AOD Sector Leaders and Managers in VIC: on Identity, Skills, and Development.

a research report for The Victorian Alcohol and Drug Association (VAADA)

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Curtin University

vaada
Victorian Alcohol & Drug Association

EXECUTIVE SUMMARY

WHY WE DID THIS RESEARCH

For the non-government alcohol and other drugs (AOD) sector to be successful and sustainable, it must attract, develop and retain a capable and engaged workforce. Organisational leaders – by formal appointment or otherwise – have a substantial influence on other workers' satisfaction, professional growth and dedication. In turn, the resulting staff loyalty, innovation and productivity shape the service quality and outcomes experienced by clients, families and communities.

Particularly line- and middle-managers have a critical role: not only do they lead people and activities on a daily basis, but they often also implement human resource policies and other organisational protocols across their teams. However, becoming and being a leader who successfully manages people at work is not a trivial endeavour. This research was undertaken to better understand these issues and illustrate which challenges and opportunities relate to the experience of leading and managing across AOD sector operations.

HOW WE DID THIS RESEARCH

First, we completed a systematic review of scholarly and grey literature as it concerns leader and manager emergence, development and experiences in the AOD context.

Second, we completed 41 semi-structured interviews of about 1h duration with leaders and managers from non-government AOD organisations in Victoria and New South Wales.

Third, we used quantitative survey data from 664 AOD sector workers to illustrate the importance of leaders and managers within organisations. We also used 157 survey responses from leaders and managers to model the typical knowledge and skills required for those job roles as well as estimate the demand for developing the respective knowledge and skills.

WHAT WE FOUND

The identified literature suggests that there is little, if any, empirical discourse on leaders or leadership relating specifically to the AOD work context. Our findings do not reveal any resources that could act as 'blueprints' that help shortcut the design of sector policy.

For AOD organisations to perform at their optimum, data shows that three distinct dimensions of leadership and management must align: vertical alignment between business-strategy and people management-strategy, horizontal alignment on all individual human resource policy areas, and action alignment which line- and middle-managers help implement during day-to-day operations.

For AOD workers to become effective leaders, they need to psychologically identify as leaders. Conceptualising and experiencing the self as a leader is an essential element in the leadership emergence process because it brings about the desire to develop both oneself and one's work practices. Yet, this shift does not come naturally to everyone and workers with leadership potential likely require support to develop a leader identity to adopt and apply effective leader behaviours.

Leaders and managers interviewed consistently state that they require more support, resources and opportunities for professional development. This may come in the form of training specific to AOD

sector leadership roles as well as professional learning experiences such as feedback or mentoring.

Data from both the qualitative interviews and the quantitative survey suggest that current leaders tend to focus on acquiring knowledge and skills that are specific to the AOD domain over and above capabilities that relate to the leadership and management of (co)workers and organisation. Conceivably, this suggests upward potential with regards to optimally leading a capable and engaged workforce required for a successful and sustainable AOD sector.

The most in-demand knowledge and skills areas identified for AOD leader professional development include interpersonal communication, presenting information, emotional intelligence and empathy, relating and networking, leading and supervising and working with people more broadly, as well as a series of abilities that focus on the self, such as self-regulation, self-leadership, self-awareness, self-motivation, and goal setting.

WHERE TO NEXT

The future requires to rethink and reform some policies, resources, and practices within AOD organisations and across the sector. This may include to:

- re/conceptualise the role of leaders and managers to help shape, translate, and implement business-strategy and human resource policies during day-to-day operations
- re/design recruiting, careers and work itself to offer leadership opportunities which help psychologically shift workers' into adopting meaningful leader identities
- support future leaders more systematically and consistently via mentoring and feedback across an organisational climate that tolerates and constructively manages errors
- re/shape and resource education and training so that formal learning experiences indeed serve actual needs as well as signal what knowledge and skills are to be prioritised for becoming an effective leader and manager

CONTENTS

ABOUT THIS REPORT

The Victorian Alcohol and Drug Association (VAADA) is the peak organisation for the non-government alcohol and other drugs sector (AOD) in the state Victoria (VIC). The vision is to realise a connected and sustainable sector that provides quality evidence-based programs that reduce alcohol and drug related harms to Victorian communities.

As such, VAADA represents about 100 organisational members that provide a broad range of services including health promotion and harm reduction, early intervention, treatment and after-care programs. The involved member organisations are characterised by a broad gamut of mandate, workforce size, structure, revenue etc.

To enable its vision, VAADA adopts an evidence-based lens to sector and workforce development. More specifically, VAADA seeks to better understand the capabilities, experiences and development needs of managers and leaders in the non-government AOD sector. This shall facilitate insights and initiatives that help develop the AOD workforce.

To attract, develop, engage and retain the best talent means to acknowledge that leadership, organisational culture, and the design of work itself have profound effects on the AOD sector employees and volunteers. And so, in consequence, on the clients, families and communities this workforce serves.

The purpose of this report is thus to bring awareness to important topics and trends, and to summarise credible evidence that can help guide the agenda on developing leaders and managers in the AOD sector.

This report shares some empirical insights relating to the experiences and emergence of leaders in the AOD workforce. The purpose here is to provide an empirical narrative. This approach complements another report that focuses on the state and experiences of the broader AOD workforce: "The AOD Sector Workforce in VIC: on Engagement, Learning and Wellbeing" (2022).

This work is only the beginning to initiate conversations, collaborations and change. Leaders and managers should consider how the findings relate to their working life, mandate, career, and professional growth. Those who support said leaders and managers – their superiors, directors, and mentors – may consider the implications of the findings to inform useful questions, messages and resources that may be offered. Peak bodies, funders, and government entities may consider the resources and systemic levers that can support and advance leaders and manager across the AOD sector.

STUDIES AND SAMPLES

This report combines and highlights findings from three purposeful studies.

First, to understand and summarise the existing evidence and discussion relating to managers and leaders operating across the AOD sector, we undertook a systematic review on published scholarly research and grey literature. The approach sought to identify what counts as established knowledge to summarise what is already known about the topic at large, whilst also exploring emerging topics and updates of previous reviews. Variations of a systematic search key were developed using Boolean logic:

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(leader OR manager OR workforce) AND skill
framework OR capabilities OR competencies
OR abilities OR careers OR development
training) AND (alcohol drug OR health
services OR domestic violence OR
detoxification OR suicide prevention OR
counselling OR relapse prevention OR
substance abuse) AND (Australia OR Canada
OR United Kingdom OR United States of
America OR USA OR New Zealand)
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The search was executed on Google Scholar, Scopus, Google Web Search and a range of topical databases (e.g., VOCEDplus). A rapid review process was adopted to provide opportunity for more topical breadth (i.e., accelerate the review process by omitting stages such as collective agreement for literature inclusion). A range of exclusion criteria were established during the process to allow the emergence of findings that tend to be less covered by what has already been summarised in useful resources that are available to the research partners (e.g., publications by NCETA[1–4]).

The identified literature suggests that there is little, if any, empirical discourse on leaders or leadership relating specifically to the AOD work context. Our findings do not reveal any resources that could act as 'blueprints' that help shortcut the design of sector policy. However, various themes emerged including leader identity, leadership skills, and systems thinking for leaders. Those themes are discussed throughout the report and informed the design and interpretation of the quantitative and qualitative studies introduced next.

Second, a qualitative study was completed that invited workers from across the AOD sector to participate in a semi-structured interview of about 1-hour duration. The study uses a balanced sample that combines responses from NSW and VIC. The key participant selection criterion was that a worker considered him- or herself as 'a leader' and/or had a supervisory role (i.e., addressee of other workers' reports). The professional roles sampled include CEO, State Manager, Program Manager, Team Leader, and Clinic Nurse, among others. The sample descriptives are:

> Participants: 20 NSW, 21 VIC
> Gender: 26 females, 15 males
> Age: 26 to 66 years, average: 47 years

All interviews were recorded, transcribed, coded, interpreted and contribute to various sections and discussion of this report by means of narrative and/or verbatim quotes.

Third, quantitative data was generated by means of the *AOD Workforce Study : NGO Insights 2021*, a comprehensive online survey that invited AOD sector staff at all levels to participate between July and October 2021. The questionnaire comprised a broad range of established measures from across the organisational sciences, many of which have been also verified in the long-running *Australian Not-for-Profit Workforce Study*.

Following the online survey closure, a broad range of data cleaning activities were applied (e.g., checks against irresponsible responding). The final dataset comprises 664 valid responses and is used to report more broadly on AOD sector phenomena (also see complementary report "The AOD Workforce: on Engagement, Learning, Wellbeing"). Appropriate missing data handling were applied where sensible.

When reporting on quantitative leadership-related phenomena, the report makes use of a sub-sample comprising 157 valid responses from NSW and VIC that represent 'leaders', as defined by a respondent's indication of supervisory responsibility.

ON DATA AND EVIDENCE

Insights based on reliable data – collected and analysed via established scientific principles – can provide a powerful platform for meaningful discussions, inform a broader professional and legislative audience, and thus can help shape policy and practice.

Research from across industries and domains shows that despite available theoretical and empirical advice, most leaders do not utilize the most effective approaches for managing people, organisations and work[5,6]. For the AOD sector this means: stakeholders ought to translate evidence into positive change for the Sector, its workforce, and thereby increase the likelihood of better outcomes for the clients, families and communities being served.

Put differently, in light of the most severe global pandemic of modern times, we would consider it unethical not to base decisions regarding prevention and treatment on the latest cumulative evidence, or not to monitor effects post-intervention. The scientific revolution brought to applied medicine randomised controlled trials, reliable measurement and statistical advances – and with that millions of saved and improved lives. It needs to be similar when leading people and organisations.

