

Drug and alcohol treatment and recovery workforce survey findings

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1 Executive summary

This report presents key findings from a survey of the drug and alcohol treatment and recovery commissioning and delivery workforce, highlighting the motivations, experiences and challenges faced by those working in the sector.

The Office for Health Improvement and Disparities (OHID), part of the Department of Health and Social Care (DHSC), commissioned Ipsos UK to conduct a survey with individuals in the drug and alcohol treatment and recovery workforce. To match the scope of the sector's workforce strategic plan, this was defined as people working in drug and alcohol services that are commissioned by local authorities (which make up the majority of community-based services, and some inpatient and residential treatment providers); the local authority teams who commission such services; and people working in lived experience recovery organisations (LEROs).

The survey was online and ran from 18th November 2024 to 24th January 2025. A total of 2,179 eligible responses were received.

The report is structured around three key themes: joining the workforce, experiences of working in the drug and alcohol treatment and recovery (DATR) sector and leaving the workforce. A chapter at the end reflects on the findings in the context of the workforce strategic plan.

Key findings

Joining the workforce

- **Motivated by wanting to make a difference:** The drive to make a difference to others was the most important factor (91%) influencing respondents' decisions to join the sector.
- **Many start their careers in the sector as a drug and alcohol worker:** Half the delivery and commissioning workforce have previously worked as a drug and alcohol worker (50%). This is the case for 56% of commissioners, 71% of service managers and team leaders, and 19% of regulated roles.

In sector experience

- **Making a difference to others remains a key motivation once working in the sector:** Almost all respondents report making a difference to others (92%) is important in their role now. When spontaneously asked what they like about their job, over a quarter of the workforce mention the ability to help others (28%) and to make a difference to people's lives (27%). For some regulated roles such as psychiatrists, the interesting nature of the role is an even stronger motivation to work in the sector.
- **Low pay:** The most commonly identified challenge is low pay, mentioned by nearly half the workforce (48%). It is also the most common reason to consider leaving and the most commonly mentioned aspect that would make people feel more supported. One third of the

overall workforce (34%) say that low pay has made them consider leaving the drug and alcohol sector, and this rises to over half of 25–34 year olds and at least two in five of those in London, the South East and the South West (51%, 40%, 39% and 46% respectively).

- **Clinical supervision:** Only 45% of frontline workers receive monthly clinical supervision, and 40% of frontline workers do not take part in clinical supervision at all. Levels of clinical supervision are higher among regulated roles, yet only 57% receive this monthly and around a quarter of regulated roles (26%) do not receive any clinical supervision. Of those who do not receive any clinical supervision, around a quarter said this was a challenge for them (23%).
- **Learning opportunities:** Learning and development opportunities are very important to respondents and were second only to pay when respondents were asked to suggest how they could be better supported. While three-quarters (72%) agree that they have access to guidance about how to do their job well, two in five (42%) report that heavy workloads and time constraints often prevent them from taking these up. This highlights the importance of allowing time for professional development in workload planning.
- **Training gaps:** Findings indicate a demand from frontline workers for further training in a range of interventions. In particular, in open text questions respondents expressed a desire for structured training programmes that move beyond one-off, short-term sessions toward recognised qualifications and career pathways.
- **Peer support:** Peer support is the second most commonly mentioned thing that people like about their jobs, and 86% of respondents agree that they get the help and support they need from colleagues. Using Health and Safety Executive benchmarks, the drug and alcohol workforce scores better for levels of peer support than the not-for-profit sector and the healthcare sector overall.
- **Inequalities:** 26% of the workforce report that they have a disability, and 33% report that they have lived experience of their own problems relating to drug or alcohol recovery. These two groups were more likely than others in the workforce to report a range of challenges and sources of stress, including that their role was badly paid compared to similar roles; to say that emotional exhaustion and compassion fatigue was a challenge for them; and to say that they are not consulted about change at work. Disabled people and people from ethnic minority backgrounds were also more likely to report bullying and harassment at work.

Leaving the workforce

- **Intention to leave:** Three in ten (28%) are strongly considering, or already have plans to, leave the sector within the next two years. A further quarter of the workforce (26%) might consider leaving over the next two years.

- **Groups with greater intention to leave:** Younger age groups (18-34) and those employed by NHS organisations exhibit the highest intention to leave. Over a third of respondents aged 25-34 (37%) and three in ten aged 18-24 (30%) said they would definitely or strongly consider leaving the DATR workforce. Those employed by LEROs were least likely to report intention to leave (15%).
- **Driving forces behind attrition:** Low pay (34%), emotional exhaustion (22%) and job insecurity/organisational change (15%) are the primary factors driving respondents to seek opportunities elsewhere.

2 Introduction and methodology

2.1 Background

The Office for Health Improvement and Disparities (OHID), part of the Department of Health and Social Care (DHSC), commissioned Ipsos UK, an independent research organisation, to conduct a survey with individuals working in the drug and alcohol treatment and recovery (DATR) workforce in England. The aim of the survey was to understand the perceptions and experiences of people working in the sector and identify factors that would make the sector a more attractive and rewarding place to work. The findings from the survey will be used by OHID to inform the programme of work for the 10-year workforce strategic plan 2024-2034,¹ ultimately aiming to create an expanded, skilled and sustainable workforce.

2.1.1 Relationship to workforce census

DHSC and NHSE conducted annual censuses of the DATR workforce in 2022, 2023 and 2024, led by NHS Benchmarking Network.² These censuses were completed by employers, and collected information on the number of people in the workforce, demographics, and other key metrics related to the workforce.

The survey was intended to complement these census findings: it was completed by individuals, rather than employers, and collected information about people's experiences and views, and what is important to them at work.

Ipsos used data from the 2024 census to understand how representative the profile of responses to the survey was and to weight the data to make it more representative (see 2.2.5 below).

2.1.2 The workforce in scope of the survey

The workforce in scope of the survey comprised the following three groups:

- Individuals working in local authority commissioned drug and alcohol services. This includes the majority of community-based drug and alcohol treatment and recovery services, and some inpatient and residential treatment providers.
- Anyone working in a lived experience recovery organisation (LERO),³ whether commissioned by a local authority or not.

¹ NHS England » 10-year strategic plan for the drug and alcohol treatment and recovery workforce (2024-2034)

² <https://www.hee.nhs.uk/our-work/mental-health/drug-alcohol-treatment-recovery-workforce-programme/workforce-census>

³ LEROs are organisations independently led by people with lived experience of recovery that deliver a range of harm reduction interventions, peer support and recovery support.

- People working in local authority commissioning of drug and alcohol services including commissioning leads and any other staff in the commissioning team.

Certain roles and individuals were not in scope for the survey. This included people working in drug and alcohol services in prisons and other settings where services are not commissioned by a local authority, and people working in services which only work with private paying customers, as these roles are out of scope of the 10-year strategic plan.⁴ While unpaid volunteers and head office staff (such as senior management or central support staff) are in scope of the workforce strategic plan, they were excluded from this exercise to focus on paid frontline roles.⁵ Please review these pages to learn more about how volunteers fit into the broader workforce strategy. The questionnaire was designed to screen out ineligible roles: 427 people were screened out at the start of the questionnaire and a small number (38) of responses which appeared to be ineligible were removed during data processing. A further 25 duplicate responses were removed at this stage.

2.2 Methodology

2.2.1 Questionnaire development and design

To ensure that the questionnaire was fit for purpose, an extensive development phase was carried out which included engagement with individuals working in the sector.

Prior to drafting the questionnaire, three workshops with 19 stakeholders in unregulated, regulated and commissioning DATR professions were carried out. These discussed topics for the survey to cover as well as proposed wording and answer options for some key questions. These co-design workshops were essential for shaping the questionnaire, refining key terminologies, and adapting the questionnaire to suit different roles within the sector.

Following the workshops, an initial questionnaire was produced which underwent two rounds of cognitive testing with 14 participants from a variety of professions within the sector. The first round of cognitive testing helped to identify and rectify potential issues with question wording, ensuring clarity and comprehensibility. The refined questionnaire was then presented to an advisory group for further feedback to ensure it effectively reflected sector-specific needs. Following this, a second round of cognitive testing helped verify the changes and confirm the questionnaire's robustness.

Once finalised, the questionnaire included 38 questions with a mixture of closed and open-ended questions. The questions related to experiences working in DATR service delivery and commissioning, including workload, training opportunities, job satisfaction, benefits of working in

⁴ [10-year strategic plan for the drug and alcohol treatment and recovery workforce](#) pg. 16-17

⁵ The workforce strategic plan details the importance of volunteers in the sector and outlines routes into paid roles: [10-year strategic plan for the drug and alcohol treatment and recovery workforce](#) pg. 83-84

the sector and challenges faced. There were also questions collecting basic demographic and geographic information (age, gender, ethnicity, disability, region), and whether or not respondents had lived experience of problems relating to drug or alcohol recovery, either their own or someone else's.

The survey did not ask for respondents' names or the names of their employers, in order to reassure participants that neither OHID nor their employer would know whether they had taken part in the survey. This means that analysis at employer level is not possible.

The final questionnaire appears in the technical annexe to this report.

2.2.2 Stress indicator tool

To measure stress within the workforce, the survey used the UK Health and Safety Executive's (HSE) Management Standards work-related Stress Indicator Tool.⁶ This is designed to help employers understand areas to improve to prevent and manage work-related stress. The survey included a total of 24 statements from the tool across five of the seven tool domains:

- Demands of the role (8 statements)
- Peer support (4 statements)
- Working relationships (4 statements)
- Clarity of role (5 statements)
- How organisational change is managed and communicated (3 statements)

Each statement is answered on a five-point scale (always/never or agree/disagree). These answers can then be scored: a score of 1 is assigned to the least favourable response and a score of 5 assigned to the most favourable. From this, mean scores can be calculated for each statement, and mean scores can be calculated for each domain (these being the average of the scores for the statements in that domain).

Comparable benchmark figures for each domain for public sector, healthcare, and the charity/not-for-profit sectors are provided for comparison. These benchmark figures came from employers who have previously used the Stress Indicator Tool (65 in the public sector, 10 specifically in the healthcare sector and 12 in the charity/not-for-profit sector) between 2018 and 2024.⁷

⁶ <https://books.hse.gov.uk/Stress-Indicator-Tool/>

⁷ https://books.hse.gov.uk/gempdf/Overall_benchmarking_report_v1_0.pdf

2.2.3 Recruitment

The survey was designed to be completed online using an open link. As there is no single, comprehensive list of members of the DATR workforce in England that could be used to contact respondents, an online survey with a shareable link was the most practical option for distributing the survey among the workforce.

The survey was distributed across the workforce using the networks and mailing lists of OHID, umbrella bodies and larger VCSE organisations. Information about the survey was published in sector publications, and the survey link was shared on social media including LinkedIn and X. This approach aimed to reach a broad audience of individuals working within the sector.

2.2.4 Fieldwork

The mainstage survey was launched on 14th November 2024 and closed 24th January 2025 (10 weeks) and the survey took an average of 19 minutes to complete.

A total of 2,179 completes were achieved across the pilot and mainstage survey.

2.2.5 Data processing and analysis

After data processing and cleaning, a total of 2,179 responses were available for data analysis. 38 completes were removed from dataset during data cleaning as they were deemed to be not eligible to complete the survey based on the eligibility criteria. 25 duplicate responses (where the same person had done the survey twice) were identified after fieldwork closed and were cleaned out of the data set.

Breakdowns of the final set of responses by profession group and type of organisation are shown in table 2.1 and table 2.2 respectively.⁸

Table 2.1: Number of eligible responses by profession group

Profession groups	Responses	% of survey response	% of workforce in this group (2024 census)
Peer support worker	67	3%	3%
Unregulated frontline worker	1,002	47%	55%
Regulated frontline worker	273	13%	12%
Management and administrative roles	637	30%	25%
Commissioning	162	8%	5%

⁸ These numbers do not sum to 2,179 as not all categories are shown.

Table 2.2: Number of eligible responses by organisation type

Profession groups	Responses	% of survey response	% of workforce in this group (2024 census)
LEROs	135	6%	3%
Charity/ voluntary/not-for-profit	1,566	72%	78%
Local authority	267	12%	8%
NHS	187	9%	9%
For-profit company	24	1%	2%

In this report, the terms 'regulated' and 'unregulated' have been used to describe profession groups within the sector. This reflects the language used in the workforce strategic plan.⁹ The survey questionnaire itself avoided the use of these terms other than one reference to 'regulated professional roles' in the introduction.

'Regulated' refers to roles that require an essential level of training for registration with a professional body to be able to fulfil the role (as per the Professional Qualifications Act 2022¹⁰), and for the purposes of this survey, practitioner psychologists and mental health and wellbeing practitioners are also treated as regulated. 'Unregulated' refers to people who, at the time of writing, do not need to have an essential professional qualification and registration with a governing body for the purpose of their role. Unregulated roles currently make up the majority of the workforce, with drug and alcohol workers making up 50% of the treatment provider workforce, and are critical to the provision of high-quality care.¹¹

To analyse answers to the open-ended questions and 'other specify' responses, a structured system (a codeframe) was developed to categorise the responses into themes or groups. These coded responses were integrated into the final data set. Forty themes were identified for the question 'What do you like about your job' and 37 for the question 'What, if anything, would make you feel more supported in your role, or improve your quality of life at work?'. Responses to these two questions were 'spontaneous' rather than prompted. They give a general sense of the topics which were most often 'top of mind' for respondents, but the proportion of respondents selecting any particular theme should not be taken to imply that the remainder of respondents do not think it important.

⁹ <https://www.england.nhs.uk/publication/10-year-strategic-plan-for-the-drug-and-alcohol-treatment-and-recovery-workforce-2024-2034/>

¹⁰ Professional Qualifications Act 2022 guidance: duties on regulators to provide information to regulators in another part of the UK (section 9) - GOV.UK

¹¹ Workforce Census | NHS England | Workforce, training and education

The coding process also involved the creation of some new job title categories that did not appear in the questionnaire.

For analysis purposes, job titles have been grouped together into four profession groups: commissioners, management and administrative roles, unregulated roles, and regulated roles. This grouping allows for analysis of trends and findings within each category. The grouping was done in the following way:

- **Unregulated professionals:** respondents giving their job title as peer support worker, drug and alcohol worker, family support worker, community engagement or peer involvement worker, assistant psychologist and other unregulated psychological professions, or employment/Individual Placement and Support (IPS) specialist.
- **Regulated professionals:** respondents giving their job title as psychiatrist, practitioner psychologist or consultant practitioner psychologist, general practitioner, nurse (including nurse non-medical prescriber), pharmacist (including pharmacist non-medical prescriber), mental health and wellbeing practitioner, occupational therapist or social worker. To note, while mental health and wellbeing practitioner is not currently a regulated role type, we included them in the regulated professional group as there is a specific, recognised training programme for this role type, which is intended as a 'bridging' role into regulated psychological professional roles.
- **Management/administrative:** respondents giving their job title as administrator, service manager, team leader, volunteer coordinator, training and development, director/CEO, commissioner, coordinator, project manager, strategy manager, contract manager or data analyst; unless they met the criteria for commissioners, below.
- **Commissioners:** respondents who said they commission services or support commissioning of services when asked what their role was, and gave no other answers to this question, or chose a management/administrative job title when subsequently asked for their job title. Any respondents who were employed by a local authority and gave their job title as commissioner, coordinator, project manager, strategy manager, contract manager or data analyst.

Findings have been weighted using 2024 workforce census data to make the survey data more accurately reflect the workforce in terms of region, role and organisation type.¹²

¹² <https://www.hee.nhs.uk/our-work/mental-health/drug-alcohol-treatment-recovery-workforce-programme/workforce-census>

2.3 Interpretation of findings

When reading the report, please note the following points:

- Where differences between subgroups are reported, these are statistically significant.
- Quotes are taken from responses to the two open-ended questions in the survey.
- Percentages for response answers may not always total 100% due to rounding.
- Where possible, comparisons to similar health and social care workforces, the Scottish drug and alcohol workforce, and broader UK workforces have been made to provide some indication of how the DATR sector compares. However, it is important to note that whilst these comparisons offer some context for how the English drug and alcohol sector might compare to other workforces, there are limitations to these comparisons due to differences in question wording, definitions, and sampling criteria.

3 Joining the DATR workforce

This section covers motivations for joining the drug and alcohol workforce. It also explores common pathways into the sector and previous career experience for different roles. While this section is about joining the workforce, a similar question about what is important to respondents in their current role is covered in section 4. Where relevant, key findings on what is important to respondents now are mentioned in this section for comparison.

