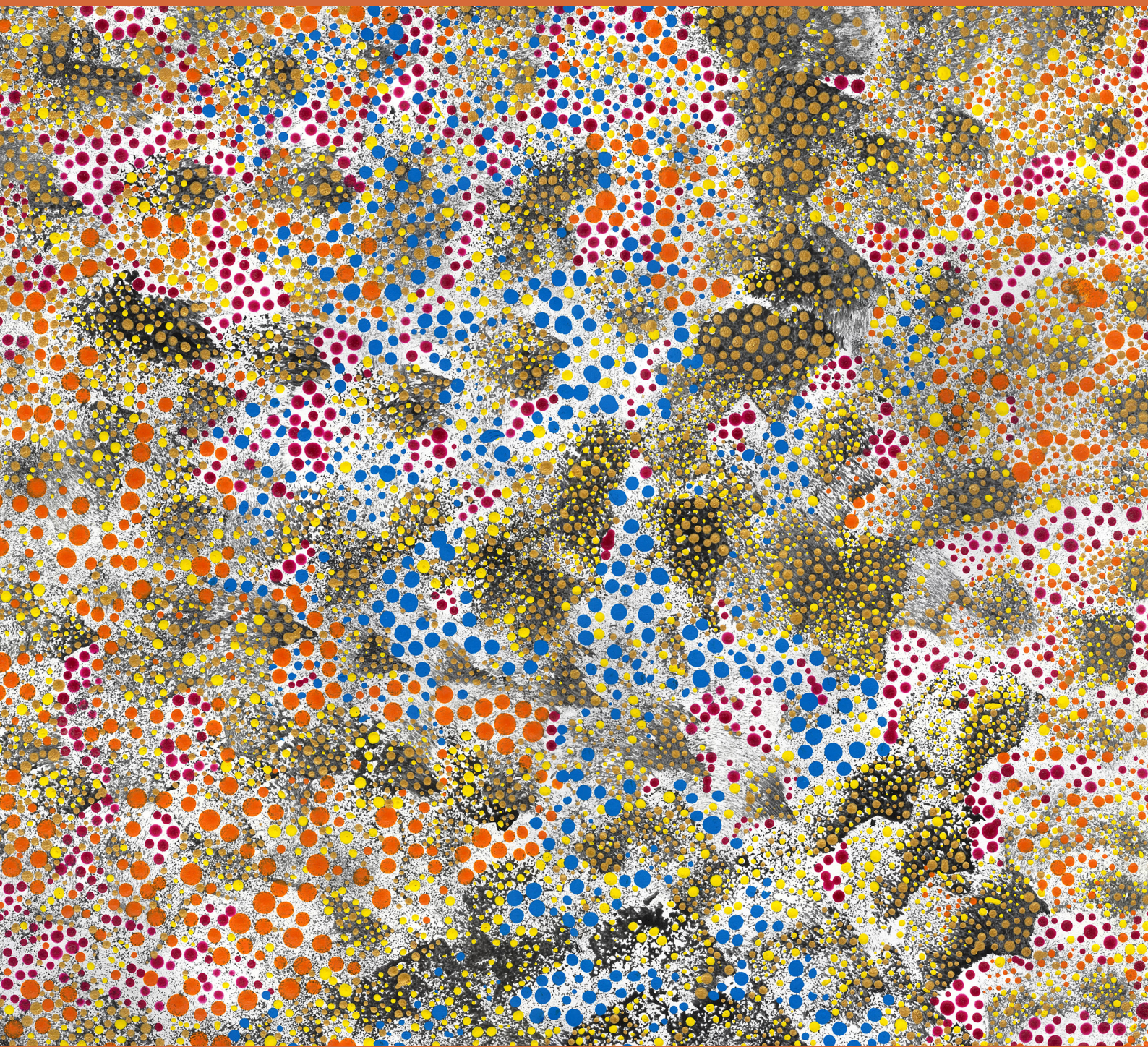


ATODA

Alcohol Tobacco & Other Drug
Association ACT



Appendices

ACT Alcohol and Other Drug Workforce Profile 2021:
Qualifications, Remuneration and Wellbeing

Access appendices at:
<https://www.atoda.org.au/publications/research-publications/>

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Appendix A:

2021 ACT AOD Workforce Profile - Organisation Survey

Part A – General information

1. Organisation name:

2. Program name:

3. Contact person (i.e. the name of the person completing the survey):

4. Contact person role in organisation:

- Executive Officer / CEO / Executive Director
- Operational Director / Coordinator
- Service Manager / Service Operations Manager
- Nursing / Clinical Manager
- Human Resource Manager
- Finance Manager
- Other, please specify:

5. Under what enterprise agreement(s) does your organisation operate?

6. What does your organisation consider to be a full-time working week?

7. How much staff time does AOD reporting take in a year?

8. In the last year, how often has your service accessed interpreter services?

- Once a week
- Once a month
- Once every 3 months
- Once every 6 months
- Never

9. Would your service use interpreter services if they were available and resourced?

- Yes
- No
- Don't know

Part B – Staffing profile

In completing this section, please note the distinction between numbers of workers and full-time equivalent (FTE) positions/staff.

10. How many staff (as in, number of workers) does your organisation currently employ?

11. How many full-time equivalent staff (FTE) does your organisation currently employ?

12. What is the gender make-up of your current staff team? Note: this question is asking about number of workers.

	Number of staff members
Men	
Women	
Other (e.g. non-binary, self-described)	
Total (this should equal your response to Question 10)	

13. How many staff member(s) are in an identified position?

	Number of staff members
Aboriginal and Torres Strait Islander	
Cultural and Linguistically Diverse	
Women specific	
Other, please specify	

14. How many staff members are AOD peer workers?

Peer workers are specifically employed by their organisation to use their lived experience to inform their work. This is different to being employed as an AOD professional and having lived experience of AOD use.

15. How many staff members provide direct client services (e.g. treatment, case management, etc), non-client services (e.g. management, professional support, administration) or both?

	Number of staff members
Direct client services only	
Non-client services only	
Both	
Total (this should equal your response to Question 10)	

16. How many staff members are employed in a position as:

	Number of staff members
Permanent full-time	
Permanent part-time	
Fixed term contract full-time	
Fixed term contract part-time	
Casual	
Volunteers	
Total (this should equal your response to Question 10)	

17. For each position, enter the number of staff members who are employed in this position as their primary role, secondary role and full-time equivalent (FTE), and indicate the FTE vacancies for each position type.

Positions	Number of staff		FTE	
	Number of staff employed in this position as their primary role	Number of staff employed in this position as their secondary role	Currently filled FTE positions	Vacant FTE positions
AOD worker (e.g.: case worker, case manager, AOD practitioner, intake worker, assessment officer, youth AOD worker, support worker, harm reduction worker)				

Nurse				
Nurse practitioner				
General practitioner				
Addiction medicine specialist				
Other medical practitioner				
Clinical psychologist				
Other psychologist				
Psychiatrist				
Social worker				
Counsellor				
Administrator				
Executive				
Manager				
Researcher / Policy officer / Project officer				
Other role, please specify				
Total				
	This should equal your response to Question 10		This should equal your response to Question 11	

Part C – Learning, training and professional development

18. What proportion of your staff currently have individual professional development plans?

 %

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

- No
 Yes, per person per year (*please note amount in dollars below*)
 Yes, as a proportion of staff wages (*please note the proportion below*)
 Other, please specify:

 OR %

20. We would like to learn about the innovative ways you offer in-house training. Apart from access to ATOD Qualification Strategy training, what ongoing professional development mechanisms for staff are in place at your organisation?

(For example, forums, workshops, seminars, induction, access to resources, self-directed learning kits, etc. Please provide as much detail as possible).

21. What do you forecast to be the top training and professional development priorities for your staff over the next 3 years? Select three.

Clinical skills for counselling	<input type="checkbox"/>
Specific interventions or therapies (e.g. CBT, motivational interviewing, brief interventions)	<input type="checkbox"/>
Providing clinical supervision to others	<input type="checkbox"/>
Service delivery/administration skills (e.g. policy development, funding applications, financial planning)	<input type="checkbox"/>
Keeping up-to-date on alcohol or other drug issues (e.g. knowledge on AOD trends, treatments, services and policies)	<input type="checkbox"/>
Managing risky behaviours (e.g. aggression, suicide, self-harm)	<input type="checkbox"/>
Responding to multiple and complex needs (e.g. dual diagnosis, trauma, family violence)	<input type="checkbox"/>

Building and maintaining service partnerships	<input type="checkbox"/>
Working with multi-disciplinary teams	<input type="checkbox"/>
Skills or knowledge to support evidence-based practice	<input type="checkbox"/>
Management skills	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>
Advances clinical skills	<input type="checkbox"/>
Information Technology skills	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>

22. What do you consider to be the top 3 challenges for the AOD workforce over the next 3 years?

1.

2.

3.

Part D – Staff recruitment and retention

23. What method(s) does your organisation use to recruit staff and how effective are these methods?

(Please circle where 0 = do not use, 1 = not at all effective and 5 = highly effective)

	Do not use	Not at all				Highly effective
Print (i.e. newspaper)	0	1	2	3	4	5
Online	0	1	2	3	4	5
Social media	0	1	2	3	4	5
Employment agency	0	1	2	3	4	5
Graduate programs	0	1	2	3	4	5
Secondments	0	1	2	3	4	5
Student placement – Certificate IV AOD	0	1	2	3	4	5
Student placement - Tertiary	0	1	2	3	4	5
Other, <u>please specify</u> :	0	1	2	3	4	5

24. If you offer student placements, on average how many do you support per year in the following professions / fields?

Profession/field	Number
Certificate IV AOD	
Nursing	
Medicine	
Social work	
Psychology	
Other, <u>please specify</u> :	

25. What factors prevent you from achieving your desired recruitment outcomes?

(Please rank up to 6 factors, where 1 contributes the most to you not achieving your desired recruitment outcomes and 6 the least)

Category	Ranking
Not applicable – our organisation does not experience any difficulties	
Applicants have inadequate training and education	
Applicants do not have enough relevant AOD experience	
Applicants are not strongly aligned with the organisation’s values	
Low number of applicants	
Insufficient remuneration	
Stigma associated with the AOD sector	
Other, <u>please specify</u> :	

26. How challenging is it in your organisation to:

a) recruit staff

- Not challenging at all
- Slightly challenging
- Moderately challenging
- Very challenging
- Extremely challenging
- Don't know

b) retain staff

- Not challenging at all
- Slightly challenging
- Moderately challenging
- Very challenging
- Extremely challenging
- Don't know

27. What was the average time taken to fill staff vacancies at your organisation over the last 12 months?

(Please calculate from the date of advertising to the staff commencement date)

yrs	mths
-----	------

28. What particular roles or areas of expertise do you find difficult to recruit?

29. Are any of the current vacancies in your organisation identified positions?

(i.e. Aboriginal and Torres Strait Islander, Cultural and Linguistically Diverse, Women specific)

- No
 Yes, please specify:

30. What are the main reasons staff give for leaving your organisation?

(Please select the top five)