Evidence takes many forms. One may draw on individual experiences and heuristics built up through various professional episodes, yet the sample size can be too small and biased to be generalised into broader decisions. Archival data from already existing studies can contain relevant information on the problem at hand. Purposefully primary data may be generated to optimally help address a question.

Research makes clear that a managerial decision based on scientific methods, hard data, or at least triangulated information yields better outcomes than a decision solely based on a single source of evidence, individual experience, the opinions of experts, or so-called best practices[7].

In other words, the most senior, dominant or highest paid person's opinion may not be right or best. There is research that indicates large discrepancies between what many policy makers, human resource practitioners, and consultants think and advise to be useful, and what the current scientific research shows[6].

For instance, does that training program, wellbeing initiative, or pay rise have the intended effects? Often, decision-makers simply do not really know answers to those questions because their intuitions are untested hypotheses. A large part of the challenge is not managerial aptitudes, but rather preferences, habits, and myths. The AOD sector will benefit from a shift toward using systematic evidence more often when considering the leadership of people and development of its workforce[8,9].

A Framework for Evidence-based Leadership

Those tasked to lead, shape and support the Sector workforce - whether by mandate or circumstances - ought to make their decisions increasingly through the conscientious, explicit and judicious use of the best available evidence.

This can protect against ‘solutioneering’: the act of working up a solution prior to really understanding the problem that solution is set to solve. Instead, leaders can shift from borrowing or following normative practices to instead standing on evidentiary grounds.

It involves asking an answerable question, acquiring evidence, appraising the quality of the evidence, aggregating the evidence, applying the evidence to decision-making, and assessing the outcomes. The best time is always now.

Asking	Translating a real issue or challenge into an answerable question
Acquiring	Systematically searching for and retrieving the evidence
Appraising	Critically judging the trustworthiness and relevance of the evidence
Aggregating	Weighing and integrating the evidence
Applying	Incorporating the evidence into the decision-making process
Assessing	Evaluating the outcome of the decision taken

1. LEADING PEOPLE, ORGANISATIONS, IMPACT

Organisations are best understood as systems comprising interrelated and interdependent parts, such as their employees and volunteers, and the practices, policies, and activities associated with managing them. The responsibility for this system is often intuitively assigned to either the human resource function, which is concerned with staff systems and formal processes, or to 'leaders' who shall influence others towards collective goals. Often those paradigms operate in isolation from each other, sometimes even with mutually exclusive agendas, and thus to suboptimal ends.

For example, many traditional staff processes are derived from the organisation's needs and goals (e.g., efficiency, impact) and thus seek to control workers so they meet those goals irrespective of their own needs and goals (e.g., family, career). Some of those dilemmas stem from the view that organisations are machines with transactional human resources (i.e., someone to do the job): The organisation manages benefits, compensation, and compliance from a distance, while dictating that there is one right way to achieve efficiency, control, and productivity. Practitioners and scholars have learned that such approaches are seldom successful or sustainable.

Instead, people are most conducive to organisational viability when they are viewed as the transformational product of their multiple psychological attributes, such as abilities, personality, values, and interests. Granted, not all the benefits of this approach can be immediately captured in pure dollar terms. However, when synthesizing the findings of more than 200 studies with upward of 60,000 total participants, the literature indicates this philosophy has some very transformational and desirable effects on operations, staff retention, productivity, growth, and market returns

In the same vein, there has been a turn toward synergistic perspectives that acknowledge the complexity of organisations and the various ways of approaching institutional goals. Thus, there is a growing belief that there may not be one best way to organise and lead. However, the evidence also clearly shows that not all ways of leading and managing are equally effective! [10]

For instance, some of the most potent organisational systems influence the performance of their people by enhancing skills, motivation, and opportunities. In other words, when people sense a growth in their abilities, enjoy what they are asked to do, and are allowed some scope of responsibility, they will generally be highly engaged and contribute more fully to the mission.

Accordingly, to realise impact in the AOD sector – to improve the lives of clients, families and communities – means to understand and embrace that people and organisations must be actively led.

2. THE TOTAL WORK EXPERIENCE

People often consider work to be an integral part of life. It is thus useful to reframe employment and volunteering as a life journey with many interactions. In this vein, the total work experience can be understood as a system of influences and processes that affect the state and behaviour of the worker.[11]

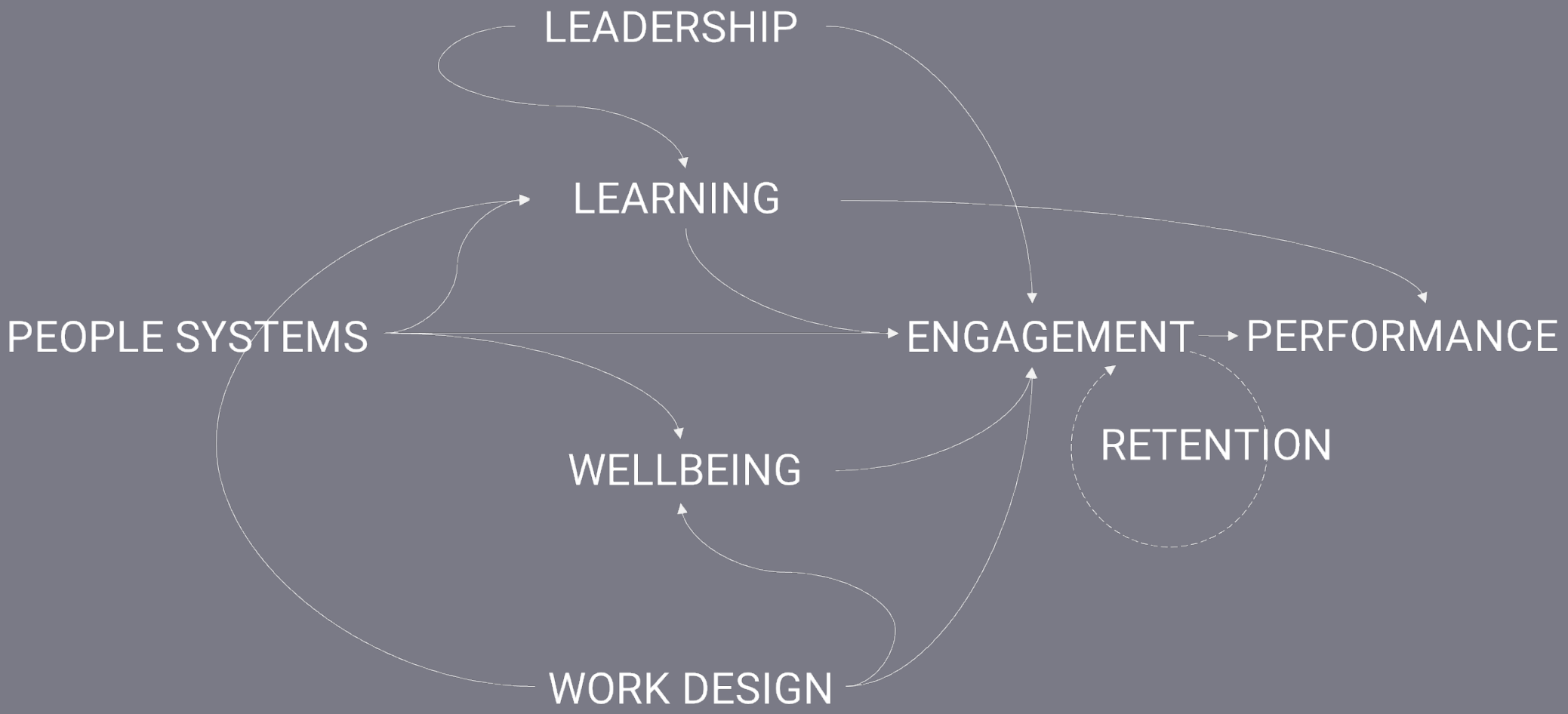
Analogous to principles of 'design thinking', this view situates AOD workers' needs and goals at the centre of all organisational considerations. Put differently, the workers are not always right, but they are always here. Good design is therefore deliberate, determining what the touchpoints are and how workers interact with them. From this perspective, high-impact organisations cannot be satisfied by simply achieving administrative efficiency, compliance and cost-cutting. The remit is to craft a holistic work experience that is compelling, empowering and engaging, while spanning all organisational levels, members, and dimensions.

Scholarly reviews from the last six decades of theorising and testing suggest, no one phenomenon or process dominates the total work experience.[12–16] No writing, tool, or intervention can exhaust or fully integrate this enormous and pluralistic territory. That said, scholars have found an array of mechanisms that organisations can use to provide reasonable guidance and close major gaps in strategy execution.[17]

In the spirit of simplicity, this discourse (highlighted and analysed in more detail in the report: '*The AOD Sector Workforce: on Engagement, Learning and Wellbeing*') conceptualises distinct key concepts into broader themes: staff retention, performance, engagement, learning, wellbeing, leadership, work design, and people systems.

These themes form an architecture of subsystems, each with inputs, outputs, and processes of transformation or decisions. The heuristic model (next page) indicates how the dominant forces act toward enabling and engaging the AOD worker to perform, and thus determine how well the workforce as a whole can serve the organisational mission.

Importantly, most factors are malleable: a useful business and people strategy alongside effective human resource policies are necessary key pillars, yet alone they are not sufficient for maximum organisational effectiveness. Leaders and managers are usually responsible for how the majority of workers experience their daily work, and this is discussed next.


LEADERSHIP
LEARNING
PEOPLE SYSTEMS
ENGAGEMENT
PERFORMANCE
RETENTION
WELLBEING
WORK DESIGN

3. MANAGERS WHO LEAD AND LEADERS WHO MANAGE

Strategic Human Resource Management, People Operations, Shared Leadership, Empowering the Workforce, Line Management .. *"That which we call a rose. By any other name would smell as sweet."*

In other words, what matters is what something *is*, not what it is called. Practices and policies geared to enable, empower and engage the workforce ought to be understood and modelled by executives, the human resource function, *and* the line management.