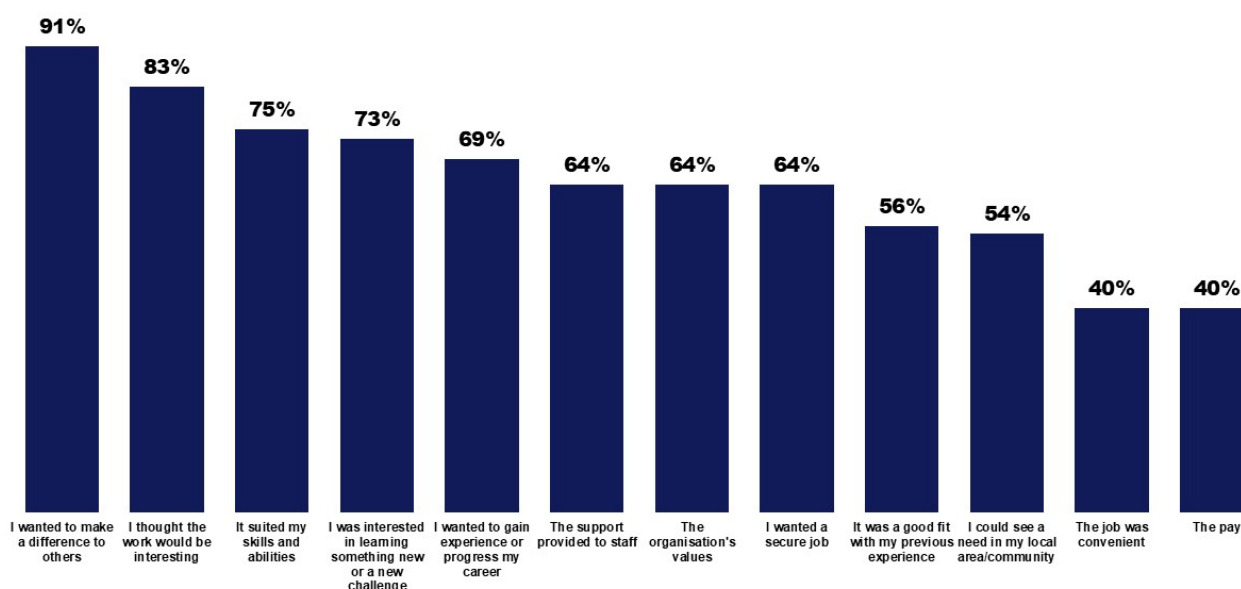
3.1 Motivations for joining the workforce

To determine the importance of various factors in joining the workforce, respondents were asked to rank 12 factors from 1 to 5 in relation to how important it was in their decision to take up their first job in drugs and alcohol, where 5 represented 'crucial' and 1 represented 'not at all important'. For analysis purposes, scores of 4 and 5 were considered 'important'.

The workforce is motivated by wanting to make a difference to others above all else, with 91% describing this as an important reason for getting their first job in the sector and nearly three-quarters (74%) identifying it as crucial. While this was considered an important factor in decisions to join the workforce across all respondents, those with lived experience (either their own or someone else's (both 94%) and respondents in unregulated roles (93%) were more likely than the overall workforce to report that making a difference to others was an important factor when taking the job.

Other top motivations for joining the drug and alcohol workforce include thinking the work would be interesting (83%), the work suiting respondents' skills and abilities (75%) and being interested in learning something new or taking on a new challenge (73%) (figure 3.1).

Figure 3.1: Motivations for joining the workforce



Source: Think back to when you first got a job relating to drugs or alcohol. How important were the following factors in your decision to take up the job? Includes options mentioned by 40% and over Base= 2,179

Pay was the factor least likely to be rated as important in respondents taking up their first job in drugs and alcohol, with only two in five respondents reporting that pay was important in their decision to take up the job (40%). However, three in five report that pay is important in their role now (62%) and almost half of the workforce report that low pay is a challenge in their current role (48%).

Although support for staff was not rated as one of the most important factors overall, some groups prioritised it more highly when joining the sector, with those who recently joined the workforce (72% of those who joined the sector less than one year ago), those employed by LEROs (74%), and individuals with a disability (69%) all significantly more likely than the overall workforce (64%) to rate this as important. This indicates that these groups may be seeking workplaces that offer greater stability and support to workers.

In addition, approaching two thirds of respondents report that wanting a secure job was an important factor in their decision to join the sector (64%). This is interesting given the known issues around job security within the workforce.¹³ A third of respondents report job insecurity and too much organisational change as a challenge in their current role (32%).

3.2 Pathways and previous experience

Seeing the job advertised was the most common way respondents had entered their first paid job in the sector (57%), and this was true regardless of the role or type of organisation they were in now. Other pathways included someone suggesting that they apply for the role or recommending them (27%) or volunteering at the same or another organisation before taking a paid role (19%).

People with lived experience relating to their own personal drug or alcohol use are much more likely to have volunteered as a way into the sector (39%) compared to those without lived experience (7%) and are also more likely to have been suggested to/recommended the role by someone they knew (30% vs. 23%). This means that these routes are also more common among people working for LEROs (34% of people working at LEROs had previously volunteered and 39% had been suggested to/recommended the role by someone they knew).

Respondents were asked about their previous work experience within the drug and alcohol sector before working in their current role. Around one in eight respondents (12%) have not had any previous roles in drug and alcohol services and support. On average, survey respondents have held two different titles in the sector prior to their current role.

¹³ For example, the 2021 independent review by Carol Black reported that 'The disruption caused by frequent retendering of drug treatment services has made recruitment difficult and has caused many to leave' [Review of drugs: phase two report - GOV.UK](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/94444/review-of-drugs-phase-two-report.pdf)

Half the delivery and commissioning workforce have previously worked as a drug and alcohol worker (50%) with findings suggesting that many in other roles also start their careers in the sector as a drug and alcohol worker.

The routes into the workforce for different job roles are described in more detail below, considering both previous types of job roles and types of organisations they have worked in.

Drug and alcohol workers

Around one in ten drug and alcohol workers report that they were studying before joining the drug and alcohol workforce (12%), they were not working (8%) or they were working in welfare and social care occupations (7%). They are more likely not to have previously worked in another role in drugs and alcohol (20%) than to have had any other role within the sector, suggesting this may be a common entry route to a career in drugs and alcohol.

Most drug and alcohol workers (80%) work in the voluntary sector. Where they have previously worked at a different type of organisation during their career in drugs and alcohol, this was most often a CIC (Community Interest Company) or not-for-profit company (19%).

Peer support worker

Two in five peer support workers report that they were a volunteer at the same or another organisation before their first paid role in the sector (43%). This is higher than other roles suggesting this is a more common pathway into the sector for this role.

When asked about previous work experience, around one in ten peer support workers report that they weren't working before joining the drug and alcohol workforce (13%), they were working in admin and secretarial work (13%) or they were working in hospitality (9%).

The most common employer type for peer support workers is the voluntary sector, but a smaller proportion work for this type of employer compared to most other roles (44%). One in five report that they have previously worked at a CIC or not-for-profit company (22%) which is similar to the figure for those in working as a drug and alcohol worker.

Nurse

Most commonly, those working in nursing roles in drug and alcohol report that they worked as a nurse before entering the sector (70%). The most common previous role held within the sector (other than previous nursing roles) is a drug and alcohol worker (18%).

Around two-thirds of nurses work in the voluntary sector (64%) and half have previously worked for an NHS organisation (50%).

Regulated roles (other than nursing)

Regulated roles other than nursing, including but not limited to psychologists, general practitioners and social workers, most commonly report experience working in therapist roles

(17%), medical professional roles (15%) or welfare and social occupations (11%) before entering the sector. In addition, around one in ten were studying before joining the drug and alcohol workforce (13%). Within the drug and alcohol sector, the most common previously held title was drug and alcohol worker (21%).

A quarter have previously worked in an NHS organisation, however just over one in eight have been self-employed (14%) which is a higher proportion than those in unregulated roles (5%).

Commissioner

Commissioners who are not in their first job in the sector have had an average of three previous roles in drug and alcohol services and support. Over half of all commissioners say that they have previously worked as a drug and alcohol worker (56%).

Almost three in ten commissioners (27%) were moved or promoted into their role from another role outside of drugs and alcohol in the same organisation, which is higher than other roles suggesting some are recruited into the sector based on their experience and expertise in other roles outside the workforce. However, commissioners are considerably more likely to have previously worked as a drug and alcohol worker than to have entered the sector from a commissioning role elsewhere (21%).

Almost half have experience of working in the voluntary sector (47%) and a quarter have previously worked at an NHS organisation (24%).

Management roles

The majority of respondents now in team leader and service manager roles previously worked as a drug and alcohol worker (72% and 70% respectively) suggesting that those in management roles have commonly worked as drug and alcohol workers before progressing into a management role.

Team leaders and service managers are more likely than any of the other roles discussed to be working in the voluntary sector (86% of team leaders and 81% service managers work for this type of employer). Around a quarter of those in a team leader or service manager or role report that they previously worked for a CIC or not-for-profit company (22% and 27% respectively).

4 Experiences of working in the DATR sector

This section focuses on respondents' experiences of working within the drug and alcohol sector, including what motivates them in their roles and the challenges they face at work. It also explores support at work and opportunities for professional development.

4.1 Factors important to respondents now

The survey included an open-ended question asking respondents what they like about their jobs. Having a positive impact on people is a key motivation for respondents in their roles now. As well as a general theme about being able to help and support others (28%),¹⁴ themes emerged about the ability to set people on a path to a better life (27%), yet also the reward of seeing small changes and improvements (21%).

'I enjoy working in addiction services because it allows me to make a real, positive impact on people's lives during a critical time of need.' Nurse

'Seeing people achieve things they didn't ever feel they could and the huge difference and impact it has on their lives and future.' Employment / IPS specialist

Respondents employed by LEROs (34%) and the voluntary sector (30%) as well as frontline workers (32%) were most likely to report that the ability to help others and offer support was something they like about their job. Respondents in regulated roles were particularly likely to comment that they enjoyed working with the specific cohort of people they supported: for example, this was mentioned by 32% of GPs and psychiatrists.

Another common theme was having a good work environment, with respondents spontaneously mentioning that good colleagues (28%) and flexibility and autonomy within their roles (7%) were something they like about their job.

'I have really good colleagues who are supportive and we all have a good rapport with each other.' Drug and alcohol worker

'How the staff within the teams support each other. The flexible working/hybrid working has really helped my work life balance as I care for my parents.' Team leader

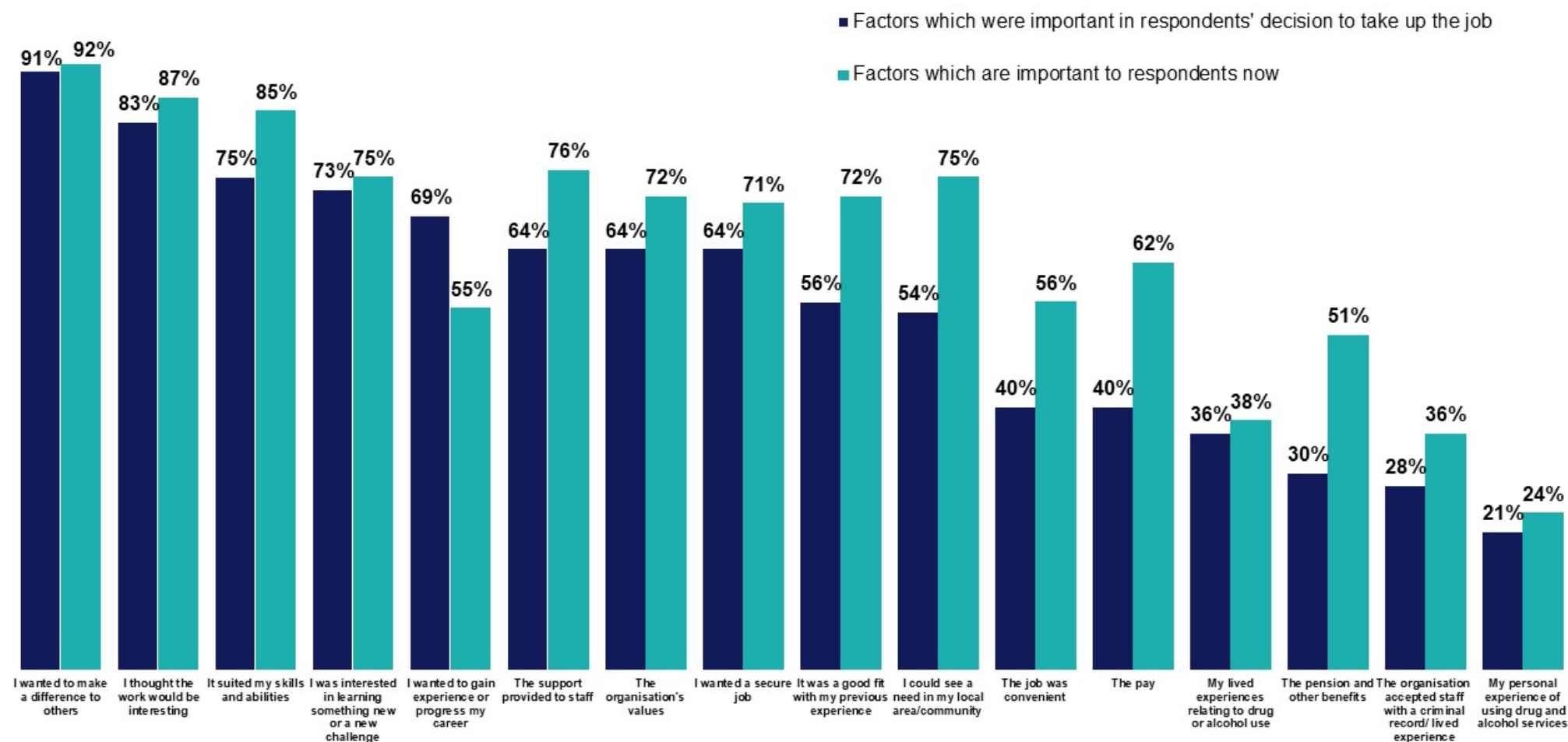
¹⁴ This question was unprompted and percentages refer to the proportion of respondents who spontaneously mentioned each theme. Around 40 separate themes were identified by the research team.

Nearly one in ten respondents (9%) spontaneously report the dynamic nature of their work as a key factor in their job satisfaction. The diverse range of tasks, coupled with the need to respond to complex and evolving challenges, keeps respondents engaged and motivated. People in regulated roles were more likely than people in unregulated roles to appreciate the diverse nature of the role.

‘The diversity, the reactive nature of problem solving, developing the quality of the service, introducing new initiatives, mentoring staff, knowing that the service has made a difference to people's lives.’ Service manager

To determine the importance of various factors in respondents' roles now, respondents were asked to rank the same 12 factors they saw at the question about joining the workforce from 1 to 5 in relation to how important it is to them now, where 5 represented 'crucial' and 1 represented 'not at all important'. For analysis purposes, scores of 4 and 5 were considered 'important'. As shown in figure 4.1, the factors which are most important in respondents' jobs now are similar to those which were most important when joining the workforce. Almost all respondents report making a difference to others (92%), finding the work interesting (87%) and the role suiting their skills and abilities (85%) are important to them in their roles now. Among medics (GPs and psychiatrists), the interesting nature of the work was identified as important just as often as the ability to make a difference and among people in psychological professions it was an even stronger motivation.

‘I enjoy working directly with people, listening to people and being able to provide them with support... it makes me feel like I am making a difference to someone's life, as well as keeps me motivated to carry on.’ Drug and alcohol worker

Figure 4.1: Factors which were important when joining the workforce compared to what is important to respondents now

Source: Think back to when you first got a job relating to drugs or alcohol. How important were the following factors in your decision to take up the job? / And thinking about the job you have now, how important are the following factors to you? Asterisks mark where wording is different between the two questions, other than tenses. * *It was a good fit with my previous professional or volunteer experience*, ** *I could see a need in my local area/ community*

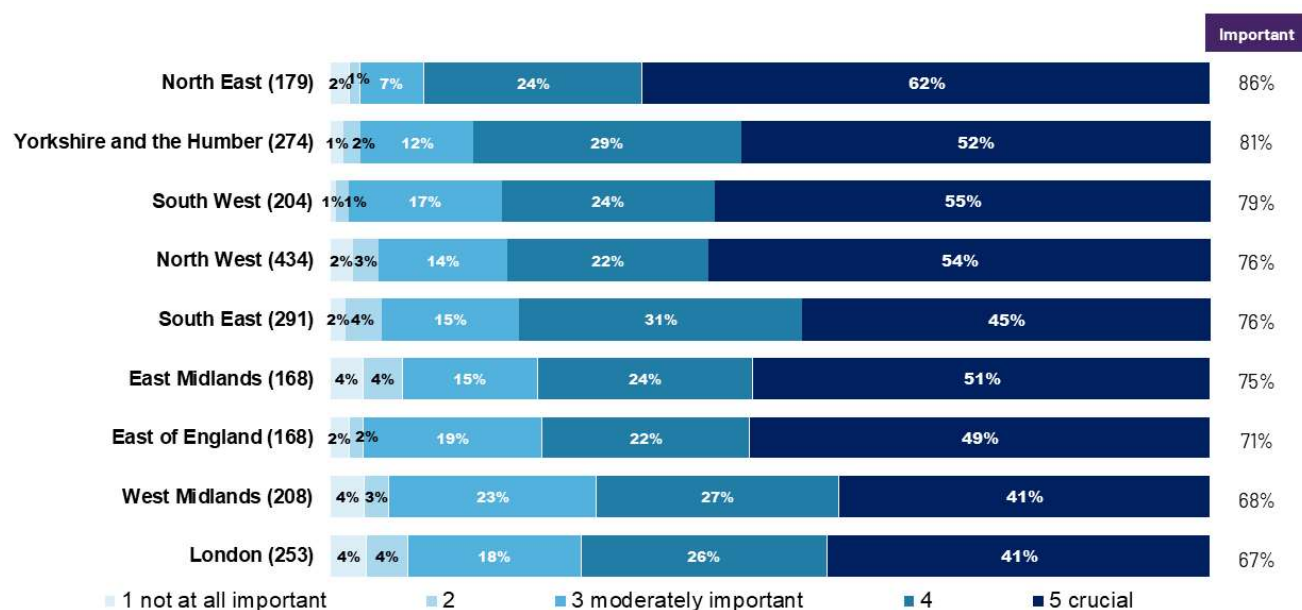
Base=2,179

It is notable that respondents have rated all but one of the same 12 factors as more important now than they did when thinking about the start of their career. This may be because as people progress through their careers, their priorities and what they value in a job change compared to what they may value when thinking about taking a job. Some respondents noted that pay and reward packages which were satisfactory to them as a young person joining the sector are less appealing later on in life. For example, only 30% reported that pensions and benefits were important to them on joining the sector, whereas 51% report that this is important to them now. The factors showing the largest increase in importance (percentage point (pp) difference) from when individuals first entered the workforce to their current priorities include:

- The pay (+22 pp)
- Could see a need in my local area (+21pp)
- Pension and other benefits (+21pp)
- Job is convenient (+16pp)
- Good fit for previous experience (+16pp)
- Support provided to staff (+12pp)

Meeting a need in respondents' local area becomes the joint fifth most important factor to respondents in their roles now, whereas it had a relatively lower importance when people first entered the sector. This increase may be because people see more of a need once they have joined the sector and this therefore becomes more of a motivation. However, this factor does not seem to continue increasing in importance over time: it is equally important regardless of length of time in the sector.

