

ACT Alcohol, Tobacco and Other Drug Workforce Qualification and Remuneration Profile 2014

Alcohol Tobacco & Other Drug
Association ACT



ATODA Monograph Series, No.2

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Alcohol Tobacco and Other Drug Association ACT

ATODA Monograph Series

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ATODA

This monograph forms part of the Alcohol Tobacco and Other Drug Association ACT (ATODA) Monograph Series.

ATODA is the peak body for the alcohol, tobacco and other drug sector in the Australian Capital Territory (ACT).

ATODA's vision is an ACT community with the lowest possible levels of alcohol, tobacco and other drug related harm, as a result of our, and related, sectors' evidence-informed prevention, treatment and harm reduction policies and services.

ATODA works collaboratively to provide expertise and leadership in the areas of social policy, sector and workforce development, research, coordination, partnerships, communication, education, information and resources. ATODA is an evidence-informed organisation.

The ways we work, and the outcomes we strive to achieve, reflect our commitment to the values of population health, human rights, social justice and reconciliation between Aboriginal and Torres Strait Islander people and other Australians.

ATODA strives to achieve better interaction and integration between alcohol, tobacco and other drug researchers, policy workers, practitioners, consumers and their friends and families in the ACT and region. We hope this will:

- Enhance research utilisation in policy development and its implementation
- Support knowledge transfer and exchange
- Mobilise knowledge
- Support demonstration of research impact
- Improve the quality of our practice and services
- Improve the health and wellbeing of our community

Monographs in the series are:

No 1. Reducing smoking in the ACT among Aboriginal and Torres Strait Islander women who are pregnant or who have young children

No 2. ACT Alcohol, Tobacco and Other Drug Workforce Qualification and Remuneration Profile 2014

We hope this Monograph contributes to the sector, and is a useful resource towards our shared goal of a healthy, strong and supported community.



Carrie Fowlie
Executive Officer, ATODA

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- Alcohol and Drug Services, ACT Health
- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- CatholicCare Canberra and Goulburn
- Directions ACT
- Karralika Programs Inc
- The Salvation Army
- Ted Noffs Foundation ACT
- Toora Women Inc

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List of Acronyms

ACT	Australian Capital Territory
ATOD	Alcohol Tobacco and Other Drug
ATODA	Alcohol Tobacco and Other Drug Association ACT
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
CBT	Cognitive behavioural therapy
CEO	Chief Executive Officer
EAP	Employee Assistance Program
FTE	Full time equivalent
NGO	Non government organisation
QS	Qualification Strategy
RAP	Reconciliation Action Plan
SPSS	Statistical Package for the Social Sciences

Executive summary

This report presents a profile of the Australian Capital Territory's (ACT) specialist alcohol, tobacco and other drug (ATOD) sector in 2014¹. The profile seeks to develop a better understanding of the specialist ATOD workforce in the ACT as a means of monitoring and demonstrating outcomes relating to workforce capacity and areas in need of further development investment, and to identify, describe and assess a range of issues relevant to the workforce.

The profile is compiled from the results of two surveys: one administered to workers in the ATOD sector (Workers' Survey); and the other administered to the Chief Executive Officer or a manager of each of the nine participating organisations (Organisation Survey). The surveys were developed by the Alcohol Tobacco and Other Drug Association ACT (ATODA) with input and support from the ACT ATOD Workers' Group. The Profile would not have been possible without the foresight and cooperation of the ACT Alcohol, Tobacco and Other Drug Executive Directors' Group, the support of the ACT Alcohol, Tobacco and Other Drug Workers' Group, and funding from ACT Health.

Response rate

The total workforce in the participating organisations is estimated to be 239 staff². This is an increase compared to earlier profiles when the workforce was estimated to be 204. A total of 123 Workers' Surveys were returned, which means that just over half (51.5%) of the estimated workforce completed the 2014 survey.

Demographics of the survey respondents

65.9% of the respondents are female (a decrease of 3.1% compared to 2011). The average age of the workforce is 42 years old, with a minimum of 20 and a maximum of 76. Age distribution is the same for males and females. Of the workers who responded, 5% identified as Aboriginal and/or Torres Strait Islander, and 72.4% were born in Australia.

Employment categories and status

According to the Organisation Survey, Clinical ATOD Workers make up the biggest part of the workforce (40.7%), followed by Nurses (13.6%) and Non-Clinical ATOD Workers (10.7%). Managers (9%) and Administration Staff (8.6%) are also a considerable part of the total. The Organisation Survey also shows that 48.4% of staff are fulltime employed, 30.9% are part time and 17.5% are casual. The average number of hours worked per respondent is 33.63 hours per week (a reduction since 2011).

Among survey respondents, the largest proportions indicated that their role included being: Clinical ATOD Workers (24.8%), Non-Clinical ATOD Workers (20.7%), Administration Staff (14.9%), and Managers (12.4%). Males and females were represented approximately equally across most employment categories, except for Managers, Executives and Nurses where there was a higher representation of females (80%, 100% and 90% respectively).

¹ Note that this does not include specialist ATOD workers in the Aboriginal and Torres Strait Islander community-controlled services.

² There are a further 6 ATOD positions in Aboriginal and Torres Strait Islander community-controlled services bringing the total estimated workforce to 245 staff.

Respondents have worked on average 3.5 years in their current position, 4.8 years in their current organisation and 6.5 years in the ATOD field. 45.5% of the current workforce had their last position in a different sector, and 26% had their previous position in the same organisation.

Remuneration, entitlements and benefits

Based on a standardised 35 hour week, the average annual salary for an ATOD Worker (when combining Clinical and Non-Clinical) was \$52,995. This is an increase from 2011 of 12%. There was no correlation between level of remuneration and: length of time in the ATOD sector; length of time in their current organisation; or, length of time in their current role. As with previous profiles, non-remuneration based entitlements and incentives were common to all organisations.

Qualifications

A Certificate IV (ATOD-specific and non-ATOD specific) was the most common level of education among respondents (34.4%) and about one-third of respondents have earned a Bachelor degree or higher. Compared to 2011 there was an increase in respondents with an ATOD-specific Certificate IV and in workers who have attained the core competencies. There was also an increase in respondents stating they do not have an ATOD-specific qualification, highlighting the ongoing need for the Qualification Strategy.

Data from the Organisation Survey suggests that most (75.4%, ranging from 30% to 100%) of the workforce reaches the minimum qualifications for the ACT ATOD sector.

Workers' Survey data shows that 65.6% of the respondents say that they currently reach the minimum qualification requirements. This is an increase compared to 2011 when just over 50% of the workforce reached the minimum qualification requirements. Just over half of respondents (54.1%) thought that the Certificate IV was an appropriate minimum level of qualification for ATOD workers in the ACT (a reduction from 71% in 2011).

Main work activities

The data shows that, of workers providing direct services, over half are providing general support (56.4%), crisis support (53.4%) and/or referrals (50.8%). Of workers who are not providing direct services to clients, tasks included: administration (95% of workers); managing staff (53%); crisis support (34%); education (34%); policy (34%); referrals (34%); and support (29%).

Of those undertaking management tasks (n=28), five (17.9%) had a purely management role with no client contact. The rest had a role that included management, assessment, clinical, counselling and therapy (39.3%), management and research and development (25%), or a management role and other roles (17.9%). Those with management duties spend an average of 13.37 hours per week on their management tasks.

Professional development needs and processes

Professional development needs vary widely by employment category. Most respondents were aware of the process required to undertake external training and professional development.

Clinical supervision

Respondents were asked whether they receive clinical supervision. Data from 2014 shows that Clinical ATOD Workers and Nurses receiving clinical supervision have increased compared to 2011. Clinical supervision directed to Non-Clinical ATOD Workers has decreased by 31%. Forty-three percent received their clinical supervision from someone external to their workplace. Of those employees receiving clinical supervision, 29.2% were 'very satisfied' and 37.1% were 'satisfied' with the clinical supervision they receive; only 8.9% were 'dissatisfied' or 'very dissatisfied'.

Job satisfaction

Most (89.0%) respondents were either 'satisfied' or 'very satisfied' with their jobs, 10.2% were 'not satisfied nor dissatisfied', 0.8% were 'dissatisfied' with their job.

1 Background

1.1 The ACT Alcohol, Tobacco and Other Drug (ATOD) Sector

The specialist ACT Alcohol Tobacco and Other Drug (ATOD) sector is comprised of a diverse range of non-government and government services that work to prevent and reduce harms associated with ATOD use in the ACT community. These services offer a range of programs including assessment, information, education, harm reduction services, counselling, case management, withdrawal support, pharmacotherapy support, outreach support, rehabilitation and relapse prevention³.

1.2 ACT ATOD Workforce Qualification and Remuneration Profile

In 2010, the specialist ACT ATOD Executive Directors' Group agreed that a mapping of pay and conditions of the ACT ATOD sector should be conducted at regular intervals. This was to be undertaken through a regular survey of workers in the ATOD sector, and published in a publicly accessible document. This report is the sector's fourth profile.

The primary objectives of the project are:

- To develop a better understanding of the specialist ATOD workforce in the ACT as a means of monitoring and demonstrating outcomes relating to workforce capacity and areas in need of further development and investment;
- To identify, describe and assess a range of issues relevant to the workforce, including:
 - Demographics;
 - Employment categories and status;
 - Main work activities;
 - Qualification and remuneration levels of workers in ACT Health funded and delivered ATOD services;
 - Non-remuneration based employee benefits;
 - Management functions;
 - Professional development processes and needs within services;
 - Work history; and
 - Job satisfaction.

³ ACT ATOD Services Directory, version 13 updated December 2015. See: directory.atoda.org.au

1.3 The ACT ATOD Qualification Strategy

The ACT is currently in the process of implementing the ACT ATOD Qualification Strategy (QS) (formerly the minimum qualification strategy) for the sector, which aims to ensure the development and maintenance of a competent and professional workforce. It also aims to ensure that all workers have a shared minimum knowledge and skill base.

The minimum qualification for ACT ATOD workers is:

1. A **current** First Aid qualification to a Senior / Level 2 standard.

AND

2. A qualification in ATOD or addiction studies which is equivalent to, or above, the Australian Qualifications Framework Certificate IV in Alcohol and Other Drugs (CHC40408).

OR

A health, social, or behavioural science related tertiary qualification plus “4 Core Competencies”:

CHCAOD402B:	Work effectively in the AOD sector
CHCAOD406E:	Work with clients who are intoxicated
CHCAOD408B:	Assess needs of clients with AOD issues
CHCAOD411AB:	Provide interventions for clients with AOD issues

In addition to the minimum requirements, the Qualification Strategy has recently piloted extended training options, including providing subsidies for post graduate level ATOD specific qualifications.

This profile is one means of measuring the progress and implementation of the Qualification Strategy.

2 Changes from the 2011 report

This year's report has incorporated some changes based on feedback from previous years and comparisons with workforce profile surveys conducted by alcohol and other drug peak organisations elsewhere in Australia (e.g. Victorian Alcohol And Drug Association, Network of Alcohol and Drug Agencies, and South Australian Network of Drug and Alcohol Services).

The biggest change is the addition of an organisation-level survey. A Chief Executive Officer (CEO) or Manager of each of the nine participating organisations has completed the organisation-level survey. It has questions about employment status, job roles, qualifications of staff, staff entitlements, recruitment and retention, and clinical supervision. The rationale for adding an organisation survey is to develop a more robust and balanced overview of the workforce.

Changes have also been made to the workers' survey including:

- Adding 'Peer Worker' as a category of employment (Question 7).
- Changing wording in categories of tasks: 'crisis management' changed to 'crisis support' (Question 14);
- Adding 'Work Health and Safety allowance' to the list of entitlements (Question 18);
- Adding a section about work history, including questions about the last position held by the worker and other sectors in which the worker was employed (Part F, Questions 21–23);
- Adding 'Certificate 1' and 'Bachelor degree' to the options about highest level of education attained (Question 24);
- Adding a question about professional associations (Question 41); and
- Adding a question about job satisfaction (Question 42).

Finally, there have been small changes made to the layout, wording and order of the questions and answer categories (for example, the latter are now all alphabetised).

3 Methods

This workforce profile has been developed based on survey data from the following organisations offering alcohol tobacco and other drug (ATOD) services:

- Alcohol and Drug Services, ACT Health
- Alcohol Tobacco and Other Drug Association ACT (ATODA)
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- CatholicCare Canberra & Goulburn
- Directions
- Karralika Programs Inc (known as ADFACT in previous reports)
- The Salvation Army
- Ted Noffs Foundation ACT
- Toora Women Inc

The following methods were used to conduct the profile:

- Census of ACT ATOD workers using workers' and organisation surveys. These surveys were developed based on surveys used in previous years, with some adaptations based on feedback and workforce profile surveys of other ATOD peak organisations around Australia (see Section 2).
- **Workers' Survey** (Appendix 1): The Workers' Survey contained 44 questions, divided into 9 sections. It asked about: demographics; employment roles; work activities; qualifications of workers; remuneration and non-remuneration benefits; management duties; work history; professional development needs and processes; and job satisfaction. This survey was completed by 123 respondents.
- **Organisation survey** (Appendix 2): The Organisation Survey was developed to be completed by a Manager or executive staff member from each ACT ATOD organisation. It aimed to provide a more comprehensive overview of the ACT ATOD workforce. The survey contained 21 questions, divided into 6 sections. It asked the respondent about: staffing profile (including employment roles, cultural diversity etc); staff qualifications and professional development; staff entitlements; staff recruitment and retention; and clinical supervision. All nine ACT ATOD organisations completed this survey.
- Initial feedback on some survey questions was received from the ACT ATOD Workers' Group.
- Surveys were pre-tested with a group of five workers and one Manager in the field. Feedback and comments from this pre-test were mainly used to improve wording of the questions.
- Surveys were distributed among the workers of participating ACT ATOD organisations. A contact person was appointed in every organisation to whom the surveys were delivered (between 25 July and 5 August 2014) and they had the responsibility to distribute the surveys within their organisation.
- The initial recruitment period of a month was extended to a period of three months to increase participation (July to October 2014).

- Data was entered and analysed in SPSS, using two separate databases, one for the Organisation Survey and one for the Workers' Survey.
- A draft report was circulated to stakeholders for comments, and this informed a stakeholder consultation through the ACT ATOD Executive Directors Group meeting. Contributions were then incorporated into the discussion section of this document.
- A final draft of the report was circulated to Executive Directors for comment (May 2015).

Ethical approval for the conduct of this project was received from the ACT Health Human Research Ethics Committee.

4 Results

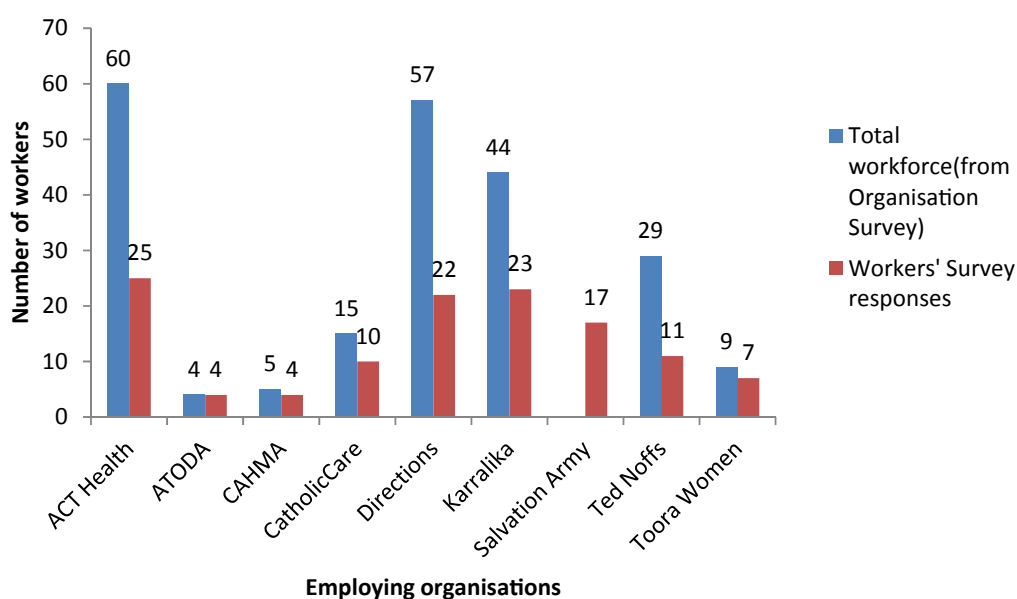
The following results come from both the Workers' and Organisation Surveys. Where it is not specified, the data comes from the Workers' Survey, and this accounts for the majority of the data. It will be specifically noted when the data comes from the Organisation Survey. Some participants in the Workers' Survey chose not to answer particular questions, so for some questions the responses do not add up to the total number of returned surveys (n=123). Proportions are calculated using the number of respondents to each question. In some instances, results from the current survey will be compared to data from previous surveys. Additionally, some data needs to be interpreted with caution, due to small numbers of participants at some services and outliers in the data.

4.1 Response

Figure 1 shows the size of the workforce in each organisation (based on responses from the Organisation Survey) and the numbers of workers' surveys returned for each organisation. Workforce size was missing for one organisation, but an estimate (of 16 workers) was subsequently obtained through personal communication with a Manager at the organisation. The estimated size of the total workforce was, therefore, 239 staff⁴. This is an increase compared to earlier surveys (2006, 2009, 2011) when the workforce sizes were estimated to be 204 staff.

A total of 123 workers' surveys were returned, which means that just over half (51.5%) of the estimated workforce completed a survey. This is slightly lower than the response rate in 2011, when it was estimated that 55% of the workforce completed the survey. Among the four largest organisations (ACT Health, Directions, Karralika and Ted Noffs), response rates varied from 38% to 52%.

Figure 1 Workers' Survey responses by organisation compared to total workforce in each organisation
(Sources: Organisation and Workers' Surveys)



⁴ This does not include a further 6 ATOD positions in Aboriginal and Torres Strait Islander community-controlled services; including these brings the total estimated workforce to 245 staff.

4.2 Demographics of the workforce

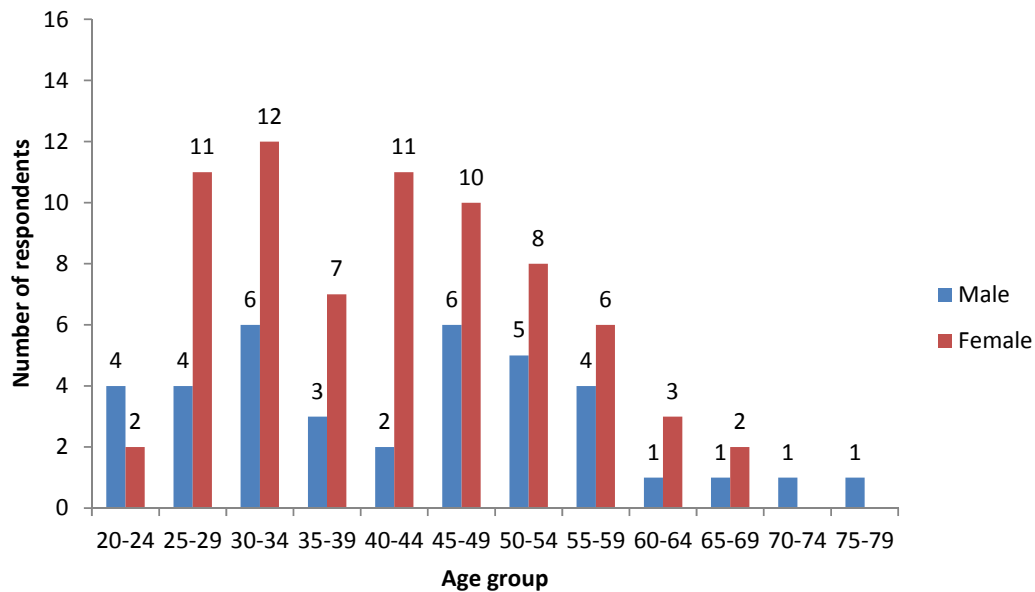
Respondents were asked about their age, gender and cultural background.