People and literatures often differentiate and debate between leadership and management, although many acknowledge that the two areas are parallel and do overlap.[18] Both notions have the common goal that is concerned with the overall success of the business. Leadership tasks tend to involve processes of social influence to maximise the efforts of others, towards the achievement of a goal. Management tasks tend to involve the application of specific knowledge, skills, and abilities. The modern organisation rarely differentiates.

Indeed, workers who have a great connection with their line supervisors are more likely to have better levels of work satisfaction, dedication, and loyalty – all of which are linked to higher levels of work engagement and performance.[19–21]

Importantly, particularly the line- and middle-management have a critical role not only in leading people and activities on a daily basis, but also in implementing HR and other organisational policies and supporting the growth of their teams. This is especially true in the AOD sector with many small-sized organisations that often need to delegate a range of responsibilities to line- and middle-managers of some sort.[22–24]

Such relationships are also ever evolving as there are areas of people management practise where executives or HR-type professionals may design procedures but cannot deliver them in whole or in part. Instead, they entrust managers to lead the workforce via performance management and recognition, realise employee engagement, enable employee voice, establish and maintain a learning culture, and attain employee work-life balance, among other. The next section provides strong theoretical and empirical support for those claims.

4. THE THREE-DIMENSIONAL PEOPLE STRATEGY

The so called 'Three-Dimensional People Strategy' is a theoretically sound framework.[19] It poses that for an organisation to perform at its optimum, three distinct dimensions of leadership and management must be addressed and align:

Vertical alignment is concerned with the link between business-strategy as a whole and people management-strategy (e.g., *"My organisation has a clear human resource strategy that supports organisational goals."*).

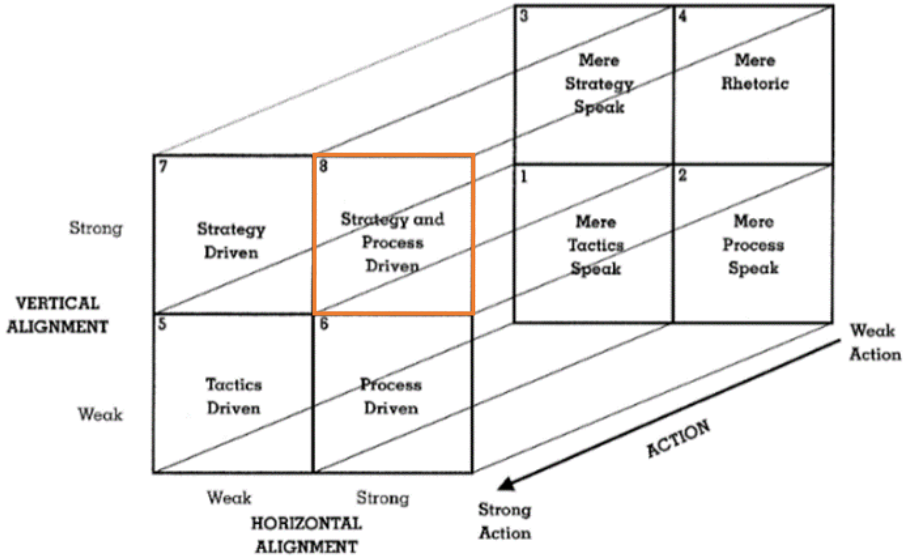
Horizontal alignment describes a coherent and consistent approach at the level of individual HR policy areas (e.g., *"Useful policies exist for each human resource area e.g., how we recruit, develop, promote staff."*).

Action alignment is concerned with the actual implementation during day-to-day operations (e.g., *"Line managers in my organisation are assessed against targets relating to the implementation of people strategy and policies."*)

Accordingly, the mere existence of a people strategy and/or HR policies does not automatically translate to much, if anything. The critical drivers are the behaviours and values of the managers in embracing those strategies and policies via their attitudes, conversations and body language. They lead the workforce by signalling what to do.[22] Thus, an organisation ought to optimise and align all three dimensions (indicated by the orange quadrant).

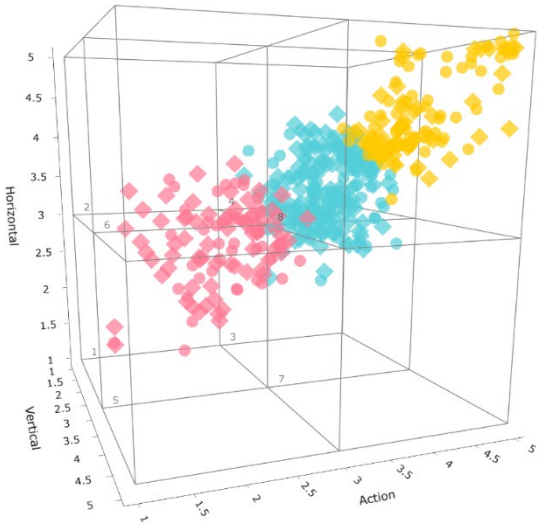
Our study measured various AOD workers' perceptions of vertical, horizontal and action alignment for their workplace. The quantified perceptions are mapped using a 3-dimensional scatterplot, whilst a cluster analyses suggests three distinct groups of organisations across the AOD sector: deficient people strategy (cluster #2 red, 29% of the sector), ordinary people strategy (cluster#1 blue, 26% of the sector), and strong people strategy (cluster#3 yellow, 45% of the sector).

Linear regression analyses demonstrate that a stronger vertical, horizontal, and action people strategy are predictive of desirable workforce states and organisational outcomes including increased work engagement, work satisfaction, work performance, and organisational performance (see regression plots).



Cluster		3D People Strategy				Outcomes			
		Vertical	Horizontal	Action	**3D Total**	Work Satisfaction	Work Engagement	Work Performance	Organisational Performance
#2	29%	2.48	2.72	2.60	**2.60** ***deficient***	3.09	3.53	4.00	2.75
#1	26%	3.40	3.41	3.55	**3.45** ***ordinary***	4.20	3.86	3.98	3.58
#3	45%	4.14	4.21	4.25	**4.20** ***strong***	4.73	4.19	4.15	4.18

*averages per cluster, measured on scales from min=1 to max=5



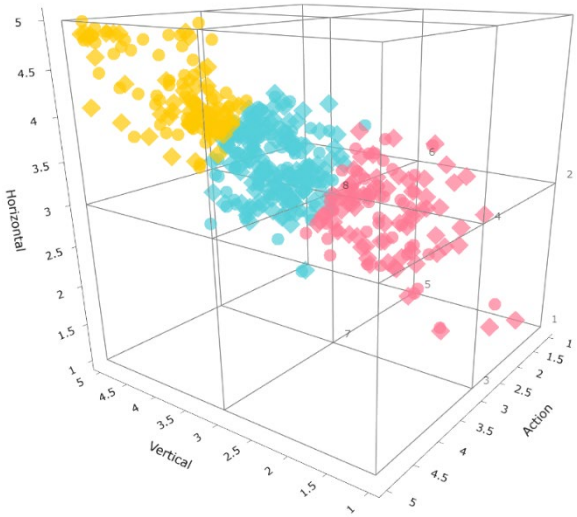
So what?

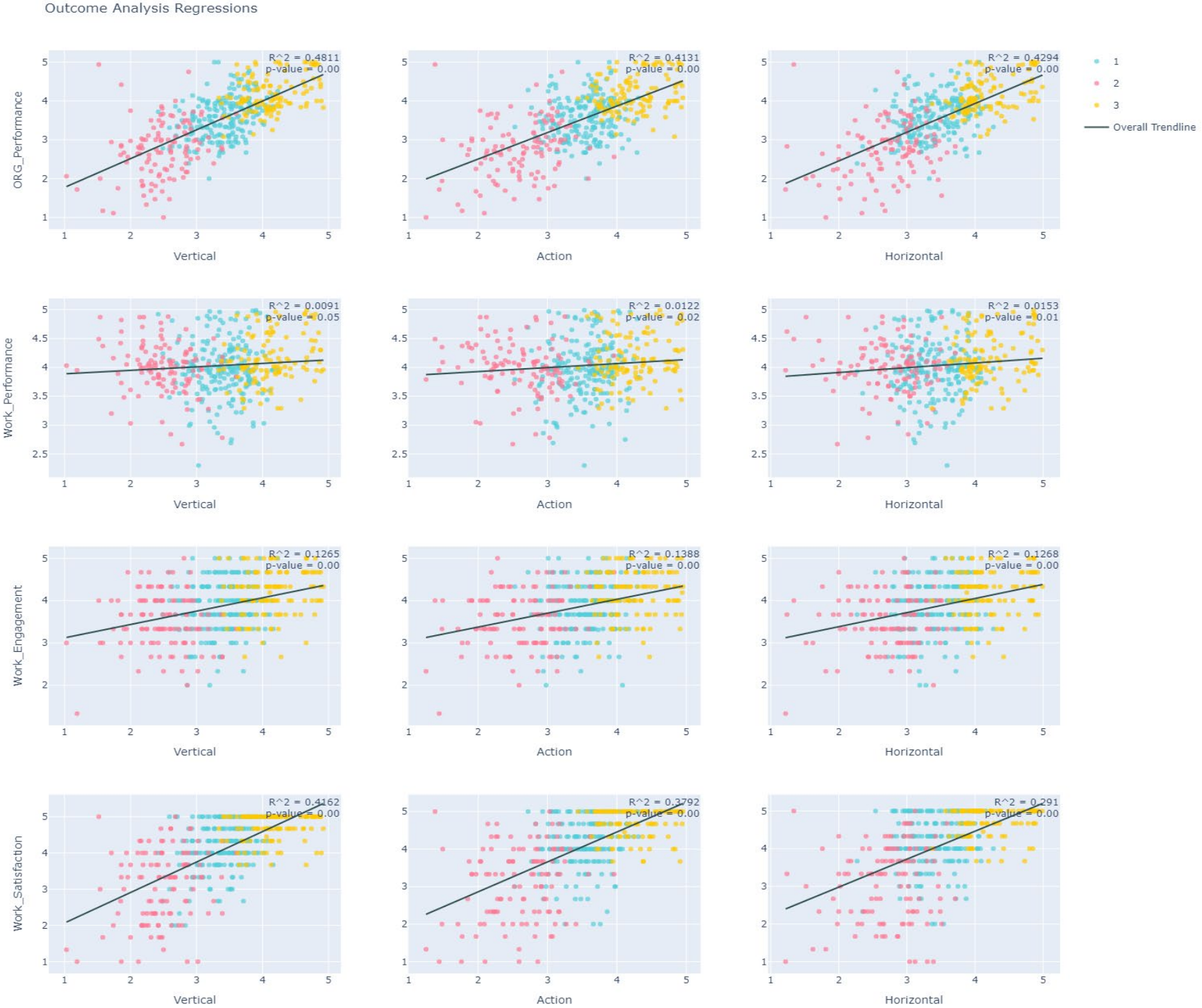
Indeed, the three dimensions of leadership and management towards an organisation's workforce mutually reinforce each other; they send stronger signals together than they do separately[19]. Accordingly, any AOD sector organisation ought to **explicate a people management strategy that:**