- Stigma / lack of respect
- Lack of encouragement from AOD sector (e.g. from peers, educators, family/friends)
- Lack of career opportunities
- Low salary/poor benefits
- Experience of difficult clients
- Workload (e.g. excessive paperwork, large caseloads, long hours)
- Lack of workplace support
- Lack of clinical supervision
- High stress/burnout
- Limited availability of AOD education/training/professional development
- Differences between industrial awards (rates of pay & other benefits)
- Lack of job security/short-term employment contracts
- Insecure funding
- Other, please specify:

31. Outside of your Award, what additional employee entitlements or incentives does your organisation offer?

(Please tick all that apply)

- Access to professional development (during work hours)
- Above award payments
- Additional paid leave (e.g. between Christmas and New Year)
- Annual salary increments (other than as required by award)
- Bereavement leave
- Carers leave
- Cultural leave
- Childcare
- Christmas bonus
- Conference leave
- Domestic and family violence leave
- Employee Assistance Program
- Family leave
- First Aid allowance
- Flexible work practices
- Fringe benefits tax exemption / salary packaging

- Indexation
- Leave loading
- Maternity leave (paid)
- Maternity leave (unpaid)
- Paternity leave (paid)
- Paternity leave (unpaid)
- Private use of work phone
- Private use of work vehicle
- Purchase annual leave provisions
- Reimbursement of kilometers travelled
- Salary sacrifice to superannuation
- Study assistance
- Study leave (paid)
- Study leave (unpaid)
- Time in lieu (TOIL) or paid overtime
- Travel allowance
- Unpaid leave provisions
- Work Health and Safety allowance
- Don't know
- Other, please specify:

32. Does your organisation have an Indigenous Employment Strategy?

- No
- Yes, please specify what the Strategy involves:

Part E – Supervision and wellbeing

AOD Practice supervision (sometimes referred to as clinical supervision) is distinguished from management and other forms of supervision by its greater level of confidentiality and clear separation from the functions of line management. It involves discussion of a supervisee's practice for the purposes of supporting worker wellbeing, developing skills, knowledge, professional identity, accountability and best practice. In the context of AOD this includes reflective practice specific to AOD.

33. Does your organisation provide access to AOD practice supervision for staff?

- Yes
 No skip to Question 35:

34. How is AOD practice supervision provided in your organisation?

- By someone who works at our organisation
 By someone who is external to our organisation
 Both (*i.e. internally and externally*)

35. Do you experience any barriers or limitations in making AOD practice supervision available for staff?

36. What strategies do you use to engage AOD practice supervision for your staff?

(For example, engaging AOD clinicians from other services, interstate via videoconference)

37. If your organisation does not currently offer AOD practice supervision, what is the reason for this?

- Practice supervision is not relevant
 Limited availability of AOD practice supervisors locally
 The organisation cannot afford to pay for it
 Other, please specify:

38. At your organisation, outside of the conditions in your award, what is currently available to support the wellbeing of workers? (select all that apply)

- Health screening
- Health treatment
- Health/fitness lunch-time or subsidised activities
- Access to subsidised smoking cessation supports,
- Diversified caseloads
- Onsite gym
- Access to work computers (e.g. dedicated room or laptops)
- Staff social club
- Others, please specify

39. Thinking beyond the COVID-19 situation, what other wellbeing activities / strategies do you think could be made available to workers at your organisation?

40. Please provide any other comments you would like to make about your workforce or AOD workforce issues generally:

Thank you for completing the survey!

Please retain the survey for collection by an ATODA team member.

The background of the entire page is an abstract, textured pattern. It consists of a dense field of small, multi-colored dots in shades of blue, yellow, orange, red, and grey, scattered across a white base. The dots vary in size and are interspersed with larger, darker grey splatters and brushstrokes, creating a complex, organic visual texture.

Appendix B:

2021 ACT AOD Workforce Profile - Workers' Survey

Part A – About you

1. **Which organisation do you work for? (Please tick one.** If you work at more than one ACT specialist AOD service, please complete this survey at the organisation that you consider to be your primary employer)

- Alcohol Tobacco and Other Drug Association Act (ATODA)
- Alcohol and Drug Services, Canberra Health Services
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- CatholicCare Canberra & Goulburn
- Directions Health Services
- Gugan Gulwan Youth Aboriginal Corporation
- Karralika Programs Inc.
- The Salvation Army (Canberra Recovery Services)
- Ted Noffs Foundation
- Toora Women Inc.
- Winnunga Nimmitjiah Aboriginal Health and Community Services

2. **Do you work for another AOD organisation in the ACT?**

- No
- Yes

If yes, please indicate which one(s) _____

3. **What's your age?**

4. **What's your gender?**

- Man
- Woman
- Non-binary
- I prefer not to say
- Self-described, please specify: _____

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

(Please tick one only)

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- Prefer not to say

6. **In which country were you born?**

- Australia
- Other, please specify:

7. Do you speak a language other than English at home?

(If more than one language, indicate the language that is spoken most often)

- No, English only
- Yes, please specify:

8. For work, do you speak a language other than English:

- No, never
- Yes, almost never
- Yes, on occasion
- Yes, on a regular basis

9. How do you describe your sexual orientation?

- Heterosexual/straight
- Lesbian
- Gay
- Bisexual
- Queer
- Prefer not to say
- Other, please specify:

10. Would you say you are:

- A current daily smoker
- An occasional smoker
- An ex-smoker (have not had a smoke for more than 1 month)
- Someone who has never smoked, or never smoked regularly (a 'non-smoker')

**11. Do you identify as having lived experience in relation to alcohol or other drug issues?
(select all that apply)**

- I do not identify as having lived experience
- Personal experience of alcohol or other drug problems (past or present)
- Family member who has experienced alcohol or drug problems (past or present)
- Prefer not to say
- Other lived experience, please specify:

12. If you answered that you identify as having lived with AOD at question 11, have you disclosed your lived experience in your workplace (e.g. to your supervisor or colleagues)?

- Yes (please skip to question 14)
- No

13. If you answered no to question 12, why have you chosen not to disclose your lived experience in your workplace? (select all that apply)

- To avoid judgement
- Stereotyping or stigma
- Confidentiality or privacy concerns
- No desire/need to discuss it
- It is not relevant to my job
- Other, please specify:

14. If you would like to, please could you tell us about how your lived experience with AOD has influenced your work with clients.

Part B – Your employment status

15. At this organisation, are you working:

- Full time
- Part time

16. At this organisation, on average, how many hours do you work in a fortnight?

hrs

17. At this organisation, what best describes your position:

- Permanent
- Fixed term contract
- Casual
- Volunteer

18. If you are on a fixed term contract, what is the total length of your current contract?

yrs

mths

19. How often do you work extra hours or overtime? (i.e. beyond your contracted work hours)

- Every day or most days
- A few times a week
- A few times a month
- A few times a year

Never or almost never

20. Are you satisfied with how you are compensated for your overtime?

- Yes
 No

Please comment, if you wish:

21. Are you satisfied with your flexible working arrangements?

- I don't have flexible working arrangements
 Yes
 No

Please comment, if you wish:

22. What is your weekly personal income (or annual income, p.a) before tax in this job?

- \$1 - \$199 (\$1 - \$10,399 p.a)
 \$200 - \$299 (\$10,400 - \$15,999 p.a)
 \$300 - \$399 (\$15,600 - \$20,799 p.a)
 \$400 - \$599 (\$20,800 - \$31,199 p.a)
 \$600 - \$799 (\$31,200 - \$41,599 p.a)
 \$800 - \$999 (\$41,600 - \$51,999 p.a)
 \$1,000 - \$1,249 (\$52,000 - \$64,999 p.a)
 \$1,250 - \$1,499 (\$65,000 - \$77,999 p.a)
 \$1,500 - \$1,999 (\$78,000 - \$103,999 p.a)
 \$2,000 or more (\$104,000 p.a or more)
 My role is unpaid (e.g. volunteer, student placement)
 Prefer not to say

Part C – Your work history

Responses to these questions will build our understanding of the workforce history of workers in the ATOD sector.

23. In total, for how many years/months have you cumulatively worked:

(i.e. total time in the workforce minus breaks)

In the ATOD sector anywhere (i.e. in any state/territory or overseas)?

yrs	mths
-----	------

In the ATOD sector in the ACT?

yrs	mths
-----	------

In your current organisation?

yrs	mths
-----	------

In your current position?

yrs	mths
-----	------

If relevant, as an ATOD manager or team / program leader in the ACT?

yrs	mths
-----	------

24. Is your current position the first role you've had in the ATOD sector?

- Yes
- No

25. Immediately prior to your current role, were you:

(Please tick one only)

- Working in the same organisation
- Working within the ATOD sector in another organisation
- Working outside the ATOD sector
- Not working

26. If immediately prior to your current role, you were working outside the ATOD sector:

a) in which setting did you work?

(Please tick one only)

- Non-government sector (e.g. not-for-profit, charity, non-government organisations)
- Government / public sector
- Private sector (e.g. for-profit corporation, small business)
- Not applicable
- Other, please specify:

--

b) in which sector did you work?

(Please tick one only)

- Aged care
- Child care
- Child protection
- Corrective services
- Disability
- Education
- Employment services
- Family services
- Health
- Hospitality / Retail
- Housing / Homelessness
- Justice
- Mental health
- Sexual health
- Youth

- Not applicable
- Other, please specify:

27. In which other sector(s) have you ever worked?

(Please tick all that apply)

- Aged care
- Child care
- Child protection
- Corrective services
- Disability
- Education
- Employment services
- Family services
- Health
- Hospitality / Retail
- Housing / Homelessness
- Justice
- Mental health
- Sexual health
- Youth
- Not applicable
- Other, please specify:

28. What are your career plans over the next 12 months?

(Please tick all that apply)

- Remain in my current role
- Increase my working hours
- Decrease my working hours
- Leave the sector with a view to returning at a later time
- Leave the sector with no intention to return
- Move horizontally into another ATOD role
- Seek promotional opportunities within my organisation
- Seek promotional opportunities within the sector but outside my organisation
- Seek promotional opportunities outside the sector
- Long service leave
- Maternity / parental leave
- Will be determined by my contract and / or duration of funding
- Study
- Travel
- Retirement
- Don't know
- Other, please specify:

29. What are the factors that encourage you to continue to work in the ATOD sector?

30. What is the greatest challenge you face in working in the AOD sector?

31. Thinking about the AOD sector in general. In your opinion, why do workers leave the AOD sector? (select up to three)

- Stigma / lack of respect
- Lack of encouragement from AOD sector (e.g. from peers, educators, family/friends)
- Lack of career opportunities
- Low salary/poor benefits
- Experience of difficult clients
- Workload (e.g. excessive paperwork, large caseloads, long hours)
- Lack of workplace support
- Lack of clinical supervision
- High stress/burnout
- Limited availability of AOD education/training/professional development
- Differences between industrial awards (rates of pay & other benefits)
- Lack of job security/short-term employment contracts
- Insecure funding
- Other, please specify:

Part D – Your AOD role

Responses to these questions will build on our understanding of the roles of workers in the ATOD sector.

32. Which of the following best describes the main role or capacity you are employed in? Please note that this is referring to your role, not necessarily to your qualifications (which may be different).