4.2.1 Age group and gender

Of the survey respondents, 81 (65.9%) are female (a decrease of 3.1% compared to 2011). The average age of the workforce is 42 years old, with a minimum of 20 and a maximum of 76. Age distribution is the same for males and females (see Figure 2).

Figure 2 Age groups of workers participating in the survey

(Source: Workers' Survey)

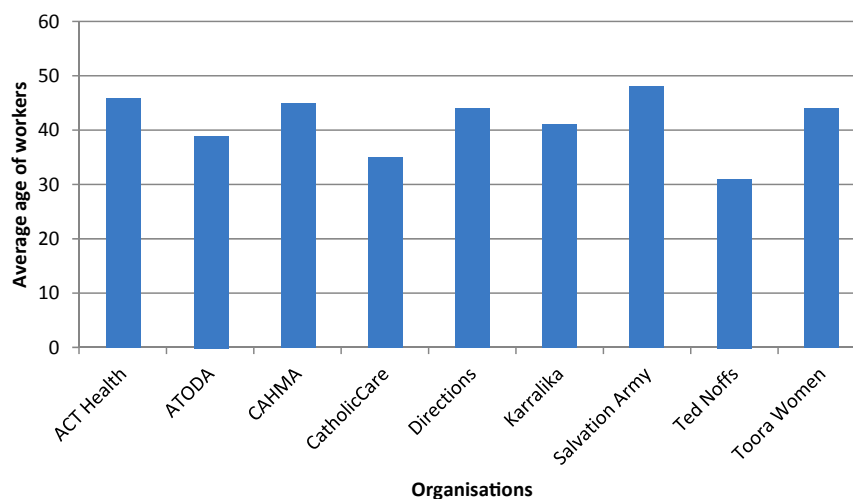


4.2.2 Age groups across the employing organisations

The average ages differ by organisation (see Figure 3), with CatholicCare and Ted Noffs having lower average ages than the other organisations. Karralika, Directions and Salvation Army have the greatest age ranges.

Figure 3 Average ages of workers by organisation

(Source: Workers' Survey)



4.2.3 Aboriginal and Torres Strait Islander status of the ATOD workforce

Of the survey respondents, 6 (5%) identified as Aboriginal. No survey respondents indicated they were of Torres Strait Islander or both Aboriginal and Torres Strait Islander origin. Aboriginal and Torres Strait Islanders are employed in both clinical and non-clinical roles.

According to the Organisation Survey there are 7 (3%) Indigenous people in the ATOD workforce, including two non-clinical Aboriginal and Torres Strait Islander identified positions.

4.2.4 Ethnic origin of ATOD workforce and languages spoken other than English

The majority of respondents, 88 (72.4%), were born in Australia, with 9 (7.3%) born in the United Kingdom. Other countries include: Germany; Canada; South Africa; France; Zimbabwe; Uganda; and India. Twelve (10%) speak a language other than English at home, including French, German, Mandarin, Arabic and Portuguese. Four of those born in Australia (4.5%) speak a language other than English at home: Spanish; Arabic; and Serbian.

4.3 Categories of employment

Both the Workers' and Organisation Surveys gathered data on the categories of employment (or job roles) of the workforce. In 2014, an extra category of 'Peer Worker' was included to provide a fuller picture of employees in the sector.

4.3.1 Category of employment by employing organisation

The Organisation Survey describes the numbers of full-time equivalent (FTE) positions in ATOD organisations and shows that Clinical ATOD Workers make up the largest part of the workforce (40.7%), followed by Nurses (13.6%) and Non-Clinical ATOD Workers (10.7%). Managers (9%) and Administration Staff (8.6%) are also a considerable part of the workforce. Figure 4 shows the breakdown of the workforce (FTE positions) by employing organization.

4.3.2 Employment categories of survey respondents

Of survey respondents, the highest proportion (24.8%) indicated that their job role included being Clinical ATOD Workers, followed by Non-Clinical ATOD Workers (20.7%) and Administration Staff (14.9%). Thirteen respondents indicated they were a Manager (12.4%), and there were 9 (8.3%) respondents who identified that their job roles included being Nurses. Other employment categories included: Social Workers (7.4%); Psychologists (5.0%); Executives (4.1%); and Peer Workers (1.7%)⁵. Twenty-seven respondents (22.3%) indicated they had other roles, described in Box 1.

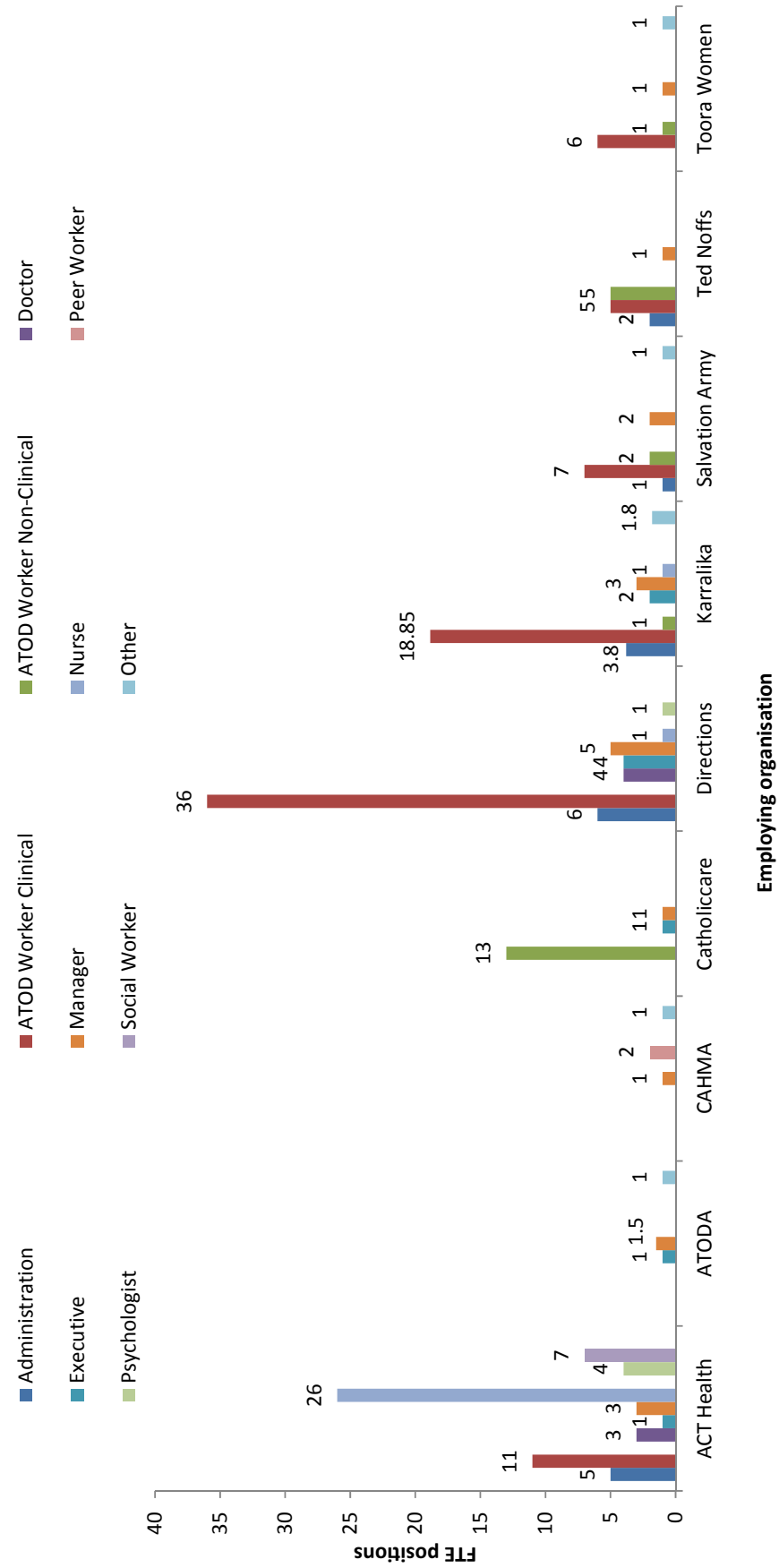
Box 1: Other roles identified by survey respondents:

- Counselor
- Youth Worker
- Case Worker
- Night Supervisor
- Aboriginal Peer Support Worker
- Sleep Over/Night Staff

⁵ As seen in Box 1, one respondent indicated 'other' and then specified 'Aboriginal Peer Support Worker' as their employment category. This response was not reclassified but could be considered as fitting with the 'Peer Worker' category. All following data reporting is based on responses from 2 peer workers. However, it should be noted that, had this been reclassified, 'peer workers' would make up 2.5% (i.e. 3) of the survey respondents.

Figure 4 Full Time Equivalent positions by category of employment, and by employing organisation

(Source: Organisation Survey)



4.3.3 Category of employment by gender and age

Table 1 shows an overview of different employment categories separated by gender. Respondents could indicate multiple employment categories (so the proportions do not add up to 100%). Respondents who defined all or part of their role as 'Manager', 'Executive' or 'Nurse' were more likely to be female (80%, 100% and 90% were female respectively). There are slightly more male Clinical ATOD Workers and more female Non-Clinical ATOD Workers.

The age distribution for each role was very similar. Administration Workers had the lowest average age (42 years old), followed by Social Workers (43 years old) and Psychologists (44 years old). Nurses have the highest average age (49 years old).

Table 1 Respondents by category of employment and gender
(Source: Workers' Survey)

Category of employment	Respondents 2014 (n=121)				% female in each category of employment by year			% male in each category of employment by year		
	Number of respondents	% of respondents*	Female	Male	2009	2011	2014	2009	2011	2014
Clinical ATOD Worker	30	24.8	8	10	66	62	44.4	31	36	55.6
Non-Clinical ATOD Worker	25	20.7	15	10	65	88	60	35.3	40	40
Nurse	10	8.3	9	1	100		90	-		10
Manager	15	12.4	12	3	81.8	43	80	18.2	47	20
Administration	18	14.9	8	10	80	80	44	20	20	56
Psychologist	6	5.0	4	2	100	100	66.7	0	-	33.3
Executive	5	4.1	5	0	67	50	100	33	50	0
Peer Worker	2	1.7	0	2	-	-	0	-	-	100
Social Worker	9	7.4	6	3	-	-	66.7	-	-	33.3
Other	27	22.3	14	13	-	-	52	-	-	48

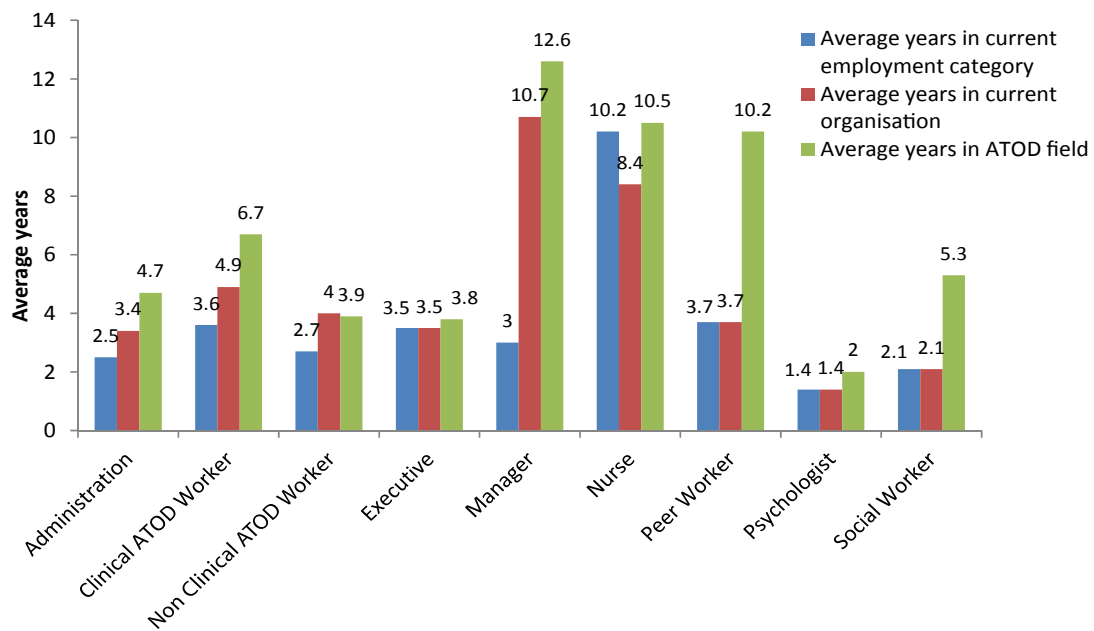
* 121 workers answered this question. Multiple answers were possible and so the proportions do not add up to 100%.

4.4 Length of time in workforce

Respondents were asked how long they have worked in their current position, their current organisation and in the ATOD field. They have worked on average 3.5 years in their current position, 4.8 years in their current organisation and 6.5 years in the ATOD field. Figure 5 provides an overview by employment category.

Nurses have been working in their current roles for the longest time compared to other positions (10.2 years), and are also very experienced within their current organisations and in the ATOD field (8.4 years and 10.5 years respectively). Although Managers have only been employed in their current positions for on average 3 years, they are highly experienced in the ATOD field, and, compared to other positions, have spent the longest time in their current organisations and in the ATOD field (10.7 years and 12.6 years respectively). Psychologists have worked in the field for the least amount of time. Clinical ATOD Workers are more likely to have been employed in their current role, organisation and ATOD field for longer than Non-Clinical ATOD Workers.

Figure 5 Average length of time in: ATOD field, current organisation and current employment category
(Source: Workers' Survey)



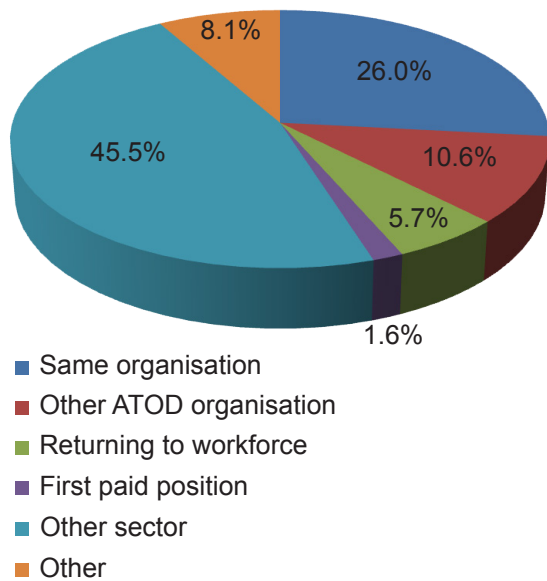
4.5 Work history

Respondents were asked questions about where they worked before their current positions and what other sectors they had worked in.

4.5.1 Previous position

Figure 6 shows where current ATOD employees held their last position. Of the current workforce, 26% had their previous position in the same organisation and 45.5% had their last position in a different sector. Box 2 provides examples of other sectors in which the current ATOD workforce held their last positions.

Figure 6 Overview of last position of current ATOD workforce
(Source: Workers' Survey)



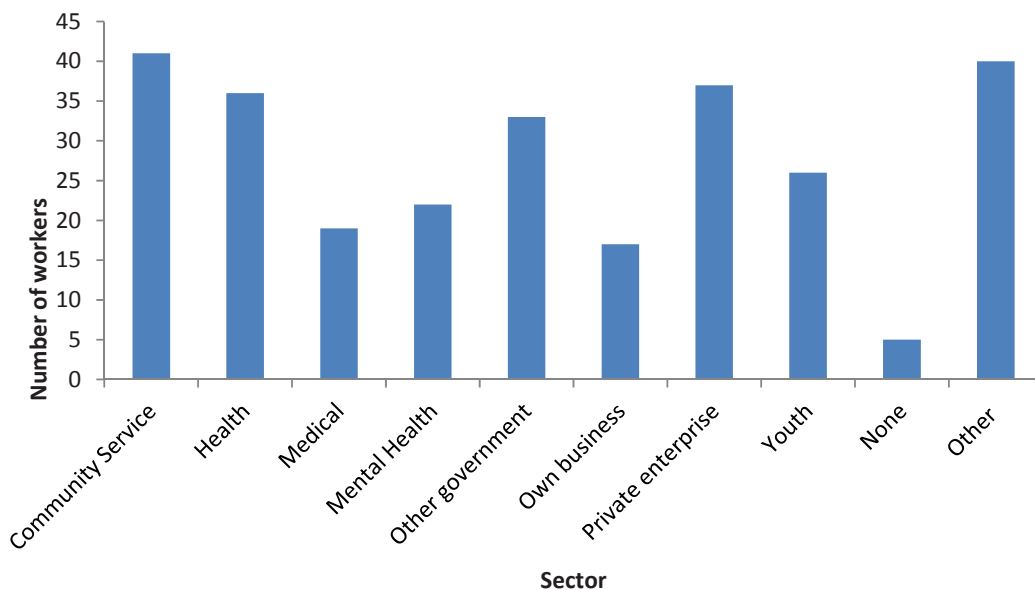
Box 2: other sectors

- Aged care
- Accounting
- Banking
- Business
- Childcare
- Youth services/work
- Community services
- Commonwealth government
- Homelessness
- Hospitality
- Justice
- International aid
- Education
- Retail
- Science
- Mental health

4.5.2 Non-ATOD sector work history

The current workforce has worked in a wide variety of other sectors. Figure 7 provides an overview of sectors in which current ATOD staff have previously worked (multiple answers were possible). One-third (33.3%) of the workforce has previously worked in the community services sector, 30.1% have worked in private enterprises and 32.5% have worked in other sectors (Box 2).

Figure 7 Other sectors in which the current ATOD workforce have worked⁶
(Source: Workers' Survey)



⁶ Multiple answers were possible.

4.6 Employment status

The Organisation Survey shows that 48.4% of staff are fulltime employed, 30.9% are part time and 17.5% are casual⁷. Of respondents to the Worker's Survey, males and females have similar proportions working part time and fulltime (Figure 8). Non-Clinical ATOD Workers and Nurses are more likely to work part time than any other employment category (Figure 9). Figure 10 shows that employees from Directions are more likely to work part time than any other organisation. Employees from ACT Health, Karralika, The Salvation Army, and Toora Women are most likely to work fulltime.