supports the business strategy (vertical alignment): The main strategic role of organisational human resources is to directly support business goals (e.g., impact, profitability, client retention) by translating business strategy (e.g., low-cost, differentiation, service leader) to principles which define an organisational workforce (e.g., recruiting and retention approaches, design of jobs, tolerance for errors).

implements useful policies across all people-related operations (horizontal alignment): An organisation must state meaningful rules that govern people operations so they indeed can support the overall strategy (see above). The goal is to systematically align granular practices and processes (e.g., recruiting, remuneration, retention) so that there is no disconnect between tools and decisions and what the organisation seeks to achieve.

realises a culture that has leaders and managers embrace the above (action alignment): AOD executives, line managers and team leads must consistently and continuously translate organisational strategies and policies into definite actions, all else is mere rhetoric. It can mean for leaders to take bold, and sometimes unpopular, actions to demonstrate to staff the behaviours that are to be supported and sustained. The enduring enactment of well-designed strategy and policy will lead to favourable outcomes for people, organisation, and clients.




Outcome Analysis Regressions
ORG_Performance
Work_Performance
Work_Engagement
Work_Satisfaction
Vertical
Action
Horizontal
R^2 = 0.4811
p-value = 0.00
R^2 = 0.4131
p-value = 0.00
R^2 = 0.4294
p-value = 0.00
R^2 = 0.0091
p-value = 0.05
R^2 = 0.0122
p-value = 0.02
R^2 = 0.0153
p-value = 0.01
R^2 = 0.1265
p-value = 0.00
R^2 = 0.1388
p-value = 0.00
R^2 = 0.1268
p-value = 0.00
R^2 = 0.4162
p-value = 0.00
R^2 = 0.3792
p-value = 0.00
R^2 = 0.291
p-value = 0.00
1
2
3
Overall Trendline

5. LEADER IDENTITY

Acting as an AOD leader requires the skills for dealing with several managerial and relational dimensions within organizations. This requires the formation of a leader identity in addition to some existing professional identity (e.g., healthcare). Experiencing the self as a leader is an essential element in leadership because it supports leadership actions by strengthening motivation, the tendency to learn and use new knowledge and the desire to develop both oneself and one's work practices[25,26]. However, the process of forming and achieving leader identity may not be self-evident for AOD professionals, primarily because of the strong, already adopted professional identities (e.g., doctor, clinical psychologist).

Interview participants who aligned with viewing themselves as a leader, thought so on the basis of their current role identity, their previous experiences and successes, and their personal characteristics and passion for leadership. On the contrary, participants who did not align with seeing themselves as leaders, thought so on the basis of their personal characteristics, in which they described they do not possess the qualities or desire to be a leader.

Role Identity

For many participants, rather than reflecting on their experience or growth in their leadership identity, they discussed how their current role as a leader has shaped how they view themselves as a leader. Participants who aligned with this notion described what their current leadership role entails, including; supporting staff and people, contributing to and maintaining culture, mentoring and training staff, providing feedback, teaching leadership to others, and relationship building across the sector. Some participants described how they view their leadership role by how they define what is expected of a leader. This included taking an authoritative approach to leadership, rather than constantly telling people what to do. They expressed that a leader is someone who takes risks and holds the responsibility for being right or wrong.

The Journey of Leadership

Experience over the years in both leadership and non-leadership positions in the AOD sector was described by participants as a key factor in why they see themselves as leaders. Working roles of high responsibility were described as key in shaping some participants' perception of themselves as a leader now that is authentic in their approach, and highly capable of managing their responsibilities. Likewise, participants also described that with experience comes a certain degree of knowledge, and "you begin to see the bigger picture of drugs and alcohol". One participant even described that having gained experience, knowledge, and skills in the field, "makes you a leader by default."

Growth

Participants discussed how they had grown in their identity over the years, to now see themselves as a leader. Seeking experience by stepping out of their comfort zone, putting their hand up for jobs that required more responsibility, or getting involved with working parties, was described as integral parts of participants' journeys that allowed them to grow to develop their leadership identity. Furthermore, some participants also described that on this journey, they have reached a moment in their career where they are achieving good outcomes, people trust their judgement and decisions, and they inspire others. These moments of growth were described as key in shaping participants' perception of themselves as a leader.

Personal Characteristics

For those few participants who stated they did not see themselves as a leader, do so on the basis of their personal characteristics or attributions. Some participants stated that they don't characterise themselves as a leader, as they are more comfortable being on a lower level of less authority and responsibility. However, some participants also reflected that they thought they don't see themselves that way, they are a leader not by nature but by default as they are in a leadership role.

So what?

Sector initiatives and workplace efforts ought to focus shifting workers' mindsets from elusive roles to constructing identities. Namely, assumptions of oneself and assumptions of leadership can either facilitate or hinder one's sense-making, learning, and hence adoption of an identity that seeks to lead. The outcome should be organisational actors that understand who they are and aren't, what they do and don't do, and what they should and shouldn't do. Individuals construct social identities together: professional and leader identities.[27]

To start, an organisation or the AOD sector at large may bring about social opportunities and communication that signal to leaders that they are indeed 'a leader', this can be an important catalyst.

Other activities that aid leader identity development include diagnosing where people are in their leadership journey, developing personalised goals, plans and timelines with them, as well as providing pointed feedback and mentoring that help emerging leaders expand their psychological boundaries.[28]

Also, by accepting the AOD work as the core mission, emerging leaders more quickly assume a useful leader identity that transports to the leadership of people and organisation. Namely, for those who do not think of themselves as leaders 'but have to be one', it may be helpful to stay close to the AOD/clinical work. The professional identity and related client values enable the leaders then to "remain true" to the persons they feel they are and want to be, whilst organisational leader demands are steadily increased.

"I don't know, it's just probably because I've been around for so long, I guess. And I've made myself- because I've got a passion for it, I'm always putting my hand up to do stuff." (P21)

"I think of myself as a leader, because I think I have the responsibility both in my role and in my position but also who I am with my experience in whatever, to provide direction, support and encouragement." (P23)

"I enjoy leading, I enjoy being part of a team and I enjoy getting to an outcome with lots of people around me." (P28)

"…I'm more interested in trying to do something different, regarding how people who use drugs and alcohol are viewed, but also how to treat them. [my supervisor] enables me to do that which then involves me being influenced by a number of people globally who are at the forefront of ideas around drug and alcohol at this time." (P39)

6. LEADERSHIP CAPABILITIES: IN THE LITERATURE

Capabilities are understood as the prerequisites to fulfil the demands of a particular professional role. It is an aggregate term for any combination of interrelated cognitive, affective, and behavioural capacities including factual and procedural knowledge, mental models, self-regulation, metacognitions, action routines, and personal qualities such as values, beliefs, attitudes, motivations, and emotions. Workers mobilise these components for effective cognitive, functional, and social action in a particular work context. Capabilities, as a holistic abstraction, are useful for a broader discussion about what AOD leaders might be required to do, expected to achieve as a result, in an event, or in a way of behaving at work.

Literature on leadership skills abound, our literature search did not identify a comprehensive competency framework that is specific and/or ready-to-use for AOD sector leaders. Yet, various higher-level frameworks have been proposed in relation to, for instance, mental health and health sector leadership, and they can help illuminate competencies that could apply similarly to the AOD leadership context.

Leadership Training Programs and Competencies

Beinecke and Spencer[29] completed a review of leadership training programs and competencies relating to Mental Health, Health, Public Administration, and Business in the following seven countries: Australia, Canada, Ireland, Northern Ireland, New Zealand, Scotland, United Kingdom, and United States. The authors found five common core competencies across all the included leadership training programs and competency frameworks:

Personal Skills and Knowledge (e.g., emotional intelligence, ethics, morality, respect for human rights, Intelligence, knowledge, competence ..)

Interpersonal (People) Skills (e.g., communicating, teamwork, coaching, negotiating, networking, ability to lead teams ..)

Transactional (Execution, Management) Skills (e.g., quality management, staffing, recruiting, project management, problem solving ..)

