KC is a Peer Worker employed at a regional residential AOD service. She brings valuable lived experience of substance use and recovery, offering peer support to clients accessing the service.

Recently, staff shortages have meant that caseworkers and support workers are stretched thin. Since about a month ago, KC's team leader, seeing her rapport with clients, begins assigning her additional responsibilities; driving clients to and from appointments, completing risk assessments, co-facilitating therapeutic groups—tasks that KC sees as falling outside the scope of her peer worker role.

KC feels torn. She sees the team struggling and wants to support the team and clients, but she also recognises that these responsibilities shift her role away from the core peer support model. Some colleagues now expect her to carry out these responsibilities often, and she is noticing this is starting to become the norm. She has been doing these additional tasks for over a month now. She is starting to feel that this is affecting relationship with clients that she has worked hard to establish in her role as a peer worker.

Jay is a Team Leader at an AOD withdrawal service, overseeing a multidisciplinary team of caseworkers, a nurse (Toni), and peer workers. With extensive experience in AOD counselling and management, Jay has worked in withdrawal settings for many years.

Toni, the only nurse on the team, is new to the service and is still adjusting to the role. During supervision, Toni raises concerns about a client's medical state and seeks nursing guidance from Jay.

Wanting to support his team, Jay provides his opinion based on his experience working in withdrawal services. While well-intended, Jay is not a nurse, and his advice goes beyond his scope of practice.

Over time, Toni starts to feel uncertain in their role as a nurse, experiencing a lack of and confusion about where to seek professional nursing guidance. This has led to job dissatisfaction, potentially impacting Toni's confidence and decision-making.

Tai has recently joined a dual-diagnosis AOD service as the Pasifika Cultural Lead, a newly created role designed to enhance culturally inclusive practices across the organisation. As the first person in this position, Tai is unsure about the scope of his role and how it fits within the existing service structure.

Since starting, Tai has been frequently asked by various teams to provide input or direct support for Pasifika clients. While he is eager to assist, he is unclear whether his role is to provide direct client care or to focus on workforce capability-building. With no clear guidelines in place, Tai takes on these requests, feeling a responsibility to ensure that Pasifika clients receive culturally appropriate care.

Over time, Tai notices gaps in the organization's treatment models, particularly in how they align with Pasifika cultural values. He identifies that the individualized approach to treatment does not always work for Pasifika clients, who may benefit from a collective and family-centered approach, and spiritual and cultural beliefs are often overlooked in treatment planning.

When Tai raises these concerns and advocates for changes, such as integrating family involvement at several key points during a client's treatment journey, his ideas are met with resistance from staff, who cite their existing model of care underpinning their service.

Kate manages a team of 3 bi-cultural workers (BCWs). Their organisation has recently started a new project delivering COVID vaccine information sessions with government housing residents. Kate is concerned BCWs are getting bombarded with community requests for support and may potentially experience backlash for promoting the vaccine when there is currently a lot of hesitancy and stigma.

Kate is asked by her managers to send BCWs to attend meetings across the organisation to share a "community perspective" on topics not related to their role. Last week, Kate was asked to send BCWs to interpret in the testing clinic because an interpreter had not shown up.