Figure 8 Employment status by gender (Source: Workers' Survey)

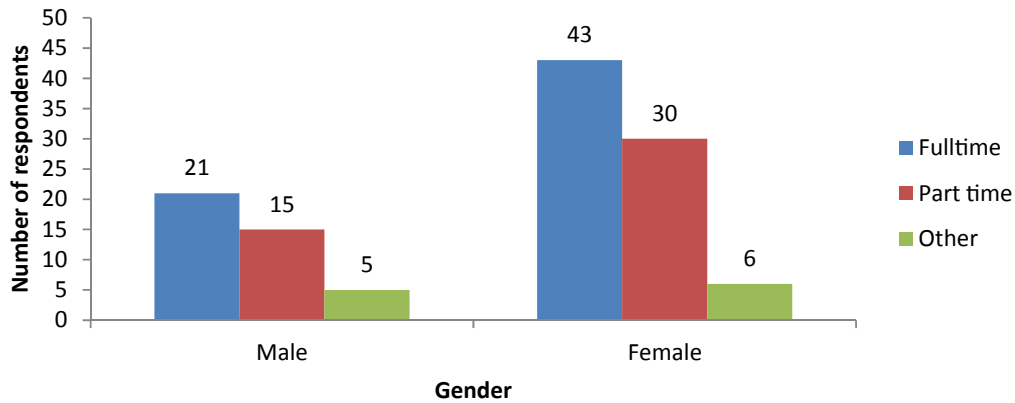
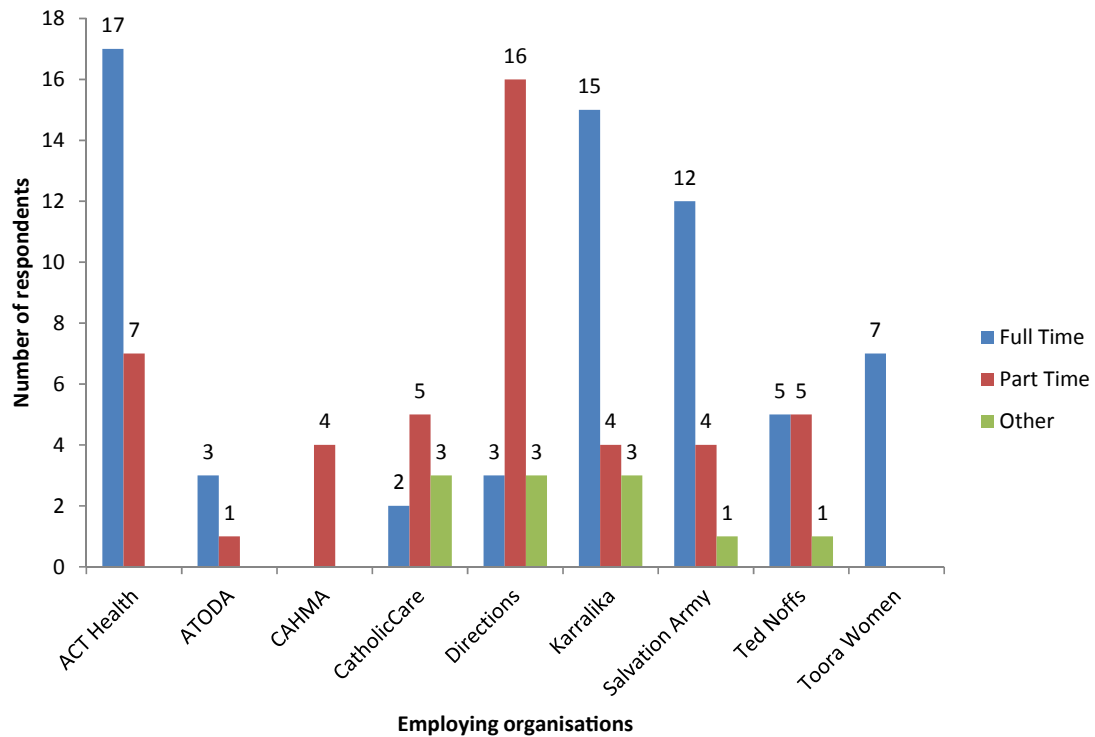
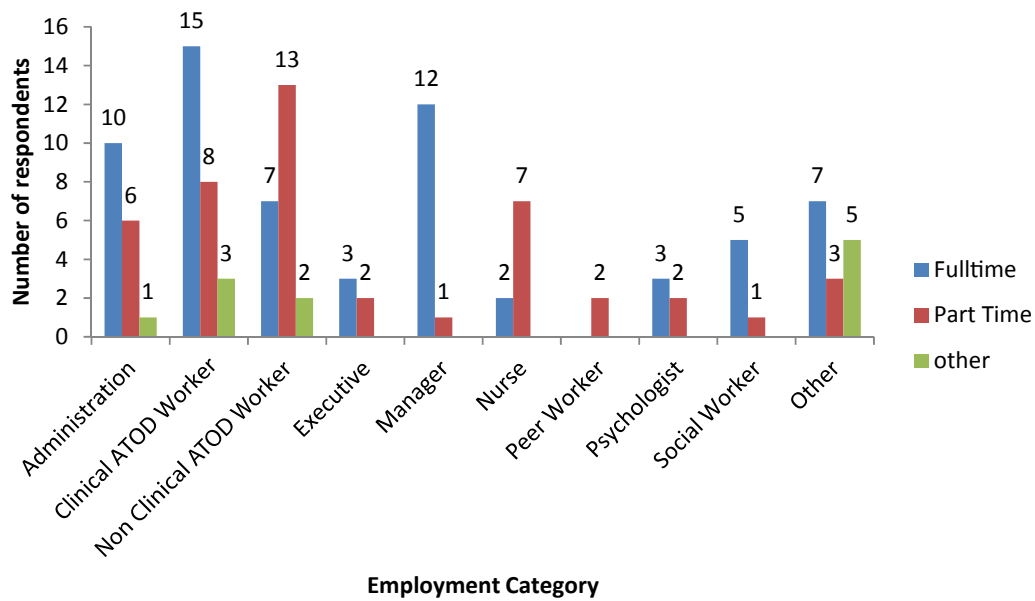


Figure 9 Employment status by job role (Source: Workers' Survey)



⁷ The calculation of these proportions excludes the estimated workforce from one organisation that did not report the employment status of their workforce; an estimated workforce size of 223 (instead of 239) has been used to calculate these proportions.

Figure 10 Employment status by employing organisation
(Source: Workers' Survey)



4.7 Hours worked

The average number of hours worked per respondent is 33.63 per week, which is a 2.59% reduction compared to 2011 (34.5 hours a week). This probably reflects a greater proportion of part-time and casual workers in 2014 (45.5%) compared to 2011 (36%). Men work slightly fewer hours than women, 31.35 hours compared to 34.92 hours, but this is not a significant difference, and is likely to be related to the higher average hours required in employment roles in which women have greater representation (see Table 1).

Figure 11 shows that the average hours worked per week vary among employment categories and that there are slight differences compared to 2011. The average hours ATOD Workers (Clinical and Non-Clinical) work varies between organisations, as shown in Figure 12.

Figure 11 Average hours worked per week by employment category in 2011 and 2014 (Source: Workers' Survey)

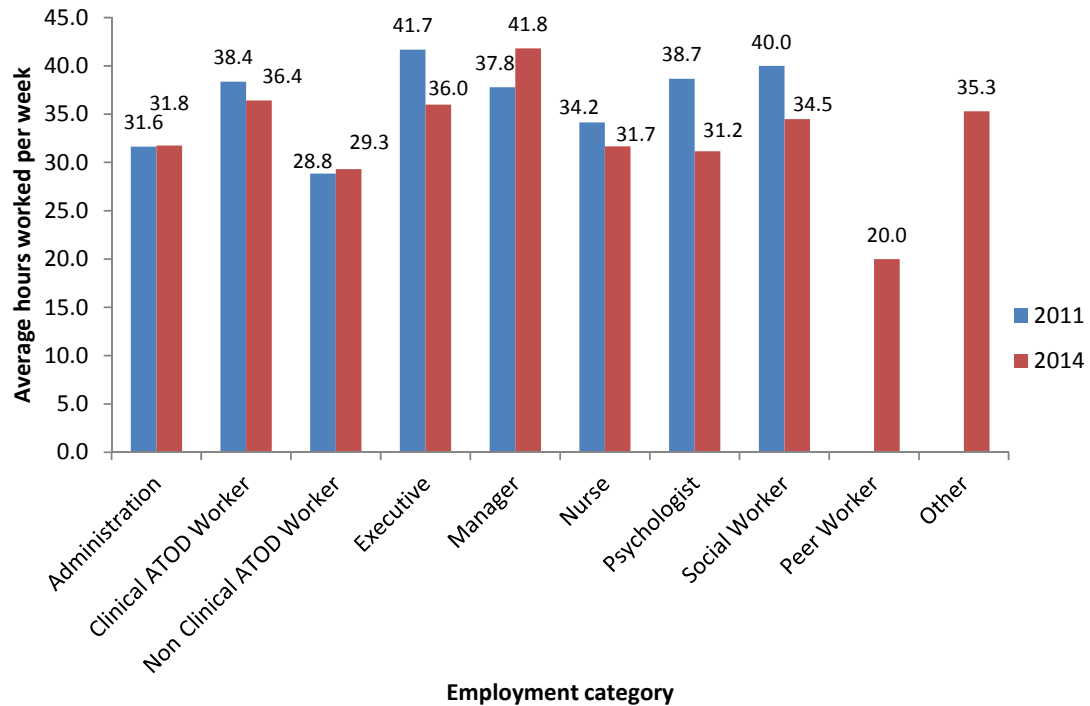
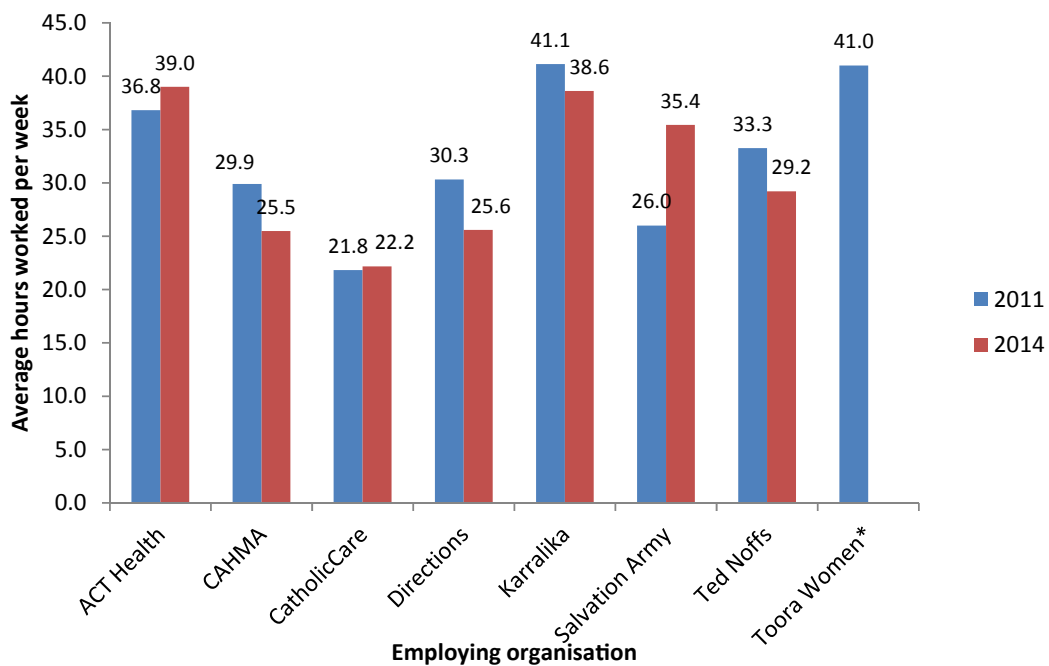


Figure 12 Average hours worked per week by ATOD Workers (Clinical and Non-Clinical) by employer in 2011 and 2014 (Source: Workers' Survey)



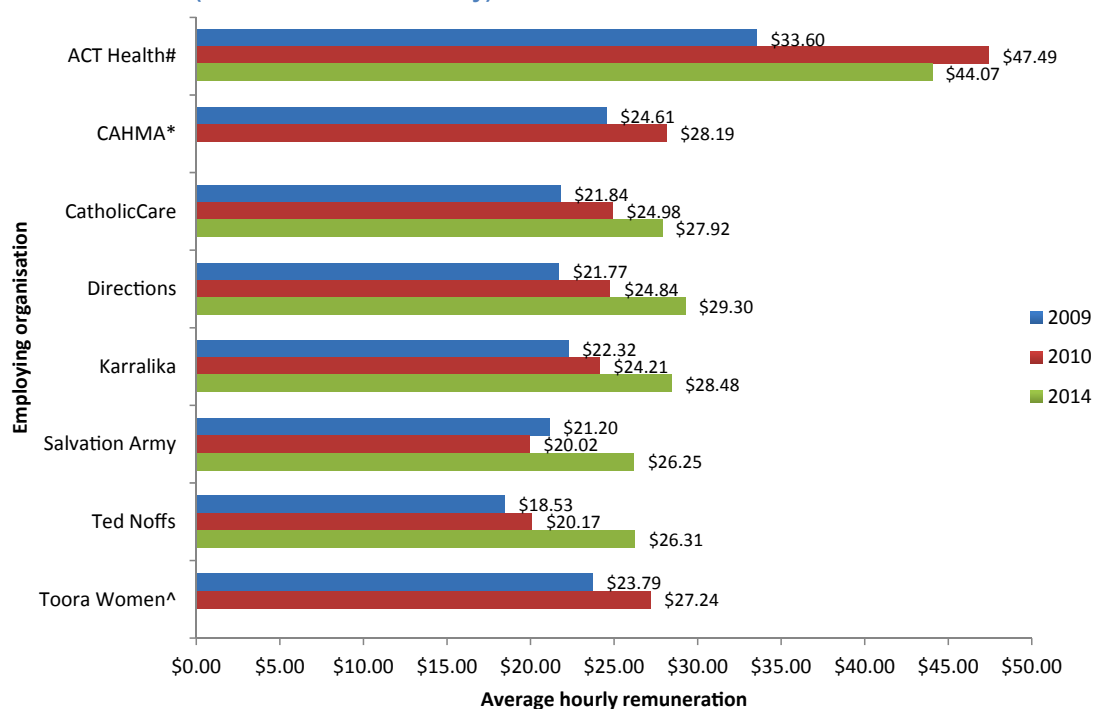
* Data from Toora Women is not reported for 2014. Two outlying data points (likely due to misreading the survey question) combined with a small workforce at this service resulted in a highly inflated and misleading average figure. This data has, however, been retained in the calculations of other data totals (e.g. average hours worked per respondent).

4.8 Remuneration of ACT ATOD Sector Workers

All respondents were asked to provide information on their base hourly rate of remuneration. Based on a 35-hour week⁸, the average annual salary for an ATOD worker (when combining Clinical and Non-Clinical) was \$52,995. This is an increase from 2011 of 12%.

Figure 13 shows that the hourly pay rate for ATOD Workers has increased for every organisation between 2009 and 2014.

Figure 13 Average (base hourly) remuneration by employing agency for ATOD Workers compared between 2009, 2011 and 2014⁹
(Source: Workers' Survey)



2014 ACT Health data is only based on Clinical ATOD Workers.

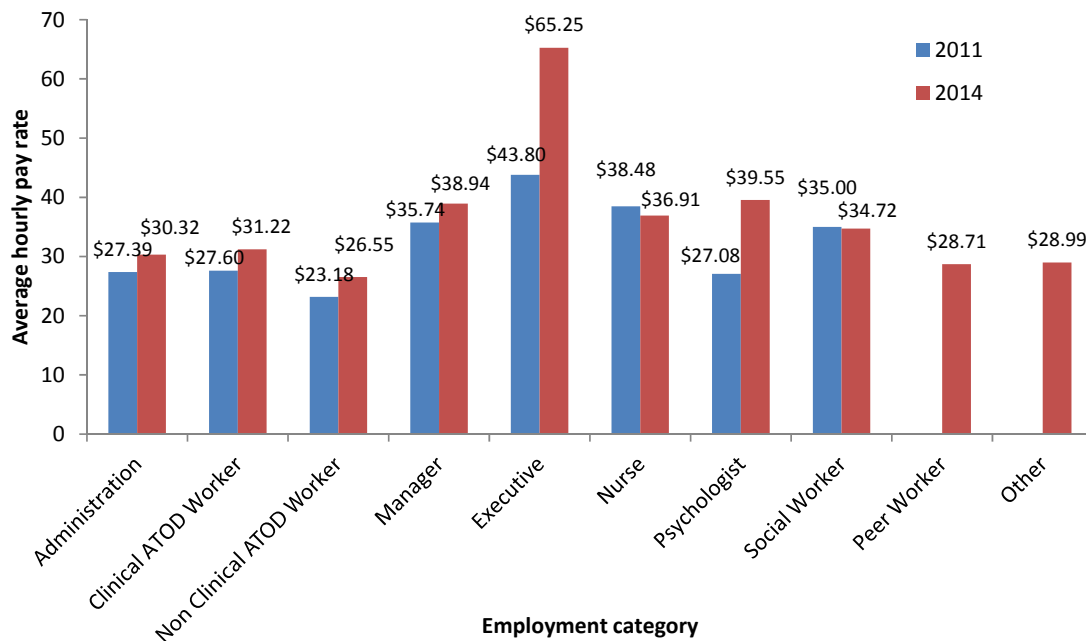
* No respondents from CAHMA identified as ATOD workers in 2014.

^ Data from Toora Women is not reported for 2014. An outlying data point combined with a small workforce at this service resulted in a highly inflated and misleading average figure. This data has, however, been retained in the calculations of other data totals (e.g average remuneration for all Clinical and Non-Clinical workers).

⁸ Estimates are based on a 35 hour week to allow comparability with profiles previously undertaken

⁹ No workers from ATODA identified as ATOD workers in any of the survey years, and so ATODA is excluded from this figure

Figure 14 ACT ATOD sector average remuneration by position in 2011 and 2014¹⁰ (Source: Workers' Survey)



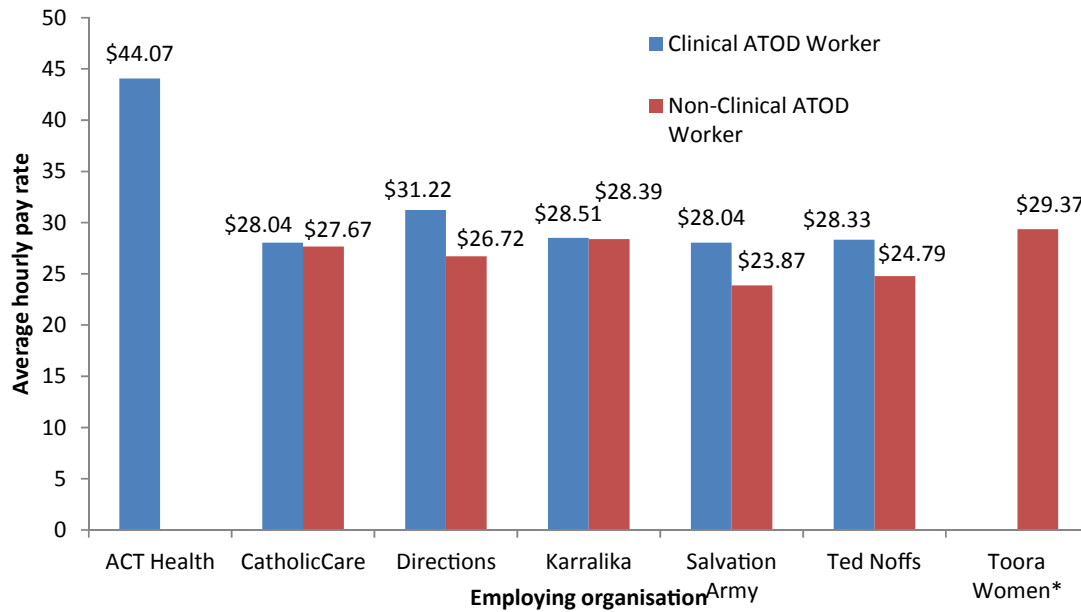
As seen in Figure 14, the average hourly pay rate for most employment categories has increased slightly compared to 2011, and non-clinical ATOD workers have a lower average hourly rate (\$26.55) compared to any of the other employment categories. As in previous years ACT health paid its Clinical ATOD Workers more than most other services, with an hourly average rate of \$44.07 (Figure 15)^{11, 12}.