Transformational Skills (e.g., strategic vision, Goal setting, Role modelling, capacity building, managing Drivers of Continued Implementation of Cultural Competence in Substance Use Disorder Treatment complex change ..)

Policy and Program Knowledge (e.g., government and policies; political knowledge, policy formation process/policy development ..)

The framework is indeed a fairly comprehensive synopsis that may inform future developments. However, whilst the review of the development programs is elaborate and may stimulate AOD capacity building initiatives, the framework's identified elements are not described in much detail. Arguably, the framework also does not sufficiently cover the capability bandwidth required to fully lead people and organisation.

Supervisory skills

Due to increasingly complex presentations of clients in the AOD field, O'Connor and Roche[30] highlight the importance of clinical supervision to support AOD workers. A clinical supervisor is distinct from a manager, offering collaborative and explorative types of support to the employee. There is evidence to support the notion that clinical supervision reduces burnout and turnover, while increasing job satisfaction and the quality of AOD interventions. Their work was extended into a useful workforce development resource kit describing a range of leadership and managerial behaviours to managing organisational change, developing teams, staff wellbeing, recruitment etc.[31]

Likewise, McKenna et al.[32] highlight the benefits of professional supervision in the context of nursing: an increased awareness of solutions to clinical issues, increased staff morale, and decreased absenteeism.

Further, a consultation paper by the Queensland Network of Alcohol and Other Drug Agencies[33] reported that AOD workers who receive ongoing professional support in the form of clinical supervision are more likely to be able to handle the challenges in working in the AOD field. To further illustrate the importance of clinical supervision, an action plan labelled "An Action Plan for Behavioural Health Workforce Development" was crafted in the United States by the Annapolis Coalition[34]. This plan emphasized that a first key step in developing the AOD leadership should focus on developing the clinical supervisory skills of management, especially due to the erosion of these skills in service organisations in the United States.

Ford et al.[35] found in a quantitative study that education and training alone were not sufficient in increasing the therapeutic attitudes of nurses working with patients with AOD issues. However, when combined with at least moderate levels role support from managers, the interaction of training and role support increased therapeutic attitudes of the participants.

As can be seen, supervision within the area of AOD leadership brings numerous benefits, highlighting the importance of including supervision skills in leadership development. Moving forward, the section below will shift the focus to an additional crucial competency to be heavily considered in AOD leadership development: research-based competency. Afterwards, other competencies found in the AOD literature will be introduced.

AOD leadership styles

The literature search identified three separate leadership styles studied in the context of AOD leadership: transformational leadership, empowering leadership, and servant leadership. All of these leadership styles were found to have beneficial impact either through qualitative or quantitative methodologies.

Focusing on the AOD context, Kumpher et al.[36] studied the effects of an empowering style of leadership on coalition team members' (i.e., volunteer local citizens) job satisfaction and work outcomes (i.e., AOD knowledge and reduced drug use within clients). The study found that empowering style of leadership led to increased coalition member work satisfaction, which in turn resulted in higher effectiveness outcomes in increased AOD knowledge and reduced drug use within clients. The results also indicated that empowering leadership style had a direct effect on these two outcome variables (AOD knowledge and reduced drug use). As a limitation, the sample size of the study was small (N = 65).

Martin[37] noted in their doctoral dissertation that low retention was an issue in the substance abuse treatment field, and with that in mind, explored effective leadership styles in reducing turnover of staff. The qualitative study interviewed eight participants who worked as managers in the substance abuse treatment field. Based on the interview data, a thematic analysis was conducted, and the emerging themes suggested that leadership styles which help in reducing turnover were transformational leadership and servant leadership (a leadership style which focuses on being attentive to the needs of the employees with a goal of empowerment and capacity development).

The limitation of this study pertains to the qualitative nature of the research: the effectiveness of leadership styles was not measured objectively but was inferred from the perceptions of the interviewees. This limitation highlights the dire need of quantitative longitudinal research in the field of AOD leadership.

AOD leadership strategies

Additional literature focuses on leadership strategies or components (rather than leadership styles). Guerrero et al.[38] noted that addiction program leaders are crucial in the implementation of evidence-based practice for addiction treatment (e.g., contingency management and medication-assisted treatment), and utilized a mixed-methods approach to research the most effective (measured as the participants' evaluation of each strategy's usefulness, feasibility, relevant, cost-effectiveness, and expected impact) leadership strategies for program implementation.

The sample was 18 managers comprised of clinical supervisors and program directors. The study suggested the most effective strategies appear to

revolve around facilitating change through social support and proactively creating an environment that is receptive to change.

- recruiting appropriate employees who are receptive and capable of handling change
- having an open-door policy with the employees
- asking employees what would support their capability to deliver interventions
- demonstrating an intervention for the employees
- teaching the employees on how the intervention helps clinicians deliver positive results

Additionally, Martin[37] found that leadership strategies relating to an open-door policy, effective communication, and giving feedback were perceived effective by managerial participants. The least effective strategies were transactional and penalizing in nature: entering an intervention session and taking over for the staff, informing employees that failure to implement the intervention program would result in their contract being terminated, and giving rewards for successful program implementation.

Change management and systems thinking

In 2018 the Department of Health and Human Services released its AOD workforce strategy 2018-22.[39] The importance of AOD leadership skills included supporting practice change and implementing service reforms.

Related to systems approach, Skinner et al.[40] found that role support, as well as education and training can aid in professional attitudes (specifically, role legitimacy and role adequacy), but a more systems thinking approach is needed to appropriately change attitudes of AOD professionals. This relates to organisational culture change, which can be facilitated by leaders and managers of the AOD organisation. These managerial actions include providing social support to AOD workers, providing AOD career development opportunities. The authors conclude that larger organisations are likely to be comprised of separate units with different cultures and attitudes, potentially requiring different strategies to address the attitudes of the organisation as a whole.

Research—based competencies

A report by the U.S. Department of Health and Human Services[41] outlined several key considerations in the area of AOD leader development. The importance of leader research-based skills was highlighted, as well as the ability to communicate research findings effectively. The importance of this research-based competency is due to policy and funding decisions being shaped by quantifiable results of treatment outcomes. On the backdrop of research savviness, the capacity to understand and implement evidence-based research is crucial in a developing field.

A mixed-methods research by Liang et al.[42] narrows down to the Australian public health leadership context. Similarly, to the previous report, the authors found evidence-informed decision-making to be a core competency among leaders in the field.

The report by the U.S. Department of Health and Human Services[41] lists additional AOD leadership competencies, based on interview data of 36 leaders working in the AOD field. These ten competencies are: having passion and a strong belief in the cause; having good interpersonal skills and being culturally aware; having a big picture and a vision for the AOD field; possessing experience and a solid knowledge base on AOD related topics; being politically competent and skilful in negotiations with stakeholders; possessing integrity, honesty and trustworthiness; being a curious individual and a motivation for others; being flexible and patient; the ability to communicate ideas and scientific findings in a clear and effective manner; and finally, taking risks, learning from past experience, and transferring this experience into future action.

Cultural Competences

In relation to social inclusion and racism, past research has reinforced the notion of the importance of cultural competence within AOD leaders. Guerrero and Andrews[43] researched the impact of AOD managers' cultural competence on substance abuse treatment outcomes. The study found that managers' culturally sensitive beliefs were negatively associated with patient wait times and positively related to average retention of staff. In a longitudinal study focusing on the substance use disorder treatment setting, Guerrero et al.[44] studied the effect of transformational leadership on continued

implementation of culturally competent practices. The study found that transformation leadership of AOD managers was positively associated with continuous implementation of all five culturally competent practices. These practices were cultural knowledge of the staff, resources and linkages to support racial minorities, hiring and retaining staff members from ethnic minorities, policies and procedures to facilitate the support for ethnic minorities, and outreach to racial and ethnic minority communities. Interestingly, the study found that when the manager was of ethnic minority (in this study, from a Latino cultural background) and possessed higher transformational leadership ratings, the staffing of ethnic minorities rating increased substantially, when compared to a high leadership and non-ethnic minority manager combination. Said differently, ethnic minority status moderated the relationship between transformational leadership and staffing (hiring and retention of ethnic minorities).

7. LEADERSHIP CAPABILITIES: WHAT LEADERS SAY

Leaders' knowledge, skills and abilities have been acknowledged as critical predictors of job performance and productivity, with flow on effects on their followers and the organisational mission. Yet, what are critical leader capabilities remains the topic of much scholarly and applied debate.[18] Interview participants conceptualised a range of knowledge, skills, and abilities that they require in their job, and articulated why it is necessary within the AOD sector. It emerged that the AOD sector and workforce appears to be a very holistic environment that is all about 'working with people'.

Knowledge

Participants discussed knowledge of treatment, service knowledge, and sector knowledge as fundamental to success. Some also highlighted that it is important to fully understand the unique inner workings of one's organisation as it relates to dealing with clients.

Several interviewees reflected on the importance of gaining and leveraging legacy knowledge: tacit information and insights that are often learnt over many years to better execute with certain client situations and necessary protocols. This extended to interviewees describing that being confident in the knowledge one has is important, as that enables one to speak up if something is not right.

Skills

Skills outlined by participants that are required for the job include relating and empathy, especially when dealing with clients who are vulnerable or complex cases. Communication was highly emphasised as a necessary requirement of the job.

Interviewees deem it important to have the capacity to have difficult conversations, and not skirt around issues, in order to make progress and autonomous decisions. Indeed, conflict resolution was acknowledged greatly by the majority of participants as being a requirement to dealing with the 'heavy' nature of the work and the clients, who are dealing with challenging complexities relating to alcohol and other drugs.