As shown in figure 4.2, those working in the North East were more likely than other regions to report that meeting a need in their local area is important to them in their role now.

Figure 4.2: 'I am meeting a need in my local area/community' by region

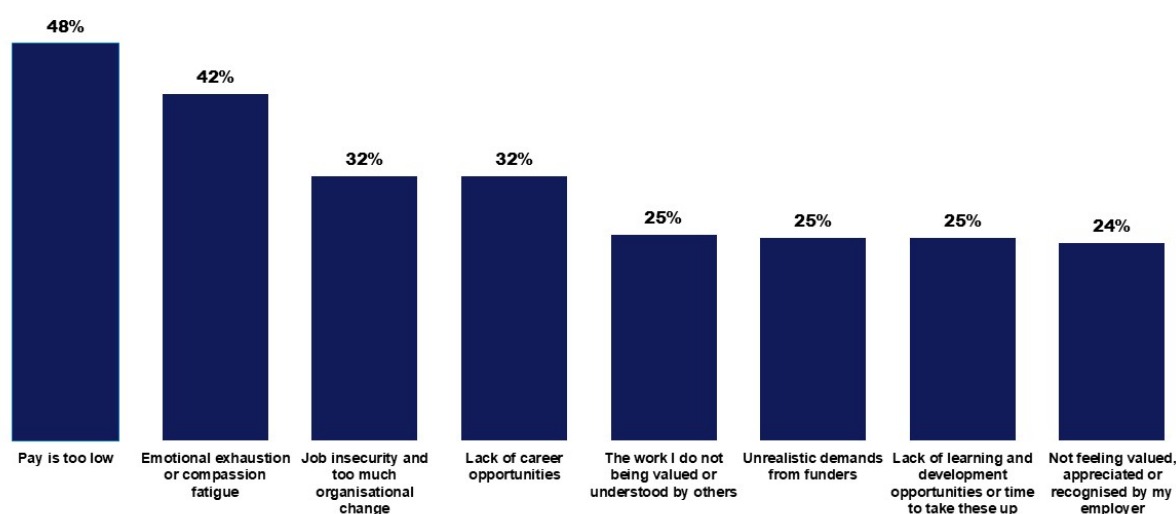
Source: And thinking about the job you have now, how important are the following factors to you? 'I am meeting a need in my local area/community'

Base=2,179 (bases for each region shown on chart)

4.2 Morale and challenges

Respondents were shown a list of challenges they may face at work,¹⁵ and asked which challenges affected them. Here we discuss the challenges identified by more than 20% of respondents (figure 4.3).

¹⁵ This list was compiled and refined with advice from people in the workforce, provided in interviews, workshops and cognitive testing.

Figure 4.3: Common challenges affecting respondents at work

Source Thinking about your current role, which, if any, of the following challenges affect you? (only categories reported by >20% shown)

Base=2,179

Pay

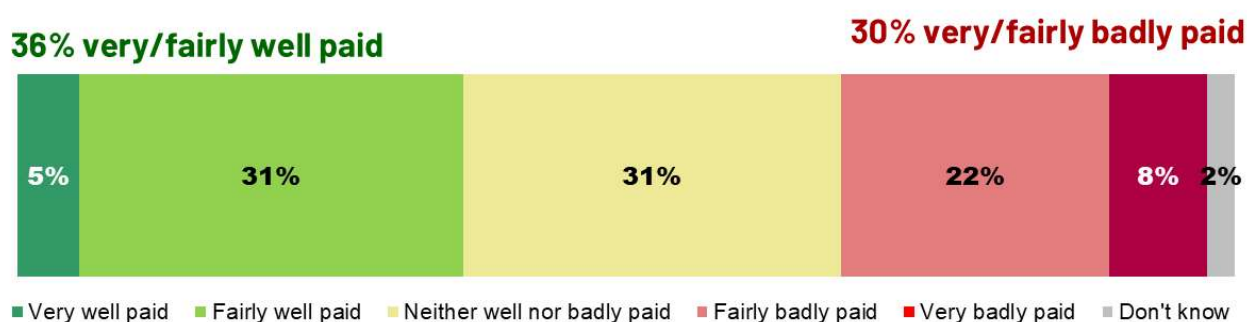
The most commonly identified challenge was low pay, mentioned by nearly half the workforce (48%) and more than half of unregulated workers (54%) and those working in the voluntary sector (53%). Younger people and those who had been in the workforce for 1 to 3 years were particularly likely to identify low pay as a challenge.

By way of broad comparison, in the 2024 NHS staff survey around two in five NHS workers (43%) say they are dissatisfied with their pay.¹⁶ In the 2023 adult social care workforce survey, almost seven in ten (68%) state they do not have financial security and two thirds (64%) say their hourly pay rate is too low.¹⁷ However, an exact comparison is not possible due to differences in question wording.

Respondents to our survey were also asked how they perceived their pay 'compared to similar jobs in other organisations'. With this qualifier, responses were somewhat more positive: overall, more people said they were well paid (36%) than badly paid (30%) compared to similar jobs (figure 4.4).

¹⁶ https://nhssurveys.co.uk/nss/detailed_questions/national

¹⁷ Ipsos report for ASC workforce survey wave 1: findings on work related quality of life and wellbeing pg. 30

Figure 4.4: Perceptions of pay within the sector

Source Compared to similar jobs in other organisations, would you say your current role is...

Base=2,179

However, respondents in the unregulated professions, disabled respondents, those with 1-3 years' experience, and those with their own lived experience of drug or alcohol problems were all more likely to say their job was badly paid than to say it was well paid, compared to similar jobs. Over one-third of respondents who thought their job was badly paid compared to similar jobs said that they would strongly consider leaving the sector in the next two years or had definite plans to (37%).

Pay is also seen as the top priority for change: when respondents were asked what would make them feel more supported in their role or improve their quality of life at work, better pay was the most common response (with 19% of respondents mentioning this). In responses to this question, some respondents believed that pay was a factor making recruitment more challenging: they noted that entry-level wages in the sector were only around £1 higher than the minimum wage despite the high caseloads, working with people who are at or who are themselves high-risk and often significant responsibilities.

'Starting staff can get a job with equal pay at a supermarket. This hasn't always been the case. 10 years ago the pay was equal to that of social workers. We could then attract social workers, teachers, therapists to add huge amounts of skills and diversity to the service. Now, we have to recruit staff often without a professional qualification, with potential. To realise this potential requires much more coaching/training/shadowing/ supervision.' Service manager

Respondents also commented that pay was not competitive with other health and social care roles and that this made it difficult to recruit or retain experienced staff.

Other themes emerging from the open text responses include pay not reflecting the demands of the role; disparities in pay within an organisation; lack of pay progression; and the struggles experienced by some in the current economic climate.

'There is no opportunity for pay increments so no reward or incentive for long service.' Drug and alcohol worker

'I am a Social Worker and my pay is around 10K less than my LA [local authority] colleagues. I love my job and am passionate about it, but I am 20 years in and life has changed, costs have gone up.' Social worker

Pay was mentioned significantly more by people who have worked in the sector more than 3 years but less than 10 (24%) and those aged 25–34 (25%). Unregulated and regulated professionals are equally likely to want better training and development opportunities, but unregulated roles are more likely to feel more supported with better pay. The part of the workforce in the South West region are also significantly more likely to feel more supported with better pay (28%).

Emotional exhaustion or compassion fatigue

The second most frequently identified challenge was emotional exhaustion or compassion fatigue, which two in five (42%) of the workforce reported as a challenge affecting them. This was particularly the case for respondents with lived experience relating to their own drug or alcohol use (46% of whom were affected by emotional exhaustion or compassion fatigue), for disabled respondents (57%), and for respondents in unregulated roles (46%). Levels of emotional exhaustion or compassion fatigue were highest in respondents with more than three years' but less than ten years' experience (49%).

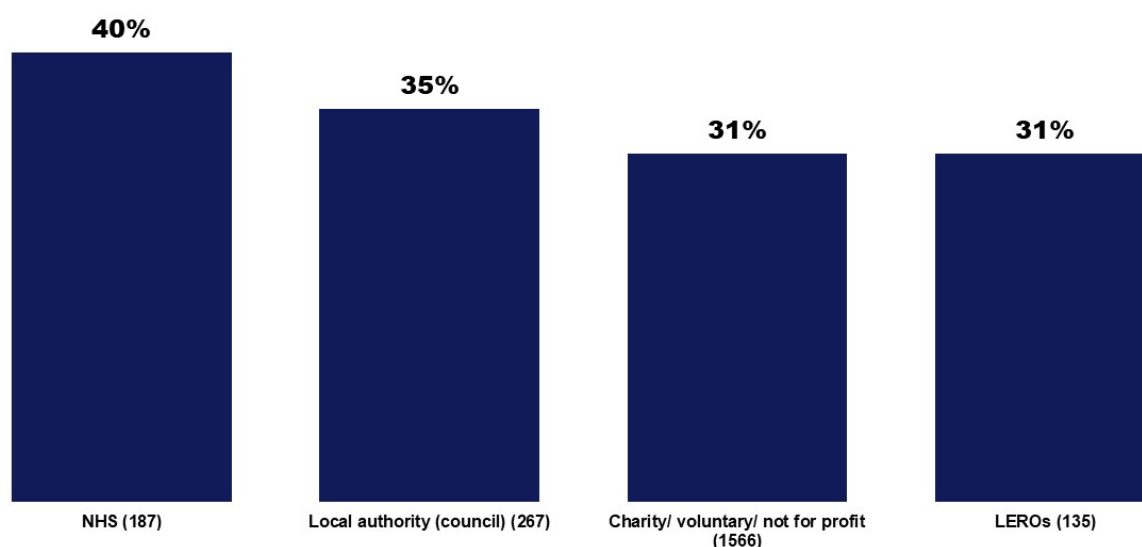
Job insecurity and too much organisational change

Job insecurity and too much organisational change (combined and presented as a single option) was identified as a challenge by a third of the workforce (32%). The survey text mentioned short-term contracts, restructuring or retendering – including staff moving between employers under Transfer of Undertakings (Protection of Employment) (TUPE) regulations – as examples of these.

Similar findings are present in the 2023 Scottish survey of the drug and alcohol workforce, with around three in ten (28%) respondents agreeing that they have little job security in their role.¹⁸

As shown in figure 4.5, for some parts of the workforce, these issues were mentioned more than pay, or any other issue: they were the challenge most likely to be selected by those working for the NHS (40% of NHS respondents identified these issues as a challenge) and by those working for a local authority (35%). This compares to 31% of respondents working in the voluntary sector who reported that these issues were a challenge. Those in management or administrative roles were more likely to report job insecurity and too much organisational change as a challenge compared to those in frontline roles.

¹⁸ [Evaluation of the National Mission on Drug Deaths Frontline staff survey 2023](#) pg. 23–26

Figure 4.5: 'Job insecurity and too much organisational change' by organisation type

Source Thinking about your current role, which, if any, of the following challenges affect you? 'Job insecurity and too much organisational change'

Base=2,179. 135 LEROs, 1,566 charity / voluntary / not-for-profit, 267 local authority, 187 NHS

During the survey fieldwork, operational staff and commissioners were informed of continued additional drug and alcohol treatment and recovery funding for 2025/26 to support operational planning and business continuity. There was no statistically significant difference in whether respondents were more likely to identify job insecurity and too much organisational change as a challenge if they completed the survey before the announcement on 18th December 2024 (35%) or afterwards (31%).

Being valued

One-quarter of the workforce identified challenges relating to 'The work I do not being valued or understood by other organisations, or by society' (25%) and a similar proportion reported 'not feeling valued, appreciated or recognised by my employer' (24%). When a similar survey was conducted with the Scottish drug and alcohol workforce in 2023, two in five (41%) reported feeling valued only 'sometimes' and 5% 'never' felt valued.¹⁹ Beyond the drug and alcohol sector, just over half (54%) of adult social care workers say their role is not valued.²⁰

Wanting to feel more valued was also in the top ten things spontaneously mentioned by respondents when asked what would make them feel more supported at work (mentioned by 169 respondents). In these open text comments, the issue of being valued was often linked to pay, or to a perception that the impact of drug and alcohol services is not fully understood. Some

¹⁹ [Evaluation of the National Mission on Drug Deaths Frontline staff survey 2023](#) pg. 15

²⁰ [Ipsos report for ASC workforce survey wave 1: findings on work related quality of life and wellbeing](#) pg. 61-62

respondents thought that the role they played in working with people who may be unable to get support from other services, managing crises and preventing further harm (such as suicide and crime), and the resulting benefits to individuals, society and other services, was not understood by funders or other public services. In their view, this resulted in their hard work and skill going unrecognised.

Only two in five respondents (42%) thought that supporting people with drug or alcohol problems was a priority for the local authority in their area, with 26% disagreeing that it was a priority. People with their own lived experience of drug or alcohol use were more likely to disagree (30%) than people without lived experience, whereas commissioners (62%) and people working for the local authority in general (53%) were more likely to agree than the workforce as a whole.

Resourcing and unrealistic demands from funders

Around one-quarter of the workforce (25%) reported that unrealistic demands from funders was a challenge for them. Service managers and team leaders were more likely to identify this as an issue (36%) compared to the rest of the workforce.

Funding is another theme that presented itself in the open-ended question about how respondents could be better supported or have an improved quality of life at work, with more funding for projects/services being the fourth most common suggestion (11%). Respondents also requested longer-term funding and improved certainty around it. Some people working in the sector expressed the negative impact uncertainty of funding can have on their lives and on the retention of the workforce.

‘Lack of certainty drastically reduces my quality of life.’ Commissioner / Coordinator

‘Funding opportunities for longer periods of time would enhance staff retention.’ Service manager

Staff who have worked in the sector for 10 years or more are more likely than others in the workforce to identify improved resourcing as something that would improve their work quality of life (15%), along with those in commissioning (21%) or management/administrative (19%) roles.

Other challenges

Lack of career opportunities was the third most commonly identified challenge, with 32% of the workforce saying this affected them. Lack of learning and development opportunities or time to take these up was identified as a challenge by around a quarter of the workforce (25%) and three in ten of those in regulated roles (31%). These challenges are discussed further in section 5.2.

Beyond the most common challenges, a range of other challenges were mentioned including employment terms and conditions (17%), unsatisfactory pensions (16%), the effects of trauma (15%) and long hours or poor work-life balance (15%).

Fourteen per cent of respondents said they did not face any of the listed challenges at work and did not specify any other challenges they faced, suggesting that these respondents do not feel they face any particular challenges at work. This response was more common among commissioners (22%), those working in local authorities (19%), and respondents from the North East (22%). One-third (35%) of respondents aged 65 and over did not identify any challenges they faced at work, although only a small number of those aged 65 and over (49) completed the survey so results should be considered with this in mind.