¹⁰ 'Peer-worker' was not included as a category in 2011

¹¹ No Non-Clinical ATOD Workers from ACT Health completed the survey this year.

¹² Data on remuneration should be approached cautiously as some categories have small numbers of workers in them and calculations of averages will, therefore, be very sensitive to outlying values.

Figure 15 Average (base hourly) remuneration by employing organisation for ATOD Workers (Clinical and Non-Clinical), 2014¹³
 (Source: Workers' Survey)



* Data from Toora Women is not reported for Clinical ATOD Workers. An outlying data point combined with a small workforce at this service resulted in a highly inflated and misleading average figure. This data has, however, been retained in the calculations of other data totals (e.g. average remuneration for all clinical and non-clinical workers).

Females, on average, have a higher average hourly remuneration compared to males (\$33.02 and \$28.98 respectively). Females get remunerated on a higher rate across all age brackets (Figure 16). This is likely to reflect more women working in the ATOD sector generally (66% of this sample are female), and more women represented at higher levels of the organisations.

Figure 17 shows that there is no clear correlation between level of remuneration and: length of time in the ATOD sector; length of time in their current organisation; or, length of time in their current role.

¹³ No workers from ATOD or CAHMA identified as ATOD Workers in 2014, and so they are excluded from this figure.

Figure 16 Average hourly remuneration by gender and age group, 2014
(Source: Workers' Survey)

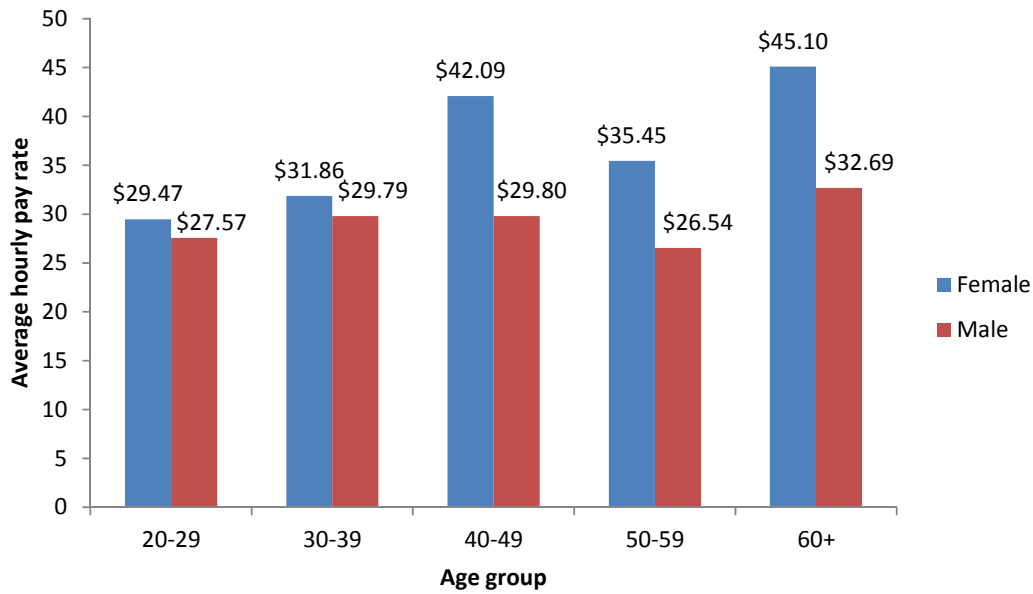
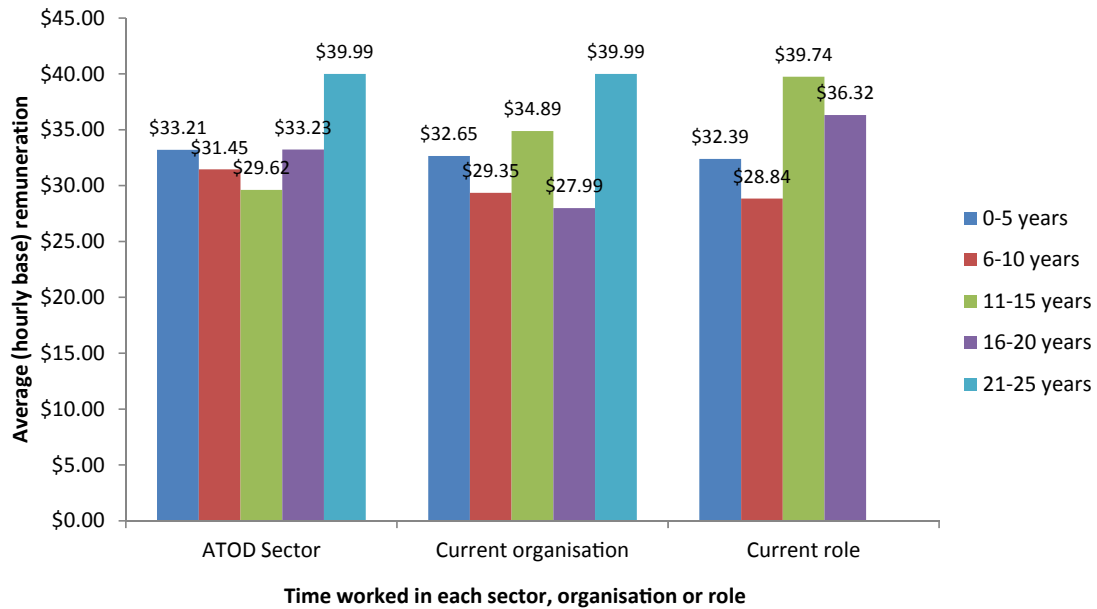


Figure 17 Relationship between years worked in ATOD sector, current organisation and role and average hourly remuneration, 2014
(Source: Workers' Survey)

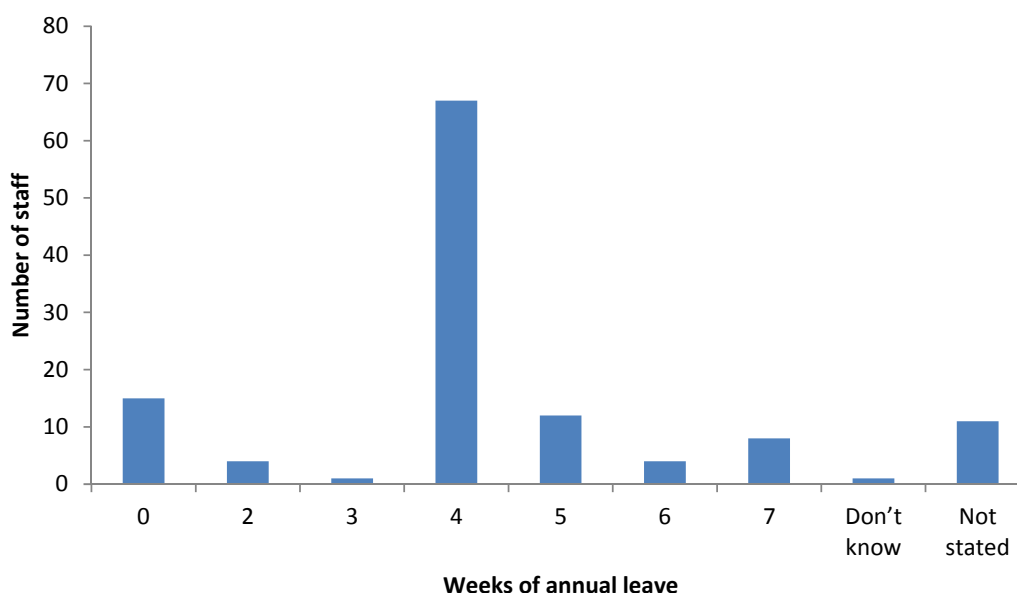


4.9 Non-remuneration based employee entitlements and benefits

4.9.1 Annual leave

The workforce receives a range of annual leave provisions. Figure 18 shows the variation of weeks of annual leave received. Of the respondents who completed this question in 2014 (n=110), 59.5% (n=66) of staff received 4–weeks annual leave and 22.5% (n=25) received more than 4–weeks of annual leave. 13.5 percent (n=15) do not receive annual leave; five of these are part time workers and the rest are casual employees. While the proportions of staff receiving 4–weeks annual leave has remained about the same (51%, 57% and 55% in 2009, 2011 and 2014 respectively), the proportions of those receiving more than 4–weeks leave has reduced between 2009 (55%) and 2011 and 2014 (19% and 20% respectively).

Figure 18 ACT ATOD staff 2014 annual leave profile
(Source: Workers' Survey)



All respondents were asked to report on entitlements and benefits they have the right to access through their work. Table 2 and Table 3 give an overview of the benefits available as reported by the respondents. Over three-quarters (78.5%) of workers reported having access to professional development as part of their entitlements and benefits, and 76.9% have access to an Employee Assistance Program.

Table 2 **Reported access to non-remuneration based employee benefits**
(compared between 2009, 2011 and 2014)
 (Source: Workers' Survey)

	2009		2011		2014	
	%	(n) [N=131]	%	(n) [N = 113]	%	(n) [N=121]
Access to professional development			82	93	78.5	95
Access to work car	60	79	44	50	47.1	57
Additional paid leave	38	50	42	48	38	46
Annual salary increments	52	68	55	62	59.5	72
Work mobile phone	31	40	32	36	29.8	36
Bereavement leave	72	94	71	80	64.5	78
Carers leave	72	94	69	78	67.8	82
Cultural leave					11.4	14
Childcare					2.4	3
Christmas Bonus	13	17	19	21	7.4	9
Conference leave	50	66	48	54	31.4	38
Employee Assistance Program (EAP)	71	93	73	82	76.9	93
Family Leave	42	55	49	55	33.9	41
First aid allowance	39	51	31	35	26.4	32
Flexible work practices	72	94	57	64	52.9	64
Fringe benefit tax exemption			53	60	55.4	67
Indexation	18	23	21	24	18.2	22
Leave Loading	72	94	70	78	66.1	80
Mentoring			44	50	15.7	19
Paid Maternity leave	51	67	48	54	32.2	39
Unpaid Maternity Leave	40	53	26	29	24	29
Paid paternity leave	28	37	25	28	19	23
Unpaid paternity leave	29	38	24	27	22.3	27
Per Diem	24	31	16	18	14.9	18
Purchase annual leave provision	17	22	27	31	20.7	25
Reimbursement of kilometres travelled	40	53	42	47	36.4	44
Superannuation matching	19	25	28	32	12.4	15
Study assistance	57	75	41	46	29.8	36

Table 2 continued Reported access to non-remuneration based employee benefits (compared between 2009, 2011 and 2014)
(Source: Workers' Survey)

	2009		2011		2014	
	%	(n) [N=131]	%	(n) [N = 113]	%	(n) [N=121]
Paid study leave	56	74	49	55	39.7	48
Unpaid study leave	45	59	37	42	29.8	36
Time in Lieu	62	81	45	51	51.2	62
Unpaid leave provision	61	80	53	60	33.1	40
Work Health Safety Allowance			9	10	4.1	5
Don't know	7	9	12	13	9.1	11
Other	8	11	7	8	5	6

Table 3 Non-remuneration based employee entitlements and benefits items listed under 'other' (Source: Workers' Survey)

2009	2011	2014
<ul style="list-style-type: none"> • Taking home electrical equipment • Birthday leave • Access to a training fund 	<ul style="list-style-type: none"> • Contract allowance • Birthday leave 	<ul style="list-style-type: none"> • Birthday leave (take care of yourself day) • Public holiday leave • Special medical leave for blood-borne virus/drug related issues • Clinical supervision

4.9.2 Salary sacrificing

81.3% of respondents (n=100) report that they can salary sacrifice (this is a reduction compared to previous years: 95% in 2009 and 85% in 2011). Box 3 provides a few examples of items that employees can salary sacrifice.

Box 3: Examples of salary sacrificing items

- Rent and mortgage
- Entertainment card
- Bill payment
- School fees
- Card payments
- Bus tickets
- Personal loans
- Car
- Meal
- Utilities

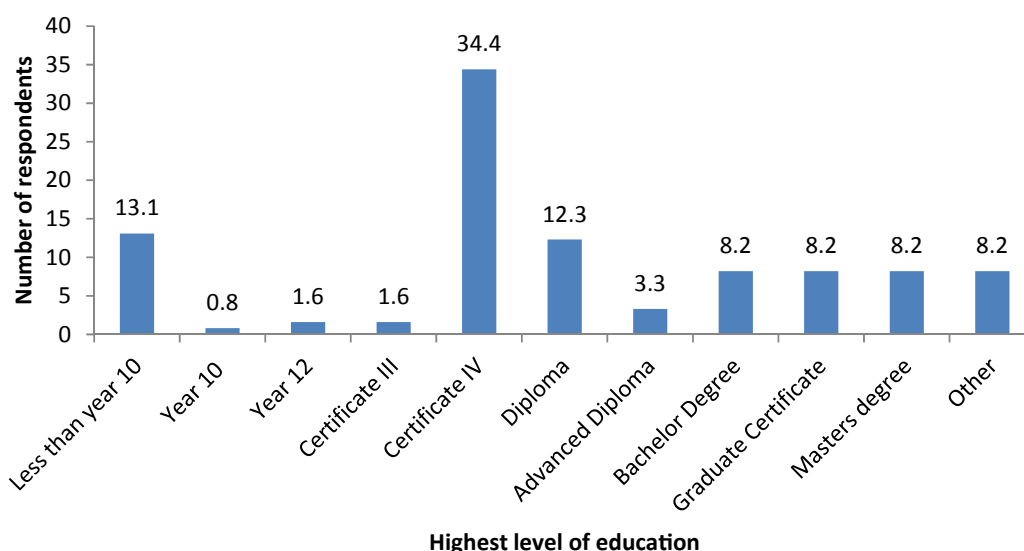
4.10 Qualifications

Respondents were asked about their highest education level, whether they required any qualifications when they started their jobs, any qualifications currently being undertaken (general and ATOD specific), and what qualifications they have completed.

4.10.1 Highest level of education completed

A Certificate IV (ATOD-specific and non-ATOD specific) was the most common level of education attained by respondents (34.4%), followed by 'less than year 10' (13%) and a diploma (12.2%) (Figure 19). Approximately one-third (32.8%) of workers have earned a Bachelor degree or higher. Box 4 provides an overview of the different qualifications the workforce holds.

Figure 19 Highest level of education attained by ATOD workforce in 2014
(Source: Workers' Survey)



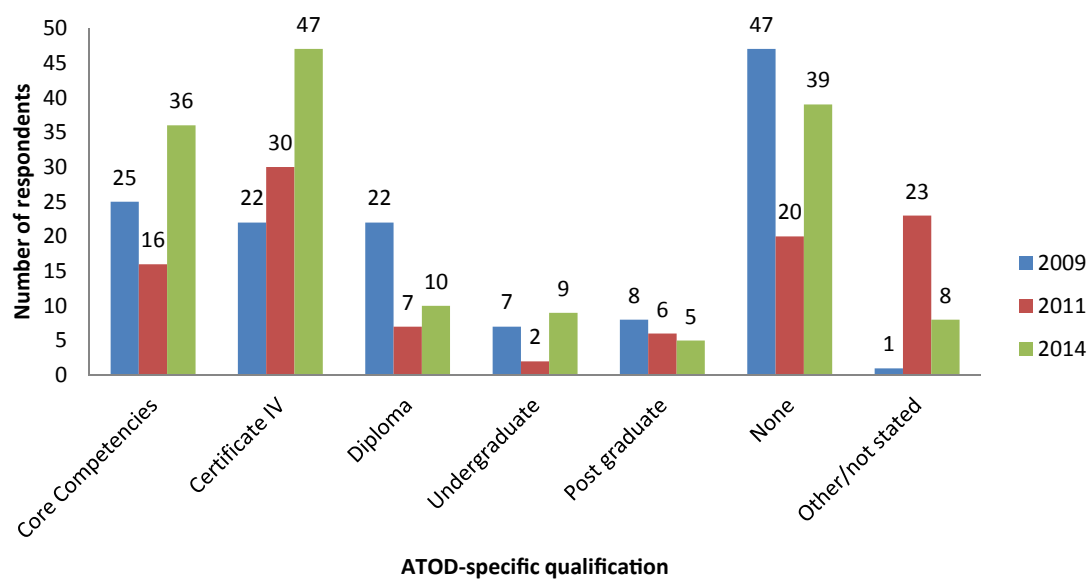
Box 4: Qualifications held by ATOD workforce 2014

- AOD/ATOD/Alcohol and Drugs (includes Certificate IV, Diploma, bachelors and masters)
- Psychology
- Public Health
- Social Work
- Mental Health
- Youth work
- Community services / Community development
- Accounting
- Counselling
- Management
- Arts
- Nursing

4.10.2 ATOD-specific qualifications

Compared to 2011 there was an increase in respondents with an ATOD-specific certificate IV and an increase in the number of workers attaining the core competencies. Notably, there was also an increase in respondents stating they do not have an ATOD-specific qualification (Figure 20). It is important to note that some of these participants were likely to be currently undertaking ATOD specific training through the ACT ATOD Qualification Strategy (as reported in section 4.10.5). Furthermore, it highlights the ongoing need for the Qualification Strategy.

Figure 20 Highest ATOD-specific qualifications held by the ATOD workforce compared between 2009, 2011 and 2014
(Source: Workers' Survey)

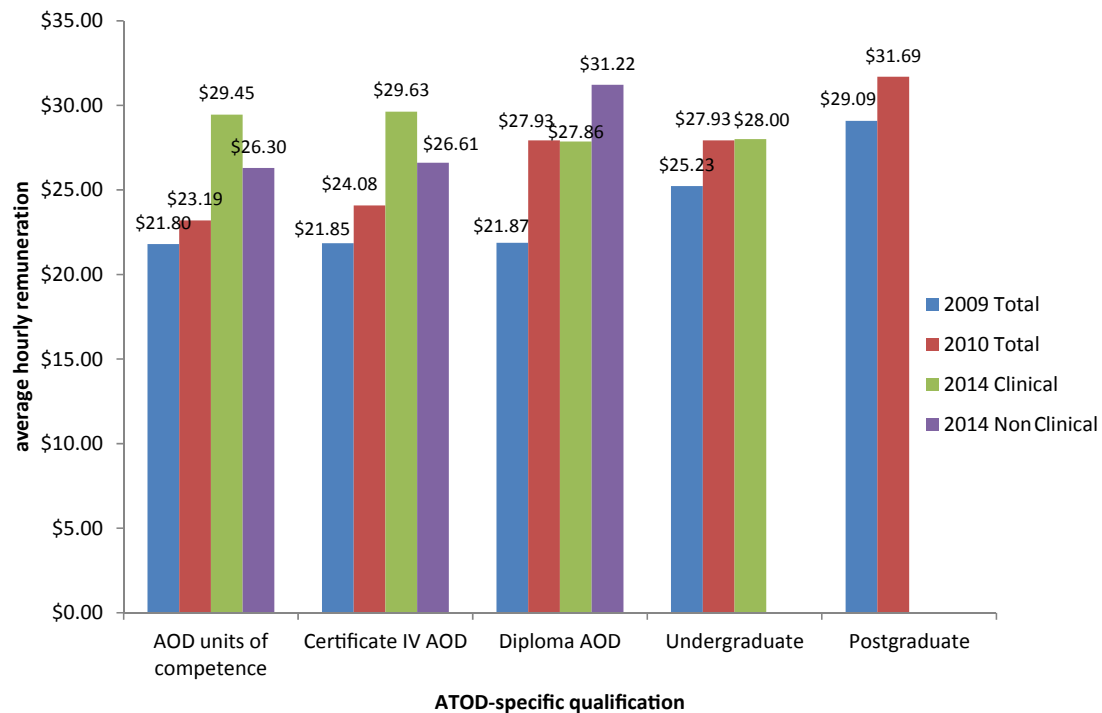


Of the 8 respondents replying that they held qualifications other than those mentioned above, 7 reported having completed the Core Competencies or a module under the Minimum Qualification Strategy. More details on the Minimum Qualification Strategy are described below.

