apply strategies that enable co-regulation when supporting someone experiencing a crisis
- support someone who is experiencing emotional distress or engaging in threatening behaviour, using the least intrusive and restrictive strategy available
- identify when a person in crisis requires first aid or emergency services, and facilitate this care
- involve family or a support person known by the person in crisis
- help the person to access other supports during or after a crisis, considering their preferences
- assess for risk during a crisis presentation and enact a response
- support my own safety as well as that of others when working with someone who is in crisis
- re-establish my connection with someone after a crisis to support ongoing engagement
- use organisational consultation, supervision and support processes for myself when working with someone in crisis.

Evidence-based therapeutic models

Key knowledge for the workforce

I know:

- what evidence-based or best practice models are, and how to access reputable information about them
- how therapeutic interventions are used and the impact they have on people's substance use and service outcomes.

Key skills for the workforce

I can:

- use the most suitable evidence-based model within the scope of my role when supporting someone
- select the most appropriate evidence-based interventions to offer someone based on their needs and preferences.

Early and brief interventions

Key knowledge for the workforce

I know:

- the benefits of timely brief interventions for people seeking support
- the benefits of quality early support for people seeking early or first-time support
- how early intervention, health promotion and information can reduce harms associated with substance use.

Key skills for the workforce

I can:

- establish a positive working engagement with people seeking early or brief support
- use a collaborative and empowering approach while supporting a person
- use a strength-based and solution-focused approach when supporting a person
- help someone understand their options and select interventions that support their needs and preferences
- support someone to build knowledge about substance use and build skills in wellbeing.

Family inclusive

Key knowledge for the workforce

I know:

- that 'family' can look different depending on the person and their context, and this term includes children and biological family, extended family and kin, chosen family, partners or significant others, carers, friends and other supporters
- that some people do not have family and are supported with their needs by workers
- about the role of family in providing support and connection to a person
- the positive and negative effects of family relationships on a person's substance use and service outcomes, and how these can change over time
- the diverse ways a person's substance use can negatively affect their family, including children and elderly family members
- that family may experience trauma as a result of a person's substance use and this requires a trauma-informed response
- that people accessing support should be offered the option of including their family in their care, choose who to involve in their care, and may also opt not to not include family
- the value of family receiving support, even in circumstances where the person using substances does not want to involve their family in their care
- about my responsibilities regarding information sharing and reporting, and when it may be required of me.

Key skills for the workforce

I can:

- have a conversation with a person accessing support that identifies the important relationships in their life and explores the possibility of including family members in care
- use a family-inclusive approach when supporting people
- engage family to optimise support and create a meaningful connection with the person I am supporting
- respect the choices made by someone about who they want involved in support
- balance the privacy and confidentiality needs of the people I support and the people they want involved in their care
- integrate children and parenting needs into the care and support I deliver
- provide supportive information and referrals about parenting for people who use substances.

Lived and living experience

Note: Items with an asterisk (*) refer specifically to knowledge and skills relevant to the designated lived and living experience workforce

Key knowledge for the workforce

I know:

- the importance and value of involving lived and living experience in service planning and delivery, and quality improvement
- about the diverse roles of the lived and living experience workforce, and how to be a good ally to my colleagues
- the unique stressors and burden related to working intentionally from a lived and living experience perspective
- about vicarious trauma and how it can affect me as someone with lived experience supporting others*
- how peer workers can support engagement with people who may be reluctant to access support
- about service user and family participation, and how this benefits services
- how stigma, biases and assumptions create significant barriers for people with lived and living experience.

Key skills for the workforce

I can:

- support those with lived and living experience to feel safe in the workplace
- ensure that lived experience informs my practice through engagement and co-learning
- notice when I am triggered and take steps to practice self-care or seek support*
- facilitate service user and family participation in my organisation
- use my lived or living experience intentionally for people and their family, to balance power, build rapport and reduce stigma*
- support my colleagues in designated positions to practice effectively and safely.*

Group work

Key knowledge for the workforce

I know:

- about the therapeutic advantages and potential benefits of group work
- about the different types of group work, including psycho-educational groups, group therapy and peer support groups
- the developmental stages of group work.

Key skills for the workforce

I can:

- identify when group work may or may not be suitable for someone I am working with
- facilitate effective group work and deliver evidence-based interventions while considering the needs, goals and preferences of the people I am supporting in the group
- lead navigation between the present and the past for individuals and the group
- respond effectively to common challenges in group settings
- debrief the group when required and provide the necessary facilitation for group safety and coherence
- build and maintain safety, and encourage participation
- manage the dynamics of group processes, including transference and counter transference
- use co-regulation to support people engaging in group work.