(Please tick only one of the following)

AOD worker

For example:

AOD practitioner
Specialist AOD
Practitioner

Case worker
Case manager
Intake worker
Assessment officer

Youth AOD worker
Support worker
Harm reduction worker

- Nurse
- Nurse Practitioner
- General Practitioner
- Addiction Medicine Specialis
- Other Medical Practitioner
- Clinical Psychologist
- Other Psychologist
- Psychiatrist
- Social worker
- Counsellor
- Administrator
- Executive
- Manager
- Researcher / Policy Officer / Project Officer
- Other role, please specify, providing as much detail as possible about your main role:

33. Please indicate any other roles that you're employed in.

(Please tick all that apply)

AOD worker

For example:

Case worker
Case manager
AOD practitioner

Intake worker
Assessment officer
Youth AOD worker

Support worker
Harm reduction worker

- Nurse
- Nurse Practitioner
- General Practitioner
- Addiction Medicine Specialist
- Other Medical Practitioner
- Clinical Psychologist
- Other Psychologist
- Psychiatrist
- Social worker
- Counsellor
- Administrator
- Executive
- Manager
- Researcher / Policy Officer / Project Officer
- Other role, please specify, providing as much detail as possible about your other role:

34. Most people employed in the ATOD sector undertake a mix of direct client contact and non-client contact activities. During an average working week, what proportion of your time would you spend on:

Direct client services (e.g. treatment, case management)	%
Client-related administration tasks (e.g. client notes)	%
Other tasks that <i>do not</i> involve providing treatment and support to clients (This includes: one-off contacts such as working at reception; and non-client contact activities such as management, professional support tasks, finance, research, project work)	%
Total	100%

35. If you work in a direct client service role, what are the five activities that you spend the most time on:

(Please tick up to 5 activities)

- Not applicable
- Screening
- Assessment
- Treatment planning
- Brief intervention (*e.g. no more than 30 minutes of feedback on assessment & advice*)
- Brief therapy (*e.g. several sessions of CBT or other therapy*)
- Crisis support
- Information and education
- Peer education & support
- Case management / case work (*including clinical case management & brokerage*)
- Group work
- Counselling / intensive therapy
- Needle and syringe services
- Sobering Up services
- Medicated withdrawal support
- Non-medicated withdrawal support
- Pharmacotherapy for opioid dependence provision
- Pharmacotherapy for alcohol disorders provision
- Nicotine replacement therapy provision
- Primary Health Care (*AOD specific*)
- Consultation and liaison
- Relapse prevention
- Referrals
- Aftercare
- Other, please specify:

36. If you undertake tasks that do not involve providing treatment and support to clients, what are the five activities that you spend most time on.

(Please tick up to 5 activities)

- Not applicable
- Leadership *(e.g. strategic planning, stakeholder management)*
- Financial management
- Contract management
- Meeting attendance
- Reception duties
- Research
- Policy development
- Project management
- Data entry
- Compilation of data for reporting purposes *(e.g. NMDS)*
- Staff management
- Delivering practice supervision *(e.g. reflective practice)*
- Delivering management supervision *(e.g. day to day work)*
- Undertaking your own professional development / training
- Health promotion and community development
- Other organisational processes *(e.g. quality, service planning, reporting)*
- Other, please specify:

37. Are you in an identified position?

- No
- Aboriginal and Torres Strait Islander
- Cultural and Linguistically Diverse
- Women specific
- Other, please specify:

38. Are you employed specifically as an AOD peer worker?

Peer workers are specifically employed by their organisation to use their lived experience to inform their work. This is different to being employed as an AOD professional and having lived experience of AOD use.

- Yes
- No

39. Are you required to be registered with the Australian Health Practitioner Regulation Agency (APHRA)?

- Yes
- No

40. Which, if any, professional bodies are you a member of?

(Please tick all that apply)

- Australasian Chapter of Addiction Medicine (RACP)
- Australian Association of Social Workers (AASW)
- Australian Counselling Association (ACA)
- Australian Medical Association (AMA)
- Australian Nursing Federation (ANF)
- Australian Psychological Society (APS)
- Drug and Alcohol Nurses Association (DANA)
- Nursing and Midwifery Board of Australia (NMBA)
- Psychotherapy and Counselling Federation of Australia (PACFA)
- None
- Other, please specify:

Part E – Supervision

Responses to these questions will inform our understanding of workplace practice in relation to supervision.

Broadly, supervision can be defined as practices and relationships which provide workers' learning and support needs in relation to their work, and helps workers maintain appropriate boundaries. Here 'management supervision' and 'practice supervision' are defined separately:

- **AOD practice supervision** (sometimes referred to as **clinical supervision**) is distinguished from management and other forms of supervision by its greater level of confidentiality and clear separation from the functions of line management. It involves discussion of a supervisee's practice for the purposes of supporting worker wellbeing, developing skills, knowledge, professional identity, accountability and best practice. In the context of AOD this includes reflective practice specific to AOD.
- **Line management supervision** is provided to a worker by their line manager, service coordinator or other senior member of the service and covers issues of performance and expectations of work role, education and administration.

42. Do you receive any of the following types of supervision in your current role?

If so, please provide details of the frequency and source of the supervision:

	Do you receive this type of supervision?	How often to you receive this type of supervision?	Who do you receive this type of supervision from? From someone who works at (internal) or outside (external) your organisation
AOD practice supervision (clinical supervision)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fortnightly or more <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months <input type="checkbox"/> Once every 6 months <input type="checkbox"/> Once a year or less	<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both
Line management supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fortnightly or more <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months <input type="checkbox"/> Once every 6 months <input type="checkbox"/> Once a year or less	
Cultural supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fortnightly or more <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months <input type="checkbox"/> Once every 6 months	<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both

		<input type="checkbox"/> Once a year or less	
Peer supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fortnightly or more <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months <input type="checkbox"/> Once every 6 months <input type="checkbox"/> Once a year or less	<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both
Other, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Fortnightly or more <input type="checkbox"/> Once a month <input type="checkbox"/> Once every 3 months <input type="checkbox"/> Once every 6 months <input type="checkbox"/> Once a year or less	<input type="checkbox"/> Internal <input type="checkbox"/> External <input type="checkbox"/> Both
None	<input type="checkbox"/> I receive no supervision		

42. If you receive AOD practice supervision from someone who works at your organisation (internal), is this person different to the person who provides your line management supervision? (Please tick one only)

- Yes
 No
 Not applicable

43. To what extent does your AOD practice supervision meet your needs:

a) in terms of quality

- Not at all
 Slightly
 Moderately
 Considerably
 Completely

b) in terms of quantity (i.e. how often you receive it)

- Not at all
 Slightly
 Moderately
 Considerably
 Completely

44. How do you think your AOD practice supervision could be improved?

45. Do you provide AOD practice supervision (clinical supervision) to others?

- No
- Yes

If yes, do you provide that practice supervision to workers:

- Inside your organisation only
- Outside your organisation only
- Both inside and outside your organisation

How often do you provide practice supervision to other workers?

Part F – Qualifications & Professional Growth

Responses to these questions will create a profile of the expertise within the ATOD sector and identify professional development pathways that might be needed.

46. What qualifications have you completed in the following areas of study?

(Please tick all qualifications that you have completed. Where relevant, please also provide the name of the qualification)

General schooling:

- Less than Year 10
- Year 10 / School certificate
- Year 12 / College certificate

In ATOD:

**Name of completed qualification
(include the field/specialisation)**

- AOD Skill Set
- Certificate I – III
- Certificate IV
- Diploma
- Advanced diploma / Associate degree
- Bachelor degree
- Graduate certificate / Graduate diploma / Bachelor degree with honours
- Masters degree
- Doctoral degree (PhD)

Other, please specify:

In a non-ATOD health / social / behavioural sciences area:

- Certificate I – III
- Certificate IV
- Diploma
- Advanced diploma / Associate degree
- Bachelor degree
- Graduate certificate / Graduate diploma / Bachelor degree with honours
- Masters degree
- Doctoral degree (PhD)
- Other, please specify:

Name of completed qualification (include the field/specialisation)

In any other area of study:

- Certificate I – III
- Certificate IV
- Diploma
- Advanced diploma / Associate degree
- Bachelor degree
- Graduate certificate / Graduate diploma / Bachelor degree with honours
- Masters degree
- Doctoral degree (PhD)
- Other, please specify:

Name of completed qualification (include the field/specialisation)

47. Are you currently undertaking any study?

- No
- Yes, please provide the details below:

Name of course / training

ATOD

Non-ATOD health / social / behavioural sciences	
Other area	

48. In the **last 12 months**, have you participated in any professional development opportunities offered by your organisation? (e.g. Conferences, training or short course, seminars, etc.)

- No
 Yes, please specify what these are:

49. How do you feel about your professional growth?

(Please circle the response that best describes your level of agreement with each statement)

	N/A to my role	Strongly disagree			Strongly agree	
Your organisation encourages and supports professional growth	0	1	2	3	4	5
Keeping your skills up-to-date is a priority for you	0	1	2	3	4	5
You do a good job of regularly updating and improving your skills	0	1	2	3	4	5
You regularly read professional journal articles, books or other source material relevant to your job	0	1	2	3	4	5
You review new techniques and other information regularly	0	1	2	3	4	5

50. Have you experienced challenges or difficulties in accessing sufficient professional development for your work in the AOD sector?

- None at all
 A little
 A moderate amount
 A lot
 A great deal

51. Thinking about training/professional development on working with particular client groups, what are the training gaps (select all that apply):

Training gaps	For the ACT AOD sector	For you
Older clients	<input type="checkbox"/>	<input type="checkbox"/>

Clients with co/multiple morbidities	<input type="checkbox"/>	<input type="checkbox"/>
Children and families	<input type="checkbox"/>	<input type="checkbox"/>
Aboriginal and Torres Strait Islander clients	<input type="checkbox"/>	<input type="checkbox"/>
Clients from culturally and linguistically diverse backgrounds	<input type="checkbox"/>	<input type="checkbox"/>
Clients who are lesbian/gay/bisexual/trans/intersex/queer	<input type="checkbox"/>	<input type="checkbox"/>
Clients with current/past experience of family violence	<input type="checkbox"/>	<input type="checkbox"/>
Clients with experience of trauma	<input type="checkbox"/>	<input type="checkbox"/>
Clients with gambling problems	<input type="checkbox"/>	<input type="checkbox"/>
Forensic AOD clients	<input type="checkbox"/>	<input type="checkbox"/>
Clients with acquired brain injury	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	..	<input type="checkbox"/>

52. Thinking about training/professional development on particular areas of work practice, what are the training gaps (select all that apply):

Training gaps	For the ACT AOD sector	For you
Clinical skills for counselling	<input type="checkbox"/>	<input type="checkbox"/>
Specific interventions or therapies (e.g. CBT, motivational interviewing, brief interventions)	<input type="checkbox"/>	<input type="checkbox"/>
Providing clinical supervision to others	<input type="checkbox"/>	<input type="checkbox"/>
Service delivery/administration skills (e.g. policy development, funding applications, financial planning)	<input type="checkbox"/>	<input type="checkbox"/>
Keeping up-to-date on alcohol or other drug issues (e.g. knowledge on AOD trends, treatments, services and policies)	<input type="checkbox"/>	<input type="checkbox"/>
Managing risky behaviours (e.g. aggression, suicide, self-harm)	<input type="checkbox"/>	<input type="checkbox"/>
Responding to multiple and complex needs (e.g. dual diagnosis, trauma, family violence)	<input type="checkbox"/>	<input type="checkbox"/>
Building and maintaining service partnerships	<input type="checkbox"/>	<input type="checkbox"/>
Working with multi-disciplinary teams	<input type="checkbox"/>	<input type="checkbox"/>
Skills or knowledge to support evidence-based practice	<input type="checkbox"/>	<input type="checkbox"/>
Management skills	<input type="checkbox"/>	<input type="checkbox"/>
Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>
Advanced clinical skills	<input type="checkbox"/>	<input type="checkbox"/>
Information Technology skills	<input type="checkbox"/>	<input type="checkbox"/>
Other, please specify:	<input type="checkbox"/>	<input type="checkbox"/>

G – Qualification strategy (QS)

The following questions cover the sector’s Qualification Strategy (QS) requirements. To meet the Qualification Strategy requirements all specialist ACT ATOD services (funded by ACT Health) must ensure that relevant staff successfully complete: A qualification in ATOD or addiction studies which is equivalent to, or above, the Australian Qualifications Framework Certificate IV in AOD OR a health, social, or behavioural science related tertiary (university) qualification PLUS the AOD Skill Set AND First Aid Certificate.