4.3 Stress at work and its causes

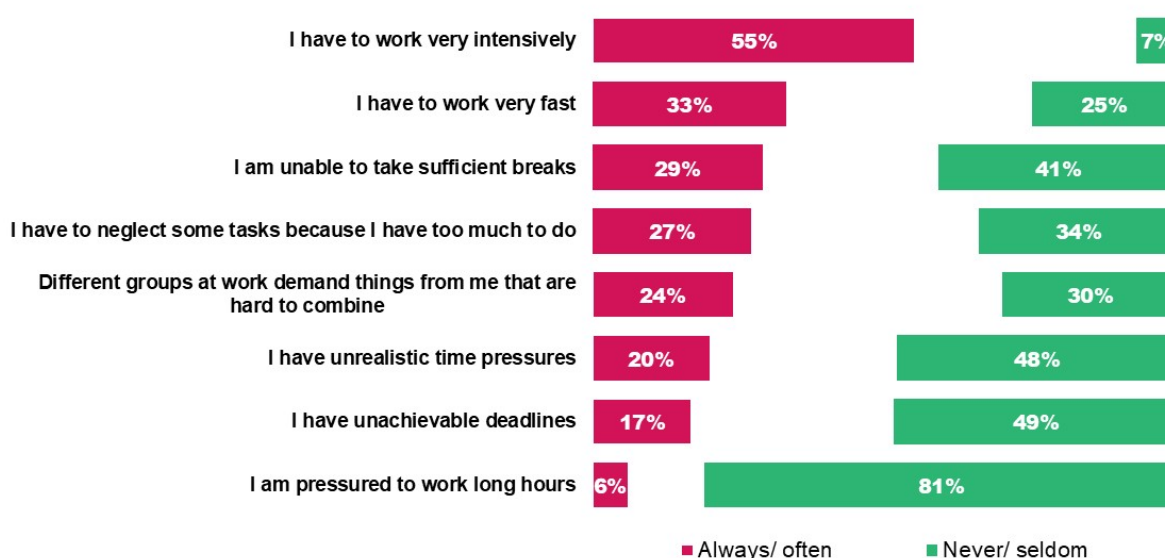
In the following sections we present the results for the Stress Indicator Tool (see section 2.2.2) as well as findings from other relevant contextual questions relating to each domain of the tool. The statements in the Stress Indicator Tool were scored from 1 to 5 where 1 is the worst possible score and 5 the best, and grouped into domains for which an average (mean) score from 1 to 5 was also calculated. Overall, scores were best for clarity of role, and worst for the demands of the role and how organisational change is communicated.

4.3.1 Demands of the role, caseloads and administrative work

HSE stress indicator domain on demands of the role

Questions about the demands of the role in the HSE stress indicator covered issues around workload, work patterns and the work environment. The most prevalent source of stress was 'I have to work very intensively', with 55% of respondents saying that this was always or often the case, and the least common source of stress was 'I am pressured to work long hours', with only 6% reporting that this was always or often the case (figure 4.6). When asked what challenges affected them at work, 15% of the workforce cited long hours or poor work-life balance.

Figure 4.6: HSE stress indicator domain on demands of the role



Source: Please select how often, if at all, these situations apply to you in your role. Demand statements from HSE Stress Scale
Base=2,179

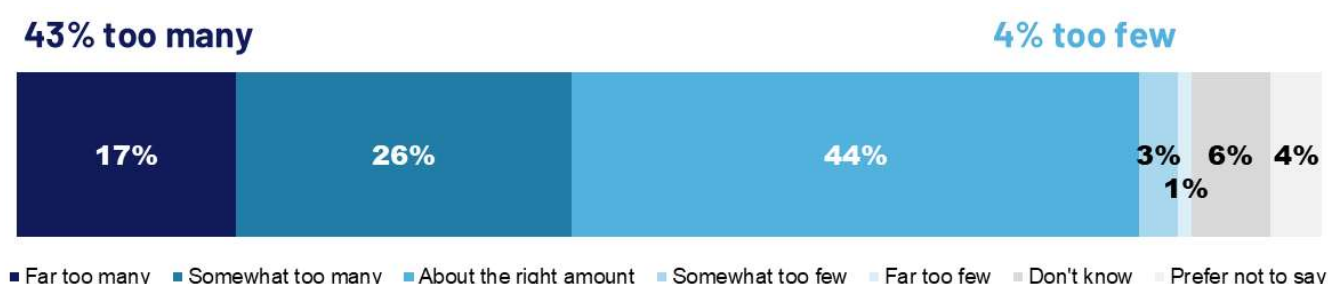
The average score across all eight statements on demands of the role was 3.22, indicating that on average respondents 'sometimes' felt affected by these kinds of stressors. This is better than the average score for the public sector (3.16) and healthcare (3.04) but not as good as the average score for the charity/not-for-profit sector (3.45).

Across the eight statements, respondents were more likely to report stressful demands if they were disabled or had been in the workforce for longer. They were less likely to report these demands if they were under 25 or new to the workforce, or if they worked for a LERO. Likewise, disabled respondents were more likely to identify long hours or poor work-life balance as a challenge (19%), as were people living in London (21%), while people who had been in the workforce for less than a year were less likely to (5%).

Views on caseloads and impacts of high caseloads

As well as the HSE indicator questions about workload, respondents who worked directly with people with drug or alcohol problems (frontline workers) were also asked a question about their views on the number of people they supported directly on their caseload. More than two in five frontline workers (43%) believed this was too many, a similar number to those who thought they supported about the right amount of people (44%).

Figure 4.7: Views on caseloads



Source: Thinking about the number of people you directly support on your caseload, would you say this is...
Base=1,650 (Frontline workers)

The survey did not ask people to provide the actual number of people on their caseload, but the 2021 Black review identified that this can be much higher than good practice levels (40 depending on complexity). The review reported that the majority of caseloads for frontline DATR workers are between 40 and 60, with some providers having average caseloads of 80 people or more.²¹ Improved caseloads were the third most common thing mentioned by respondents when asked what would make them feel more supported or improve their quality of life at work (12% mentioned

²¹ Review of drugs: phase two report - GOV.UK

this theme): in these responses, some respondents reported working with 70, 80 or even 90 people.

When a similar survey was conducted with the Scottish drug and alcohol workforce in 2023, 42% respondents felt that their workload was entirely or mostly manageable. This is slightly lower than the 48% of respondents in this survey reporting that the number of people they directly support is about the right amount or too few.²²

High caseloads seem to be a particular issue in the South West, with 55% of respondents there reporting too many people on their caseload. Only 4% of respondents believed they supported too few people, although this was reported by 9% of under-25s and 14% of respondents at LEROs.

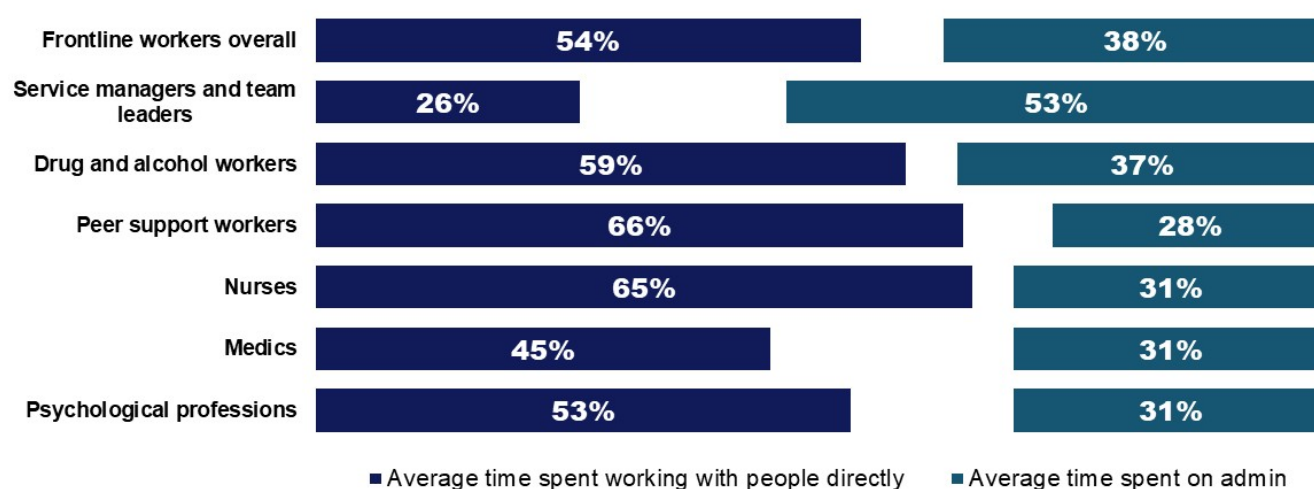
Respondents who reported that they supported too many people on their caseload were more likely to report difficulties at work than respondents who thought their caseload was about right or too few, across a wide range of challenges. In particular, this group were more likely to report challenges relating to long hours or poor work-life balance (25% vs. 6% of those who felt their caseload was right), feeling unsafe (14% vs. 4%), and unrealistic demands from funders (37% vs. 15%). They were also more likely to neglect tasks because they had too much to do (48% versus 13%) and to be unable to take sufficient breaks (46% vs. 16%) (two of the questions in the demands of the role domain on the HSE stress indicator). More than one in ten of this group (12% vs. 4% of the overall workforce) say they are not able to make a difference to the people they work with – undermining the most common motivation people have for working in the sector.

Respondents who say their caseload is too high are twice as likely to have definite or strong plans to leave the sector in the next two years (41%) compared to those who say they are supporting the right number of people (21%).

Balance of work between working with people and admin

Frontline workers were also asked to estimate the time they spent working directly with people with drug or alcohol problems as a proportion of their typical week (figure 4.8). The average answer was 54%, with answers fairly evenly spread around this: 13% said they spent 20% of their time on this or less, while 14% said they spent more than 80% of their time on it. Respondents in LEROs spent a higher proportion of their time on average working with people directly (62%), as did respondents in the North East and Yorkshire and The Humber (61% and 60% respectively).

²² [Evaluation of the National Mission on Drug Deaths Frontline staff survey 2023](#) pg 16

Figure 4.8: Balance of work between working with people and admin

Source: Thinking about a typical week, what proportion of your working time do you spend on working directly with people with drug or alcohol problems? And thinking about a typical week, what proportion of your working time do you spend on administrative tasks such as writing up case notes or emailing colleagues?

Base=1,650 (Frontline workers); 189 service managers and team leaders; 882 drug and alcohol workers; 64 peer support workers; 160 nurses; 30 medics; 43 psychological professionals

On average, frontline workers spent 38% of their time on administrative tasks, such as writing up caseloads or emailing colleagues. This was (unsurprisingly) higher amongst frontline workers who had management or administrative roles: for example, team leaders and service managers who had a caseload of people they supported spent over half their time on administrative tasks (53%). Respondents also tended to spend more time on administrative tasks if they had been in the workforce for over ten years (40%) or were from the South East or East of England (41% and 43% respectively).

Frontline staff who spent over 50% of their time on administrative tasks were more likely than those who spent less time on this to say that they had to work very intensively and that they had to neglect some tasks because they had too much to do (two of the questions in the demands of the role domain on the HSE stress indicator).

4.3.2 Working relationships

HSE stress indicator domain on relationships

The survey included Stress Indicator Tool questions about whether employers promote positive working to avoid conflict and deal with unacceptable behaviour, and whether organisations have helpful and compassionate teams, with systems that facilitate respect and peer support.

Overall, the average score in the relationships domain was 4.12, indicating that on average respondents 'seldom' felt affected by these kinds of stressors. This is the same as the average score for the public sector (4.12) and better than the average scores in the healthcare and not-for-profit sectors (both 4.05). The item with the least positive response was 'relationships at work are strained', with 22% of the workforce agreeing with this.

Experience of harassment and bullying

Personal harassment was experienced at least 'sometimes' by 14% of respondents and bullying at work experienced at least 'sometimes' by 7%. People from ethnic minority backgrounds and disabled people were more likely to have experienced harassment and bullying at work. Nineteen per cent of respondents from ethnic minority backgrounds experienced harassment and 10% experienced bullying at least sometimes; while more than one in five (21%) disabled respondents experienced harassment and 11% experienced bullying at least sometimes. When asked about challenges at work more generally, 8% of the workforce identified discrimination, bullying or harassment as a problem, rising to 14% of disabled respondents.

Collaboration and organisational relationships

Eighteen per cent of respondents did not agree that their organisation worked effectively with other local organisations, and among people in regulated roles 26% had this perception. Nearly half of commissioners (47%) believed that departments in their local authority were too isolated from each other, compared to 18% who did not think this was the case, and among commissioners improved collaboration was in the top three spontaneous responses when asked what would make them feel more supported in their role.

4.3.3 Role clarity

The survey also asked Stress Indicator Tool questions about whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles. The average score for the workforce was 4.36, indicating that on average respondents 'often' felt clear about their role: this is a higher score than the overall public sector, similar to the not-for-profit sector and lower than the healthcare sector. Responses were consistently positive across all questions, with the most positive being 'I know how to go about getting my job done', which 93% of respondents said was always or often the case.

4.3.4 Change at work

The Stress Indicator Tool questions about how organisational change is managed and communicated had an average score for the workforce of 3.21, indicating that on average respondents neither agreed nor disagreed with the statements. This is a lower score than the not-for-profit and healthcare sectors but slightly higher than the overall public sector. The lowest average score was for the statement 'Staff are always consulted about change at work', which had roughly equal numbers of respondents agreeing (37%) and disagreeing (36%). Those in unregulated roles were more likely than those in other roles to disagree that they are consulted (39%), as are disabled respondents (45%) and respondents with their own lived experience of drug or alcohol problems (39%).

4.3.5 Peer support

HSE stress indicator domain on peer support

The average Stress Indicator Tool score in the peer support domain was 4.04, indicating that on average respondents 'often' felt well-supported by their peers. This is better than the average score in the healthcare sector (3.90) and similar to that in the not-for-profit sector (4.01) and overall public sector (4.02).

Six out of seven respondents (86%) agreed that 'I get help and support I need from colleagues' and a similar number (85%) agreed that 'My colleagues are willing to listen to my work-related problems'. There were lower levels of agreement with 'If work gets difficult, my colleagues will help me' with only three in five respondents (60%) saying that this would always or often be the case. Across all four statements, respondents with a disability were less likely to agree, while respondents who had been in the workforce for a year or less were more likely to feel supported by their peers.

Other findings on peer support

Other questions suggest that the workforce generally feels well supported by their colleagues. Support from colleagues was one of the most frequently mentioned positive factors respondents mentioned about their jobs, second only to the ability to support others: it was mentioned spontaneously by 28% of respondents when asked what they liked about their jobs.

Under half of the workforce reported participating in meetings with a peer group (44%), but 78% of those who do participate in meetings have them at least once a month.

5 Supervision, support, training and development

5.1 Supervision and support from managers

The workforce strategic plan highlights the importance of support and supervision for people in the sector. To understand the level of support the workforce receive from their employers, the survey included questions about the types of supervision, support and learning opportunities respondents receive.

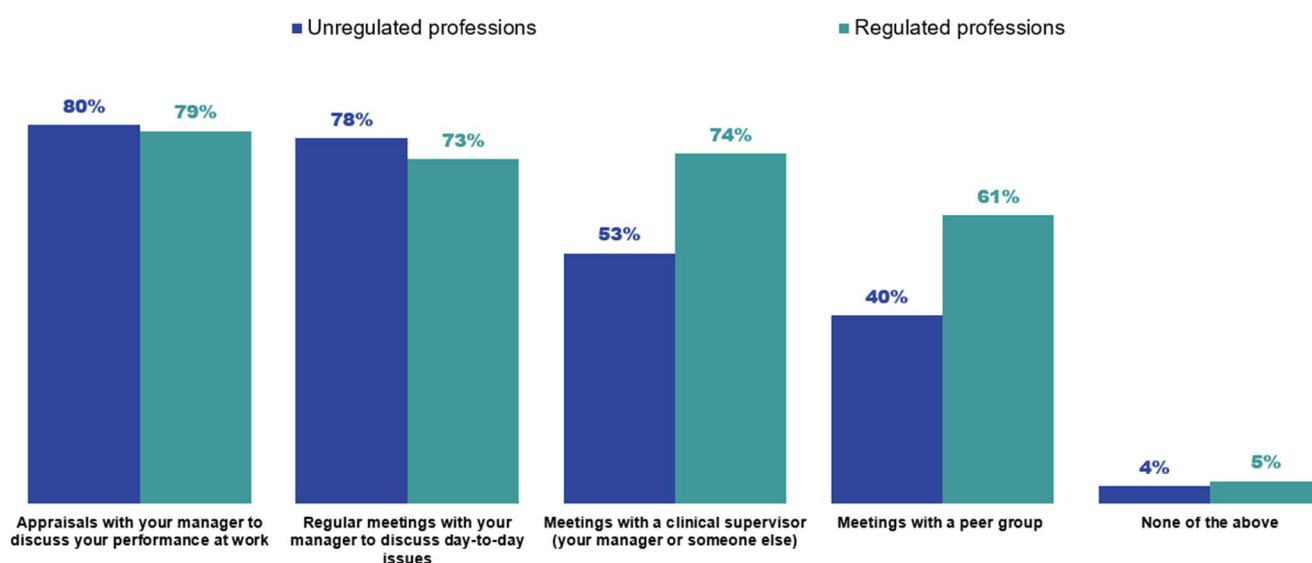
Some questions about support were only asked to those who work directly with people with drug or alcohol problems or their families ('frontline workers'). These questions are specified throughout.