Problem solving was described as necessary for people to understand how to relate to one another, collaborate with other services providers to find solutions to issues. Along these lines, people management skills were also emphasised as important, as social, community, and health services are solely about people and dealing with people. Likewise, as a leader it is important to be seen as fair, and supportive of staff to work towards doing the best they can for the clients to access services.

Abilities

The ability to form and maintain important relationships with stakeholders in ways that are authentic, honest, and integral was emphasised.

The ability to balance clinical and operational skills was also noted by participants, yet typically with a strong priority towards clients.

Unique Knowledge, Skills, and Abilities

Whilst some participants stated that the knowledge, skills and abilities required of leaders in the AOD sector are relatively generic, others highlighted the idiosyncratic nature of the required capabilities.

Integrated understanding of mental health, drug and alcohol issues, and more clinical knowledge such as the 'dual diagnosis' were mentioned. Participants also explained that an important part of drug and alcohol treatment is about dealing with the underlying mental health issues at hand. Part of dealing with this is having contemporary knowledge of drug and alcohol issues and exhibiting high degrees of professionalism and distance with clients, which sets AOD work apart from similar work in other sectors. Several participants considered this a distinct and concerning challenge for the AOD sector.

So What?

Interestingly, most interviewees intrinsically showed strong focus on domain- and client-specific leadership (e.g., guiding patients, partnering with other clinical services). They rarely mentioned capabilities that relate to the leadership of (co)workers and organisation. It is fair to summarise that most AOD 'leaders' interviewed create or carry cognitive representations of their roles that almost excludes HR-type responsibilities. Future efforts ought to address the dominance of such preconceived notions and help organisational actors interpret their work environment differently to change and control behaviours to better align with the needs of the wider and their own AOD workforce.

"The ability to build networks and work in partnerships with people, because you can't do it alone. And the ability to manage a crisis, drug and alcohol I think more than anything else, you know you're challenged by very complex needs, thoughts of suicide, yeah so you need to be able to manage a crisis."- (P32)

"I think people skills are absolutely essential. Building relationships and rapport and being able to engage with people and have open, honest communication are the key skills. I think you also need that working knowledge and evidence-based practice and framework." (P63)

"I think what we are becoming aware of now is that really drug, and alcohol treatment is not about drug and alcohol. It's much more about dealing with underlying anxiety states. So, it requires a lot of knowledge of mental health and psychology as well as specific knowledge about how Drugs and alcohol work." (P39)

8. LEADERSHIP CAPABILITIES: BOTTOM-UP

Capabilities are often described and organised for professions which are highly regulated (e.g., nursing, teaching).[45] Yet, meaningful and consistent information is typically missing for those roles engaged in, broadly speaking, the leadership and management of their organisation and people, which is the focus here.

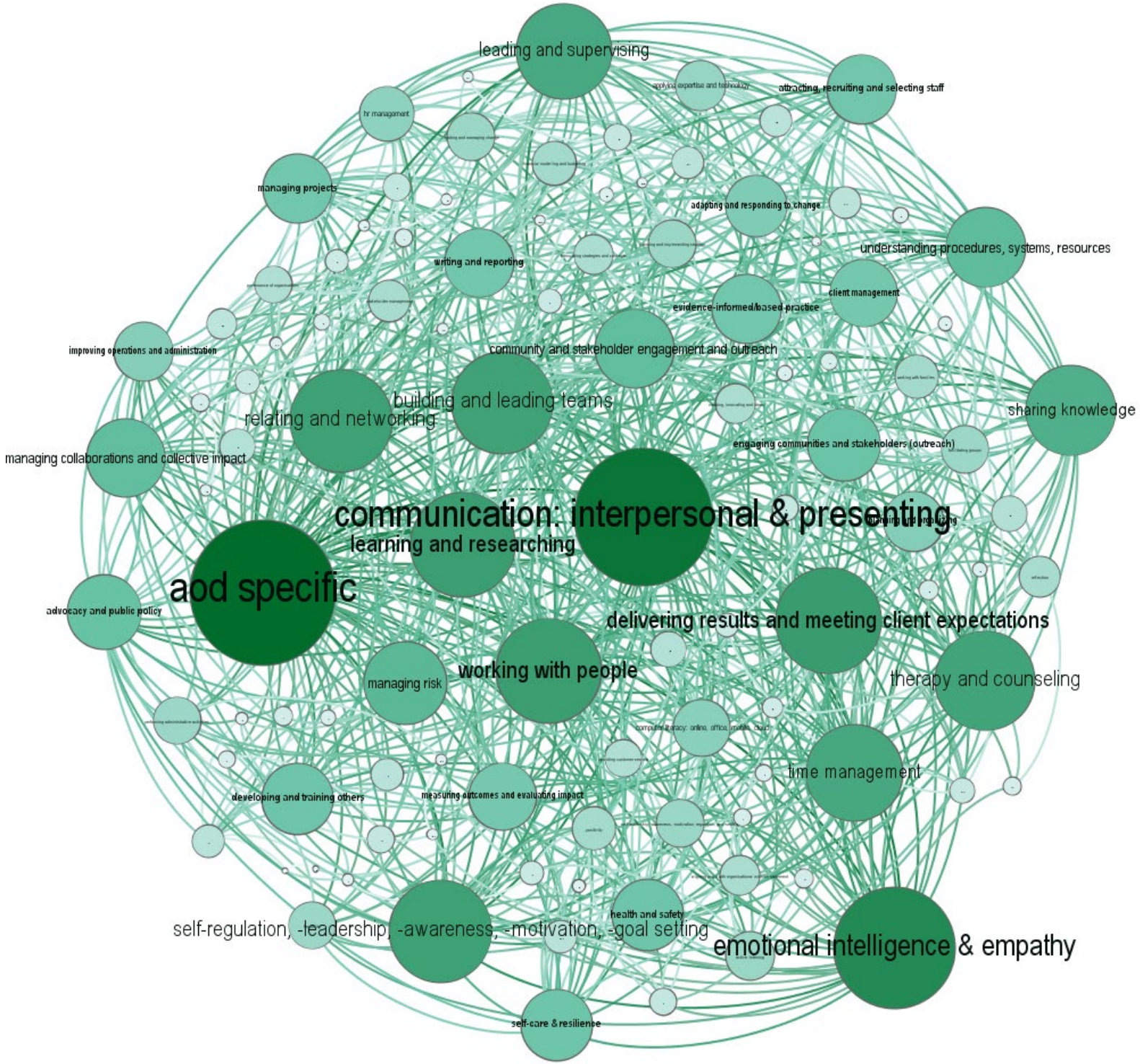
Capabilities describe any combination of interrelated cognitive, affective, and behavioural capacities including factual and procedural knowledge, mental models, self-regulation, metacognitions, action routines, and personal qualities such as values, beliefs, attitudes, motivations, and emotions.[46,47] These components are mobilised for effective cognitive, functional, and social action in a particular work context.

Our research uses a big data approaches and advanced network graph methods to help identify and map AOD leader core capabilities. This analysis is based on democratic bottom-up data to minimise sample and response biases.

As part of the online survey and assisted by a large 'lexicon' of capabilities, respondents nominated their five most important capabilities required to excel in their current role. Non-standard entries were reviewed and assigned to an existing concept or created a new concept on their own. The data was transformed to realise a network analysis and graph.

Network graphs mathematically and visually represent interconnections between a set of entities.[48] By mapping out a connected system of capabilities, the network graph summarises the underlying structure and helps interpret: AOD leader capabilities that are core vs peripheral, and clusters of capabilities.

Each capability is represented by a node (represented by a circle). Connections between nodes are represented through edges (represented by the lines). Accordingly, the larger the node, the more AOD leaders deem this capability important. The more edges a capability has, the more integral it is to getting the job done well. Statistically, we can determine a nodes' centrality (eigenvector score) by summarising how often a node is connected to other nodes which themselves have high scores.


leading and supervising
attracting, recruiting and selecting staff
hr management
managing projects
adapting and responding to change
understanding procedures, systems, resources
writing and reporting
client management
evidence-informed/based practice
improving operations and administration
community and stakeholder engagement and outreach
building and leading teams
relating and networking
sharing knowledge
managing collaborations and collective impact
engaging communities and stakeholders (outreach)
communication: interpersonal & presenting
learning and researching
aod specific
advocacy and public policy
delivering results and meeting client expectations
working with people
managing risk
therapy and counseling
time management
developing and training others
measuring outcomes and evaluating impact
health and safety
self-regulation, -leadership, -awareness, -motivation, -goal setting
emotional intelligence & empathy
self-care & resilience

The 20 most central capabilities identified across AOD leader roles are:

1. AOD specific*
2. communication: interpersonal & presenting
3. emotional intelligence & empathy
4. relating and networking
5. working with people
6. leading and supervising
7. self-regulation, -leadership, -awareness, -motivation, -goal setting
8. sharing knowledge
9. building and leading teams
10. delivering results and meeting client expectations
11. therapy and counselling
12. time management
13. community and stakeholder engagement and outreach
14. learning and researching
15. managing projects
16. understanding procedures, systems, resources
17. managing risk
18. improving operations and administration
19. client management
20. advocacy and public policy

**AOD specific is a catch-all label introduced to reflect specific capabilities mentioned in relation to direct alcohol and other drug service provision. Entries were too diverse and few to establish reliable, more granular nodes. The underlying entries include in no order of importance: domestic violence, specialist knowledge in AOD/DV/Trauma, suicide awareness, case management, brief interventions, withdrawal management, family work, harm minimisation, support work referrals, AOD treatment and recovery, detox and counselling, micro counselling, referral pathways, relapse prevention, lived experience of participants, drug treatment, knowledge of co-existing mental health conditions, case notes writing, AOD interventions, trauma informed care model, counselling modalities, broad understanding of AOD impacts in a biopsychosocial context, understanding addiction, AOD/MH, substance withdrawal management, the protection of children, CALD lived experience, trauma informed care.*

So what?