4.10.3 Qualification linked with remuneration of ACT ATOD Workers

Figure 21 shows that there has been an increase in remuneration for those ATOD Workers reaching the four core competencies or for those who have a Certificate IV in AOD, and a slight increase for those with a Diploma. No data was available on ATOD Workers with a postgraduate degree.

Figure 21 ATOD Worker remuneration by ATOD-specific qualification level in 2009, 2011 and 2014 (Source: Workers' Survey)



4.10.4 Qualification requirements on job

Of the survey respondents, 66.4% indicated that they were required to have a qualification. These qualifications included a Certificate IV in Alcohol and Other Drugs (n=29), Psychology (n=6), Social Work (n=4) or a Registered Nurse (n=3). Others mentioned that there were no qualification requirements, but that they had to enrol in a Certificate IV or undertake the 4 Core Competencies.

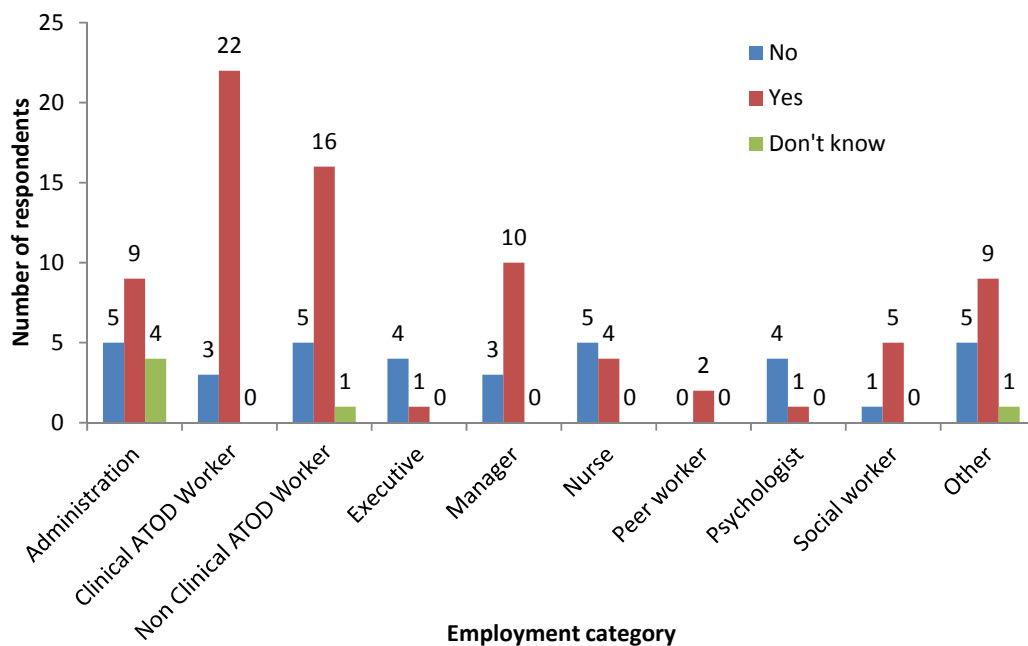
4.10.5 The minimum qualification

Data from the Organisation Survey suggests that most (75.4%) of the workforce reaches the minimum qualifications for the ACT ATOD sector. This ranges from 30% to 100% from organisation to organisation.

Workers' Survey data shows that 65.6% of the respondents say that they currently reach the minimum qualification requirements. This is an increase compared to 2011 when just over 50% of the workforce reached the minimum qualification requirements.

As shown in Figure 22, 88% of Clinical ATOD Workers, 72% of Non-Clinical ATOD Workers, 44.4% of Nurses, 100% of Peer Workers, 20% of Psychologists and 83% of Social Workers have reached the minimum requirements.

Figure 22 Number of staff in each job role category reaching the minimum qualification requirements (Source: Workers' Survey)



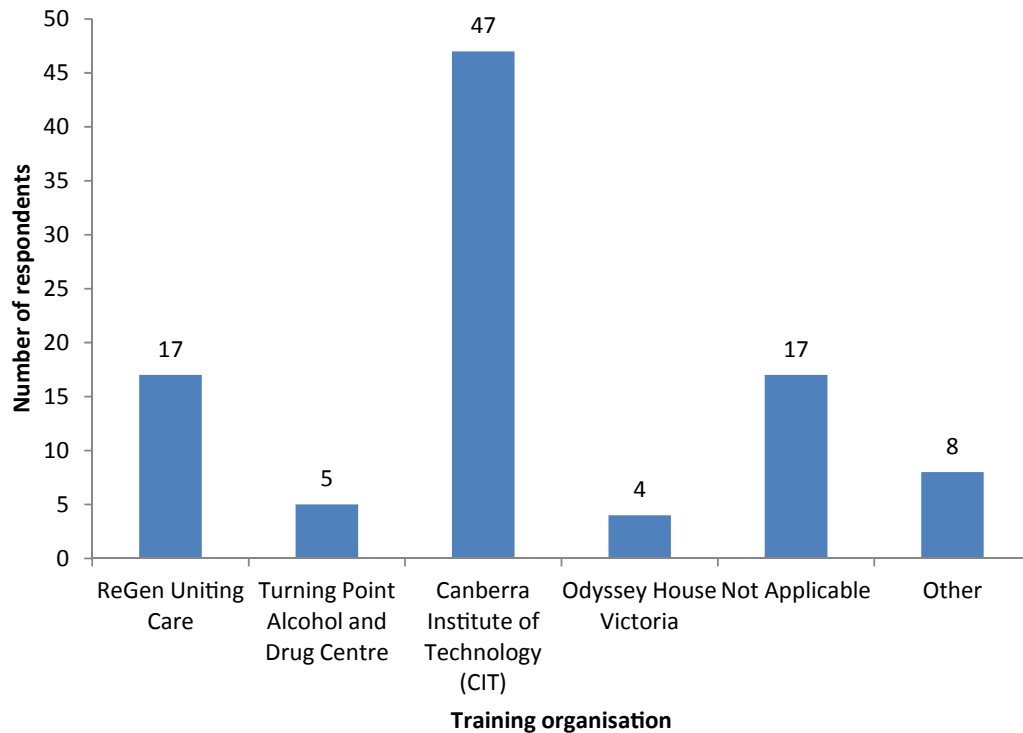
Of the 35 respondents who indicated they had not yet reached the minimum qualifications, 20 (57.1%) are planning to obtain these in the next three years, and 13 (37%) are currently undertaking one or more of the four core ATOD units of competence; Table 4 provides an overview per unit. Sixty percent of the respondents that have not reached the minimum qualifications have a current senior first aid certificate or current workplace level 2 first aid statement of attainment.

Table 4 Number of respondents currently undertaken core ATOD units of competence (Source: Workers' Survey)

Unit Name	N
CHCAOD402B: Work effectively in the AOD sector	8
CHCAOD406E: Work with clients who are intoxicated	8
CHCAOD408D: Assess the needs of clients with AOD issues	11
CHCAOD411AB: Provide interventions for clients with AOD issues	9

As was the case in 2011, the majority of the ATOD workforce have completed their 4 core competencies at the Canberra Institute of Technology. In 2014, seventeen (13.5%) respondents have finished their four core competencies through ReGen Uniting Care (Figure 23).

Figure 23 Registered Training Organisation where 4 core competencies were, or are, being undertaken in 2014 (Source: Workers' Survey)



4.10.6 Perception of minimum qualification requirements

Compared to 2011, there was a reduction in respondents that deemed a Certificate IV to be an appropriate minimum level of qualification for ATOD workforce in the ACT (54.1% compared to 71% in 2011). Around 15% thought it was not appropriate, and 16.4% weren't sure whether it was appropriate.

Some of the reasons participants suggested it was not an appropriate minimum qualification include:

- A higher level of training (diploma) should be required.
- Qualifications need to reflect the complexity of clients and the skills required (including mental health).
- Ongoing professional development is required after meeting the existing minimum qualification.

For those that support the current minimum qualification requirements, reasons given include that it gives staff basic knowledge and skills that are consistent throughout the workforce.

4.10.7 Training currently undertaking

Twenty-six percent of the respondents reported that they are currently undertaking training. Box 3 shows the variety of qualifications respondents are currently undertaking.

Box 3: Examples of qualifications currently being undertaken by ATOD workforce

- Psychology internship (n=2)
- AOD Certificate IV (n=7)
- Minimum qualifications / core competencies (n=5)
- Bachelor of Psychology / Masters Clinical Psychology (n=3)
- Bachelor/Masters of Nursing (n=2)
- Bachelor of Social Work (n=3)

4.11 Main work activities

All survey participants were asked to tick what their main tasks are on their jobs. The main tasks for those providing direct services to clients are shown in Appendix 3, tables 3A–3E and include ATOD Workers, Nurses, Psychologists and Social Workers. Tables 3F–3H in Appendix 3 show the main tasks of those in administration, executive or management roles.

It is important to note that respondents were invited to tick as many tasks as applied to them; that is, there was no ranking or time allocation to tasks. This data, therefore, reflects the numbers of respondents in each job category that ever undertake each task and it does not reflect the proportions of time each individual spends on that task.

4.11.1 Main work activities for those providing direct client services

Table 5 shows those activities that more than 30% of the workers providing direct services are doing as part of their work duties.

Table 5 Proportions of workers providing direct services who do each activity as part of their work duties (Source: Workers' Survey)

Activity	% of workers who said they do this activity
Administration	70.5
General support	56.4
Crisis support	53.4
Referrals	50.8
Brief Intervention	45.5
Health Promotion	45.1
Assessment	38.1
Counselling	38.1
Group work	36.7
Intake	35.5
Teaching Life Skills	32.4

The data shows that almost three-quarters of workers providing direct services do administration as part of their work, and over half are providing general support (56.4%), crisis support (53.4%) and/or referrals (50.8%).

The proportions of workers who undertake specific work activities vary among the worker groups. Table 6 shows the work activities that were most widely identified by each worker group. A full list of work activities as indicated by each worker group is included in Appendix 3 (Tables 3A–3E).

Table 6 Work activities identified by the most workers providing direct services in each employment category (Source: Workers’ Survey)

Employment category	Clinical ATOD Workers	Non-Clinical ATOD Workers	Nurses	Psychologists	Social Workers
Work activities identified by the most workers	Administration Assessment Intake General support Crisis support Referrals Screening	Support Administration Crisis support Health promotion Referrals	Health promotion Education Administration Counseling Primary health care Referrals	Counseling Assessment Case management Crisis support Education Family work Group work Intake Screening Support	Crisis support Brief intervention Counseling Education Referrals

4.11.2 Main work activities of Administration, Management and Executive staff

As is the case with those employees who provide direct services to clients, administration was mentioned to be a work activity done by the majority (95%) of workers who are not providing direct services to clients. Other tasks included: managing staff (53% of workers); crisis support (34%); education (34%); policy (34%); referrals (34%); and support (29%). The proportions of workers who undertake specific work activities vary among the worker groups (i.e. administration, management or executive roles) (see Appendix 3, Tables 3F–3H).

4.12 Management duties

Those undertaking management tasks (n=28) were asked what their main work roles are. Five (17.9%) had a purely management role with no client contact. The rest had a role which included management, assessment, clinical, counseling and therapy (39.3%), management and research and development (25%) or a management role and other roles (17.9%).

Those with management duties spend an average of 13.37 hours a week on their management tasks, which varies from 1 hour a week to 30 hours a week. On average, staff with management duties have spent 5.3 years working as Managers in the ATOD field, the shortest being half a year and the longest being 19.5 years.

4.13 Professional development needs and processes

Every respondent was asked to write down a list of their top three most important professional development needs. On the whole, professional development needs identified by workers were similar to those identified by respondents to the Organisation Survey. Because the needs vary widely by job role, they are presented in separate tables (Appendix 4, Tables 4A-4G). There are a few needs that multiple groups mention, which include: update on current ATOD evidence and trends; mental health; administration training; trauma; supervision (both how to provide supervision and the need for supervision); and more training on specific therapies, including cognitive behavioural therapy (CBT), motivational interviewing and crisis intervention.

4.13.1 Professional development processes

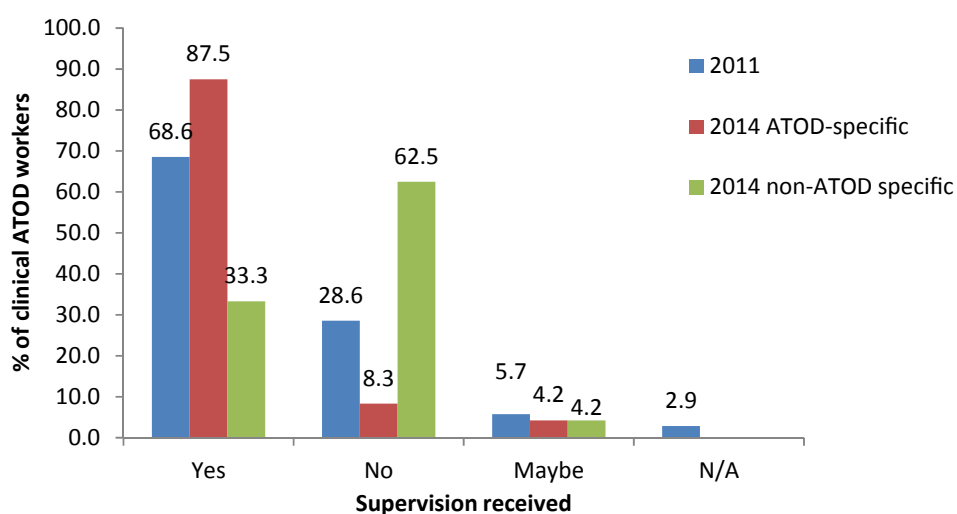
Similar to 2009 and 2011 respondents described that they have to discuss or submit a request to their Manager/Supervisor/CEO if they would like to undertake professional development (e.g. courses). Some respondents indicated they do not know what the process is (n=7), and some mentioned that they have to do their professional development in their own time.

4.14 Clinical supervision

Respondents were asked whether they receive clinical supervision¹⁴. Data from 2014 shows that the proportions of Clinical ATOD Workers (Figure 24) and Nurses (Figure 25) receiving clinical supervision have increased compared to 2011. Clinical supervision directed to Non-Clinical ATOD Workers has decreased by 31% (Figure 26). Staff in other employment roles can also receive clinical supervision.

Figure 27 shows the percentage of staff in job roles other than ATOD Workers and Nurses who are receiving clinical supervision. This includes everyone, except the Peer Workers and Executive Staff.

Figure 24 Clinical ATOD Workers receiving clinical supervision in 2011 and 2014 (Source: Workers' Survey)



¹⁴ This profile is the first time that a distinction was made between ATOD and non-ATOD specific supervision.

Figure 25 Nurses receiving clinical supervision in 2011 and 2014
 (Source: Workers' Survey)

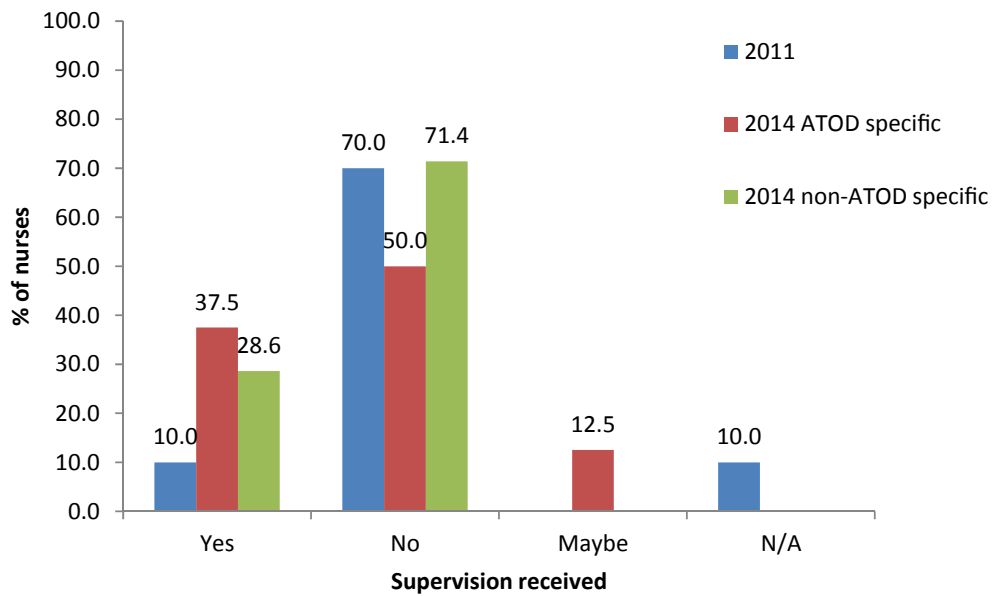


Figure 26 Non-Clinical ATOD Workers receiving clinical supervision in 2011 and 2014
 (Source: Workers' Survey)