5.1.1 The types, and frequency, of support people receive from managers and supervisors at work

Frontline workers were asked about support received from managers and supervisors. Most frontline staff receive some kind of support from managers and supervisors, with the most common type being appraisals with a manager to discuss performance (81%). Following this, frontline staff were most likely to take part in regular meetings with a manager to discuss day-to-day issues: 78% had such meetings and 68% had them at least once a month. These findings indicate that:

- Nearly a third (32%) of frontline staff reported that they did not have regular meetings with their manager to discuss day-to-day issues, or that they only had such meetings infrequently
- Around one in five (19%) do not have appraisals to discuss their performance
- Four per cent do not have appraisals, regular meetings with their manager, clinical supervision (see below) or support from a peer group. It is unclear what support, if any, they do receive. The majority of this group are unregulated professionals without management or administrative responsibilities.

This highlights an important area for improvement to ensure all staff receive adequate supervisory support.

Figure 5.1: Types of support received by unregulated and regulated professionals

Source: Which of the following, if any, do you take part in as part of your role?

Base=1,009 in unregulated professions, 257 in regulated professions

Comparing with other parts of the health and social care sectors, people in the DATR workforce are more likely to have annual appraisals than those in the social care workforce (61% of whom say they had an appraisal, annual review or development review over the last 12 months)²³ but less likely than NHS staff (85% of whom say they had an appraisal, annual review or development review over the last 12 months).²⁴

5.1.2 How regularly people receive clinical supervision

The survey indicated that clinical supervision is less prevalent than other forms of support, with only 55% of frontline staff reporting they received this. The [NHS England 10-year workforce strategic plan](#) recommends that for full-time regulated roles, clinical supervision should be provided once per month for at least 60 minutes. Staff in regulated roles were most likely to report that they have clinical supervision (74%), yet only 57% receive this type of support at least once a month and around a quarter (26%) do not receive it at all. Less than half of staff in unregulated roles experience clinical supervision at least once a month (40%).

Regular clinical supervision (at least once a month) is most commonly reported to take place in the NHS (53%), and least common among staff delivering treatment who are employed directly by local authorities (37%). In the voluntary sector 40% of frontline staff have some clinical supervision and at LEROs it is 38%.

²³ Ipsos report for ASC workforce survey wave 1: findings on work related quality of life and wellbeing pg. 72

²⁴ https://nhssurveys.co.uk/nss/detailed_questions/national

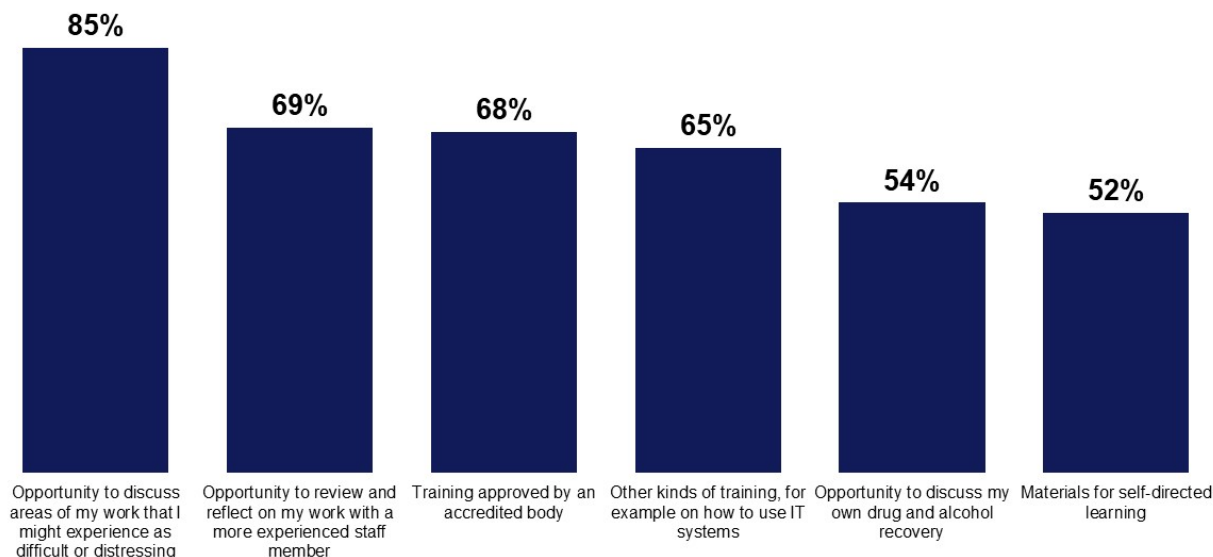
In the 2024 NHS staff survey, 59% of eligible respondents agreed with the statement “I am able to access clinical supervision opportunities when I need to”, with 28% saying that they neither agreed nor disagreed with the statement.²⁵

Twelve per cent of respondents identified lack of clinical supervision or clinical governance as a challenge facing them at work, and among those not currently receiving clinical supervision, 23% said it was a challenge. In the open question about what would make them feel more supported, 86 respondents mentioned clinical supervision (and it was mentioned by 13% of those who did not currently receive it). Some respondents specifically requested external clinical supervision.

5.1.3 Peer support workers

Peer support workers (PSWs) were asked a separate question about the support they receive as part of their role. Most have the opportunity to discuss areas of work they might find difficult or distressing (85%). Around seven in ten have the opportunity to review and reflect on their work with a more experienced staff member (69%) and over half (59%) have this opportunity at least once a month. PSWs were offered a selection of six different types of support they may be receiving, and on average reported they were receiving four of these types of support.

Figure 5.2: Types of opportunities and support received by peer support workers



Source: Which of the following do you receive as part of your role?

Base=55 (small base size)

²⁵ https://nhssurveys.co.uk/nss/detailed_questions/national

5.1.4 Effectiveness of inductions

Around half of respondents (48%) report that they received an effective induction when they started their job, and newer staff are significantly more positive about this. Despite this, around one-quarter (24%) of staff who have worked in the sector less than one year disagree they have received an effective induction, and 33% disagree overall. Members of the workforce with a disability (38%) are also more likely to disagree that they received an effective induction when starting their job.

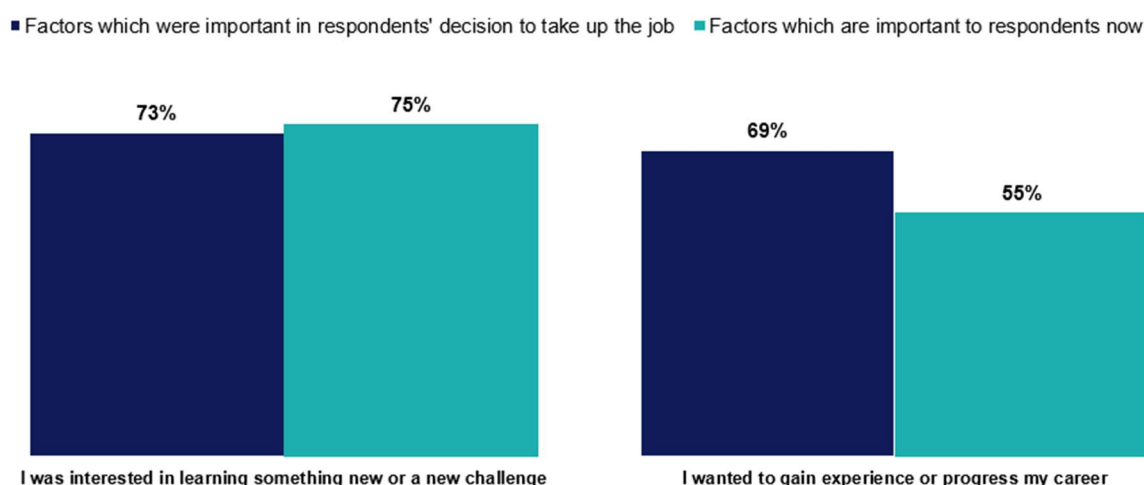
5.2 Training and development

The survey included questions around the importance of training, development and career progression opportunities, and the availability of these.

5.2.1 The importance of training and development

Learning & development opportunities and career progression are a priority for the workforce.

Figure 5.3: Importance of factors when taking up a job and in current role



Source: Think back to when you first got a job relating to drugs or alcohol. How important were the following factors in your decision to take up the job? / And thinking about the job you have now, how important are the following factors to you?

Base=2,179

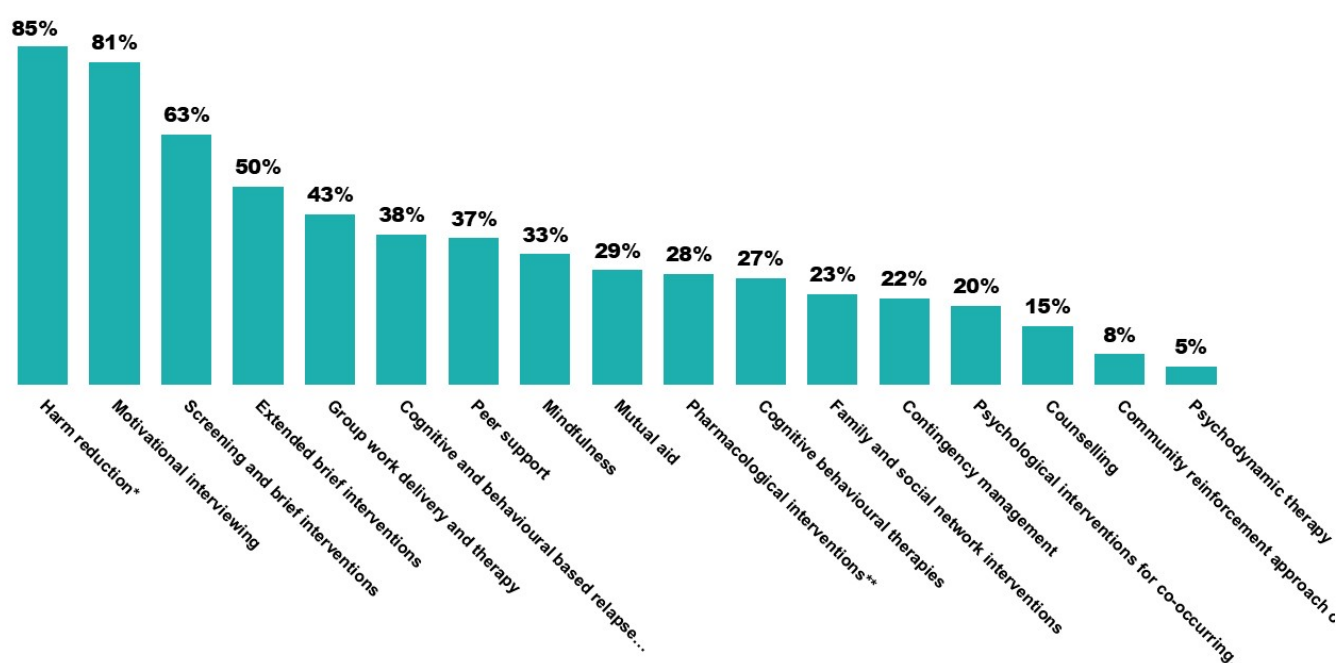
Nearly three-quarters of respondents say that learning something new or having a new challenge was important to them on joining the sector (73%), and it was just as likely to be rated as important by respondents when thinking about their roles now (75%): this is the case across the workforce, with little variation by role or type of organisation. However, younger respondents and those who have been in the workforce for a shorter time were even more likely to report that this was important to them now (85% of those aged 18-34, 80% of those aged 35-44, 84% of those who have worked in the sector less than one year, 80% of those who have worked in the sector one to three years).

Almost one in ten (8%) respondents reported that the ability to continuously learn / be challenged / learn new skills / training opportunities were things they liked about their job.

5.2.2 Training in interventions

Interventions encompass a range of services provided by the drug and alcohol treatment and recovery workforce. Peer support workers and drug and alcohol workers were asked which of a list of interventions they had been trained to deliver. These respondents had, on average, been trained to deliver 6 types of interventions. The most common training given has been in harm reduction such as overdose prevention, blood borne virus testing, administering naloxone, wound care and safer injecting (85%). Over four in five (81%) have also been trained to deliver motivational interviewing.

Figure 5.4: Interventions drug and alcohol and peer support workers are trained in



*Full answer option 'Harm reduction such as overdose prevention, blood borne virus testing, administering naloxone, wound care and safer injecting'

**Full answer option 'Pharmacological interventions including managing withdrawal, substitution treatment and detoxification'

Source: Which of the following interventions, if any, have you been trained to deliver?

Base=911 (All respondents who selected peer support worker or drug and alcohol worker as their title)

For most interventions (13 of 17), those who have worked in the sector ten years or more are more likely than newer staff to have been trained to deliver them. This part of the workforce is also least likely to report training to do the job well as a challenge in their role.

5.2.3 Barriers to taking up learning opportunities

Lack of learning and development opportunities or time to take these up were mentioned as a challenge by 25% of the workforce. Younger respondents (29% of those aged 25-34) and regulated professionals (31%) were most likely to mention this as a challenge.

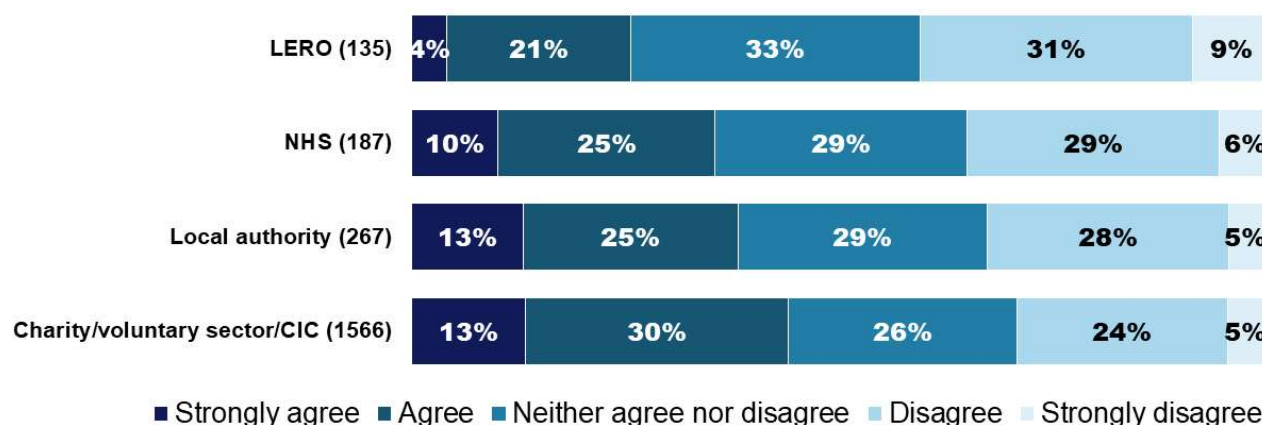
Many agree there is access to guidance and learning opportunities, but there is limited time to explore them. Nearly three quarters (72%) agree that they have access to guidance about how to

do their job well, such as toolkits, guidelines or research reports. However, two in five (42%) feel their workload is too busy to read guidance or take up learning opportunities.

When a similar survey was conducted with the Scottish drug and alcohol workforce in 2023, three in four (75%) respondents agreed that they get the training they need to do their job well, however similar challenges were noted around having adequate time for training.²⁶

Staff working for LEROs report more time to take up learning opportunities (only 26% feel they are too busy), as do those working in the North East (29%). In contrast, those in London (50%) and the South West (50%) are more likely to agree their workload means they are too busy to take up learning opportunities.

Figure 5.5: Agreement with 'my workload means I am too busy to take up learning opportunities or read guidance' by organisation



Source: To what extent do you agree or disagree with the following? 'My workload means I am too busy to take up learning opportunities or read guidance'

Base=135 LEROs, 1,566 charity / voluntary / not-for-profit, 187 NHS, 267 local authority

Comments in the open text question identified themes around limited time dedicated to training, and the need for standardised training.

'Valuable up to date training on drug trends affecting our area and nationally. This benefits our own development and the effective interventions we provide to our clients.' Drug and alcohol worker

'As a manager my role would be improved if there was standardised training available to new staff who are entering this line of work...The induction process puts strain on the staff who are buddying and supporting new staff members whilst they are trying to carry out their own role.' Service manager

²⁶ Evaluation of the National Mission on Drug Deaths Frontline staff survey 2023 pg 30

For some respondents, much of the training they had received was one-off, short-term and/or online. These respondents wanted support for 'proper' training to gain qualifications or progress along a recognised pathway.

Some respondents also mentioned specific types of training they wanted to receive, including counselling, group facilitation, motivational interviewing, Cognitive Behavioural Therapy (CBT), trauma informed approaches, harm reduction and psychosocial interventions.

5.2.4 Career progression

Career progression was more often reported as an important consideration when joining the workforce (69%) than something which is important for respondents now (55%). However, the opposite is true for those who are newest to the workforce: 66% of those who have been in the workforce for three years or less say that having a job which will help them progress in their career is important to them now, whereas only 74% of this group said that career progression was an important factor in their decision to join the sector.