For ACT ATOD workers who do not meet the Qualification Strategy requirements, three fully subsidised courses are available through ATODA; they are:

- AOD Skill Set Course
- Remaining Units (non-AOD specific units of the Certificate IV in AOD)
- Provide First Aid Course

For more information please visit: <http://www.atoda.org.au/projects/qs/>

53. For each of the following courses, please indicate your level of engagement:

		Completed (and hold a current Certificate)	Currently undertaking	Planning to undertake	Not planning to undertake	Not relevant to my role
AOD Skill Set	CHCAOD001: Work in an AOD context	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CHCAOD04: Assess the needs of clients with AOD issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CHCAOD006: Provide interventions for people with AOD issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	CHCAOD009: Develop and review individual AOD treatment plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-AOD specific units of the Certificate IV in AOD (Remaining Units)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. If relevant, through which registered training organisation (RTO) did you complete (or are undertaking) the AOD Skill Set?

- Not applicable
- ReGen Uniting Care
- Turning Point Alcohol and Drug Centre
- Canberra Institute of Technology (CIT)
- Odyssey House Victoria
- Other, please specify:

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

- Yes
- No – minimum level of qualification should be above the Certificate IV
- No – minimum level of qualification should be below the Certificate IV
- Maybe
- I don't know

Please provide the reason for your answer:

Part H – Your wellbeing

Responses to these questions will build an understanding issues related to workplace wellbeing.

56. For the following three questions, we ask that you think about your life in the **last 4 weeks**.

(Please circle where 0 = the worst you have ever felt, 10 = the average, and 20 = the best you have ever felt)

a. How would you rate your **psychological health** status in the **past 4 weeks**?

Worst	Average																		Best	
0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

b. How would you rate your **physical health** status in the **past 4 weeks**?

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

c. How would you rate your **overall quality of life** in the **past 4 weeks**?

(i.e. thinking about your work, family, social interactions, health, finances etc. overall)

0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

57. How strongly do you agree or disagree with each of the following statements?

(Please circle the number to indicate your level of agreement)

	N/A to my organisation	Strongly disagree				Strongly agree
I am satisfied with my present job	0	1	2	3	4	5
I would like to find a job somewhere else	0	1	2	3	4	5
I feel appreciated for the job I do	0	1	2	3	4	5
I am under too many pressures to do my job effectively	0	1	2	3	4	5
I like the people I work with	0	1	2	3	4	5
There are enough AOD workers at our program to meet current client needs	0	1	2	3	4	5
Staff members at my program often show signs of stress and strain	0	1	2	3	4	5
The heavy staff workload reduces the effectiveness of my program	0	1	2	3	4	5
I give high value to the work I do at this organisation	0	1	2	3	4	5
Staff frustration is common where I work	0	1	2	3	4	5
I am proud to tell others where I work	0	1	2	3	4	5
AOD workers at my program are able to spend enough time with clients	0	1	2	3	4	5

58. How do you feel at work?

(Please indicate how often, in the last 4 weeks, you have felt each of the following feelings. Please circle where 1 = never or almost never, 4 = sometimes, and 7 = always or almost always).

	Never or almost never		Sometimes			Always or almost always	
I feel tired	1	2	3	4	5	6	7
I have no energy for going to work in the morning	1	2	3	4	5	6	7
I feel physically drained	1	2	3	4	5	6	7
I feel fed up	1	2	3	4	5	6	7
I feel like my 'batteries' are 'dead'	1	2	3	4	5	6	7
I feel burned out	1	2	3	4	5	6	7
My thinking process is slow	1	2	3	4	5	6	7

I have difficulty concentrating	1	2	3	4	5	6	7
I feel I'm not thinking clearly	1	2	3	4	5	6	7
I feel I'm not focused in my thinking	1	2	3	4	5	6	7
I have difficulty thinking about complex things	1	2	3	4	5	6	7
I feel I'm unable to be sensitive to the needs of coworkers and/or clients	1	2	3	4	5	6	7
I feel I'm not capable of investing emotionally in coworkers and/or clients	1	2	3	4	5	6	7
I feel I'm not capable of being sympathetic to coworkers and/or clients	1	2	3	4	5	6	7

59. If you work in a direct client service role, please circle the number that best describes your level of agreement with each of the following statements:

	Strongly disagree					Strongly agree				
AOD workers have a capacity to positively influence outcomes for people with AOD issues	1	2	3	4	5					
There is little that can be done to help many people with AOD issues	1	2	3	4	5					
My contribution to positive outcomes is insignificant in comparison to other treatments	1	2	3	4	5					
I can make a positive difference to outcomes for most people with AOD issues	1	2	3	4	5					
Positive outcomes are directly related to the quality of AOD worker skills and knowledge	1	2	3	4	5					
There are always new skills and knowledge I can acquire to improve my work	1	2	3	4	5					
The outcome of AOD problems is not significantly affected by AOD worker interventions	1	2	3	4	5					
With my assistance most people with AOD issues will improve	1	2	3	4	5					
Often there is little I can do to help people with their AOD issues	1	2	3	4	5					
Even the most challenging clients can benefit from my interventions	1	2	3	4	5					

60. If you need it, which kinds of supports could you access through your workplace? (select all that apply)

- Support from peers and colleagues
- Support groups
- Counselling sessions
- Regular debriefs with a suitable colleague
- Wellness rooms/chillout rooms
- External support programs
- Other, please specify

61. Are there any supports you'd like to access through your workplace that aren't currently available?

62. To what extent has the COVID-19 pandemic impacted your wellbeing generally?

- A lot
- A little
- Not at all

63. To what extent has the COVID-19 pandemic impacted your wellbeing at work?

- A lot
- A little
- Not at all

64. Thinking about your situation in mid-2020, please indicate how the COVID-19 pandemic impacted your work (compared to prior to the COVID-19 pandemic). Please select all that apply.

a. Changes to client numbers

- Increase in client numbers
- No change in client numbers
- Decrease in client numbers
- Not applicable

b. Changes to client complexity

- Increase in client complexity
- No change in client complexity
- Decrease in client complexity
- Not applicable

c. Changes to amount of your work hours

- Increase in your hours worked per week
- No change in your hours worked per week
- Decrease in your hours worked per week

d. Working from home

- Working from home wasn't an option for me
- Working from home was not good for me
- Working from home was good for me
- Working from home was neutral for me (neither 'good' nor 'not good')

e. Use of telehealth

- The use of telehealth was beneficial to my work. Please specific how:

- The use of telehealth was detrimental to my work. Please specify how:

- The use of telehealth was neutral for me (neither beneficial nor detrimental to my work)
- Not applicable

65. Do you have any other comments about the impact of COVID-19 on your work?

66. What has your organisation done particularly well during the COVID-19 pandemic to support your work?

67. What has your organisation not done well during the COVID-19 pandemic to support your work?

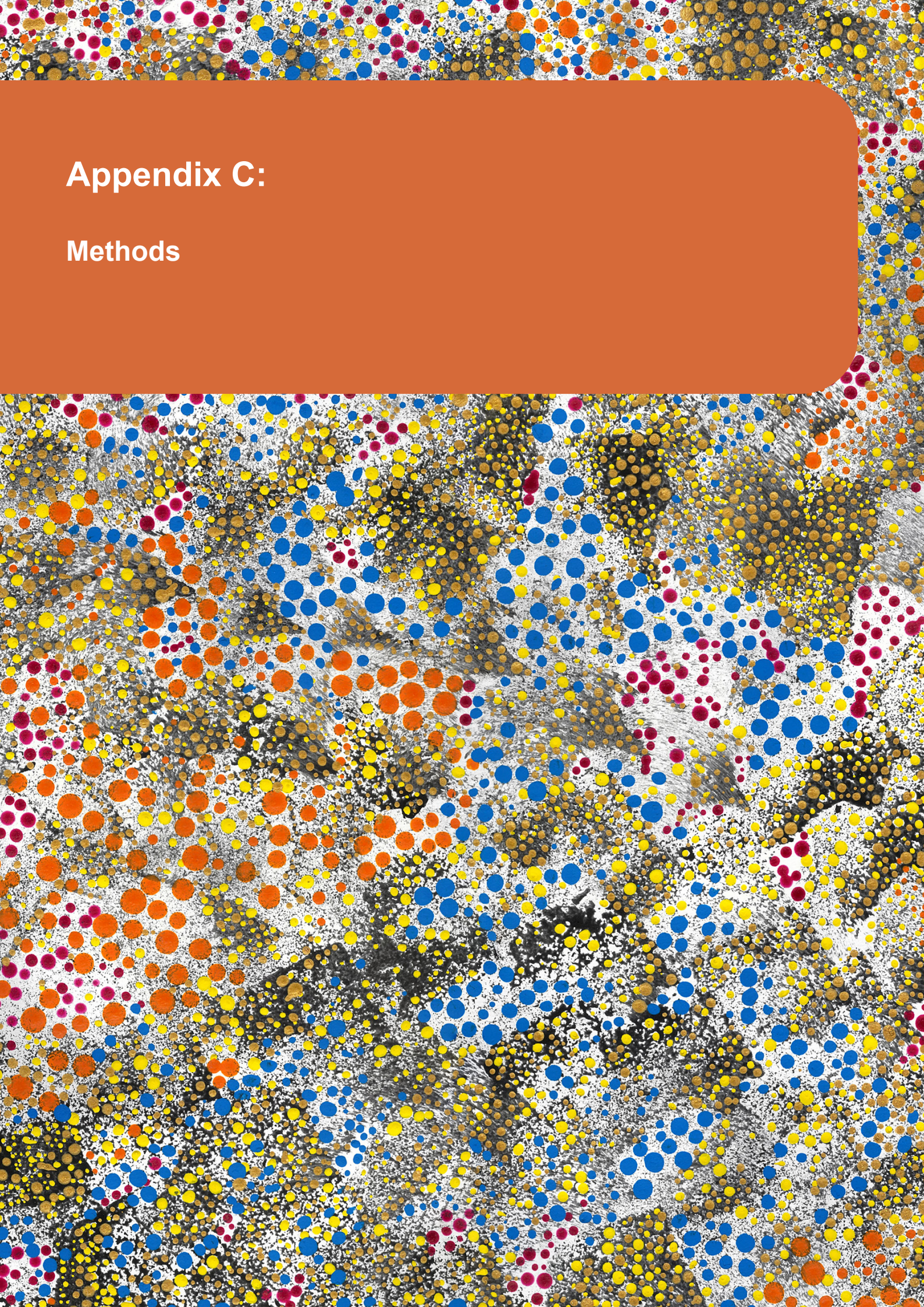
68. What was the impact of the bushfires and smoke in early 2020 on your general health and wellbeing, health and wellbeing at work, and your work practice?