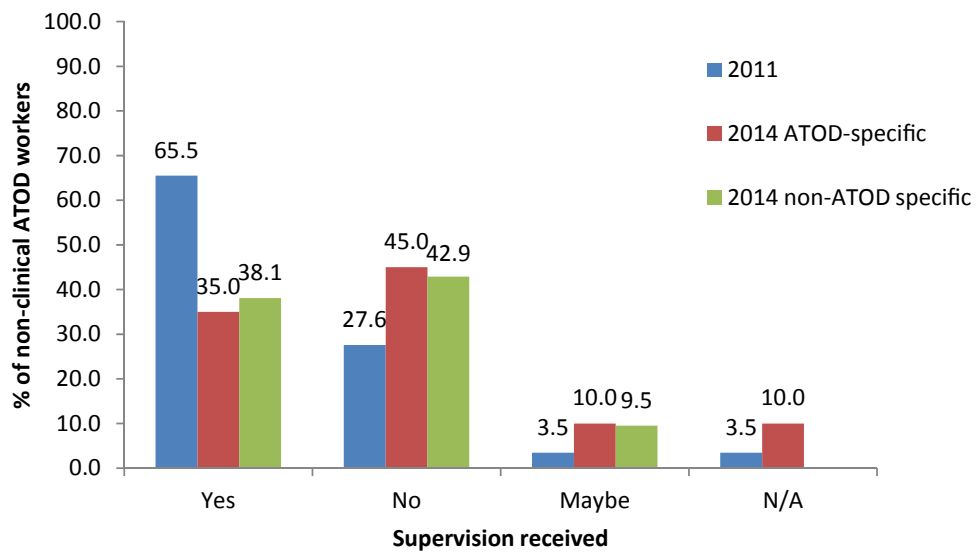
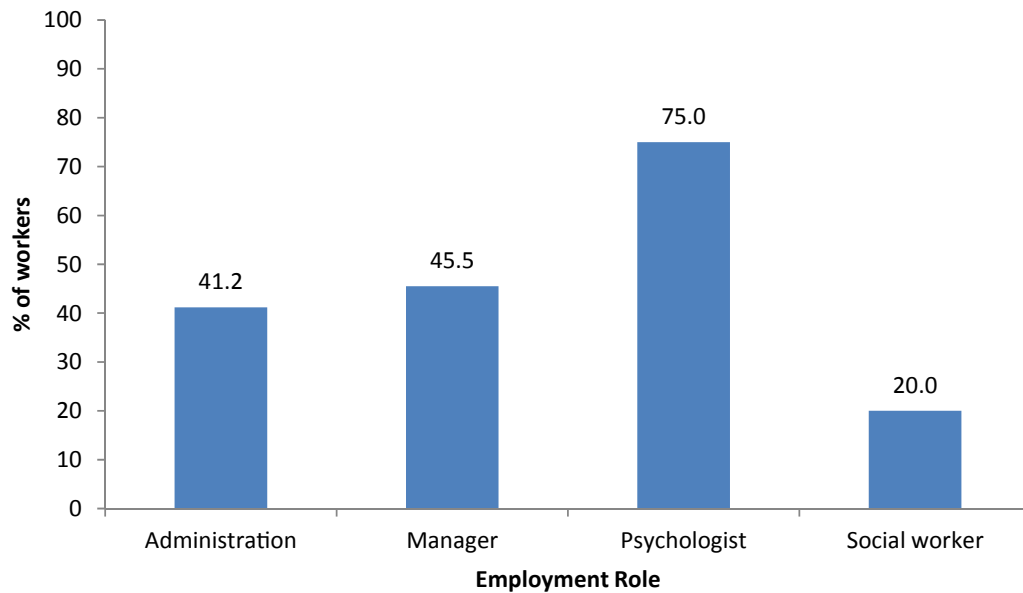
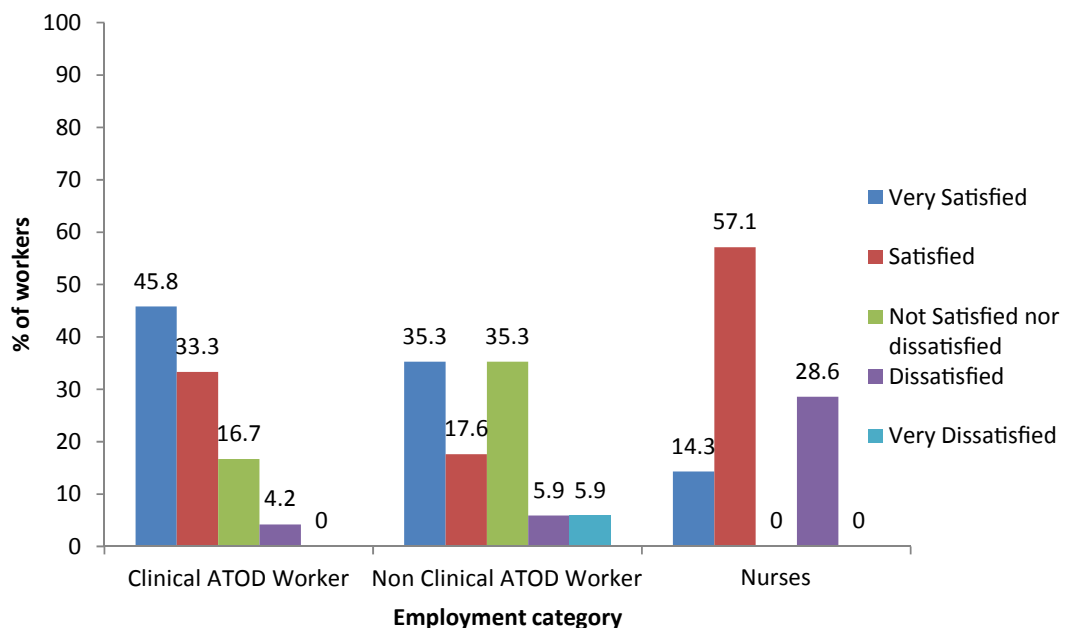


Figure 27 Percentage of Administrative, Management, Psychologist and Social Work staff receiving clinical supervision in 2014
(Source: Workers' Survey)



Only 36% of all respondents report receiving clinical supervision at least monthly (66.7% of Clinical ATOD Workers and 12.5% of Nurses receive this at least monthly). Forty-three percent received their clinical supervision from someone external to their workplace. Of those employees receiving clinical supervision, 29.2% were 'very satisfied' and 37.1% were 'satisfied' with the clinical supervision they receive; 8.9% were 'dissatisfied' or 'very dissatisfied'. This is specified for ATOD Workers and Nurses in Figure 28. While the proportion of Nurses who have indicated 'dissatisfied' appears high, this is only a small number of individuals, as fewer Nurses completed the workers' survey compared to clinical and Non-Clinical ATOD Workers.

Figure 28 ATOD Workers and Nurses satisfaction with clinical supervision they receive (Source: Workers' Survey)



4.15 Staff recruitment and retention

In the Organisation Survey, respondents were asked to rank the top three sources from which they recruit their new staff. The ranking was as follows:

- 1) New graduates
- 2) Other government agencies
- 3) Other (including peers, researchers, internal recruitment, consumers, advertising and CIT community)
- 4) Other NGOs
- 5) Other ATOD NGOs
- 6) Government ATOD services
- 7) People returning to workforce.

None of the respondents ranked school leavers in their top three recruitment sources.

The Organisation Survey identified a list of ideas to improve recruitment and retention, which included improvements in: qualifications; workplace culture; remuneration and supervision. Respondents suggested that improvements in non-remuneration incentives and/or communication about these might be beneficial to improve retention and recruitment in the ATOD sector.

Respondents to the Organisation Survey were asked whether they have retention strategies for their staff and what these entail. Seven out of the nine organisations noted that they have special staff retention programs. Only two out of the nine organisations have an Indigenous Employment Strategy, which includes Indigenous traineeships and strategies outlined in the Reconciliation Action Plans (RAPs).

4.16 Job Satisfaction

All survey respondents were asked how satisfied they generally are with their jobs. Most of the respondents (89%) were either 'satisfied' or 'very satisfied' with their jobs, 10.2% were 'not satisfied nor dissatisfied', and 0.8% were 'dissatisfied' with their job. Figure 29 provides an overview for job satisfaction by employment category. None of the respondents reported that they are 'very dissatisfied'. Executives seem to be the most satisfied with 80 percent of them stating that they are 'very satisfied'. Social Workers all say they are 'satisfied' with their job. Non-Clinical ATOD Workers seem to be less satisfied than Clinical ATOD Workers. Figure 30 gives an overview of how satisfied employees are by organisation.

Figure 29 Job satisfaction by employment category
(Source: Workers' Survey)

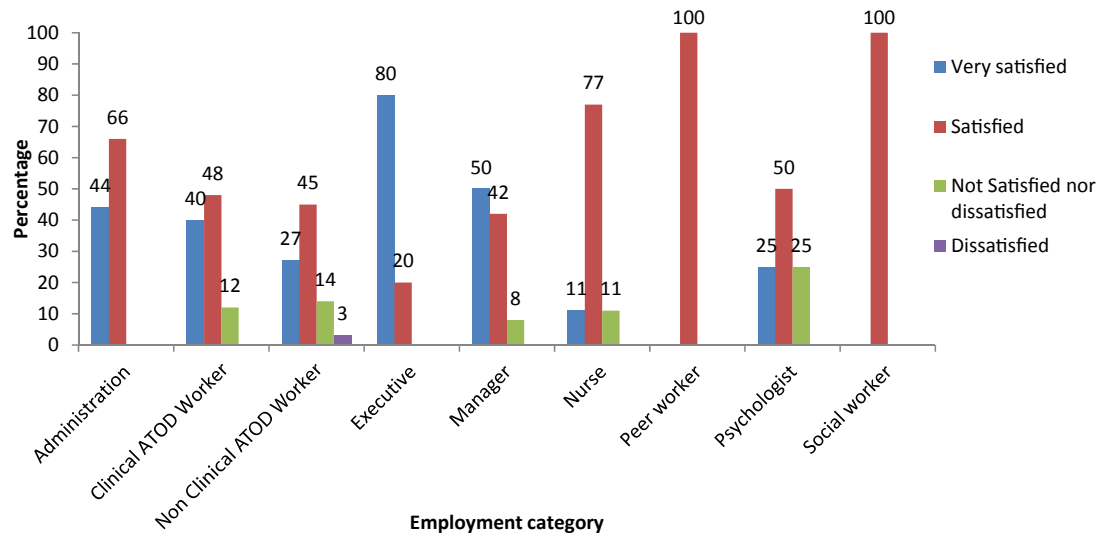
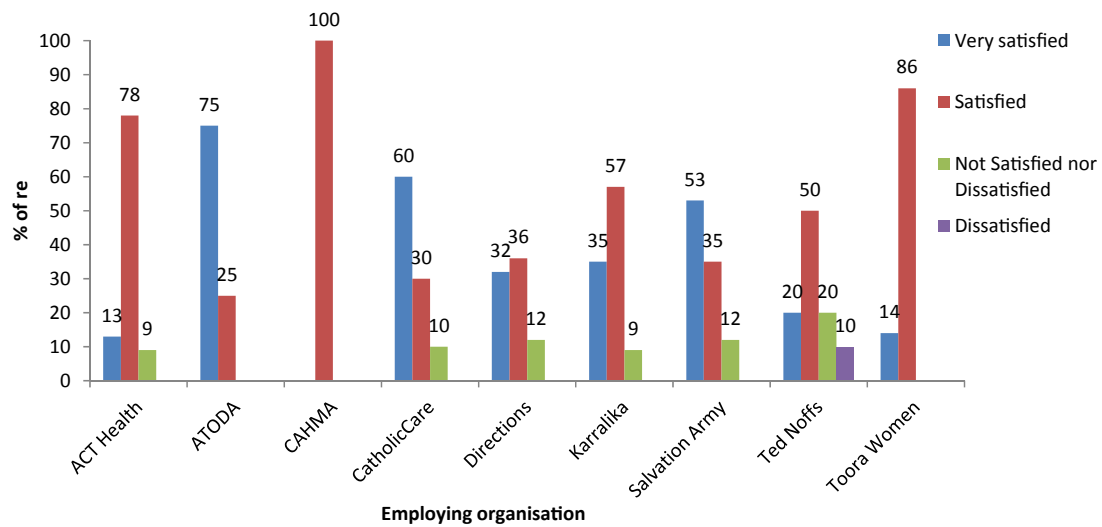


Figure 30 Job satisfaction by employing organisation
(Source: Workers' Survey)



5 Discussion

Response rate

The Workers' Survey was completed by 51.5% of the workforce, a lower participation rate than those achieved in previous workforce profiles. Although this participation rate is greater than many workplace surveys conducted elsewhere, ATODA has high expectations of participation rates in the Workforce Profile due to the nature of the administration of this survey. The development of the survey, and the administration and collection of the data is undertaken collaboratively by ATODA and the specialist ATOD services that participate. All agencies that receive funding from ACT Health to deliver specialist ATOD services are contracted to participate in the profile, and they recognise its importance for the development of the ATOD workforce in the ACT. For future profiles, participation rates could be further enhanced by emphasising to the participating agencies that the survey is a collaborative endeavour that results in highly useful data. Furthermore, different formats and recruitment strategies may enhance participation in the future.

As with other similar surveys, it is difficult to know the extent to which the workers who filled out the Workers' Survey represent the actual ATOD workforce (as measured by the Organisation Survey). Future surveys would benefit from a number of standardised questions across the Organisation and Workers' Surveys to enable stronger comparison between the Workers' Survey sample and the total workforce, thus measuring how representative the sample is of the actual workforce.

Growth in the size of the workforce

Since the completion of the last profile (3 years prior), it is estimated that the ATOD workforce in specialist ATOD services has grown by approximately 35 staff to 239 people (i.e. a growth of 17.2%)¹⁵. This figure does not include the specialist ATOD Workers in the Aboriginal and Torres Strait Islander community controlled services, where there are estimated to be a further 6 positions¹⁶. While these Aboriginal and Torres Strait Islander community controlled services did not participate in this Workforce Profile, it is important to note their contribution to the ATOD workforce; the total ATOD workforce in the ACT is, therefore, estimated at 245 workers.

The growth of the ATOD workforce has important implications for professional development and organisational infrastructure in the ATOD sector. Clearly, ATOD services require on-going resourcing to retain this increased workforce both in terms of actual salaries and the infrastructure required to enable them to function effectively (e.g. desk space, computers, clinical practice rooms). Further, organisations require resourcing and capacity to provide adequate and appropriate supervision to these positions, and to provide access to training and qualifications. As the workforce grows, it will become increasingly necessary to encourage various professional subgroups across the sector to form peer networks for profession-specific development and support (e.g. Counsellors, Aboriginal and Torres Strait Islander ATOD Workers, Peer Workers).

¹⁵ Workforce Profiles have been conducted in 2006, 2009 and 2011. An estimate of the size of the workforce was made in 2006, and this estimate was also used as the basis of the 2009 and 2011 Workforce Profiles. The Workforce Profile (2014) is the first time that the estimate is based on responses to an *Organisation Survey*.

¹⁶An estimate of the numbers of ATOD workers in Aboriginal and Torres Strait Islander specific services in the ACT was obtained from the ACT ATOD Services Directory (www.directory.atoda.org.au).

Demographics of the workforce

Age and gender of the workers are equally distributed over the organisations and the total workforce. While there were no male Psychologists or Nurses included in the 2011 survey, by 2014 male Nurses and Psychologists were included in the profile. Notably, all the Executives responding to the Workers' Survey and the large majority of the Managers were female.

Improving cultural diversity in the workforce

Aboriginal and Torres Strait Islander status

The employment of Aboriginal and Torres Strait Islander Workers within ATOD services is acknowledged to improve the cultural security and accessibility of these services for Aboriginal and Torres Strait Islander clients. This Workforce Profile estimates that there are six or seven Aboriginal and/or Torres Strait Islander Workers employed in specialist mainstream ATOD services in the ACT (i.e. not Aboriginal and Torres Strait Islander community controlled services). Only two of these positions are identified as being Aboriginal and Torres Strait Islander-specific¹⁷. Some ATOD services have one or more Aboriginal and Torres Strait Islander Workers, while some have none.

On the face of it, this number of workers is unlikely to address the needs of Aboriginal and Torres Strait Islander clients accessing specialist ATOD services, and clearly the ATOD sector needs a plan for improving recruitment, retention and development of a specialist ATOD Aboriginal and Torres Strait Islander workforce. Such a plan should consider appropriate targets for Aboriginal and Torres Strait Islander ATOD Workers and how to best support them. It should consider issues such as:

- If we have employment targets for Aboriginal and Torres Strait Islander Workers, how should these vary from service to service?
 - Are these targets set according to the proportional size of the organisation, or the numbers of Aboriginal and Torres Strait Islander people using the service, or some other measure?
 - Should the positions be Aboriginal and Torres Strait Islander identified, or should there be some other strategy for the employment of Aboriginal and Torres Strait Islander Workers?
- How can we ensure that there are adequate supports for Aboriginal and Torres Strait Islander Workers to ensure that they are not isolated within mainstream services?
 - Should a minimum of two Workers be employed at each organisation to enable adequate support?
 - Could we invest in a peer network to support Aboriginal and Torres Strait Islander ATOD Workers across organisations?

¹⁷ Note that this does not include specialist ATOD workers in the Aboriginal and Torres Strait Islander specific services.

- Are there innovative approaches or interagency strategies that could enable Aboriginal and Torres Strait Islander Workers to support clients within ATOD organisations?
 - For example, could a specialist ATOD service purchase the expertise of ATOD Workers from Aboriginal and Torres Strait Islander community controlled services to provide in-reach services within their organisation?

Cultural and Linguistic Diversity

Some information was ascertained on the ethnic origin of the workforce, with 72.4% of participants reporting being born in Australia. In the ACT, the needs of culturally and linguistically diverse communities with regard to ATOD service access is not well understood. From observing the ATOD sector, it is clear that where necessary, some services do have a culturally and linguistically diverse workforce that matches the needs of clients using the service. It is likely that the needs of culturally and linguistically diverse clients will be different from service to service, and that each service setting will require its own response. The sector may want to consider undertaking further activities to ascertain the extent to which the current workforce (and services) can meet the needs of culturally and linguistically diverse communities.

‘Peer Workers’—identifying and supporting this unique employment category

For the first time, this profile incorporated the category of ‘Peer Worker’ as it was recognised that this is a distinct and important employment category, particularly in community organisations such as ATOD services. However, it is possible that survey respondents did not have a common understanding of the term ‘Peer Worker’; future Workforce profile surveys would benefit from defining this (and other) employment categories to reduce misunderstanding of the term.

As this is the first time information on ‘Peer Workers’ has been collected, the sector may want to consider how the needs and growth of this workforce is supported over time. It will be useful to look to the activities in the mental health sector where strategies to support peer workers have been developed and implemented.

Support for the Qualification Strategy

In the 2014 Workforce Profile, between 65.6% (Workers’ Survey) and 75.4% (Organisation Survey) of staff have reached the minimum qualification requirements, an increase compared to 2011 when just over 50% of the workforce reached the minimum qualification requirements. Of those that do not currently reach the minimum qualification requirements, more than half are planning to undertake education and training to meet them in the next three years.

Clearly, the Qualification Strategy should continue to enable a balance between supporting people to stay in the ATOD sector (by keeping their qualifications relevant to their work activities), and supporting people to move from other sectors. Data from this Workforce Profile shows that the Qualification Strategy in its current form benefits the ATOD workforce and the organisations within the sector. Further innovations to the Strategy could respond to the training and qualification needs of the sector’s workforce in the future.

Benefit from the collective approach of the Qualification Strategy

The 2014 Workforce Profile has found that employees tend to stay within the ATOD workforce (for an average of 6.5 years), but change organisations and positions more often (i.e. average 4.8 years in current organisation, and 3.5 years in current position). This reinforces the benefit of having a Qualification Strategy available collectively to the entire workforce in the ATOD sector. Because of the likelihood that an ATOD Worker will stay within the sector, investment in training this Worker through the ATOD Qualification Strategy has a benefit that extends across the entire sector, not just to a single organisation.

Training of workers new to the ATOD sector

While there is significant retention within the ATOD workforce (see above), data from the Workers' Survey also clearly indicates that close to half of the ATOD workforce (45.5%) held their last positions outside the ATOD sector. Further, nearly one-third of survey respondents stated that they do not have an ATOD-specific qualification. This highlights the importance of continuing the delivery of the Qualification Strategy as there are constantly people moving from other sectors into the ATOD sector who require training in the minimum qualifications that is easily available. Training frequency may need to be increased to meet the needs of workers coming from outside the ATOD sector.