When asked about challenges that affect them at work, 32% of the workforce reported lack of career opportunities. Lack of career opportunities was a particular issue for respondents aged 25-34, nearly half of whom (48%) mentioned it as an issue. Related to this, it was also more often mentioned by people with between 1 and 10 years' experience (37-38%) rather than newer or more experienced respondents. Improved career opportunities was the second most commonly mentioned area in which respondents wanted to be more supported (13%), after improved pay.

The lack of career opportunities is a key concern: it was something which had led one in seven respondents (14%) to consider leaving the workforce and was the third most common reason amongst those with the strongest intentions to leave. When asked what would make staff feel more supported in their role, the second most common change requested was 'better training/increase of development/career opportunities' (13%), and this was mentioned in particular by those aged 25-34 (18% of whom mentioned it). A lack of career opportunities was seen as a particular challenge by some respondents who were working in specialist or clinical roles in organisations where they were the only person with this role (although overall there is no difference between regulated and unregulated roles in terms of the proportion of people experiencing this challenge), and for respondents who were not interested in progressing to managing staff and wanted to continue working directly with people using drugs or alcohol.

6 Leaving the workforce

This section presents findings on intention to leave the drug and alcohol workforce. It highlights the challenges that respondents have identified as reasons for considering leaving and outlines the possible destinations of those most likely to leave the sector.

6.1 Intention to leave the workforce

Three in ten of the workforce (28%) would strongly consider or have definite plans to leave the DATR sector in the next two years. However, two in five (41%) report that they are unlikely to or definitely would **not** leave the sector in the next two years.

Similar findings are present within the Scottish drug and alcohol workforce: three in ten (28%) respondents reported that they were not likely to still be working in frontline alcohol and drug services or expected to be retired in five years' time. However, more than half (55%) of respondents reported that they were very or quite likely to still be working in frontline alcohol and drug services in five years' time.²⁷

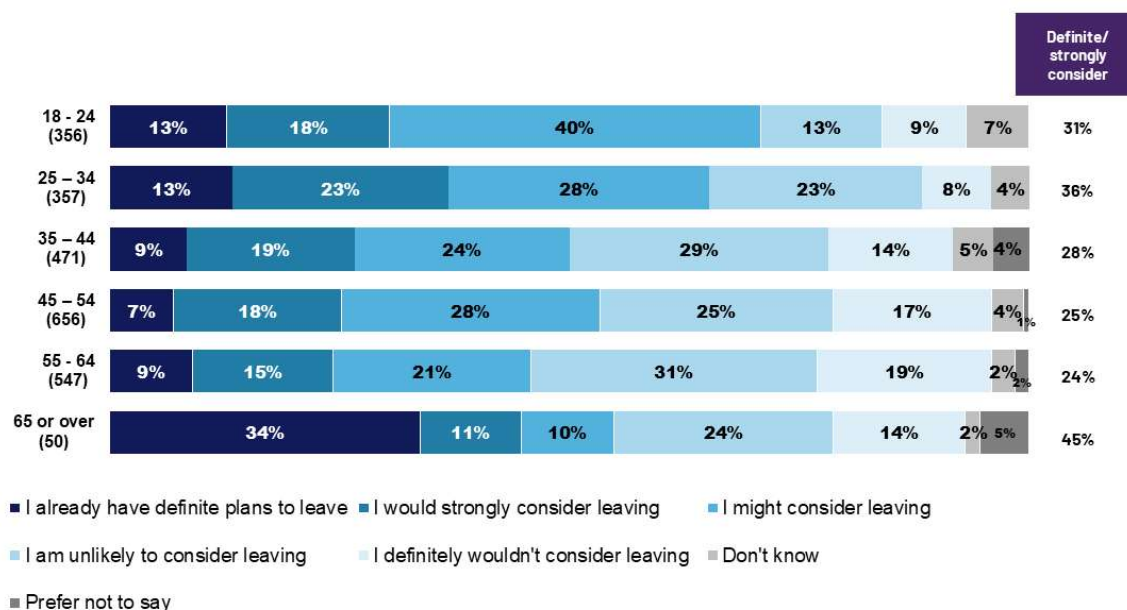
Compared to other parts of the health and social care sector, levels of intention to leave appear higher than among NHS workers, but lower than in the social care workforce. The 2024 NHS staff survey found that just 16% intend to leave their current job as soon as they found another,²⁸ whereas a 2023 survey of the adult social care workforce showed a third (34%) intend to leave their current job as soon as they found another.²⁹ However, an exact comparison with the DATR workforce findings cannot be made due to differences in question wording and this comparison should therefore be treated with caution.

As shown in figure 6.1, intention to leave the workforce was particularly high for younger respondents, with over a third of respondents aged 25–34 (37%) and three in ten aged 18–24 (30%) saying they would definitely or strongly consider leaving the DATR workforce. This may be because this age group is often more likely to be in a phase of career development where they are exploring different career paths and seeking opportunities for growth and advancement. Similarly, those aged 65 and over report high intention to leave the workforce (44%); however, among those aged 65 and over with high intentions to leave, 78% are planning to retire.

²⁷ [Evaluation of the National Mission on Drug Deaths Frontline staff survey 2023](#) pg. 26

²⁸ https://nhssurveys.co.uk/nss/detailed_questions/national

²⁹ [Ipsos report for ASC workforce survey wave 1: findings on work related quality of life and wellbeing](#) pg. 80

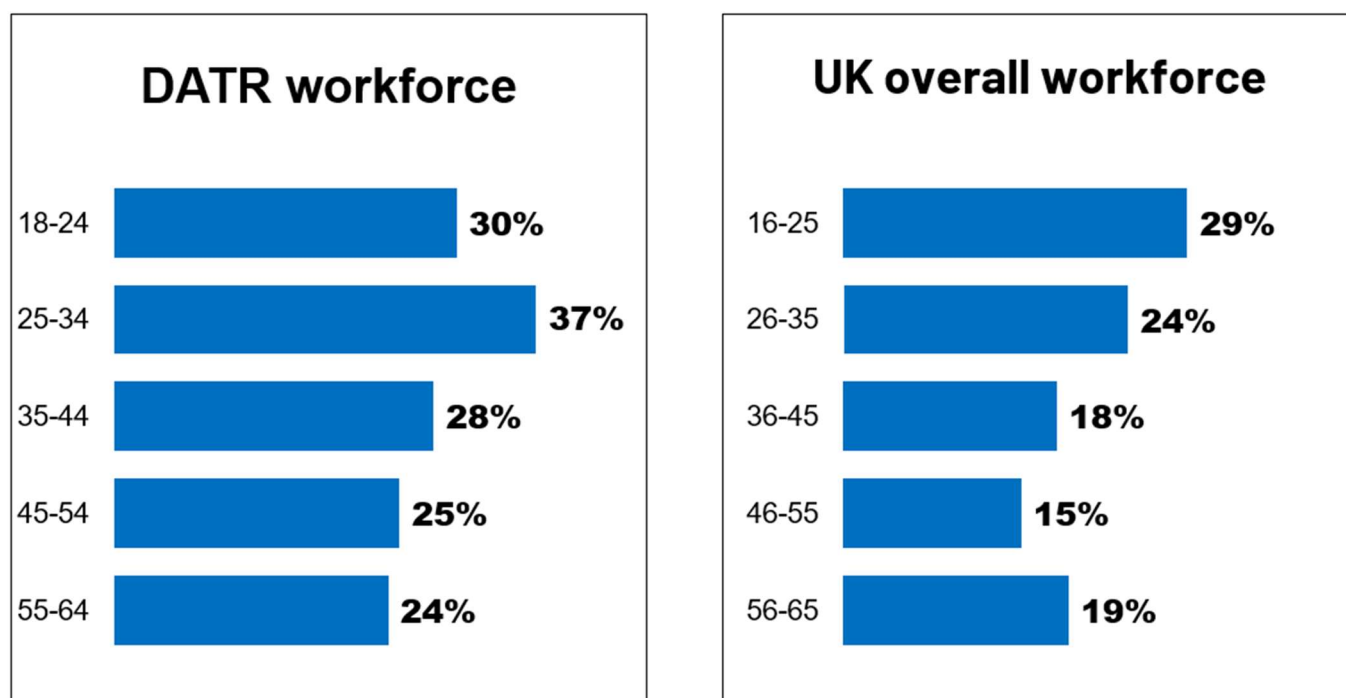
Figure 6.1: Intention to leave workforce by age

Source: Thinking about the next two years, to what extent would you consider leaving the drug and alcohol sector and moving to a different role, not related to drugs or alcohol?

Base=2,179

The age patterns in intention to leave the DATR workforce are broadly consistent with similar data across the UK workforce on intention to leave their current company in the next 2 years (figure 6.2). In both the DATR workforce and the overall UK workforce, those aged 35 and under are more likely to report intention to leave than older age groups (figure 6.2).

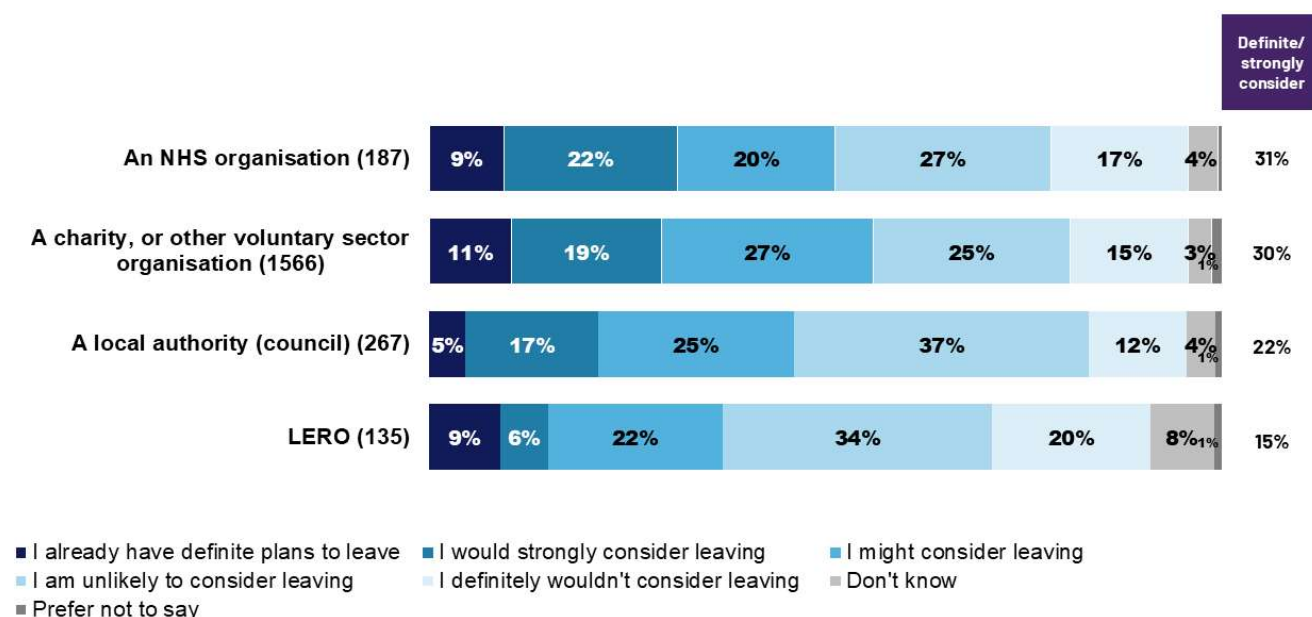
However, comparison with UK overall workforce results indicate that intention to leave the drug and alcohol sector is higher than the overall UK averages across each age group (figure 6.2) – although an exact comparison is not possible due to differences in question wording and age banding. Reasons for intention to leave are explored in the next section and offer insights into the higher intention to leave the DATR workforce. Further research might be needed to explore other factors contributing to higher intentions to leave in this specific sector.

Figure 6.2: Intention to leave the drug and alcohol workforce compared to the UK overall workforce

Drug and alcohol workforce data source: Thinking about the next two years to what extent would you consider leaving the drug and alcohol sector and moving to a different role, not related to drugs or alcohol? Base=2,179

UK overall workforce data source: Karian and Box – survey data from 30 organisations across a range of UK sectors. Question: 'How long do you plan to continue working for [company]? % of people who selected up to 2 years

Looking at intention to leave by type of organisation, respondents NHS organisations report higher intentions to leave the workforce than other organisations (31% definitely or strongly considering NHS organisations) as shown in figure 6.3. Those employed by LEROs were least likely to report intention to leave (14%).

Figure 6.3: Intention to leave by organisation type

Source: Thinking about the next two years, to what extent would you consider leaving the drug and alcohol sector and moving to a different role, not related to drugs or alcohol?

Base= 135 LEROs, 1,566 charity /voluntary sector organisation/ CIC, 267 local authority, 187 NHS

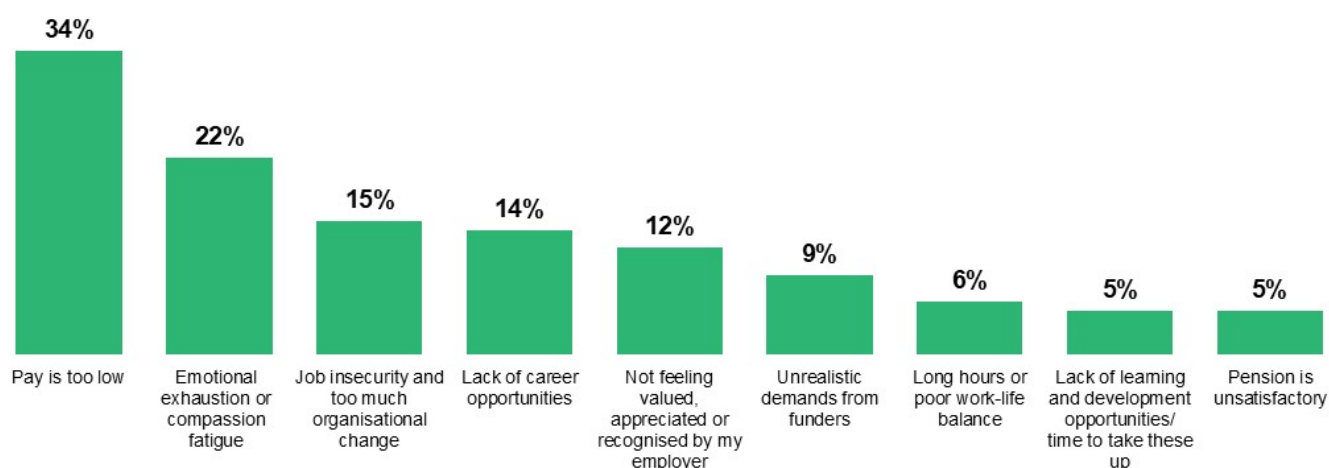
6.2 Challenges that make people consider leaving the drug and alcohol sector

Pay is the biggest challenge cited by respondents when asked what would make them consider leaving the DATR sector, with one-third of respondents (34%) reporting low pay as something that has made them consider leaving. This challenge appears to particularly affect younger respondents, with half of those aged 25–34 (51%) citing low pay as a challenge that has made them consider leaving the sector. As explored above, those under 35 were also more likely to express a higher intention to leave the workforce, highlighting how significantly this challenge may impact these groups.

Those who have been working in the sector for between 1 and 10 years were also more likely than those who were newer (29%) or more experienced (26%) to report low pay as a challenge that had made them consider leaving. In particular, 46% of those who have been in the sector 1–3 years shared this sentiment.

As shown in figure 6.4, the other commonly reported challenges that have made respondents consider leaving the workforce are emotional exhaustion (22%), job insecurity and too much organisational change (15%) and lack of career opportunities (14%).

Figure 6.4: Challenges that have made respondents consider leaving the sector



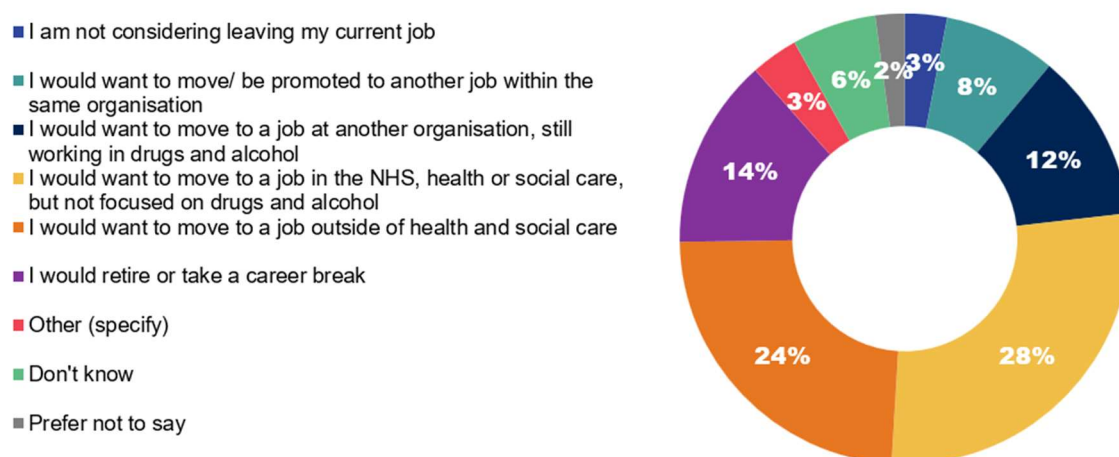
Source: Of the challenges you selected, have any made you consider leaving the drug and alcohol sector? Amongst all respondents
Base=2,179

Among those most likely to leave (either report definite plans to leave or strongly considering leaving), lack of career opportunities was a more common challenge cited as a reason to leave compared to the overall workforce (23% vs. 14%).