Harm reduction

Key knowledge for the workforce

I know:

- harm reduction principles and strategies and how they align with a human rights-based approach
- the potential harms associated with substance use, including those related to substances, the person using them and the setting of use
- the importance of preventing drug-related injury and harm, including overdose and transmission of blood-borne viruses
- how to support someone to reduce potential harms associated with injecting to prevent illness or injury and overdose, including accessing needle and syringe programs
- how to access secondary consultation and work in partnership with harm reduction living experience peer workers and organisations.

Key skills for the workforce

I can:

- apply harm reduction principles and strategies while supporting someone
- do a person-centred harm reduction assessment in collaboration with a person and co-develop a harm reduction plan
- identify risks associated with someone's substance use, develop harm reduction strategies, and create goals to reduce harm
- identify the signs of overdose and respond to prevent harm
- support the safer use of substances, such as through information provision, safer using techniques, and needle and syringe services
- support the education of families in harm reduction principles and interventions when required.

Contexts

Key knowledge for the workforce

I know:

- about the referral and support pathways available in the community, through outreach or residential services
- about the challenges and barriers to accessing AOD outreach, community and residential support, and how to advocate for access
- how to assess for risk and how to support the safety and inclusion of someone in an outreach, community or residential setting, while supporting my own safety and the safety of others in the community
- the legislative, clinical, and operational parameters that support my work in the community, outreach or residential services.

COMMUNITY SETTINGS – I know:

- how to engage people in a community space and support them to feel welcome and comfortable
- the importance of collaboration with other community services when supporting people in community settings.

OUTREACH – I know:

- how outreach can support engagement with people who may have additional barriers to accessing support
- how outreach provides a unique opportunity to advocate and provide information to people using substances.

RESIDENTIAL WITHDRAWAL UNIT – I know:

- how withdrawal services can support people to stabilise, reduce or cease their substance use
- the symptoms that people experience while in withdrawal and the interventions available to support them through this
- the evidence-based therapeutic techniques that can support people during withdrawal
- how to work with clients to review and implement their individual support plans, developed at assessment.

RESIDENTIAL REHABILITATION – I know:

- about the different models of care and therapy in a residential setting
- the core principles, standards and practice of residential rehabilitation and therapeutic communities
- the importance of welcoming, inclusive and safe residential settings for diverse populations
- the importance of groupwork, relationships and communication in residential settings
- the support services that are available to someone during and post rehabilitation support and how to support them to access these services.

Key skills for the workforce

I can:

- adapt my practice in different contexts of AOD service
- support someone to navigate and refer them to the supports and services available for people who are experiencing substance use issues
- assess and mitigate risk for the people I am supporting, myself and others in different settings.

COMMUNITY SETTINGS – I can:

- use a person-centred and trauma-informed approach when supporting someone in the community
- collaborate with the person I am supporting and other community services to help them achieve their goals
- engage people in a community space and support them to feel welcome and comfortable.

OUTREACH – I can:

- support someone in a place of their choosing and be respectful in their environment
- build a trusting working relationship with someone through outreach by being accountable, resilient, and persistent
- support someone in an opportunistic way, sometimes with tasks not related to AOD, and form an engagement through activity
- form a network of care and positively engage with other social services and community organisations to support a person through outreach.

RESIDENTIAL WITHDRAWAL UNIT – I can:

- provide a safe space to support someone going through withdrawal, including through close liaison with general practitioners, safety observation checks, monitoring of withdrawal symptoms and mental health assessments
- provide education and information about withdrawal
- support residents to use practical techniques and strategies to regulate their emotions
- support people to access the community while going through withdrawal
- support individuals with the symptoms of their withdrawal and individual goals
- support people with daily living activities if they need and help them build new skills to support their lives in the community
- facilitate access to services post withdrawal.

RESIDENTIAL REHABILITATION – I can:

- facilitate and support the peer-based models of care used in residential programs
- implement the appropriate interventions available for both individuals and the community
- balance the needs of the community with the needs of the individual
- create welcoming, inclusive, and safe residential settings for the people I support
- support the facilitation of a range of therapeutic and psychosocial groups and program activities
- help people to develop new skills to support their lives in the community
- sustain positive therapeutic relationships alongside professional boundaries in a residential setting.