Qualification Strategy as an incentive to attract workers to the ATOD sector

The workforce in the ATOD sector in the ACT has grown significantly since previous estimates to 239 positions (or 245 when including ATOD positions in Aboriginal and Torres Strait Islander organisations). It is, therefore, reasonable to expect that the sector will need to look beyond itself to recruit people, and that barriers to attracting people to the ATOD sector should be minimised. As such, requiring a minimum Certificate IV qualification for new recruits could be a barrier to recruitment beyond the ATOD sector. Conversely, offering minimum qualifications through the sectors' Qualification Strategy could be viewed as an incentive to new potential recruits. The ATOD sector has a funded Qualification Strategy, and this could be better utilised as an incentive to attract people to the sector.

Qualification Strategy matches work activities

Encouragingly, the curriculum of the Qualification Strategy appears to broadly match the needs identified by the ATOD workforce in this Workforce Profile. Many of the activities identified (e.g. brief intervention, group work, screening and case management), are covered within the curriculum of the Certificate IV in AOD Work (the minimum requirement for the ACT ATOD sector workforce).

However, it may be useful for the sector to map how core functions of various ATOD Workers map to training and professional development activities. This will enable clarification, definition and clearer articulation of what constitutes the skills and roles of the specialist ATOD workforce. In addition, the matching of these skills and roles to both existing and required training and professional development activities will facilitate planning for the expansion of the Qualification Strategy. Furthermore, a clear articulation of the current skills set available through the Certificate IV will inform both workers and their managers of the capabilities that a worker could be expected to deliver in their workplace after attending the training.

Expanding the Qualification Strategy to meet changing needs

Maintaining the delivery of the minimum qualification, the Certificate IV, is clearly necessary to support the ATOD workforce. The sector must, however, ensure that this training continues to be offered with sufficient frequency, and that refreshers are developed to ensure currency of the information provided to the workforce.

While the attainment of Certificate IV as a minimum qualification enables consistent basic knowledge and skills throughout the workforce, half of the workforce felt that it no longer sufficiently reflects the work they must actually do. Survey respondents indicated that the increasing complexity of client needs requires additional training and skills through ongoing professional development, beyond simply the Certificate IV level.

As such, the sector may want to consider broader and more structured workforce development strategies that expand the training currently provided through the ACT ATOD Qualification Strategy. Apart from maintaining the core business of delivering the current Certificate IV training, the sector may wish to consider:

- Investigating extending support for further qualifications, for example diplomas and undergraduate training;
- Where there is sufficient demand (and resources), there is room for innovation around expanding accredited training for sub-groups (e.g. Aboriginal and Torres Strait Islander specific) or responses to specific issues (e.g. managing methamphetamine use).

When exploring expanded training opportunities, it is important to know that limited ATOD-specific training is available in the ACT, with many activities being purchased from interstate providers (creating significant challenges with accessing high quality local training and substantially increased costs).

Professional development needs and processes

In these surveys, the professional development needs of workers matched those identified by managers as being available to their staff. Importantly, this indicates that there is little conflict in workplaces between workers and management about professional development needs. Only a small number of workers reported that they were not sure of the procedures they should follow to access professional development.

Developing individual work plans for professional development

All respondents to the 2014 survey identified a wide variety of professional development needs that were specific to their employment categories. Given this diversity, it is important to build capacity within the sector to develop individualised plans for professional development for each worker that are managed at an organisational level. This will require articulating a vision for workforce development that acknowledges and manages the diverse needs and relative priorities of the three domains of: individual workers; ATOD organisations; and the broader ATOD workforce.

Supporting casual workers

The Organisation Survey shows that 48.4% of staff are employed fulltime, 30.9% are part time and 17.5% are casual. The sector may also want to consider approaches to workforce development that acknowledge the unique needs of casual workers, and the unique ways in which casual workers are utilised by services. This survey suggests that opportunities to establish a shared casual pool across the sector should be explored.

Lower than average remuneration

This report shows that the average pay rate for ATOD Workers is only \$52,995 per annum, well below the average pay rate of other ACT workers (\$88,509 per annum). There has been an increase of 12% in this pay rate between 2011 and 2014. A fully funded Qualification Strategy facilitates access to professional development by these workers who may otherwise not be able to afford further training and education opportunities.

Non-remuneration based employee entitlements and benefits

There are a range of non-remuneration based employee entitlements and benefits available to workers at different services. Differences in these entitlements and benefits from year to year and between services should be interpreted cautiously. Some of these differences are likely to be reduced by clearer communication with the workforce across the sector regarding their entitlements and non-remuneration based benefits. The *Organisation Survey* suggested that to improve retention and recruitment in the sector, improvements in non-remuneration incentives (or communication about these) might be beneficial.

Clinical supervision

There has generally been an increase in clinical staff receiving clinical supervision since 2011. Importantly, employees receiving clinical supervision were mostly either 'very satisfied' (29.2%) or 'satisfied' (37.1%) with the clinical supervision they received.

In earlier surveys, it was noted that too many Non-Clinical ATOD Workers were receiving clinical supervision, and it was recommended that the sector reconsider the meaning and importance of clinical supervision for non-clinical staff. This has clearly changed as fewer Non-Clinical ATOD Workers now receive clinical supervision compared to 2011. This could reflect a more systematic approach and better understanding of the role of ATOD specific clinical and non-clinical supervision across the sector.

The sector might benefit from further considering how and when supervision is provided, especially in the light of supervision being identified as a priority in other sector policy and workforce development discussions including through the 2012 ACT Government Review of the Need to Expand Drug and Alcohol Rehabilitation Services in the ACT. Future workforce profile surveys should include questions that further explore the nature of and quality of both clinical and non-clinical supervision.

Recruitment and retention

The Organisation Survey found that staff are predominantly recruited as new graduates, or from other government organisations or other sectors. This indicates that new workers entering the ATOD workforce might not have much experience with ATOD issues and highlights the importance of appropriate induction and the minimum qualification requirements (as discussed above).

The Organisation Survey identified a list of ideas to improve recruitment and retention, which includes improvements in qualifications, workplace culture, remunerations and supervision. It is positive to note that many ATOD organisations have specific staff retention strategies in place. It is noted however, that the sector may want to consider developing strategies that encourage greater diversity within the workforce including Indigenous Employment Strategies.

Strengthening career paths

The data suggests that some individuals move between positions within and between organisations; nearly half (45.5%) of the workforce held their last positions within a sector other than the ATOD sector, and 26% within the same organisation. However, the lack of a relationship between remuneration and experience, qualifications, or length of time in the workforce suggests that support is needed to develop career or professional development pathways within the sector. Specific strategies are needed to create such pathways that respond to the needs of the sector and client groups, and where remuneration is more closely matched to experience and qualifications. Respondents to the Organisation Survey also suggest that better remuneration might lead to improvements in staff recruitment and retention for the sector.

Job satisfaction

2014 was the first time the ACT ATOD workforce profile asked about job satisfaction. It is encouraging that a large majority (89%) of workers were either 'satisfied' or 'very satisfied' with their jobs. This was consistent over employment categories and organisations.

6 Conclusion

This report presents a profile of the ACT ATOD workforce qualifications and remuneration as at 2014. It follows on from previous profiles and provides an examination of changes in remuneration and qualifications of the workforce between 2009 and 2014.

The report covers a range of areas from ACT ATOD sector demographics, work categories, employment status, qualification, remuneration and employment incentives as reported by staff and compares this to reports by Managers. It also presents the sector's own opinion on the appropriateness of the minimum qualification and provides the workforce comparisons to previous work done, particularly on the progress of the sector in meeting the minimum qualification. Additionally it provides information on how satisfied the workforce is with their jobs.

The information presented can be used to inform further workforce development, specifically regarding the progress and monitoring of the ACT ATOD Qualification Strategy. The report may also form a basis for further discussions regarding remuneration levels, entitlements and qualifications across the sector.

Appendix 1 – Workers survey

ACT ATOD Workforce, Qualification and Remuneration Profile 2014 *Worker Survey*

Survey #

Introduction

Thank you for participating in the fourth ACT Alcohol, Tobacco and Other Drug (ATOD) Sector Workforce, Qualification and Remuneration Profiling Project.

Background

It was agreed in 2009 by the ACT ATOD Executive Directors Group that a regular mapping of pay and conditions of the ACT ATOD sector would be conducted.

This is the fourth time a workforce profile of the specialist ATOD sector is taking place. Previous projects have taken place in 2006, 2009 and 2011. The profiles are funded by ACT Health, reflected in specialist ACT ATOD service contracts, and administered by ATODA.

The objectives of the project are:

- To develop a better understanding of the specialist ATOD workforce in the ACT as a means of monitoring and demonstrating outcomes relating to workforce capacity and areas in need of further development investment;
- To identify, describe and assess a range of issues relevant to the workforce, including:
 - Demographics;
 - Employment categories and status;
 - Main work activities;
 - Qualification and remuneration levels of workers in ACT Health funded and delivered ATOD services;
 - Non-remuneration based employee benefits;
 - Management functions;
 - Professional development processes and needs within services;
 - Work history; and
 - Job satisfaction.

For further information on the project please see letter attached or visit <http://www.atoda.org.au/projects/workforce-profile/>

About this survey

To support the collection of this information, a survey (this document) has been developed to elicit information from each staff member in specialist ACT ATOD services regarding their pay, qualifications and conditions.

Information provided in the survey will be confidential and participation is voluntary. The survey should take approximately 20 minutes to complete. Please ensure that you complete the survey and seal it in the provided envelope, and provide to your Executive Director so that ATODA can collect it.

Following completion and collection of this survey, a report outlining and examining the qualification and remuneration levels in specialist ACT ATOD services will be completed in late 2014. This report will be presented to ACT Health and freely available on the ATODA website. This report will present the data on organisational level, you will therefore not be individually identifiable.

What the survey will collect information on

The survey will collect information on the above-mentioned issues.

Ethics

Ethics approval for the conduct of this project is received from the ACT Health Human Research Ethics Committee (ETHLR.14.113).

Further information

If you have any questions about the survey please contact Mieke Snijder or another member of the ATODA team on:

Phone: (02) 6255 4070

Email: mieke@atoda.org.au

Visit: 350 Antill St, Watson ACT

Web: www.atoda.org.au

If you have any concerns or queries about the way this study has been carried out and you do not feel comfortable communicating with the staff conducting this survey, please contact the ethics committee secretariat via ACT Health Research Office, level 6, Building 10. Telephone: (02) 6174 7968. Email: acthealth-hrec@act.gov.au .

Thank you again for your participation in this important initiative.

Part A – About you and your organisation

1. What's your age:

2. What's your gender:

Male

Female

I prefer not to say

Other _____

3. Do you identify as being of Aboriginal and/or Torres Strait Islander origin?

No

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

4. In which country were you born: _____

5. Do you speak any languages other than English at home?

No

Yes, please specify:

6. What's your organisation's and program's name?

Organisation: _____

Program: _____

Part B – Your employment status

7. What are you currently employed as? (multiple answers possible)

- Administration
 - ATOD worker clinical
 - ATOD worker non-clinical
 - Doctor
 - Executive
 - Manager
 - Nurse
 - Peer worker
 - Psychologist
 - Social worker
 - Other, please specify
-

8. What is your normal (base) hourly rate of pay (before tax)?

9. Are you working full-time or part-time?

- Fulltime
 - Part time
 - Other, please specify
-

10. On average, how many hours per week do you work?

11. At what level are you employed? (e.g. MEA level 4.3)

Part B continued...

12. Which of the following options best describe your current working arrangements?

- Permanent
 - Contract
 - Casual
 - Temporary
 - Other, please specify
-

13. If you are a contract worker (ticked contract in the previous question), what is the duration of your contract?

Part C – Your tasks

14. What are the main tasks involved in your jobs (tick all that apply)

- Administration
- Advocacy
- Assessment
- Brief intervention
- Casework
- Case management
- Consultation
- Counseling
- Crisis support
- Dosing
- Education
- Evaluation
- Family work
- Group work
- Health promotion
- Intake
- Life skills
- Managing staff (*please answer Part D for management duties*)
- Research
- Peer support
- Policy
- Primary health care
- Referrals
- Representation
- Screening
- Support
- Triage
- Vocational education
- Other, please specify: _____

(Please continue to Part E if you have no management duties)

Part D – Management duties

This part is about management related tasks, you can skip this part if you don't have management duties.

15. If you undertake management duties, what is your main work role?

- Purely management role (no client contact)
- Management + assessment / clinical / counseling / therapy
- Management + education / training / information delivery
- Management + research / policy development
- Management + other

16. If you undertake management duties, on average, how many hours a week would you spend on non-managerial tasks?

17. If you undertake management duties, how long (in total) have you worked as a manager in the ATOD field? (years/months).

_____ Years and _____ Months

Part E – Your entitlements

This part is about the entitlements and incentives you have the right to through your work.

18. Which of the following entitlements and incentives can you access through your work? (Tick all that apply)

- Access to professional development during work hours
- Access to a work car
- Additional paid leave (e.g. during shut down period over Christmas/New Year)
- Annual salary increments
- A work mobile phone
- Bereavement leave
- Carers leave
- Cultural leave
- Childcare
- Christmas bonus
- Conference leave
- Employee assistance program (EAP) (*a counseling service for employees*)
- Family leave
- First aid allowance (*if you're the First Aid Officer*)
- Flexible work practices
- Fringe benefit tax exemption
- Indexation
- Leave loading (*extra pay when you're on holidays*)
- Mentoring
- Maternity leave (paid)
- Maternity leave (unpaid)
- Paternity leave (paid)
- Paternity leave (unpaid)
- Per diem (*daily allowance while you are travelling for work*)

Part E continued...

- Purchase annual leave provisions
- Reimbursement of kilometers traveled
- Superannuation matching
- Study assistance (*employer contributes to the cost of the course*)
- Study leave (paid)
- Study leave (unpaid)
- Time in lieu
- Travel allowance (T/A)
- Unpaid leave provisions
- Work Health and Safety allowance
- I don't know what entitlements and incentives I can get
- Other, please specify: _____

19. How many weeks annual leave do you receive?

20. Do you have access to salary sacrificing?

- No
- Yes

If yes, what is the salary sacrifice cap at your organisation? And what things can you salary sacrifice?

Part F – Your work history

The following questions are about where you have worked and how long.

21. Where was your last position?

- In the same organisation
- Other ATOD agency
- Returning to workforce
- None – this is my first paid position
- Other sector (*please specify sector*) _____

- _____
- Other, please specify: _____
- _____

22. Please fill in number of years you have worked for each:

Current role: _____ Year(s) _____ Month(s)

Current agency: _____ Year(s) _____ Month(s)

ATOD workforce total: _____ Year(s) _____ Month(s)

23. Apart from ATOD, which other sector(s) have you worked in?

(*please tick as many as appropriate*)

- Community service
- Education
- Health
- Medical (hospital/other clinical)
- Mental health
- Other government
- Own business
- Private enterprise
- Youth
- None – this is my first paid position
- Other, please specify:

Part G – Training and qualifications

The following questions will ask about your finished and currently undertaking qualifications.

24. What is the highest level of education you have completed?

- Less than year 10
- Year 10 or school certificate
- Year 12/college certificate
- Certificate 1
- Certificate 2
- Certificate 3
- Certificate 4
- Diploma
- Advanced diploma, Associate degree
- Bachelor degree
- Graduate certificate; Graduate diploma, Bachelor honours degree
- Masters degree
- PhD/doctoral degree
- Other, please specify:

25. For those with a certificate or higher, what field or area is the qualification in?

26. List **ALL** the qualifications (name of the qualification) you have **completed**:

Qualification 1: _____

Qualification 2: _____

Qualification 3: _____

Qualification 4: _____

Qualification 5: _____

Qualification 6: _____

Qualification 7: _____

Qualification 8: _____

Part G continued...

27. List ALL the qualifications (name of the qualification) you are currently undertaking:

Qualification 1: _____

Qualification 2: _____

Qualification 3: _____

Qualification 4: _____

Qualification 5: _____

Qualification 6: _____

Qualification 7: _____

Qualification 8: _____

28. What qualifications have you completed SPECIFICALLY IN THE ADDICTIONS OR ALCOHOL, TOBACCO AND OTHER DRUGS area?

None

Certificate 4

Diploma

Advanced diploma, Associate degree

Bachelor degree

Graduate certificate, Graduate diploma, Bachelor honours degree

Masters degree

PhD/doctoral degree

Other, please specify:

29. Please list the qualifications completed SPECIFICALLY IN THE ADDICTIONS OR ALCOHOL, TOBACCO AND OTHER DRUGS area (specific name of training/course)

Qualification 1: _____

Qualification 2: _____

Qualification 3: _____

Part G continued...

30. Describe the procedure you would need to go through if you wanted to attend training outside your organisation.

31. When you were hired for your current job, were you required to have any qualifications?

No

Yes

If so, what? _____

32. Are you currently undertaking any other training?

No

Yes, please specify the name of the training:

33. What do you think are your top 3 (1= most important, 3= less important) training and professional development needs?

1. _____

2. _____

3. _____

Part H – Qualification strategy

The following questions cover the sector's minimum qualification requirements. For more information on this, please visit: <http://www.atoda.org.au/projects/qs/>

34. Do you currently reach the ACT ATOD sector minimum qualification requirements?

(e.g. the 4 Core Competencies & Senior First Aid if you are tertiary qualified, or a full Certificate 4 & Senior First Aid for those that do not have tertiary qualifications)?

- Yes, skip the question 39.
- No
- I don't know

35. If you have not already obtained the ACT ATOD sector minimum qualification, do you have a plan to attain the ACT minimum qualification in the next three years?

- Yes
- No

36. Are you currently undertaking any of the following four core ATOD units of competence?

- CHCAOD402B: Work effectively in the AOD sector
- CHCAOD406E: Work with clients who are intoxicated
- CHCAOD408B: Assess the needs of clients with AOD issues
- CHCAOD411AB: Provide interventions for clients with AOD issues

37. Are you currently undertaking any additional / remaining units from the Certificate 4 AOD work, not including the four core units of competence?

- Yes
- No

Part H continued...

38. Do you have a current Senior First Aid Certificate or a current Workplace level 2 First Aid Statement of Attainment?

Yes

No

39. If applicable, through which training organisation did you complete (or are undertaking) the four core AOD units of competence?

ReGen Uniting Care

Turning Point Alcohol and Drug Centre

Canberra Institute of Technology (CIT)

Odyssey House Victoria

Not applicable

Other, please specify:

40. Do you think a Certificate 4 is an appropriate minimum level of qualification for the ATOD workforce in the ACT?

Yes

No

Maybe

I don't know

Why? _____

41. Professional associations

What professional associations, if any, are you a member of?

Part I – Other issues

42. Job satisfaction

Generally speaking, how satisfied are you with your job?

- Very satisfied
 Satisfied
 Not satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

44. Clinical supervision

Clinical supervision is used in a number of services sectors including the ATOD sector. It involves an experienced clinician, trained to provide supervision, meeting regularly with another worker to discuss casework and other professional issues in a structured way. The purpose is to assist the worker to learn from his or her experience and progress their expertise, as well as to ensure good service to the client.