6.3 Destinations

The survey also asked respondents where they were likely to go in their next role. In this section, we limit analysis to those who had the strongest intentions to leave the drug and alcohol sector in the next two years. Among this group, over a quarter (28%) want their next job to be in the NHS, health or social care but not in DATR and a quarter (24%) want to leave health and social care entirely (figure 6.5).

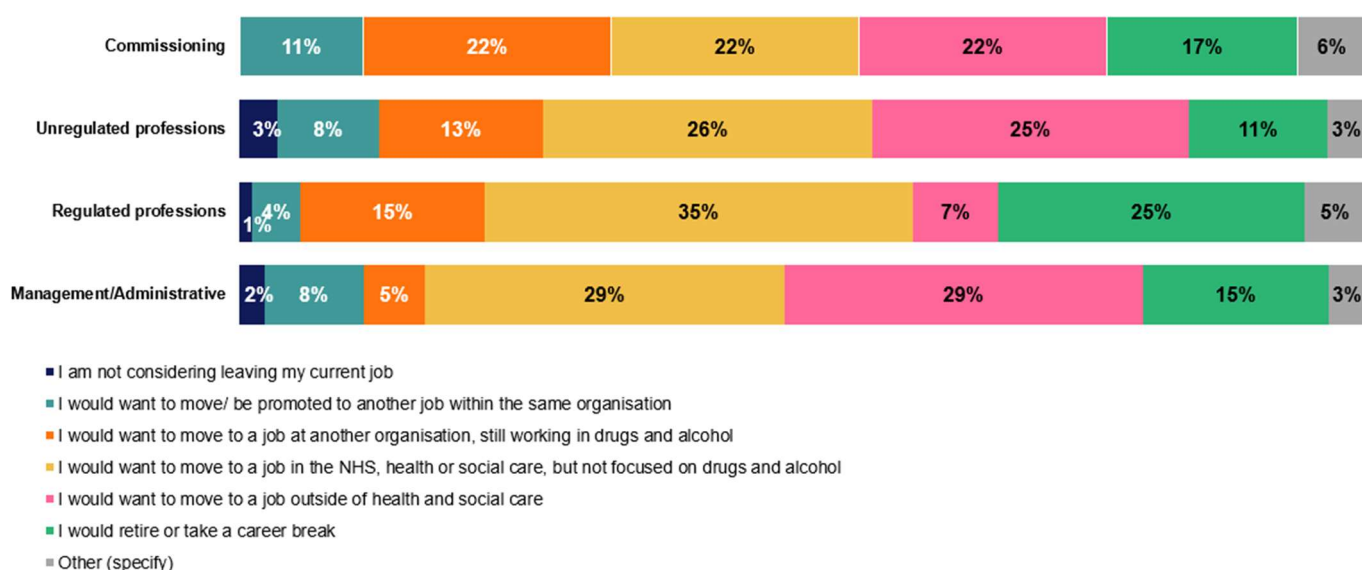
Figure 6.5: Likely destination of respondents most likely to leave the workforce



Source: If you are considering leaving your current job, what would be your most likely destination? Filter: Thinking about the next two years, to what extent would you consider leaving the drug and alcohol sector and moving to a different role, not related to drugs or alcohol?: I already have definite plans to leave the sector in the next two years, I would strongly consider leaving the sector in the next two years

Base=617

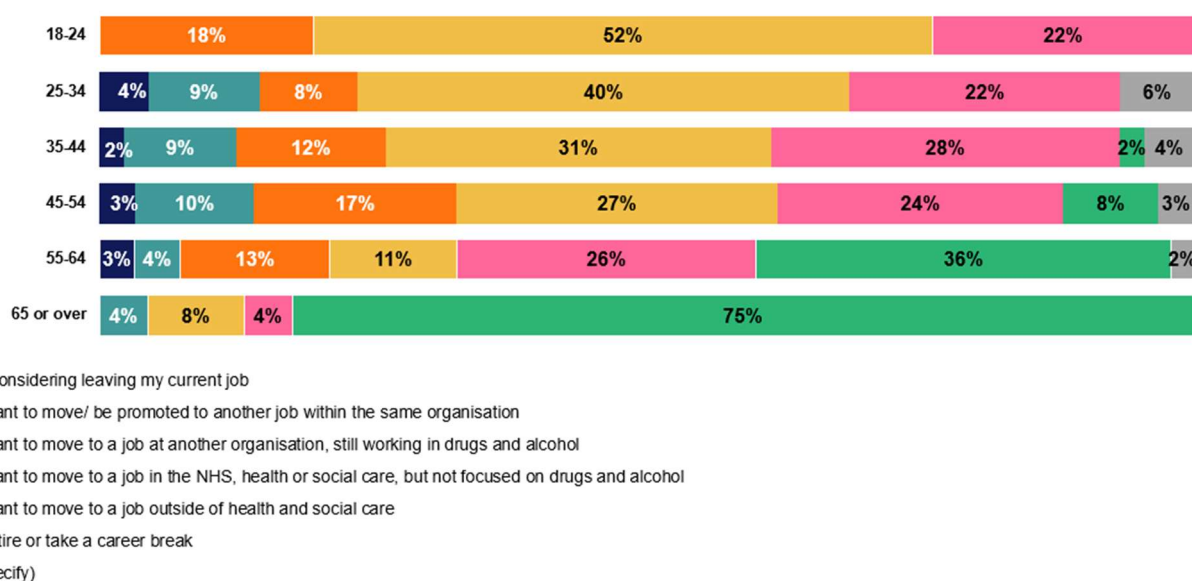
Commissioners with intentions to leave the sector in the next two years demonstrate a stronger desire to stay within the drug and alcohol field in their next job compared to regulated and unregulated professionals. As shown in figure 6.6, one in five commissioners who report intention to leave the sector would still want to continue working in drugs and alcohol in their next job (22%) and the same amount (22%) would want to move to a job in NHS, health and social care but not DATR. In comparison, fewer regulated professionals (15%) and unregulated professionals (13%) would want to remain in DATR at another organisation. A third of regulated professionals (35%) and a quarter of unregulated professionals (26%) would prefer to work within the health and social care sector but not focused on drugs and alcohol in their next job.

Figure 6.6: Likely destination of respondents most likely to leave the workforce by role type

Source: If you are considering leaving your current job, what would be your most likely destination? Filter: Thinking about the next two years, to what extent would you consider leaving the drug and alcohol sector and moving to a different role, not related to drugs or alcohol?: I already have definite plans to leave the sector in the next two years, I would strongly consider leaving the sector in the next two years

Base=617

Figure 6.7 shows age patterns in likely destination for their next job. Three quarters of those aged 18-24 (74%) and three in five aged 25-34 (62%) with intention to leave would move to a job not focused on drugs and alcohol. As these groups report higher intention to leave, this indicates a potential loss of skilled and experienced respondents from the drug and alcohol sector to other areas, in some cases outside of health and social care entirely. As expected, three-quarters (75%) aged 65 and over with intention to leave report that they would retire or take a career break.

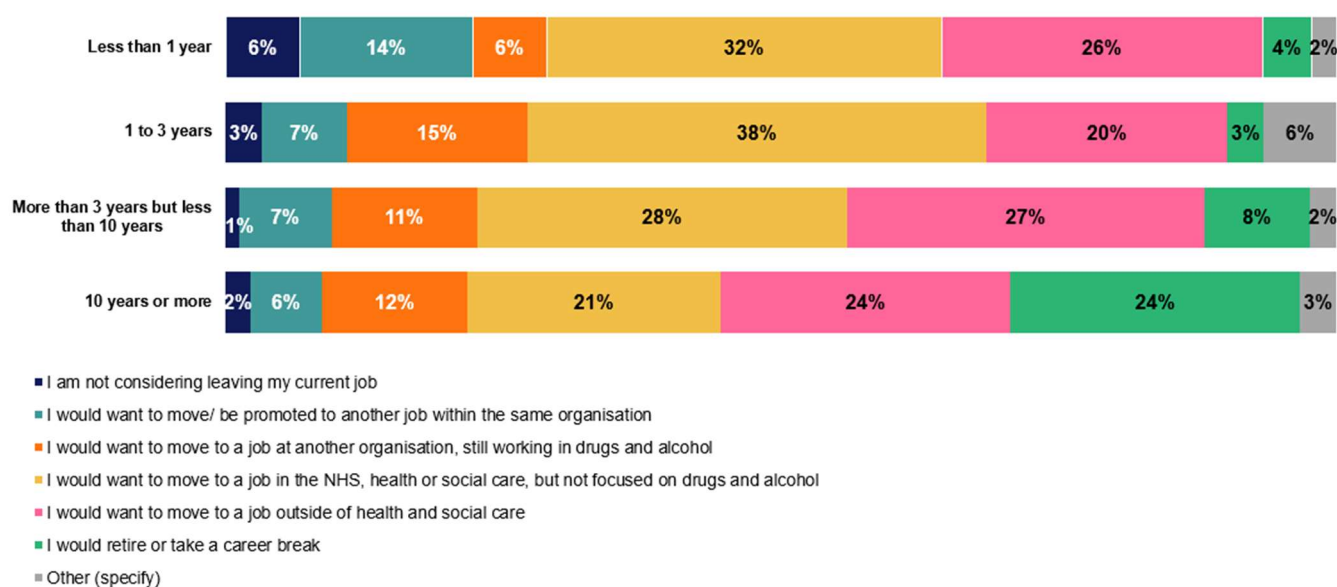
Figure 6.7: Likely destination of respondents most likely to leave the workforce by age

Source: If you are considering leaving your current job, what would be your most likely destination? Filter: Thinking about the next two years, to what extent would you consider leaving the drug and alcohol sector and moving to a different role, not related to drugs or alcohol?: I already have definite plans to leave the sector in the next two years, I would strongly consider leaving the sector in the next two years

Base=617

Patterns by length of time in the sector are similar with over a third of respondents (38%) who have been in the sector 1 to 3 years indicating that they would want to leave the drug and alcohol sector in their next job and move to a job at the NHS or in health and social care (figure 6.8). Those who have been in the sector 1 to 3 years are also more likely than those who have been in the sector less than a year or longer than three years to report that low pay and lack of career development are challenges that would make them consider leaving.

Figure 6.8: Likely destination of respondents most likely to leave the workforce by length in sector



Source: If you are considering leaving your current job, what would be your most likely destination? Filter: Thinking about the next two years, to what extent would you consider leaving the drug and alcohol sector and moving to a different role, not related to drugs or alcohol?: I already have definite plans to leave the sector in the next two years, I would strongly consider leaving the sector in the next two years

Base=617

7 Implications

This chapter presents some key conclusions from the survey findings and how these relate to the recommendations made in the workforce strategic plan. These are presented to align with the three workforce priorities: reform, recruit, and train, develop and retain.

7.1 Reform

7.1.1 Caseload management

More than two in five frontline respondents said they were supporting too many people on their caseload, and this group are more likely than others in the workforce to report that they work long hours, neglect some tasks, and feel unsafe. They are three times as likely to say they are not able to make a difference to the people they work with – undermining the most common motivation people have for working in the sector. Compared to those who think their caseload is about right, those who said they are supporting too many people are twice as likely to be planning to leave the sector. Increased recruitment and improved workforce planning would support commissioners and providers to achieve caseload levels at the recommended level, reduce burn-out and increase retention.

7.1.2 Clinical supervision

The workforce strategic plan notes that clinical supervision supports and encourages professional development and is ‘the predominant method by which the quality of psychosocial interventions is assured’. However, levels of clinical supervision fall well short of the recommendations in the workforce strategic plan: close to half of people who directly support those with drug or alcohol problems do not receive any clinical supervision, and even among regulated roles, a quarter do not receive clinical supervision at all and only just over half receive it at least monthly.

In open-text responses, some respondents noted ways to improve access to clinical supervision: more staff in team leader roles, smaller caseloads, funding which takes into account the costs of supervision and management, and planning which allows it to be regularly scheduled. This supports the workforce strategic plan’s recommendations around clinical supervision: in particular that it should be factored into workforce planning so that every member of the workforce delivering clinical interventions can have access to it.

7.1.3 Inequalities

Across the survey results, people with lived experience of problems relating to their own use of drugs or alcohol, and disabled people, were more likely than others in the workforce to report challenges and sources of stress at work. For example, both of these groups were more likely to say that their role was badly paid compared to similar roles; to say that emotional exhaustion and compassion fatigue was a challenge for them; and to say that they are not consulted about change at work. Disabled people were also more likely to report bullying and harassment at work. These groups should, and in the case of employees with protected characteristics must (in line with

equality legislation), be provided with additional resources and support – reasonable adjustments – in what can be stressful and emotionally demanding roles. People with lived experience are even more strongly motivated than the rest of the DATR workforce by a desire to make a difference to others, but there is a risk that this may result in burnout. They may also need support to cope with potential triggers. Employers should be made aware of these inequalities in wellbeing and strive to improve the quality of working life for disabled employees and those with lived experience. These groups make up a quarter and a third of the workforce respectively according to this survey³⁰.

7.2 Recruit

7.2.1 Motivations

In seeking to recruit more people to the sector, and in order to foster a strong professional identity, it will be helpful to understand what attracts people to this workforce and what they perceive as the benefits of working in it. These can be summarised under three themes: making a difference to others, the work being interesting, and working with supportive colleagues. The workforce strategic plan identifies regulated roles as the high priority for recruitment, so the motivations of people in these roles currently are of particular interest.

The workforce is motivated above all else by wanting to make a difference to others, with nearly three-quarters of the workforce describing this as a ‘crucial’ reason for getting their first job in the sector. This was also the most common thing respondents liked about their jobs. In open-text responses, as well as a general theme about being able to help and support others, themes emerged about the ability to set people on a path to a better life, yet also the reward of seeing people make small changes and improvements. Respondents in regulated roles, such as GPs and psychiatrists, were particularly likely to comment that they enjoyed working with their specific cohort.

The second most common reason for entering the sector was a perception that the work would be interesting. Respondents seem to feel this is the case: the vast majority say that the work being interesting is important to them now, and comments about the work being varied with no two days the same, and about having opportunities to continuously learn, appeared in the top ten themes when respondents were asked what they like about their jobs. People in regulated roles were more likely than people in unregulated roles to appreciate the diverse nature of the role, and among medics (GPs and psychiatrists) and people in psychological professions the interesting nature of the work was identified as equally or more important as the ability to make a difference.

³⁰ According to this survey, 17% of the commissioning workforce, 64% of paid staff at LEROs and 33% of the rest of the treatment and recovery workforce have lived experience of problems relating to their own use of drugs or alcohol. Including the experience of a family member, or someone they have/had responsibility for helping or supporting, 52% of the commissioning workforce, 83% of paid staff at LEROs and 63% of the rest of the treatment and recovery workforce have lived experience of drug or alcohol problems.

Once in the workforce, meeting a need in the local area or community became a significant motivating factor for respondents. When asked what they liked about their jobs, several respondents spoke about their ability to influence commissioning with evidence of local need, or about working to make services more integrated to better respond to local needs. Activities to foster local collaboration may therefore play a part in staff retention as well as the other benefits they offer. The design of staff retention initiatives could include community involvement activities (for example around reducing stigma), which could boost job satisfaction as well as increasing awareness of opportunities in the sector.

7.2.2 Peer support

In terms of what people like about their roles now, peer support is a strong theme – it is the second most commonly mentioned thing that people like about their jobs, and most respondents agree that they get the help and support they need from colleagues. Across the 'peer support' statements in the Stress Indicator Tool, the drug and alcohol workforce scores better than the not-for-profit sector and healthcare sector. This is therefore another important theme to emphasise when seeking to attract people to the sector.

7.2.3 Pay and reward

Pay emerges as an important theme across the survey. It is the most commonly identified challenge, mentioned by nearly half the workforce; the most commonly mentioned improvement that would make people feel more supported or improve their quality of life at work; and the most common reason to consider leaving. Pay does not appear as an important motivation to join the workforce, but its importance rises considerably when respondents were asked to consider what is important to them now. This suggests that there is a potential disconnect between the perceived importance of pay before entering the sector compared to the reality experienced once working within it.

The survey only covered the current workforce and so was unable to capture whether people are discouraged from entering the sector, or how many have already left it, as a result of low pay (or for any other reason). However, in open text questions, some respondents believed that pay was a factor making recruitment and retention more challenging. This emphasises the recommendation in the workforce strategic plan that employers should commit to paying wages in line with market value and rewarding employees fairly for their role.