These analyses promote a more sophisticated understanding of the capabilities underlying a successful AOD sector.

The findings can be useful to, for instance, executives, funders, policy makers, human resource managers, and training providers, among others. They may use the list of most central capabilities identified to inform a consistent vocabulary, to discuss and align their activities with what AOD sector leaders actually need, and to further investigate and define the particulars. To illustrate, a next step could involve focus groups and experts to explore which knowledge and skills leaders ought to develop *exactly* as a function of each label.

Moreover, what is notable is the dominance of AOD specific capabilities. Arguably this reflects a strong professional identity to the detriment of not carrying a sufficiently strong leader identity. Namely, *recruiting* and *leading and managing change* are both typical areas of responsibility that middle- and line-managers are frequently involved in, simply because they have to. Yet, these capabilities do not rank anywhere close as capabilities that are geared toward serving the clients. This arguably further reinforces the need to develop a stronger leader identity across those operating and emerging into respective AOD sector roles.

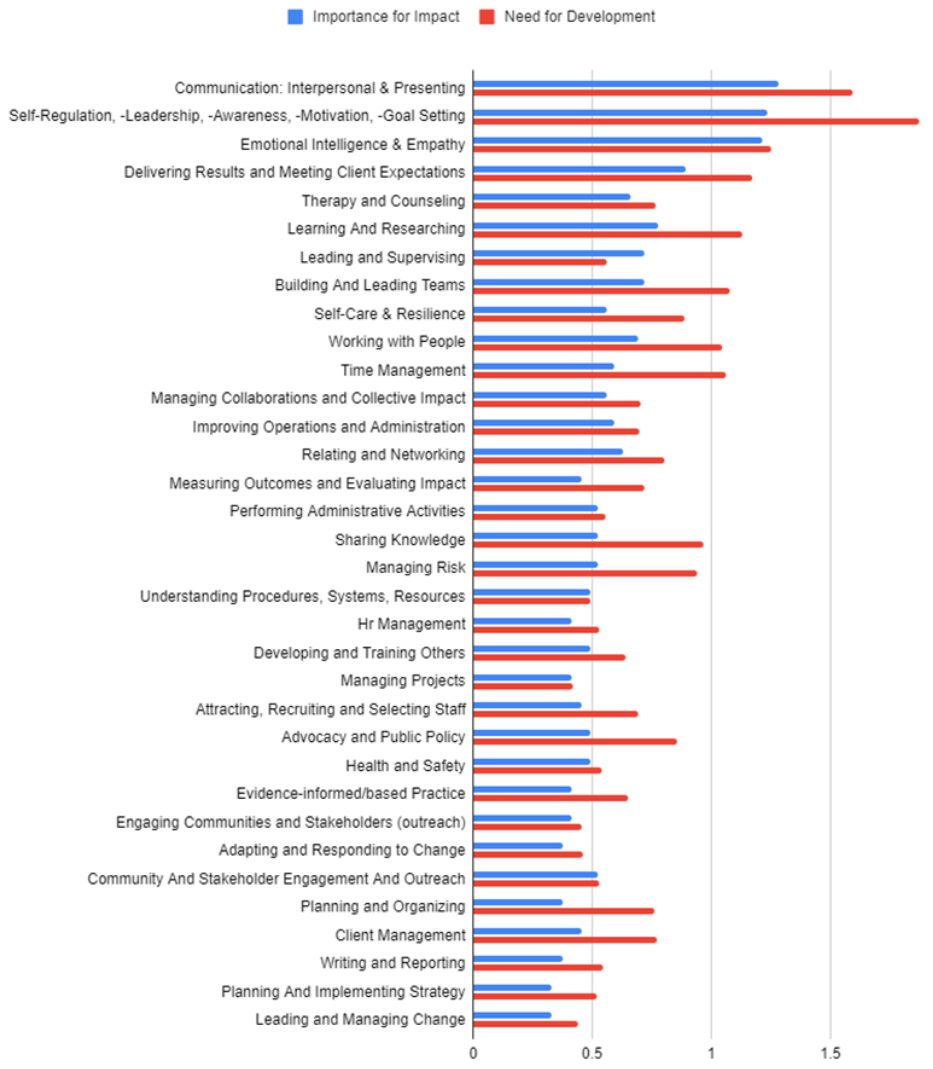
The findings may also assist those currently working in the sector seeking to identify what capabilities they are yet to develop to progress their careers, as well as aid individuals seeking to enter the AOD sector to become more aware of the typical knowledge and skill requirements for leaders and managers.

9. LEADERSHIP CAPABILITIES: GAP ANALYSIS

A gap analysis is a tool to identify which capabilities may be more important to develop across the sector than others. This approach extends the data described in 8).

To recap, as part of the online survey and assisted by a large 'lexicon' of capabilities, respondents nominated their five most important capabilities required to excel in their current role. The survey form enforced a rank-ordered list of entries. On aggregate, this allows to understand which capabilities may be more important than others across the AOD sector (Importance for Impact). Subsequently, the respondents rated their proficiency on each of their five nominated capabilities, thereby indicating the extend for professional growth (Need for Development). The data on those key capability responses for the AOD sector has been normalised, analysed and visualised.

The bar chart ranks both dimensions in relative importance. The bubble chart positions the capabilities along these two dimensions (x-axis: *Importance for Impact*, y-axis: *Need for Development*). Put differently, the further to the top and to the right, the more attention and consideration that capability should arguably receive for sector-wide change.



So what?

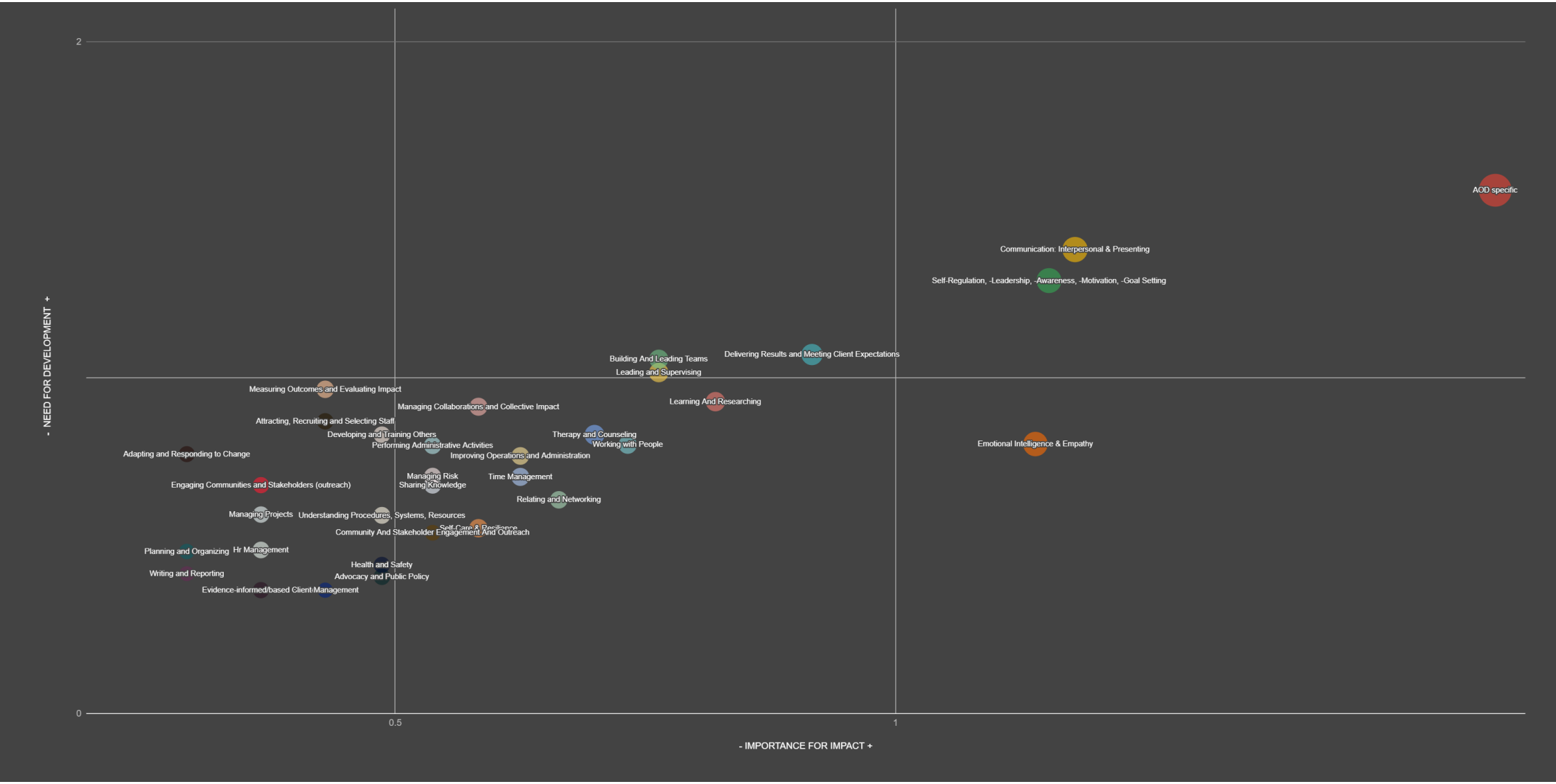
This examination into AOD leadership capabilities and the gap analysis can be used to determine leader development needs as they apply across the AOD sector in VIC. To illustrate, there is upward potential to developing AOD leaders' competence in *interpersonal communication*, *presenting information*, *self-regulation* and *self-leadership*. Doing so increases the likelihood of better experiences and outcomes for workers, organisations, and clients.