69. Please provide any other comments about any aspects of your work below:

Thank you for completing the survey!

Appendix C:

Methods



The method used to conduct the 2021 Workforce Profile was consistent with previous years and is outlined below. A key change in 2021 was the development and implementation of an online version of the survey—workers had the option to complete either a paper-based or online version.

C.1 Survey development

The 2021 Workforce Profile included two survey instruments:

1. Organisation Survey (Appendix A):

- 40 questions relating to:
 - staff profiles (including demographics, employment status, roles and qualifications);
 - training and professional development;
 - staff entitlements;
 - staff recruitment and retention;
 - supervision; and
 - wellbeing.
- Completed by Chief Executive Officers (CEO)/Executive Directors/Program Managers or other agreed representatives of the organisation.

2. Workers' Survey (Appendix B):

- 58 questions relating to:
 - demographics;
 - employment status;
 - roles;
 - training and qualifications;
 - remuneration;
 - work history;
 - supervision; and
 - professional development needs and processes.
- 12 questions on wellbeing
 - Six questions or sets of questions examining physical and psychological health, overall quality of life, job satisfaction, professional growth, stress, burnout, and clinical optimism. The questions were based on validated scales (see below).
 - Five questions specifically assessing the impact of the COVID-19 pandemic and associated public health measures on worker wellbeing; and one further question about the impact of fires and bushfire smoke in early 2020.
- Completed by permanent, contract and casual staff.

In 2021, the ACT AOD Workforce Profile was offered for the first time in both online and paper-based versions. The online version was designed, administered and the output generated through Qualtrics [Version February–August 2021; www.qualtrics.com].

C.2 Changes to the 2021 survey

The 2021 survey has incorporated a number of changes to improve the survey content, clarity and ordering of questions based on consultations and feedback through:

- an internal ATODA review of previous ACT AOD Workforce Profile surveys
- consultations with the ACT ATOD sector via the Executives Group and Workers Group meetings. This included, for example:
 - the identification of questions related to the impact of the COVID-19 pandemic and response as a key topic for inclusion in the 2021 Workforce Profile

- specific consultation with the ACT AOD Workers Group on the content and wording of specific topics and questions (e.g. questions on lived experience)
- input from the AOD Policy Section of the ACT Health Directorate
- a review of questions used in the national AOD workforce survey, and in workforce profile surveys conducted by other AOD peak organisations in Australia.

In both survey instruments, there were revisions made to the layout, wording and order of questions and response categories to enhance clarity and flow. In addition, the following changes were made:

- addition of topics related in particular to the impact of the COVID-19 pandemic and response, and the 2019–2020 bushfires; and the lived experience of workers in the AOD workforce;
- revisions to questions to ensure consistency in wording and response categories across both surveys, and consistency across the online and paper-based versions of the survey;
- revision of the Organisation Survey for respondents to self-report the overall numbers and proportions of demographic characteristics of their workforces (gender; identified positions; Peer Workers; workers with direct-client-contact; full time/part time/casual/volunteer; and job roles)—this is in contrast to the 2017 Organisation Survey that requested a one-page demographic profile be completed for each worker in the organisation; and
- the 2021 survey did not include the supplementary tobacco management and smoking cessation section.

Table C.1 details all changes between the 2017 and 2021 surveys.

Ethics approval for the conduct of the project was received from the ACT Health Human Research Ethics Committee (ETHLR.14.113), with amendments approved by the Low-Risk Sub-Committee on 10 March 2021.

Table C.1

Changes made to the Organisation and Workers' surveys in 2021

Changes to the Workers' Survey in 2021

#	Question	Notes
Part A – About you		
1	<p>Which organisation do you work for?</p> <ul style="list-style-type: none"> • Alcohol Tobacco and Other Drug Association ACT (ATODA) • Alcohol and Drug Services, Canberra Health Services • Canberra Alliance for Harm Minimisation and Advocacy (CAHMA) • CatholicCare Canberra and Goulburn • Directions Health Services • Guguan Gulwan Youth Aboriginal Corporation • Karralika Programs Inc. • The Salvation Army (Canberra Recovery Services) • Ted Noffs Foundation • Toora Women Inc. • Winnunga Nimmityjah Aboriginal Health and Community Services 	New question
2	<p>Do you work for another AOD organisation in the ACT?</p> <ul style="list-style-type: none"> • No • Yes • If yes, please indicate which one(s) 	New question
4	<p>What's your gender?</p> <ul style="list-style-type: none"> • Man • Woman • Non-binary • I prefer not to say • Self-described (please specify [description is optional]) 	<p>Change to be in line with the SUSOS that is based on advice from Meridian ACT (formerly AIDS Action Council ACT)</p> <p>Non-binary and Self-described (please specify [description is optional]) are additional options provided.</p> <p><i>Other, please specify has been removed</i></p>
5	<p>Do you identify as being of Aboriginal and/or Torres Strait Islander origin?</p> <ul style="list-style-type: none"> • No • Yes, Aboriginal • Yes, Torres Strait Islander • Yes, both Aboriginal and Torres Strait Islander • Prefer not to say 	Added prefer not to say as an option
8	<p>For work, do you speak a language other than English?</p> <ul style="list-style-type: none"> • No, never • Yes, almost never • Yes, on occasion • Yes, on a regular basis 	New question

9	<p>How do you describe your sexual orientation?</p> <ul style="list-style-type: none"> • Heterosexual/straight • Lesbian • Gay • Bisexual • Queer • Prefer not to say • Other, please specify 	New question based on advice from Meridian ACT (formerly AIDS Action Council ACT)
10	<p>Would you say you are:</p> <ul style="list-style-type: none"> • A current daily smoker • An occasional smoker • An ex-smoker (have not had a smoke for more than 1 month) • Someone who has never smoked, or never smoked regularly (a 'non-smoker') 	Question taken from supplementary section of 2017 Workforce Profile
11	<p>Do you identify as having lived experience in relation to alcohol or other drug issues? (select all that apply)</p> <p>Options:</p> <ul style="list-style-type: none"> • I do not identify as having lived experience • Personal experience of alcohol or drug problems (past or present) • Family member who has experienced alcohol or drug problems (past or present) • Prefer not to say • Other lived experience, please specify 	New question (from National AOD Workforce Profile)
12	<p>If you answered that you identify as having lived with AOD at question 11, have you disclosed your lived experience in your workplace (e.g. to your supervisor or colleagues)?</p> <ul style="list-style-type: none"> • Yes (please skip to question 14) • No 	New question (from National AOD Workforce Profile)
13	<p>If you answered no to question 12, why have you chosen not to disclose your lived experience in your workplace? (select all that apply)</p> <ul style="list-style-type: none"> • To avoid judgement • Stereotyping or stigma • Confidentiality or privacy concerns • No desire/need to discuss it • It is not relevant to my job • Other, please specify 	New question (from National AOD Workforce Profile)
14	<p>If you would like to, please could you tell us about how your lived experience with AOD has influenced your work with clients.</p>	New question
Part B – Your employment status		
15	<p>At this organisation, are you working:</p> <ul style="list-style-type: none"> • Full time • Part time 	New question
16	<p>At this organisation, on average, how many hours do you work in a fortnight?</p>	Replaced <i>per week</i> with in a fortnight

17	<p>At this organisation, what best describes your position:</p> <ul style="list-style-type: none"> • Permanent • Fixed term contract • Casual • Volunteer 	<p>Change from <i>Which of the following best describes your current working arrangement?</i></p> <p>(Please tick one only)</p> <ul style="list-style-type: none"> • Permanent full-time Go to Question 9 • Permanent part-time Go to Question 9 • Fixed term full-time (e.g. contract) • Fixed term part-time (e.g. contract) • Casual
18	<p>If you are on a fixed term contract, what is the total length of your current contract?</p>	<p>Replaced <i>duration</i> with length</p>
19	<p>How often do you work extra hours or overtime? (i.e. beyond your contracted work hours)</p> <ul style="list-style-type: none"> • Every day or most days • A few times a week • A few times a month • A few times a year • Never or almost never 	<p>New question (from National AOD Workforce Profile)</p>
20	<p>Are you satisfied with how you are being compensated for your overtime?</p> <ul style="list-style-type: none"> • Yes • No • Please comment if you wish 	<p>New question (from National AOD Workforce Profile)</p>
21	<p>Are you satisfied with your flexible working arrangements?</p> <ul style="list-style-type: none"> • I don't have flexible working arrangements • Yes • No • Please comment, if you wish 	<p>New question (from National AOD Workforce Profile)</p>
22	<p>What is your weekly personal income (or annual income, p.a) before tax in this job?</p> <ul style="list-style-type: none"> • \$1 - \$199 (\$1 - \$10,399 p.a) • \$200 - \$299 (\$10,400 - \$15,999 p.a) • \$300 - \$399 (\$15,600 - \$20,799 p.a) • \$400 - \$599 (\$20,800 - \$31,199 p.a) • \$600 - \$799 (\$31,200 - \$41,599 p.a) • \$800 - \$999 (\$41,600 - \$51,999 p.a) • \$1,000 - \$1,249 (\$52,000 - \$64,999 p.a) • \$1,250 - \$1,499 (\$65,000 - \$77,999 p.a) • \$1,500 - \$1,999 (\$78,000 - \$103,999 p.a) • \$2,000 or more (\$104,000 p.a or more) • My role is unpaid (e.g. volunteer, student placement) • Prefer not to say 	<p>Change from <i>What is your normal (base) hourly rate of pay before tax?</i></p> <p>(Free text response)</p>

23	<p>In total, for how many years/months have you cumulatively worked:</p> <ul style="list-style-type: none"> • In the ATOD sector? • In your current organisation? • In our current position? • If relevant, as an ATOD manager or team/program leader? 	<p>Minor question rewording; added the words, In total</p>
24	<p>Is your current position the first role you've had in the AOD sector?</p> <ul style="list-style-type: none"> • No • Yes 	<p>New question</p>
25	<p>Immediately prior to your current role, were you:</p> <ul style="list-style-type: none"> • Working in the same organisation • Working within the ATOD sector in another organisation • Working outside the ATOD sector • Not working 	<p>Change from <i>Prior to your current role, where was your last paid employment position? (Please tick one only)</i></p> <ul style="list-style-type: none"> • <i>In the same organisation</i> • <i>Within the ATOD sector in another organisation</i> • <i>Outside the ATOD sector</i> • <i>Returning to workforce</i> • <i>Not applicable – this is my first paid position</i> • <i>Other, please specify</i>
26	<p>If immediately prior to your current role, you were working outside the ATOD sector:</p> <p>a) In which setting did you work?</p> <ul style="list-style-type: none"> • Non-government sector • Government / Public sector • Private sector • Not applicable • Other, please specify <p>b) In which sector did you work?</p> <ul style="list-style-type: none"> • Aged care • Child care • Child protection • Corrective services • Disability • Education • Employment services • Family services • Justice • Health • Hospitality/retail • Housing/homelessness • Mental health • Sexual health • Youth • Not applicable • Others, please specify 	<p>Minor question rewording and combining of two questions; addition of answer choices:</p> <ul style="list-style-type: none"> • Employment services • Family services • Justice • Sexual health