5. Self

Reflective practice and clinical supervision	46
Values and perspective	47
Worker wellbeing	48

5. Self



Reflective practice and clinical supervision

Key knowledge for the workforce

I know:

- what reflective practice is and how to best use reflective practice to support my continuous learning
- how reflective practice supports me to deliver the best service for people accessing support
- the benefits of clinical supervision as a resource to support reflective practice and my development and wellbeing
- how clinical supervision is different to line or operational supervision
- about my responsibilities as a supervisee or supervisor when participating in clinical supervision and how to establish a supportive supervisory relationship
- about the approaches for workers with lived and living experience to reflective practice and supervision, such as co-reflection and peer worker supervision¹
- about the importance of cultural mentoring for Aboriginal staff.

Key skills for the workforce

I can:

- use reflective practice processes to support my own learning, wellbeing and to deliver best practice for people accessing support
- the importance of regularly seeking participation in reflective practices with trained supervisors in individual or groups settings
- participate in regular supervision to support reflective practice.

¹ This item refers specifically to knowledge and skills relevant to the designated lived and living experience workforce.

Values and perspective

Key knowledge for the workforce

I know:

- how my own personal values and attitudes, including about substance use, can impact my practice, behaviour and interaction with people accessing support
- the different perspectives on substance use, and how this impacts practice and service user experience.

Key skills for the workforce

I can:

- reflect on my own personal values and attitudes and how they affect my practice
- consider the values of the person accessing support and their family, and resolve any resulting ethical dilemmas.

Worker wellbeing

Key knowledge for the workforce

I know:

- the signs and causes of burnout and compassion fatigue, and their effect on practice, personal life, health and wellbeing
- the unique stressors and demands related to AOD work
- the importance of facilitating leave and support for Aboriginal staff, including for Sorry Business and connection to Country
- the importance of facilitating leave and support for staff who have religious, spiritual or cultural commitments
- about vicarious and secondary trauma, and how they affect people
- the protective factors for burnout and compassion fatigue, such as workplace engagement, and organisational factors such as adequate clinical supervision and working environment and conditions.

Key skills for the workforce

I can:

- identify social and personal resources and engage in self-care strategies
- use active coping strategies to reduce my risk of burnout and compassion fatigue
- seek help when I recognise signs of burnout and compassion fatigue
- apply strategies to prevent secondary or vicarious trauma
- advocate for worker wellbeing in my organisation.

Acknowledgements and contributors

The Department of Health thanks the AOD Workforce Reference Group for their contribution to developing this framework, including representatives from unions, peak bodies and AOD service providers.

Authors:

Jo Driscoll and Georgia Meagher
– Department of Health, Victoria.

Contributors and reviewers:

Lisa Abbott
Clara Bedoya
Lynne Carr
Louise Crowe
Clare Davies
Kerri Felemonow
Andrew Fogarty
Nadia Gavin
Anthony Grimm
Stefan Gruenert
Sandra Hamlet
Chris Hynan
Darryl Jones
Rahul Khanna
Steve Leicester
Kah-Seong Loke
Elliott McMahon
Heather McMinn
Catharine McNab
Adriana Mendoza
Mark O'Brien
Brendan O'Hanlon
Mal Reihana
Naomi Rottem
Jo Rouse
Simon Ruth
Frances Saunders
Melissa Slayo
Chloe Span
Phoebe Spry-Bailey
Jo Szczepanska
Tessa Terlouw
Sally Thorpe
Gulhan Ustunol
Adrian Webber
Shane Weir
Lauren Zappa

Supporting organisations:

Arbias
Australian Community Support Organisation
Caraniche
Centre Against Sexual Assault House, The Royal Women's Hospital
cohealth Drummond Street
Family Drug Support Harm Reduction Victoria
Launch Housing
Mindful
National Disability Services No To Violence
Odyssey
Orygen Youth Health Phoenix Australia
Self Help Addiction Resource Centre St Vincent's Hospital
Taskforce
The Bouverie Centre
The Royal Women's Hospital Thorne Harbour Health
Turning Point
Uniting Vic Tas
Victorian Aboriginal Community Controlled Health Organisation
Victorian Transcultural Mental Health Windana
Women's Health Victoria
Youth Support and Advocacy Service

Grateful thanks to:

Victorian Alcohol and Drug Association
Turning Point Workforce Development
Collaborative AOD Leadership Network
Sam Biondo
Edita Kennedy



Department
of Health