The workforce strategic plan also notes the importance of considering the total reward package and working conditions. Survey results suggest a number of other areas, beyond just pay, where there is room for improvement on the part of employers. Nearly a quarter of the workforce, and three in ten regulated professionals, do not feel valued, appreciated or recognised by their employer. One in six say that their pension is unsatisfactory, and this was in the top five things that respondents said would make them feel better supported. The total reward package may be a particular issue for retaining staff with more years of experience.

7.3 Train, develop and retain

7.3.1 Pathways

Half of the workforce have previously worked as a drug and alcohol worker, and this is the most common previously held role amongst team leaders, service managers, commissioners and nurses in the sector. Commissioners are considerably more likely to have previously worked as a drug and alcohol worker than to have entered the sector from a commissioning role elsewhere. This emphasises the importance of investment in training and developing drug and alcohol workers, since they are likely to go on to take on management and leadership roles within the sector.

One in five of the workforce, and nearly a quarter of those in unregulated roles, got into their first job in drug and alcohol services and support by volunteering. This demonstrates the potential of volunteers to provide a future workforce and the value of offering volunteers career progression opportunities where they are interested in these.

7.3.2 Training and development

Survey results indicate that there is a high level of demand for training and development opportunities, which is not being fully met. These findings underscore the importance of investing in ongoing professional development opportunities for the workforce.

When respondents were asked how they could be better supported at work, increased training, development and career opportunities were second only to pay in the frequency with which they were mentioned. One-quarter of the workforce identified lack of learning and development opportunities, or lack of time to take these up, as a challenge. The survey results indicate that lack of time to engage with learning may be a significant issue, suggesting there is an important role for workload planning in enabling learning and development.

Comments in the open text question also identified that for some respondents, much of the training they had received was one-off, short-term and/or online. These respondents wanted support for 'proper' training to gain qualifications or progress along a recognised pathway. This aligns with work currently being done to develop curricula and accredited training for drug and alcohol workers, children and young people's drug and alcohol workers and peer support workers.

7.3.3 Career opportunities

Lack of career opportunities was also a widespread challenge: it was something which had led to one in seven respondents considering leaving the workforce and was the third most common reason for considering leaving amongst those with the strongest intentions to leave.

The desire for career progression and development opportunities is higher among younger respondents and those who are newer to the sector, and these groups are also more likely to report that this is a challenge. This correlates with the higher intention to leave the sector observed among these groups. This highlights the importance of addressing the career

progression needs of its workforce, especially those in the early stages of their careers, to improve retention and reduce the overall intention to leave.

A lack of career opportunities was seen as a particular challenge for respondents who were not interested in progressing to managing staff and wanted to continue working directly with people using drugs or alcohol. This reflects findings from the workforce strategic plan and its recommendation that service providers should offer a range of career development opportunities, including those that entail remaining in a frontline role at a more advanced level.

Overall, the survey results support the recommendations identified in the workforce strategic plan. They identify a number of important and interrelated issues around pay, caseloads, clinical supervision, training and career opportunities, which should be addressed to improve recruitment and retention.

8 Role by role breakdowns

This section provides a summary of results from the survey from specific occupational sub-groups. The questions selected for inclusion here were those most likely to be of interest in terms of understanding motivations to join, remain in and leave the workforce.

We have reported separate findings for specific roles here if:

- People in this role, or a large proportion of people in this role, work directly with people with drug or alcohol problems
- The survey had a sufficient number of responses from people with this role to analyse separately (at least 30), or the role could be reasonably grouped with other roles to create a group with a sufficient number of responses

We have also reported separate findings for commissioners, despite this group not meeting the first criterion, as it was thought to be of interest to analyse this group separately.

Drug and alcohol workers

919 drug and alcohol workers completed the survey.

Drug and alcohol workers were most often studying before joining the drug and alcohol workforce (11%) and most commonly have not previously worked in another role in drug and alcohol (20%).

The top factors that were important to them in their role now were:

- I am making a difference to others (93% said this was important or crucial)
- The work is interesting (86%)
- It suits my skills and abilities (86%)
- The support provided to staff (79%)

The things most often mentioned they liked about their jobs were:

- Ability to help others / offer support (32% mentioned this)
- Ability to make a difference in people's lives / guide people to a better life (28%)
- Good work environment – good colleagues / supportive / compassionate staff (28%)
- Ability to see positive changes / small improvements by people (24%)

On average, drug and alcohol workers spent 59% of their time working with people directly and 37% of their time on admin.

39% of drug and alcohol workers received clinical supervision at least once a month. 78% had regular meetings with their manager and 81% received appraisals. 4% received none of this support. Drug and alcohol workers employed by a voluntary sector organisation were less likely to

receive any clinical supervision compared to those employed by an NHS organisation (52% vs. 70%).

The top four challenges affecting drug and alcohol workers were:

- Pay is too low (54% said this challenge affected them)
- Emotional exhaustion or compassion fatigue (49%)
- Lack of career opportunities (34%)
- Job insecurity and too much organisational change (30%)

31% of drug and alcohol workers said they were strongly considering leaving the sector or already had definite plans to. A further 24% said they might consider leaving. Drug and alcohol workers employed by an NHS organisation were more likely to report they were strongly considering leaving the sector or already had definite plans to leave compared to drug and alcohol workers employed by a voluntary sector organisation (38% vs. 29%).

The most common destination for those who might consider or would strongly consider leaving was to a job in the NHS, health or social care, but not focused on drugs and alcohol (21%) followed by a job outside of health and social care (19%).

The things drug and alcohol workers most often mentioned when asked how they could be more supported at work were:

- Better pay / salary (22% mentioned this)
- Better / improved caseloads / support (16%)
- Better training / increase of development / career opportunities (14%)
- Better support from managers / senior management (10%)

Peer support workers

67 peer support workers completed the survey.

Peer support workers had most often worked in administrative and secretarial occupations before joining the sector (13%) and a similar proportion were not working before they joined the sector (13%). Within the sector the most commonly held previous role was a drug and alcohol worker (13%), although 34% of peer support workers said they had not had any previous roles in drug and alcohol services and support.

The top factors that were important to peer support workers in their role now were:

- Making a difference to others (95% said this was important or crucial)
- The work is interesting (92%)
- It helps them learn something new or take on new challenges (86%)
- The organisation's values (85%)

The things most often mentioned they liked about their jobs were:

- Ability to make a difference in people's lives /guide them to a better life (28% mentioned this)
- Ability to help others /offer support (26%)
- Good work environment – good colleagues /supportive /compassionate staff (20%)
- Ability to use lived experience to help /share expertise with others (16%)

On average, peer support workers spent 66% of their time working with people directly and 27% of their time on admin.

59% of peer support workers had regular meetings with their manager and 44% received appraisals. 7% received none of this support. The survey did not ask if peer support workers received clinical supervision since they do not deliver clinical work in line with the workforce strategic plan.³¹

The top three challenges affecting peer support workers were:

- Pay is too low (50% said this challenge affected them)
- Job insecurity and too much organisational change (26%)
- Lack of career opportunities (25%)
- Emotional exhaustion or compassion fatigue (23%)

A quarter of peer support workers (24%) did not face any of the challenges listed or identify other challenges they faced.

9% of peer support workers said they were strongly considering leaving the sector or already had definite plans to. A further 28% said they might consider leaving. The most common destination for those who might consider or would strongly consider leaving was to move or be promoted to another job within the same organisation (33%).

The things peer support workers most often mentioned when asked how they could be more supported at work were:

- Better pay / salary (13% mentioned this)
- Better training / increase of development / career opportunities (11%)
- More funding for projects and services (7%)
- Improved communication with managers (5%)

³¹ [10-year strategic plan for the drug and alcohol treatment and recovery workforce](#) pg. 97

Service managers and team leaders

440 team leaders and service managers completed the survey (248 team leaders and 192 service managers).

Team leaders and service managers were most often studying before joining the drug and alcohol workforce (9%) and within the sector the most commonly held previous role was a drug and alcohol worker (71%).

The top factors that were important to them in their role now were similar to those for drug and alcohol workers:

- I am making a difference to others (93% said this was important or crucial)
- The work is interesting (90%)
- It suits my skills and abilities (89%)
- It will help me learn something new or take on new challenges (79%)

The things most often mentioned they liked about their jobs were also similar to drug and alcohol workers, but with greater importance on their team and colleagues:

- Good work environment – good colleagues / supportive / compassionate staff (32% mentioned this)
- Ability to make a difference in people's lives / guide them to a better life (28%)
- Ability to help others / offer support (25%)
- Ability to see positive changes / small improvements by people (21%)

40% of service managers and 52% of team leaders worked directly with people with drug and alcohol problems or their families. On average, these service managers and team leaders spent 26% of their time working with people directly and 53% of their time on administrative tasks such as writing case notes or emailing colleagues.

One-third (33%) of service managers and team leaders whose role included working directly with people with drug or alcohol problems received clinical supervision at least once a month. 85% had regular meetings with their manager and 82% received appraisals. Four per cent received none of this support.

The top four challenges affecting service managers and team leaders were:

- Pay is too low (45% said this challenge affected them)
- Job insecurity and too much organisational change (42%)
- Emotional exhaustion or compassion fatigue (40%)
- Unrealistic demands from funders (36%)

Service managers and team leaders in the voluntary sector were more likely to report that the pay was too low (48%, compared with 21% of NHS workers), that the pension was unsatisfactory (21%,

compared with 3% of NHS workers) and that a lack of clinical supervision or clinical governance was a challenge for them (12%, compared with 0% NHS workers).

One-quarter (27%) of service managers and team leaders said they were strongly considering leaving the sector or already had definite plans to. A further 29% said they might consider leaving. The most common destination for those who might consider or would strongly consider leaving was to a job in the NHS, health or social care, but not focused on drugs and alcohol (21%) followed by a job outside of health and social care (19%).

The things service managers and team leaders most often mentioned when asked how they could be more supported at work were:

- More funding for projects and services (23% mentioned this)
- Better pay / salary (18%)
- Better / improved caseloads / support (14%)
- Better training / increase of development / career opportunities (13%)

Service managers and team leaders in the NHS were more likely than those in the voluntary sector to say that reducing admin work and bureaucracy would improve their quality of life at work (24% vs. 10%).

Nurses

164 nurses (including nurse non-medical prescribers) completed the survey.

Nurses had most often worked as nursing professionals before joining the sector (70%) and within the sector the most commonly held previous role (other than nursing) was a drug and alcohol worker (18%).

The top factors that were important to them in their role now were:

- Making a difference to others (93% said this was important or crucial)
- The work is interesting (89%)
- Suits their skills and abilities (88%)
- They are meeting a need in their local area / community (80%)

The things most often mentioned they liked about their jobs were:

- Ability to help others / offer support (30% mentioned this)
- Ability to have good relations / have face to face interactions with people accessing support (27%)
- Ability to make a difference in people's lives / guide them to a better life (24%)
- Good work environment – good colleagues / supportive / compassionate staff (22%)

On average, nurses spent 65% of their time working with people directly and 31% of their time on admin.

54% of nurses received clinical supervision at least once a month. 73% had regular meetings with their manager and 77% received appraisals. 6% received none of this support.

The top four challenges affecting nurses were:

- Pay is too low (39% said this challenge affected them)
- Emotional exhaustion or compassion fatigue (39%)
- Lack of career opportunities (34%)
- Lack of learning and development opportunities or time to take these up (32%)

31% of nurses said they were strongly considering leaving the sector or already had definite plans to. A further 27% said they might consider leaving. The most common destination for those who might consider or would strongly consider leaving was to move to a job at another organisation, still working in drugs and alcohol (24%) followed by a job in the NHS, health or social care but not focused on drugs or alcohol (23%).

The things nurses most often mentioned when asked how they could be more supported at work were:

- Improved work conditions – better training / increase of development / career opportunities (15% mentioned this)
- Improved work conditions – better pay / salary (15%)
- Improved resourcing – more funding for projects / services (12%)
- Improved collaboration – improved partnership / sharing of knowledge / support from staff (11%)

Psychological professions

59 people working in psychological professions completed the survey: 10 consultant practitioner psychologists, 16 practitioner psychologists, 3 assistant psychologists, 15 mental health and wellbeing practitioners, and 15 people in other psychological professions.

Psychological professionals had most often worked in therapy professions outside of drugs and alcohol before joining the sector (28%) and within the sector the most commonly held previous role (excluding other psychology roles) was a drug and alcohol worker (38%).

The top factors that were important to them in their role now were:

- The work is interesting (94% said this was important or crucial)
- I am making a difference to others (92%)
- It suits my skills and abilities (92%)
- It will help me learn something new or take on new challenges (76%)

The things most often mentioned they liked about their jobs were:

- Good colleagues / supportive / compassionate staff (39%)
- Ability to help others / offer support (28%)
- Ability to have good relations / have face to face interactions with people accessing support (28%)
- Ability to make a difference in people's lives / guide them to a better life (22%)

On average, people in psychological professions spent 45% of their time working with people directly and 33% of their time on administrative tasks such as writing case notes or emailing colleagues.

81% of psychological professionals received clinical supervision at least once a month. 82% had regular meetings with their manager and 80% received appraisals. One per cent received none of this support.

The top four challenges affecting people in psychological professions were:

- Job insecurity and too much organisational change (49% said this challenge affected them)
- Emotional exhaustion or compassion fatigue (47%)
- Lack of career opportunities (41%)
- Pay is too low (41%)

26% of psychological professionals said they were strongly considering leaving the sector or already had definite plans to. A further 38% said they might consider leaving. The most common destination for those who might consider or would strongly consider leaving was a job in the NHS, health or social care, but not focused on drugs and alcohol (23%).

The things psychological professionals most often mentioned when asked how they could be more supported at work were:

- Improved partnership / sharing of knowledge / support from staff (20% mentioned this)
- More funding for projects / services (15%)
- More knowledgeable, experienced or specialist staff (15%)
- Better training / increase of development / career opportunities (15%)
- Feeling more valued or appreciated as a member of staff (15%)

Medics: consultant addiction psychiatrist/ General practitioner

32 medics completed the survey: 11 psychiatrists and 21 GPs.

Medics most often report that they were a medical or healthcare professional before joining the sector (80%) and within the sector the most commonly held previous role was a trainee (40%).

The top factors that were important to them in their role now were:

- I am making a difference to others (81% said this was important or crucial)
- The work is interesting (81%)
- It suits my skills and abilities (70%)
- It will help me learn something new or take on a new challenge (70%)

The things most often mentioned they liked about their jobs were:

- Ability to help others / offer support (34% mentioned this)
- Good cohort of people to work with / patients (29%)
- Ability to see positive changes / small improvements by people (29%)
- Ability to make a difference in people's lives / guide them to a better life (26%)

On average, medics spent 53% of their time working with people directly and 31% of their time on admin.

49% of medics received clinical supervision at least once a month. 67% had regular meetings with their manager and 85% received appraisals. 3% received none of this support.

The top four challenges affecting medics were:

- Emotional exhaustion or compassion fatigue (57% said this challenge affected them)
- Not feeling valued, appreciated or recognised by my employer (45%)
- Unrealistic demands from funders (37%)
- Long hours or poor work-life balance (35%)

33% of medics said they were strongly considering leaving the sector or already had definite plans to. A further 8% said they might consider leaving. The most common destination for those who might consider or would strongly consider leaving would be a job in the NHS, health or social care, but not focused on drugs and alcohol (55%).

The things medics most often mentioned when asked how they could be more supported at work were:

- Improved communication with managers (33% mentioned this)
- Reduce admin work / bureaucracy / tick box exercises (26%)
- Better management / better leadership (23%)
- Better support from managers / senior management (17%)

Commissioners

117 commissioners completed the survey.

Commissioners had most often worked as a commissioner outside of drugs and alcohol before joining the sector (21%) and within the sector the most commonly held previous role was a drug and alcohol worker (56%).

The top factors that were important to them in their role now were:

- I am making a difference to others (91% said this was important or crucial)
- The work is interesting (89%)
- It suits my skills and abilities (84%)
- I am meeting a need in my local area / community (80%)

The things most often mentioned they liked about their jobs were:

- Ability to make a difference in people's lives / guide them to a better life (31% mentioned this)
- Good colleagues / supportive / compassionate staff (19%)
- Ability to see positive changes / small improvements by people (15%)
- Collaborative work relationships / good teamwork / joint-working (15%)

The top four challenges affecting commissioners were:

- Lack of learning and development opportunities or time to take these up (32% said this challenge affected them)
- Job insecurity and too much organisational change (30%)
- Lack of career opportunities (29%)
- The work I do not being understood by other organisations, or by society (23%)

23% of commissioners said they were strongly considering leaving the sector or already had definite plans to. A further 31% said they might consider leaving. The most common destination for those who might consider or would strongly consider leaving was a job at another organisation, still working in drugs and alcohol (40%) followed by moving or being promoted to another job within the same organisation (35%).

The things commissioners most often mentioned when asked how they could be more supported at work were:

- More funding for projects / services (25% mentioned this)
- Improved partnership / sharing of knowledge / support from staff (13%)
- Better training / increase of development / career opportunities (11%)
- More staff / resources / increased staffing levels (10%).

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