27	<p>In which other sector(s) have you ever worked?</p> <ul style="list-style-type: none"> • Aged care • Child care • Child protection • Corrective services • Disability • Education • Employment services • Family services • Health • Hospitality / Retail • Housing / Homelessness • Justice • Mental health • Sexual health • Youth • Not applicable • Other, please specify: 	Minor change, added some options to be consistent with previous question
28	What are your career plans over the next 12 months?	Rewording of some options
29	What are the factors that encourage you to continue to work in the ATOD sector?	New question
30	What is the greatest challenge you face in working in the AOD sector?	New question
31	Thinking about the AOD sector in general. In your opinion, why do workers leave the AOD sector? (select up to three)	New question
Part D – Your AOD role		
32	Which of the following best describes the main role or capacity you are employed in? Please note that this is referring to your role, not necessarily to your qualifications (which may be different).	Added Please note that this is referring to your role, not necessarily to your qualifications (which may be different). Removed <i>only</i> from options.
33	Please indicate any other roles that you're employed in.	Minor word change. Added answer options to be consistent with previous question
34	<p>Most people employed in the ATOD sector undertake a mix of direct client contact and non-client contact activities. During an average working week, what proportion of your time would you spend on:</p> <ul style="list-style-type: none"> • Direct client contact services • Client-related administration tasks (e.g. client notes) • Other tasks that do not involve providing treatment and support to clients (This includes: one-off contacts such as working at reception; and non-client contact activities such as management, professional support tasks, finance, research, project work) 	Minor rewording of answer choices. Added client-related administration tasks
35	If you work in a direct client contact role, what are the five activities that you spend the most time on:	Removed <i>top</i>

36	If you undertake tasks that do not involve providing treatment and support to clients, what are the five activities that you spend most time on.	Changed from <i>If you undertake non-client contact activities, we are interested in the top five activities that you spend most time on.</i>
38	Are you employed specifically as an AOD peer worker? (<i>Peer workers are defined as those who are specifically engaged to utilise their lived experience to inform their work</i>)	Minor question rewording to clarify what a peer worker is
Part E – Supervision		
41	Do you receive any of the following types of supervision in your current role? If so, please provide details of the frequency and source of the supervision:	Inserted a table outlining: <ul style="list-style-type: none"> • Do you receive this type of supervision? • How often to you receive this type of supervision? • Who do you receive this type of supervision from? From someone who works at (internal) or outside (external) your organisation
42	If you receive AOD practice supervision from someone who works at your organisation (internal), is this person different to the person who provides your line management supervision?	New question (similar to <i>If you currently receive AOD practice supervision, who do you receive it from?</i>)
43	To what extent does your AOD practice supervision meet your needs a) in terms of quality b) in terms of quantity <ul style="list-style-type: none"> • Not at all • Slightly • Moderately • Considerably • Completely 	New question
44	How do you think your AOD practice supervision could be improved?	Minor rewording of question to improve clarity
45	Do you provide AOD practice supervision (clinical supervision) to others? <ul style="list-style-type: none"> • No • Yes If yes, do you provide that practice supervision to workers: <ul style="list-style-type: none"> • Inside your organisation only • Outside your organisation only • Both inside and outside your organisation How often do you provide practice supervision to other workers?	New question

Part F – Qualifications & Professional Growth

46	What qualifications have you completed in the following areas of study?	Added AOD Skill Set as an option; separated Cert I-III and Cert IV
47	Are you currently undertaking any study?	Removed <i>or training</i>
48	In the last 12 months, have you participated in any professional development opportunities offered by your organisation? (e.g. Conferences, training or short course, seminars, etc.)	Added some examples of professional development opportunities
50	Have you experienced challenges or difficulties in accessing sufficient professional development for your work in the AOD sector? <ul style="list-style-type: none"> • None at all • A little • A moderate amount • A lot • A great deal 	New question
51	Thinking about training/professional development on working with particular client groups. What are the training gaps (select all that apply): <ul style="list-style-type: none"> • Older clients • Clients with co/multiple morbidities • Children and families • Aboriginal and Torres Strait Islander clients • Clients from culturally and linguistically diverse backgrounds • Clients who are lesbian/gay/bisexual/trans/intersex/queer • Clients with current/past experience of family violence • Clients with experience of trauma • Clients with gambling problems • Forensic AOD clients • Clients with acquired brain injury • Other, please specify: 	New question (from National AOD Workforce Profile)
52	Thinking about training/professional development on particular areas of work practice, what are the training gaps (select all that apply): <ul style="list-style-type: none"> • Clinical skills for counselling, treatment or therapy • Specific interventions or therapies (e.g. CBT, motivational interviewing, brief interventions) • Providing clinical supervision to others • Service delivery/administration skills (e.g. policy development, funding applications, financial planning) • Training on alcohol or other drugs (e.g. knowledge on AOD trends, treatments, services and policies) • Managing risky behaviours (e.g. aggression, suicide, self-harm) • Responding to multiple and complex needs (e.g. dual diagnosis, trauma, family violence) • Building and maintaining service partnerships • Working with multi-disciplinary teams • Skills or knowledge to support evidence-based practice • Management skills • Leadership skills • Advanced clinical skills • Information Technology skills • Other, please specify 	New question (from National AOD Workforce Profile)

Part G – Qualification strategy

53	<p>For each of the following courses, please indicate your level of engagement:</p> <p>Table listing the training components (AOD Skill Set, Remaining Units, First Aid) and level of completion, i.e:</p> <ul style="list-style-type: none"> Completed Currently undertaking Planning to undertake Not relevant to my role Not planning to undertake 	Questions removed and turned into a more comprehensive table
54	If relevant, through which registered training organisation (RTO) did you complete (or are undertaking) the AOD Skill Set?	Added if relevant

Part H – Your wellbeing

60	<p>If you need it, which kinds of supports could you access through your workplace? (select all that apply)</p> <ul style="list-style-type: none"> Support from peers and colleagues Support groups Counselling sessions Regular debriefs with a suitable colleague Wellness rooms/chillout rooms External support programs Other, please specify 	New question
61	Are there any supports you'd like to access through your workplace that aren't currently available?	New question
62	<p>To what extent has the COVID-19 pandemic negatively impacted your wellbeing generally?</p> <ul style="list-style-type: none"> A lot A little Not at all 	New question
63	<p>To what extent has the COVID-19 pandemic negatively impacted your wellbeing at work?</p> <ul style="list-style-type: none"> A lot A little Not at all 	New question
64	<p>Thinking about your situation in mid-2020, please indicate how the COVID-19 pandemic impacted your work (compared to prior to the COVID-19 pandemic). Please select all that apply.</p> <ol style="list-style-type: none"> Changes to client numbers Changes to client complexity Changes to amount of your work hours Working from home Use of telehealth 	New question

65	Do you have any other comments about the impact of COVID-19 on your work?	New question
66	What has your organisation done particularly well during the COVID-19 pandemic to support your work?	New question
67	What has your organisation not done well during the COVID-19 pandemic to support your work?	New question
68	What was the impact of the bushfires and smoke in early 2020 on your general health and wellbeing, health and wellbeing at work, and your work practice?	New question
69	Please provide any other comments about any aspects of your work below	New question

Questions from 2017 Workers Survey removed from 2021 Survey

#	Question	Notes
Part B – Your employment status		
9	What constitutes full-time hours per week at your organisation?	
Part D – Your AOD role		
18	If you are employed as an Administrator, Executive, Manager or Researcher / Policy Officer / Project Officer, please also indicate if you have any dual responsibilities	
26	Are you a member of any other association or group?	
Part E – Supervision		
28	If you don't currently receive AOD practice supervision what is the reason for this?	Question added to organisation survey
32	Following are a number of statements relating to your AOD practice supervision. Please circle the response that best describes your level of agreement with each statement	
33	Overall, I am satisfied with the AOD practice supervision I receive	
Part F – Qualifications & Professional Growth		
38	What other training, if any, have you undertaken in the last 12 months?	
40	What do you consider your top 3 training and professional development needs will be over the next 3 years?	

Changes to the Organisation Survey in 2021

#	Question	Notes
Part A – General information		
2	Program name	New question
7	How much staff time does AOD reporting take in a year?	New question
8	In the last year, how often has your service accessed interpreter services?	New question
9	Would your service use interpreter services if they were available and resourced?	New question
Part B – Staffing profile		
10	How many staff (as in, number of workers) does your organisation currently employ?	Question moved from Part A. In 2017 staffing profile was determined through provision of individual forms to staff members; this was replaced with comprehensive questions in Part B in 2021.
11	How many full-time equivalent staff (FTE) does your organisation currently employ?	New question
12	What is the gender make-up of your current staff team? Note: this question is asking about number of workers. <ul style="list-style-type: none"> • Men • Women • Other (e.g. non-binary, self-described) 	Rewording of question. Moved from an individual profile to staffing profile
13	How many staff members are in an identified position? <ul style="list-style-type: none"> • Aboriginal and Torres Strait Islander • Cultural and Linguistically Diverse • Women specific • Other, please specify 	Rewording of question. Moved from an individual profile to staffing profile
14	How many staff members are AOD peer workers?	Rewording of question. Moved from an individual profile to staffing profile
15	How many staff members provide direct client services (e.g. treatment, case management, etc), non-client services(e.g. management, professional support, administration) or both?	Rewording of question. Moved from an individual profile to staffing profile
16	How many staff members are employed in a position as: <ul style="list-style-type: none"> • Permanent full-time • Permanent part-time • Fixed term contract full-time • Fixed term contract part-time • Casual • Volunteers 	Rewording of question. Moved from an individual profile to staffing profile
17	For each position, enter the number of staff members who are employed in this position as their primary role, secondary role and full-time equivalent (FTE), and indicate the FTE vacancies for each position type.	New question (2017 individual staff profiles asked employment status and primary roles as independent questions)
Part C – Learning, training and professional development		

21	What do you forecast to be the top training and professional development priorities for your staff over the next 3 years? Select three.	Minor question rewording and addition of answer choices
Part D – Staff recruitment and retention		
26	How challenging is it in your organisation to: a) recruit staff b) retain staff	New question
29	Are any of the current vacancies in your organisation identified positions?	Minor rewording
30	What are the main reasons staff give for leaving your organisation?	Added answer choices
31	Outside of your Award, what additional employee entitlements or incentives does your organisation offer?	Minor question rewording to narrow down answers given
Part E – Supervision and wellbeing		
37	If your organisation does not currently offer AOD practice supervision, what is the reason for this? <ul style="list-style-type: none"> • Practice supervision is not relevant • Limited availability of AOD practice supervisors locally • The organisation cannot afford to pay for it • Other, please specify: 	New question
38	At your organisation, outside of the conditions in your award, what is currently available to support the wellbeing of workers?	Added answer choices based on previous survey responses
39	Thinking beyond the COVID-19 situation, what other wellbeing activities / strategies do you think could be made available to workers at your organisation?	Added Thinking beyond the COVID-19 situation
40	Please provide any other comments you would like to make about your workforce or AOD workforce issues generally	Added about your workforce or AOD workforce issues generally

Questions from 2017 Organisation Survey removed from 2021 Survey

Part D – Staff recruitment and retention		
16	What is the current number of staff vacancies in your organisation?	Integrated with table about staffing profile at Q. 15
17	Which positions/roles are currently vacant?	Integrated with table about staffing profile at Q. 15

C.3 Worker wellbeing scales

On suggestion from the Executives Group and Workers Group, the 2017 Workforce Profile incorporated questions to ascertain the level of wellbeing in the ACT AOD workforce and to examine how this is related to various other employment factors. The Workers' Survey includes validated scales to assess a number of wellbeing measures: overall wellbeing (with subscales of psychological health, physical health, and quality of life); opportunities for professional growth; stress; burnout; job satisfaction; and therapeutic optimism. These are summarised in Table C.2, with further details on the question items, how these have been validated, and how the scales are scored appearing below.