A. Do you:

	Yes	Maybe	No	Not applicable to me	Don't know
1. Receive ATOD-focused clinical supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Receive ATOD-focused clinical supervision at least moment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Receive clinical supervision from someone who works at your workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Receive clinical supervision from someone external to your workplace, within the ATOD sector	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Generally speaking how satisfied are you with the clinical supervision you receive?

- Very satisfied
 Satisfied
 Not satisfied nor dissatisfied
 Dissatisfied
 Very dissatisfied

Thank you for completing this survey!

Please seal the survey in the provided envelope and provide it to the representative in your organisation so that ATODA can collect it.

Appendix 2 – Organisation survey

ACT ATOD Workforce, Qualification and Remuneration Profile 2014 *Organisation Survey*

Survey #

Introduction

Thank you for participating in the fourth ACT Alcohol, Tobacco and Other Drug (ATOD) Sector Workforce, Qualification and Remuneration Profiling Project.

About this survey

It was agreed in 2009 by the ACT ATOD Executive Directors Group that a regular mapping of pay and conditions of the ACT ATOD sector would be conducted.

This is the fourth time a workforce profile of the specialist ATOD sector is taking place. Previous projects have taken place in 2006, 2009 and 2011. The profiles are funded by ACT Health, reflected in specialist ACT ATOD service contracts, and administered by ATODA.

This year, in addition to a worker-focused survey, an organisation survey to collect data from specialist ACT ATOD agencies about the profile of their workforce has been developed (this document). This survey has been developed in direct response to feedback from specialist ACT ATOD services following the publication of the previous profile with the aim of obtaining complementary data from participating agencies to give a fuller profile of the sector. Topics and questions in this survey are based on profiles developed in other jurisdictions, including New South Wales and Victoria.

Please complete one survey per organisation. The survey should be completed by the Chief Executive Officer / Executive Director / Program Manager or other agreed representative.

The survey can take up to ½ an hour (approximately) to complete.

What will the survey collect information on

This organisation survey will collect information on the following topics:

- Staff profile
- Staff Qualifications and Development
- Staff Entitlements
- Staff Recruitment and Retention

What will be produced with this information

The information collected through this survey will be compared with the information collected through the worker's survey. Any discrepancies of interest will be noted. These discrepancies, together with other outcomes produced through this survey, will be incorporated into the report that will be written at the end of this project. This report will be publicly available.

Ethics

Ethics approval for this project is received from the ACT Health Human Research Ethics Committee (ETHLR.14.113).

Further information

The ACT ATOD Workforce, Qualification and Remuneration Profiling Project is administered by ATODA on behalf of the specialist ACT ATOD sector. The Profile is funded by ACT Health.

If you have any questions about the survey please contact Mieke Snijder or another member of the ATODA team:

Phone: (02) 6255 4070

Email: mieke@atoda.org.au

Visit: 350 Antill St, Watson ACT

Web: www.atoda.org.au

If you have any concerns or queries about the way this study has been carried out and you do not feel comfortable communicating with the staff conducting this survey, please contact the ethics committee secretariat via ACT Health Research Office, level 6, Building 10. Telephone: (02) 6174 7968. Email: acthealth-hrec@act.gov.au.

Thank you again for your participation in this important initiative.

Part A – General information

1. Organisation's Name:

2. Contact person (= person completing this form)

3. Role within organisation:

Executive Officer / CEO / Executive Director

Human Resource Manager

Finance Manager

Other, please specify:

4. Under what enterprise agreement does your organisation operate?

Part B – Staffing Profile

This section is about the number of staff at your organisation in different categories.

5a. Number of fulltime equivalent staff

5b. Total number of staff

6. Staffing profile

Please state the number of staff in each category.

Category	Total
Permanent fulltime	
Permanent part time	
Fixed term contract	
Casual	
Volunteer	
Temporary	
Other	

7a. Staff cultural diversity

Please indicate the number of staff in the following identified positions, or who identifies as the following (without being in an identified position):

Category	In identified position	Identifies as such
Aboriginal and Torres Strait Islander		
Culturally and Linguistically Diverse		

8. Job roles in organisation

Please state the number of full time equivalent staff currently employed in each role.

Job Role	FTE staff
Administration	
ATOD worker clinical	
ATOD worker non-clinical	
Doctor	
Executive	
Manager	
Nurse	

Peer worker	
Psychologist	
Social worker	
Other, please specify: <hr/>	

Part C – Staff Qualifications and development

This part is about the qualifications that your staff currently have and what development activities and support your organisation offers to your staff.

9. Staff qualifications

Please state how many staff have the following qualifications, counting only the highest level of qualification for each staff member.

Qualification	Number of staff
No qualification	
Certificate 1	
Certificate 2	
Certificate 3	
Certificate 4	
Diploma	
Advanced diploma, Associate degree	
Bachelor degree	
Graduate diploma, Graduate certificate, Bachelor honours degree	
Masters degree	
PhD/Doctorate	
Other, please specify: _____ _____	

10. Qualification Strategy

What proportion of your staff reach the minimum qualification for the ACT ATOD sector (e.g. the 4 Core Competencies & Senior First Aid if they are tertiary qualified, or a full Certificate IV & Senior First Aid for those that do not have tertiary qualifications)?

11. What internal, ATOD-specific learning and development activities does your organisation provide to further develop your staff?

Activity 1: _____

Activity 2: _____

Activity 3: _____

Activity 4: _____

Activity 5: _____

Activity 6: _____

12. How else does your organisation assist its staff to undertake professional development and training activities?

(please mark as many as possible)

- Payment of registration fees for professional development activities
- Payment of travel and/or accommodation
- Time release for professional development activities
- Backfilling positions to allow for staff to attend professional development activities
- Individual professional development plan
- Other, please specify:

13. Do you provide a professional development budget for each staff member?

- No
- Yes

If so, do you have a financial limit (per annum) to this?

14. Do you have priority professional development needs for your staff that are not currently being met?

- No
- Yes

If so, what priorities are currently not being met and why?

What can be done to meet them?

Part D – Staff entitlements

15. Which of the following entitlements and incentives can your staff access?

(Please tick all that apply)

- Access to professional development during work hours
 - Access to a work car
 - Additional paid leave (e.g. during shut down period over Christmas/New Year)
 - Annual salary increments
 - A work mobile phone
 - Bereavement leave
 - Carers leave
 - Cultural leave
 - Childcare
 - Christmas bonus
 - Conference leave
 - Employee assistance program (EAP)
 - Family leave
 - First aid allowance
 - Flexible work practices
 - Fringe benefit tax exemption
 - Indexation
 - Leave loading
 - Mentoring
 - Maternity leave (paid)
 - Maternity leave (unpaid)
 - Paternity leave (paid)
 - Paternity leave (unpaid)
 - Per diem (daily allowance for when staff is travelling for work)
 - Purchase annual leave provisions
 - Reimbursement of kilometers traveled
 - Superannuation matching
 - Study assistance
 - Study leave (paid)
 - Study leave (unpaid)
 - Time in lieu
 - Unpaid leave provisions
 - Work Health and Safety allowance
 - I don't know what entitlements and incentives I can get
 - Other, please specify:
-

Part E – Staff recruitment and retention

This part is about where you recruit your staff from and how you retain your staff.

16. Recruitment sources

Please rank the top 3 source categories for staff recruitment for your organisation

Category	Ranking
School leavers	
New graduates	
Returning to workforce (e.g. from childrearing)	
Former clients	
Other ATOD NGO	
Government AOD	
Other NGO	
Other government agency	
Other, please specify _____ _____	

17. Do you have organisation-specific initiatives for staff retention?

No

Yes, please specify what this program involves:

18. Do you have ideas that could be implemented to improve recruitment and retention across the ATOD sector?

19. Does your organisation have an Indigenous Employment Strategy?

No

Yes, please specify what these strategies involves:

Part F – Clinical supervision

20. Does your organisation:

	Yes	No	Not applicable	Don't know
1. Provide ATOD-focused clinical supervision?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provide ATOD-focused clinical supervision at least monthly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Provides clinical supervision to staff through someone who works at your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Provides clinical supervision to staff through someone external to your organisation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Do you have any other comments?

Thank you for completing this survey!

Please seal the survey in the provided envelope and provide it to the representative in your organisation so that ATODA can collect.

Appendix 3 – Tables-Main work activities

Table 3A Work activities identified by Clinical ATOD Workers

Activity	(n) [N=18]	% of workers who said they do this activity
Administration	18	100
Assessment	5	27.8
Intake	5	27.8
Support	5	27.8
Crisis support	4	22.2
Referrals	4	22.2
Screening	4	22.2
Case management	3	16.7
Counselling	2	11.1
Group work	2	11.1
Managing staff	2	11.1
Dosing	1	5.6
Education	1	5.6
Evaluation	1	5.6
Health Promotion	1	5.6
Teaching Life skills	1	5.6
Policy	1	5.6
Consultation	1	5.6
Triage	1	5.6

Table 3B

Work activities identified by Non-Clinical ATOD Workers

Activity	(n) [N=18]	% of workers who said they do this activity
Support	22	88
Administration	20	80
Crisis support	17	68
Health Promotion	15	60
Referrals	15	60
Brief Intervention	14	56
Group work	13	52
Intake	12	48
Teaching life skills	12	48
Education	11	44
Peer support	10	40
Screening	10	40
Representation	9	39
Assessment	9	36
Evaluation	9	36
Case work	6	24
Counselling	6	24
Dosing	6	24
Research	6	24
Triage	6	24
Family work	4	16
Vocational education	4	16
Consultation	3	12
Advocacy	3	12
Policy	3	12
Primary Health Care	3	12
Managing staff	2	8

Table 3C

Work activities identified by Nurses

Activity	(n) [N=10]	% of workers who said they do this activity
Health Promotion	9	90
Education	8	80
Administration	7	70
Counselling	7	70
Primary Health Care	7	70
Referrals	7	70
Crisis support	6	60
Evaluation	6	60
Support	6	60
Assessment	5	50
Consultation	5	50
Dosing	5	50
Peer support	5	50
Teaching life Skills	4	40
Screening	4	40
Managing staff	3	30
Triage	3	30
Casework	2	20
Case management	2	20
Group work	2	20
Intake	2	20
Research	2	20
Policy	2	20
Brief Intervention	1	10
Representation	1	10
Vocational education	1	10

Table 3D**Work activities identified by Psychologists**

Activity	(n) [N=6]	% of workers who said they do this activity
Counselling	5	83.3
Assessment	4	66.7
Case management	2	33.3
Crisis support	2	33.3
Education	2	33.3
Family Work	2	33.3
Group work	2	33.3
Intake	2	33.3
Screening	2	33.3
Support	2	33.3
Brief Intervention	1	16.7
Casework	1	16.7
Consultation	1	16.7
Advocacy	1	16.7
Teaching Life skills	1	16.7
Policy	1	16.7
Referrals	1	16.7
Representation	1	16.7

Table 3E

Work activities identified by Social Workers

Activity	(n) [N=9]	% of workers who said they do this activity
Crisis support	8	88.9
Brief Intervention	8	88.0
Counselling	7	77.8
Education	7	77.8
Referrals	7	77.8
Group work	6	66.7
Administration	5	55.6
Case management	5	55.6
Health Promotion	5	55.6
Assessment	4	44.4
Case work	4	44.4
Evaluation	4	44.4
Intake	4	44.4
Support	4	44.4
Teaching Life skills	3	33.3
Advocacy	2	22.2
Consultation	2	22.2
Family Work	2	22.2
Managing staff	2	22.2
Research	2	22.2
Peer support	2	22.2
Triage	2	22.2
Policy	1	11.1
Representation	1	11.1
Screening	1	11.1

Table 3F

Work activities identified by Executive Staff

Activity	(n) [N=5]	% of workers who said they do this activity
Managing staff	5	100
Administration	4	80
Policy	3	60
Representation	3	60
Consultation	1	20
Education	1	20
Evaluation	1	20
Health Promotion	1	20
Primary Health Care	1	20
Other	1	20

Table 3G

Work activities identified by Managers

Activity	(n) [N=15]	% of workers who said they do this activity
Administration	14	93.3
Managing Staff	13	86.7
Crisis Support	9	60
Policy	9	60
Referrals	9	60
Education	9	60
Brief intervention	7	46.7
Evaluation	7	46.7
Assessment	6	40
Consultation	6	40
Support	6	40
Peer support	6	40
Case support	5	33.3
Counselling	5	33.3
Group Work	5	33.3
Health Promotion	5	33.3
Screening	4	26.7
Case work	4	26.7
Research	3	20
Triage	3	20
Dosing	2	13.3
Family Work	1	6.7
Intake	1	6.7
Primary Health Care	1	6.7
Vocational Education	1	6.7
Other	1	6.7

Table 3H

Work activities identified by Administration Staff

Activity	(n) [N=18]	% of workers who said they do this activity
Administration	18	100
Assessment	5	27.8
Intake	5	27.8
Support	5	27.8
Crisis Support	4	22.2
Referrals	4	22.2
Brief Intervention	3	16.7
Case support	3	16.7
Education	3	16.7
Counselling	2	11.1
Group work	2	11.1
Managing staff	2	11.1
Other	2	11.1
Consultation	1	5.6
Dosing	1	5.6
Evaluation	1	5.6
Health Promotion	1	5.6
Life Skills	1	5.6
Policy	1	5.6
Triage	1	5.6

Appendix 4 – Professional development needs and processes

Table 4A Professional Development Needs considered most important by Clinical ATOD Workers (n=18) (Source: Workers' Survey)

	1	2	3
New ATOD evidence / trends	2 (12.2%)	2 (12.2%)	
Empathy / support towards clients	2 (12.2)	1 (5.6%)	
Admin training	1 (5.6%)	2 (12.2%)	
ATOD training	2 (12.2%)		
Study leave	2 (5.6%)		
Annual payroll and taxation training	1 (5.6%)		
Counselling	1 (5.6%)		
Management training	1 (5.6%)		
Pharmacology	1 (5.6%)		
Suicide assist	1 (5.6%)		
Application of material		1 (5.6%)	
Assessment		1 (5.6%)	
Evaluation		1 (5.6%)	
First aid		1 (5.6%)	
Flexible working hours		1 (5.6%)	
Motivational interviewing		1 (5.6%)	
New treatments		1 (5.6%)	
Policy training		1 (5.6%)	
Mental Health			2 (12.2%)
Aboriginal and Torres Strait Islander and ATOD			1 (5.6%)
Advocacy for external clients			1 (5.6%)
Grant writing / tendering training			1 (5.6%)
Group work			1 (5.6%)

Table 4B Professional development needs considered most important by Non-Clinical ATOD Workers (n=25) (Source: Workers' Survey)

	1	2	3
Knowledge on drugs and their impact	3 (12%)	1 (4%)	
Crisis Intervention	2 (8%)		
First aid	1 (4%)	2 (8%)	
Mental Health	1 (4%)	1 (4%)	
CBT training	1 (4%)		1 (4%)
Career Development	1 (4%)		
Case management	1 (4%)		
Child protection	1 (4%)		
Drug classification	1 (4%)		
Empathy and understanding service delivery of clients needs	1 (4%)		
Managing challenging behaviours	1 (4%)		
Time to study	1 (4%)		
First Aid		2 (8%)	
Motivational interviewing		1 (4%)	1 (4%)
Info about prescription drugs		1 (4%)	1 (4%)
Assessment		1 (4%)	1 (4%)
Trauma		1 (4%)	1 (4%)
Admin training		1 (4%)	
Assertiveness		1 (4%)	
ATOD culture awareness		1 (4%)	
Conflict resolution		1 (4%)	
Early intervention		1 (4%)	
Impact of drugs on crime		1 (4%)	
Paid training		1 (4%)	
Working with complex clients		1 (4%)	
AOD interventions			1 (4%)
Managing stress/burnout			1 (4%)
Presentation skills / public speaking			1 (4%)
Update ASSIST			1 (4%)

Table 4C Professional development needs considered most important by Nurses (n=10) (Source: Workers' Survey)

	1	2	3
Current AOD issues	1 (10%)	1 (10%)	
Mandatory requirements for ACT Health	1 (10%)	1 (10%)	
Maintaining current work practices	1 (10%)		
Associated issues (e.g. liver, health STIs)		1 (10%)	
Evidence-based training		1 (10%)	
Night duty specific training			1 (10%)
Networking time			1 (10%)

Table 4D Professional development needs considered most important by Executive staff (n=5) (Source: Workers' Survey)

	1	2	3
Industrial relations	1 (20%)		
Policy analysis	1 (20%)		
Managing performance / crisis management		1 (20%)	
Research		1 (20%)	
Epidemiology			1 (20%)
Fundraising			1 (20%)

Table 4E Professional development needs considered most important by Managers (n=15) (Source: Workers' Survey)

	1	2	3
Management strategies and training	2 (13.4%)	1 (6.7%)	1 (6.7%)
Best practice	2 (13.4%)		
Mental Health	1 (6.7%)	2 (13.4%)	
Addiction treatment	1 (6.7%)		
Children and Families	1 (6.7%)		
Emotional intelligence	1 (6.7%)		
Evidence based training	1 (6.7%)		
Planning	1 (6.7%)		
Program / services evaluation	1 (6.7%)		
Psychotherapy	1 (6.7%)		
Supervision strategies		1 (6.7%)	1 (6.7%)

Australian Health Practitioner Regulation Agency requirements		1 (6.7%)	
Change management		1 (6.7%)	
Emerging technologies		1 (6.7%)	
Master of social work		1 (6.7%)	
Policy		1 (6.7%)	
Submission of funding ID		1 (6.7%)	
Substance dependence complex		1 (6.7%)	
Trauma informed care		1 (6.7%)	
Additional post graduate ATOD training			1 (6.7%)
Clinical skills			1 (6.7%)
Conflict resolution			1 (6.7%)
Grant writing training			1 (6.7%)
Group work			1 (6.7%)
AOD training			1 (6.7%)
Organisational Psychology			1 (6.7%)
Young people with complex needs			1 (6.7%)

Table 4F Professional development needs considered most important by Psychologists (n=6) (Source: Workers' Survey)

	1	2	3
Advanced specific training	1 (16.7%)		
ATODA training	1 (16.7%)		
Counselling skills	1 (16.7%)		
EMDR* for addictions	1 (16.7%)		
Document training programs	1 (16.7%)		
Policy analysis		1 (16.7%)	
Supervision		1 (16.7%)	
Therapy training		1 (16.7%)	
Trauma training		1 (16.7%)	
Public speaking and technical writing			1 (16.7%)
Mindfulness			1 (16.7%)
First aid			1 (16.7%)

* EMDR—Eye Movement Desensitisation and Reprocessing

Table 4G Professional development needs considered most important by Social Workers (n=9) (Source: Workers' Survey)

	1	2	3
Update current ATOD issues	2 (22.2%)		1 (11.1%)
Mental Health	1 (11.1%)	1 (11.1%)	
Specialist supervision	1 (11.1%)		1 (11.1%)
ATOP training in Australia	1 (11.1%)		
Psychotherapy	1 (11.1%)		
Social work Continuing Professional Development		1 (11.1%)	
Self-care		1 (11.1%)	
Youth specific training		1 (11.1%)	
Substance dependence complex		1 (11.1%)	
Motivational interviewing		1 (11.1%)	
Counselling			1 (11.1%)
Support and peer discussions for training			1 (11.1%)
Understanding behaviour			1 (11.1%)
Young people with complex needs			1 (11.1%)



ATODA
Alcohol Tobacco & Other Drug
Association ACT