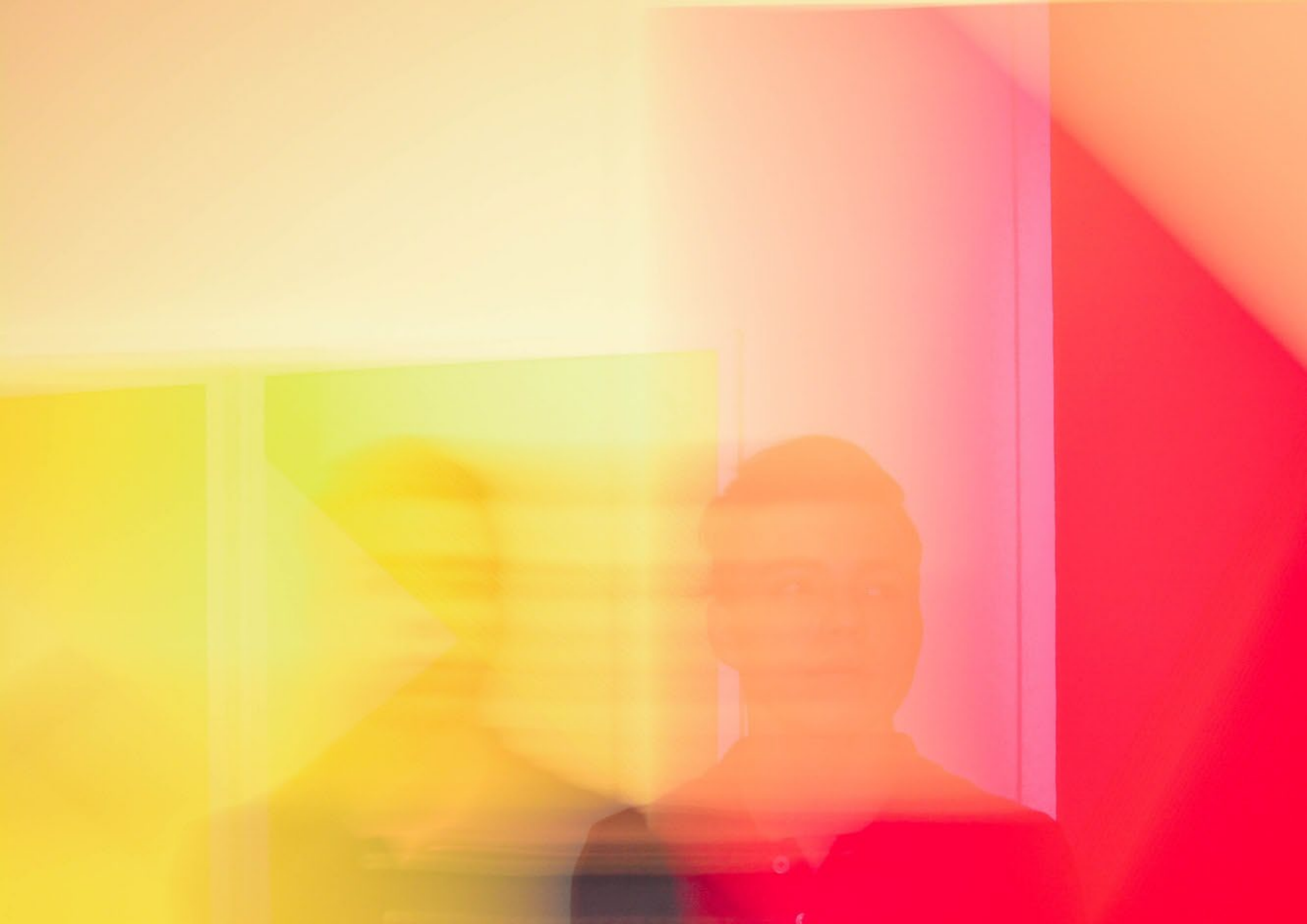
Continuing the findings from 8), AOD specific capabilities are not just considered central to leaders' roles but, on aggregate, there is also a strong desire to more professionally develop knowledge, skills and abilities that focus directly on addressing clients' various needs.

Put together, peak bodies and governments should consider this approach to more systematically inform evidence-based strategies for effective workforce development. A gap analysis can help shape recruitment strategies, training activities, performance management plans, tertiary curricula, and broader sector capacity development schemes.

Skill Gap Summary

Charting AOD sector leader key skills in relation to impact and need for development





10. DEVELOPING LEADERS

Ultimately, the interviews elicited responses relating to the role of learning and interventions in developing as a leader. Participants reflected on how they initially acquired the knowledge, how they go about growing as a leader, as well as discussing what development opportunities are typically available for other aspiring leaders.

Growing

In reflecting on what growing as a leader means, participants identified learning experiences unique to their journey. Learning in the AOD sector was conceptualised as a lifelong experience which leaders must be open to. It was emphasised by many that learning from your mistakes, other leaders and the team, gaining knowledge, and networking were key.

Learning from errors was described as essential, including being given the room and support to do so. For instance, attending one to one session with supervisors for feedback on a leader's performance, or seeking feedback from staff, granted one must be open to that feedback. It was also described that it is essential to be able to recognise when things go wrong, followed by taking the responsibility, which often requires to remove unhelpful bias or ego.

Growing as a leader also involves observing other leaders' styles and behaviours, then adopting and adapting to your own. Such processes are ideally flanked by having great mentors in place. This also includes to learn from various superiors and personality types.

A strong and frequent point made related to formal courses, PD's, webinars, or community of practice events, which were generally thought of as helpful but noted as not being offered as often anymore due to resource constraints.

Opportunities

Participants described that learning requires opportunities one must be given so that learning can take place and be applied. This includes, for instance, opportunities for leadership roles when starting out in the AOD career, a situation which many were not prepared for.

Part of this was described as being thrown into the deep end, and having to rise to the occasion, or mirroring what other leaders were doing, then learning from successes or mistakes. Furthermore, learning on the job, was also accompanied by taking opportunities to do short courses, one day training events, and the large increase in webinars and opportunities for online learning, which was described as a barrier once, but since the onset of the COVID pandemic effects has widened the opportunities.

Networking

Networking and connecting with people across the sector were described as an opportunity for leaders to emerge. Thus, maintaining a strong network and team was described as a key mechanism to learning experiences and growth. This included having a peer network with other leaders, staying up to date through and with other sector leaders, asking questions, and seeking support.

Barriers

There were many barriers to leadership emergence in the AOD sector described by participants. One of the barriers mentioned by almost all participants was resources, funding, and payment. Many areas of the AOD sector were described as 'underfunded', meaning that many people do not have the opportunities to progress to a leadership role, outside of their designated role. Regarding funding structures, participants also described that many staff members are on short term contracts, which limits the ability to establish yourself in a role in a program.

The size of the sector and limited opportunities were identified as another barrier. Participants described that leadership roles are often filled from within the workplace, as it is a small sector and therefore there are limited opportunities for leaders to emerge from outside the workforce.

It was also noted by participants that deliberate and useful succession planning is needed as many challenges emerge repeatedly once some managers exit their role. The gap of knowledge between a caseworker, manager and team leader is vast, and if these roles are filled internally, this gap shows.

Furthermore, small services in the non-government sector were described as getting left behind. Likewise, the limited opportunities in rural and regional areas are prominent due to the location. Therefore, participants describe the barrier to emergence of leadership may be a function of remoteness and infrastructure. Access to those who can fill leadership roles is scarce.

Finally, time appeared to be an extenuating factor between a leader's development and growth. Participants reflected that time to 'do more' as a leader, time to learn to become confident, time to self-reflect, and more time for professional development would benefit their growth.

So what?

In discussing the many barriers to developing as a leader, the following approaches were mentioned by the interviewees as being helpful: access to learning opportunities, provision of resources and time, other leaders as supporters, and policy that advocates for leaders.

Formal education was emphasised amongst participants as being important in the improvement of leadership development. However, participants have stated that many people in the sector do not have formal education, and that a generalised degree or qualification is not meaningful if it is not specialised.

Participants described that training programs could include mentoring and coaching, training for formal and informal education, and emotional intelligence. Participants described that having access to people who can coach and mentor staff, as not all managers have the relevant skills to train others. Such could be addressed by means of training the workforce in the principles of useful mentoring.

"There appears to be a lack of quality leadership development and training that is a good fit to the sector. A long term vision may be to develop a bespoke fit-for-purpose development initiative." (P54)

"I think you need to learn how to reflect and reflect on your practices. Take stock of things, if they didn't work and except, they didn't work, and you look for better ways of doing things." (P87)

"…Having multiple mentors, people you can pick up the phone to and say hey, I've got this issue. What did you think when this has ever happened to you, and not, not being afraid to be, and I use this word because I've started to use it differently so they talk about vulnerability and leadership". (P28)

"Like if I've got a question, I'm going to deliver, I will reach out to another manager in the sector. So, your peers are really great opportunities for learning…" (P63)

"… I think we're much better at that and giving people that opportunities to kind of act up, or you know, succumb to roles that they might be interested in so that we're getting better at growing it." (P54)

"There have been team leaders there that have been there for 15 years. So, there's not much turnover in leadership. And it can be really, really hard to find a leadership role within drugs and alcohol." (P74)

"…Access to current leaders who are working in the field, who can do Q & Q&A things on a more informal basis." (P19)

"…Training opportunities for emotional intelligence would be good….to be a good manager, you've got to be able to adapt to change and negotiate with other people and be flexible, those are those kinds of skills which some of our staff are excellent at applying to participants, but not to applying to each other." (P30)

"Time to self-reflect and reflect on the organisation, the culture, the program and not just on your own but with your staff." (P38)

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