The choice of these scales was, in part, informed by their use in AOD workforce surveys conducted with the Victorian AOD counsellors,²¹ and NCETA's surveys of AOD workforces in NSW non-government organisations (NGOs) and in New Zealand.^{9, 22} The National Workforce Survey undertaken by NCETA in 2019–2020 utilised different validated scales to measure similar and related indicators of wellbeing.²

The ACT AOD Sector was eager to examine the impact of the COVID-19 pandemic and response on the workforce, and ATODA consequently made a conscious decision to maintain the wellbeing scales used in the 2017 ACT AOD Workforce Profile, rather than adopting the scales used in the national workforce survey. The data relating to wellbeing reported in this 2021 ACT AOD Workforce Profile can, therefore, be compared to the data from the 2017 surveys to consider changes and the possible impact of the COVID-19 pandemic and response.

Table C.2

Summary of validated scales to measure wellbeing items used in the ACT AOD Workforce Profile

Question (refers to paper-based survey)	Item	Scale
56	<i>Overall wellbeing</i> Subscales: <ul style="list-style-type: none"> • <i>Psychological health</i> • <i>Physical health</i> • <i>Overall quality of life</i> 	Health and Social Functioning section of the Treatment Outcomes Profile (Public Health England) ²³
49	<i>Professional Growth</i>	Texas Christian University Organizational Readiness for Change (TCU-ORC) measure ²⁴
57	<i>Satisfaction</i> <i>Stress</i> <i>Staffing</i>	<ul style="list-style-type: none"> • adapted from the 'Growth', 'Satisfaction', and 'Stress' scales • two items taken from the 'Staffing' scale—to be considered as individual questions
58	<i>Stress and burnout</i> Subscales: <ul style="list-style-type: none"> • <i>Physical fatigue</i> • <i>Emotional exhaustion</i> • <i>Cognitive weariness</i> 	Shirom-Melamed Burnout Measure (SMBM) ^{21, 25}
59	<i>Therapeutic Optimism</i> Subscales: <ul style="list-style-type: none"> • <i>General Treatment Outcome Expectancy</i> • <i>Personal Treatment Outcome Expectancy</i> • <i>Pessimism</i> 	Elsom Therapeutic Optimism Scale (TOS) ²⁶ (as adapted by Best et al ^{21, i})

ⁱ Worker well-being survey (personal communication, David Best)—survey used in study referenced in Best, Savic and Daley 2016.

C.3.1 Health and Wellbeing

The health and wellbeing questions from Question 56 are from the Health and Social Functioning section of the Treatment Outcomes Profile (Public Health England).²³ Although these are not validated for use with AOD workers, they have been validated for use with clients of AOD services in Australia.²⁷ The scale has been used in a study of AOD workers in Victoria,²¹ and the questions correspond with measures from the World Health Organization [WHO] Brief Quality of Life Scale.^{21, 23}

They ask:

- How would you rate your psychological health status in the past 4 weeks?
- How would you rate your physical health status in the past 4 weeks?
- How would you rate your overall quality of life in the past 4 weeks? (Thinking about your work, family, social interactions, health, finances etc overall).

For each of these scales—psychological health, physical health, and quality of life—ratings occur on a scale of 0 ('the worst you have ever felt') to 10 ('average') to 20 ('the best you have ever felt'). This generates a score for each scale out of 20, with a neutral score of 10 (the midpoint).

A measure of overall wellbeing is achieved by adding together the scores for each of the scales—psychological health, physical health, and quality of life—to generate a score out of 60 (with 30 as the neutral midpoint). Scores greater than the mid-points (10 for the sub-scales and 30 for the overall wellbeing scale) indicate 'better' health or wellbeing, while scores less than the mid-points indicate 'worse' health or wellbeing.

C.3.2 Items from the Texas Christian University (TCU) Organizational Readiness for Change (ORC) measure

Three scales were used from the TCU-ORC measure: professional growth; job satisfaction; and stress.²⁴ These scales come from a tool for measuring program functioning and readiness for change. Originally tailored for the drug treatment and health services fields, it has been adapted for use in several other fields.²⁸ The questions have been adapted as noted below and come from the 4-Domain Assessments for Organizational Readiness for Change Version (TCU-ORC-D4).

Items were scored by respondents on a scale of 1 to 5 (where 1 = strongly disagree and 5 = strongly agree). Respondents had the option of answering 'not applicable to my role' (0).

These scales were scored as follows:

1. Remove respondents who left more than half of the items for any scale blank (i.e. no more than half of the items for any scale can be missing), so:
 - For the professional growth scale, at least three items should be completed for the respondent to be included
 - For the satisfaction scale, at least three items should be completed for the respondent to be included
 - For the stress scale, at least two items should be completed for the respondent to be included
2. Find and reverse the scoring for the reflected items (those designated with ® in the descriptions below)—this can be done by subtracting the response value (1 to 5) for this item from '6' (e.g. if the response is '2', the revised reversed score is '6'-'2' = '4')
3. Sum the response values of all non-missing items for each scale
4. Divide the sum of item responses by the number of items included to get an average score
5. Multiply this average by 10 to rescale the score to range from 10 to 50.

On these scales, 30 represents a neutral score (midpoint between 10 and 50), with scores over 30 indicating stronger levels of agreement and scores below 30 indicating stronger levels of disagreement.²⁹

Professional growth

The items about professional growth (Question 49) are adapted from the 'Growth' scale in the Staff Attributes Scales (TCU STFORCS) of the TCU-ORC-D4.

None of the questions in this scale require reflected scoring (i.e. reversing the scores).

The questions for the professional growth scale are (where the item wording differs from the original, the original items are included in brackets):

Q49_1

Your organisation encourages and supports professional growth (Your program encourages and supports professional growth)

Q49_2

Keeping your skills up-to-date is a priority for you (Keeping your counselling skills up-to-date is a priority for you)

Q49_3

You do a good job of regularly updating and improving your skills

Q49_4

You regularly read professional journal articles, books or other source material relevant to your job (You regularly read professional articles or books on drug treatment)

Q49_5

You review new techniques and other information regularly (You review new techniques and treatment information regularly)

Satisfaction

The items about satisfaction are adapted from the 'Satisfaction' scale in the Staff Attributes Scales (TCU STFORCS) of the TCU-ORC-D4. This scale forms part of the items for Question 57. In this scale, item Q57_2 requires reflected scoring (i.e. reversing the scores).

The questions for the satisfaction scale are (where the item wording differs from the original, the original items are included in brackets):

Q57_1 I am satisfied with my present job (You are satisfied with your present job)

Q57_2 ® I would like to find a job somewhere else (You would like to find a job somewhere else)

Q57_3 I feel appreciated for the job I do (You feel appreciated for the job you do at work)

Q57_5 I like the people I work with (You like the people you work with)

Q57_9 I give high value to the work I do here (You give high value to the work you do)

Q57_11 I am proud to tell others where I work (You are proud to tell others where you work)

® Indicates items that need to be reversed

Stress

The items about stress are adapted from the 'Stress' scale in the Organizational Climate Scales (TCU CLMORCS) of the TCU-ORC-D4. This scale forms part of the items for Question 57.

In this scale, none of the items require reflected scoring (i.e. reversing the scores).

The questions for the stress scale are (where the item wording differs from the original, the original items are included in brackets):

Q57_4

I am under too many pressures to do my job effectively (You are under too many pressures to do your job effectively)

Q57_7

Staff members at my program often show signs of stress and strain (Staff members at your program often show signs of high stress and strain)

Q57_8

The heavy staff workload reduces the effectiveness of my program (The heavy staff workload reduces the effectiveness of your program)

Q57_10

Staff frustration is common where I work (Staff frustration is common where you work)

C.3.3 Burnout—Shirom-Melamed Burnout Measure

Question 58 measures burnout using the 14-item SMBM.^{21,25} The scale encompasses three subscales: physical fatigue (six items); cognitive weariness (five items); and emotional exhaustion (three items). The question asked workers to indicate how often, in the last four weeks, they had felt each of the following feelings (on a scale from 1 = 'never or almost never' to 7 = 'always or almost always'):

Physical fatigue

- Q58_1 I feel tired
- Q58_2 I have no energy for going to work in the morning
- Q58_3 I feel physically drained
- Q58_4 I feel fed up
- Q58_5 I feel like my 'batteries' are 'dead'
- Q58_6 I feel burned out

Cognitive weariness

- Q58_7 My thinking process is slow
- Q58_8 I have difficulty concentrating
- Q58_9 I feel I'm not thinking clearly
- Q58_10 I feel I'm not focused in my thinking
- Q58_11 I have difficulty thinking about complex things

Emotional exhaustion

- Q58_12 I feel I'm unable to be sensitive to the needs of coworkers and/or clients
- Q58_13 I feel I'm not capable of investing emotionally in coworkers and/or clients
- Q58_14 I feel I'm not capable of being sympathetic to coworkers and/or clients

These items are all worded in the same way as the original tool, with the exception of replacing the word 'customers' with 'clients'.

Scores for overall burnout, and for each of the sub-scales, was obtained by averaging the responses for the corresponding items of each scales (e.g. the overall burnout score was obtained by averaging the responses to all 14-items). No respondents needed to be excluded from the analysis, as all had answered at least half of the questions.

Workers were categorised as 'burned out' if they scored at least 5.5 out of 7.0 on the scale. This cut-off point was used by Bianchi and Schonfeld to correspond to experiencing burnout symptoms more than "quite frequently", with burnout representing "a crisis in a person's relationship with work".²⁰ There is no consensus on diagnostic criteria for burnout, and Bianchi, Schonfeld and Laurent have recommended using conservative cut-off points that correspond to relatively high frequencies of symptoms.³⁰

C.3.4 Therapeutic Optimism Scale

The TOS was designed to provide a reliable means of measuring mental health clinician optimism, including being able to evaluate the change in a clinician following an intervention to enhance optimism.

Items in Question 59 have been adapted from the items included by Best in his Worker Well-being survey (personal communication), which have in turn been adapted from the original Elsom Therapeutic Optimism Scale.²⁶ These items are scored on a scale of 1 = strongly disagree to 5 = strongly agree.

The TOS has been validated in mental health services in NSW, although 27% of the workers in the sample were treating patients with "drug and alcohol abuse". Other studies that have validated the tool have done so in mental health settings.²⁶

The TOS includes three subscales that measure: General Treatment Outcome Expectancy; Personal Treatment Outcome Expectancy; and Pessimism.

Scores are obtained by:

- reversing the scoring for reflected items (subtract the response value from 6—e.g. if the response is '2', the revised score in '4' (6-2=4)—the four reflected items are preceded by a ® in the table below.
- individuals with missing data are removed
- total scores are calculated and range between 10 (lower limit) and 50 (upper limit)

Similar to the TCU-ORC-D4 scales described above, 30 represents a neutral score (midpoint between 10 and 50) on the TOS, with scores over 30 indicating stronger levels of agreement and scores below 30 indicating stronger levels of disagreement.

The questions for the TOS are (where the item wording differs from the original, the original items are included in brackets):

Factor 1: General Treatment Outcome Expectancy

Q59_1

AOD workers have a capacity to positively influence outcomes for people with AOD issues (Mental health clinicians have the capacity to positively influence outcomes for people with mental disorders)

Q59_4

I can make a positive difference to outcomes for most people with AOD issues (I can make a positive difference to outcomes for most people with mental disorders)

Q59_5

Positive outcomes are directly related to the quality of AOD worker skills and knowledge (Positive outcomes are directly related to the quality of mental health clinician skills and knowledge)

Q59_6

There are always new skills and knowledge I can acquire to improve my work

Q59_7

® The outcome of AOD problems is not significantly affected by AOD worker interventions (The outcome of mental disorders is not significantly affected by clinician interventions)

® Indicates items that need to be reversed

Factor 2: Personal Treatment Outcome Expectancy

Q59_8

With my assistance most people with AOD issues will improve (With my assistance most people with mental disorders will recover)

Q59_9

® Often there is little I can do to help people with their AOD issues (Often there is little I can do to help people with their mental illness)

Q59_10

Even the most challenging clients can benefit from my interventions (Even the most challenging patients can benefit from my intervention)

® Indicates items that need to be reversed

Factor 3: Pessimism

Q59_2

® There is little that can be done to help many people with AOD issues (There is little that can be done to help many people with mental disorders)

Q59_3

® My contribution to positive outcomes is insignificant in comparison to other treatments (My contribution to positive outcomes is insignificant in comparison to other treatments, for example, medications)

® Indicates items that need to be reversed

C.3.5 Staffing

The items about staffing are adapted from the 'Staffing' scale of the TCU-ORC measure. While this is a validated scale overall, only two items out of six have been included in our survey—therefore, these two items must be considered individually, not combined into a scale.²⁴ Items from this scale forms part of the items for Question 57.

Scores are obtained by taking the average for each response (where 1 = strongly disagree and 5 = strongly agree).

Where the item wording differs from the original, the original items are included in brackets.

Q57_6

There are enough AOD workers at our program to meet current client needs (Your program has enough counsellors to meet current client needs)

Q57_12

AOD workers at my program are able to spend enough time with clients (Counsellors in your program are able to spend the time needed with clients)

Note: neither of these items is reversed.

Respondents had the option of answering 'not applicable to my organisation' (0). Any missing or not applicable items are not included in the calculation of the average.

C.4 Survey administration

Links to the online Organisation Surveys were distributed to the Chief/Executive Officer (EO) of each organisation. The EOs were responsible for how they completed the survey; some completed it themselves, while others allocated this responsibility to other personnel within the organisation (e.g. Managers of each program; Human Resources Officers).

A contact person was appointed by the EO to take responsibility for the administration of the Workers' Survey within each organisation. For each organisation, ATODA staff liaised with the contact person(s) and/or EO to ascertain how they preferred to administer the survey—that is, online-only, paper-based only, or a mixture of both. Each organisation coordinated with ATODA to devise an individualised strategy for survey implementation that would work best for their programs. Most organisations chose to administer the survey online and to distribute the survey link to staff via email; all organisations had the option to provide paper-based surveys to any staff who could not, for whatever reasons, complete the survey online.

Staff at five organisations elected to participate exclusively through online surveys, one organisation participated with only paper-based surveys, and three organisations participated through a mix of online and paper-based (one organisation with over 50% paper-based surveys, and two with fewer than five paper-based surveys each). Workers' Surveys were completed between 20 May and 22 July 2021.

C.5 Survey analysis and data reporting

The output of data from the worker online surveys was exported from Qualtrics into IBM SPSS (Statistical Package for the Social Sciences). Data from the paper-based surveys were entered into a Microsoft Excel workbook and extracted into IBM SPSS. The two SPSS databases (online and paper-based survey data) were merged. Twenty-two incomplete surveys were removed where the surveys had not been started, where incomplete surveys could be clearly identified as doubles of completed surveys (through identical matching of unchanging identifier items), and two test surveys. Incomplete surveys were retained where at least the demographic sections had been completed, and where surveys could not be matched to unchanging identifier items (e.g. gender, age, Aboriginal and Torres Strait Islander status, country of birth and language, sexual orientation, smoking status, and job role). Twelve surveys were retained where 50% or less of the survey had been completed, and a further 17 surveys where between 51% and 77% (up to Question 56) of the survey was completed. The output from the Organisation Surveys were exported into and analysed through Microsoft Excel.

For both the Workers' and Organisation Surveys, qualitative data (open-ended written responses) were analysed using coded thematic analysis. Descriptive statistics were used in the analysis of quantitative data from both surveys. Statistics used include: the Pearson product-moment correlation coefficient (r); two-sample t-tests (t); and the F statistic used in one-way analyses of variance (ANOVA), in which cases the mean (M) and the standard deviation (SD) have also been reported. Where appropriate, the related 'p' values have been reported. These indicate the probability of the observed relationships between variables having occurred by chance—p values of less than .05 are considered to be statistically significant. Cohen's guidelines (1988) have been used to interpret the strength of correlations, with:³¹

- *small correlation* r = .10 to .29 or g = 0.2
- *medium correlation* r = .30 to .49 or g = 0.5
- *large correlation* r = .50 to 1.0 or g = 0.8

Proportions have been calculated using the number of valid responses to each question. Some participants in the Workers' Survey chose not to answer particular questions and/or only completed a portion of the survey (see above), so for some questions the responses are fewer than the total number of returned surveys. Results from the 2021 survey are also compared to data from previous surveys where relevant.

Some data should be interpreted with caution, owing to small numbers of participants at some services and outliers within the data. It should be noted that to preserve anonymity of workers participating in the survey, this report does not show response frequencies for five or fewer people where this could affect anonymity. In some cases, response categories have been collapsed together in order to preserve anonymity where response numbers are low.^l

C.6 Survey response rates and comparability

As shown in Table C.3, a total of nine Organisation and 188 Workers' Surveys were returned—equating to a 100% response rate for the Organisation Survey (for participating specialist AOD services)^k and an overall response rate of 57.0% for the Workers' Survey.^l The response rate for the Workers' Survey is lower than the 2018 rate (61.3%) but higher than the response rate in 2014, when it was estimated that 52% of the workforce completed the survey. The response rates of the three largest organisations—ADS, Directions Health Services and Karralika Programs—varied from 32.9% to 55.7%. Due to the availability of the online survey format, a greater proportion of incomplete surveys were received compared to previous years: 84.6% of surveys were completed; a further 9.0% responded to more than half of the questions (but did not complete the survey); and 6.4% responded to fewer than half of the questions. Feedback from contact persons was that many workers felt that the survey was too long, and some workers reported not being able to return to their partially completed surveys and consequently abandoned them.

^l For example, for job roles 'nurse' and 'nurse practitioner' have been reported together; 'other clinical roles' includes 'general practitioner', 'addiction medicine specialist', 'other medical practitioner', 'clinical psychologist', 'other psychologist', 'psychiatrist' and 'social worker'; and 'other non-clinical role' includes 'researcher/policy officer/project officer' and 'other roles'.

^k Note that the Organisation Survey response rate refers to those organisations participating in the Workforce Profile—it excludes two organisations that decided not to participate.

^l The Workers' Survey response rate has been calculated using the "number of staff currently employed at the organisation" as the denominator; this reflects the number of staff available to respond to the survey at the time of its implementation, and is able to be compared to response rates from previous years.

Table C.3**Workers' Survey response rates by organisation, 2021**

Sources: 2021 ACT AOD Workforce Profile—Organisation Survey and Workers' Survey

Organisation	Organisation Survey	Workers' Survey	
	Staff currently employed at organisation (Q6)	No. surveys returned	Response rate %
Alcohol and Drug Services (ADS)	79	26	32.9
Alcohol, Tobacco and Other Drug Association ACT (ATODA)	8	6	75.0
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	19	13	68.4
CatholicCare	21	14	66.7
Directions Health Services	80	40	50.0
Karralika Programs	61	34	55.7
The Salvation Army	22	17	77.3
Ted Noffs Foundation	29	26	89.7
Toora Women	11	9	81.8
Did not indicate organisation	-	3	-
Total	330	188	57.0

C.6.1 Comparability of the survey

Table C.4 compares key characteristics of the workforce as reported in the Organisation Survey with responses from the Workers' Survey. This shows that the responses through the Workers' Survey could be seen to be broadly representative of the entire ACT AOD workforce for gender—around two-thirds female and one-third male workers in both surveys. As with surveys in previous years, proportionately more full-time workers completed the survey than casual workers, indicating a potential response bias. Unlike the previous 2017 survey, however, the proportion of part-time workers completing the Workers' Survey was representative of the estimated workforce (29.1% and 29.4%). The response rate of workers delivering services directly to clients was lower than the proportion indicated in the Organisation Survey (80.1% compared to 88.2%).

Proportions of respondents by job roles were similar for AOD Workers (50.6% and 46.2%), as well as for administrators and executives. It is important to note that even though a lower proportion of workers with 'other clinical roles' participated, the relative difference is greater than in previous years. Comparing the 2021 and 2017 surveys, the relative proportional participation was about three-quarters in 2021 (6.4/8.2) compared to about half in 2017 (3.0/6.1). Further the 2021 survey is the first to include participation by General Practitioners and Addiction Medicine Practitioners.

Contact persons were specifically alerted to difficulties experienced in previous surveys with recruiting part-time and casual workers, and workers in 'other clinical roles', and were asked to pay particular attention to encouraging participation by these groups of workers. It is possible that this encouragement, and possibly the option of completing the survey online, led to increased participation by workers in the part-time and 'other clinical roles' categories.

Table C.4

Comparison between key characteristics of the workforce as reported in the Organisation Survey and the Workers' Survey, 2021

Sources: 2021 ACT AOD Workforce Profile—Organisation Survey and Workers' Survey

	2021 Organisation Survey (n=330)	2021 Workers' Survey
Gender*	n = 330	n = 187
Male	30.9%	32.1%
Female	69.1%	63.6%
Employment status	n = 330	n = 182
Permanent full-time	46.3%	50.0%
Fixed term full-time	2.1%	5.5%
Permanent part-time	25.2%	24.2%
Fixed term part-time	4.2%	4.9%
Casual (includes volunteers)	22.1%	15.4%
Provide direct client services	n = 330	n = 176
Direct-client services	88.2%	80.1%
Non-client services	11.8%	19.9%
Main job roles	n = 330	n = 173
AOD Worker	50.6%	46.2%
Nurse/Nurse practitioner	13.0%	8.1%
Counsellor	7.3%	11.0%
Administrator	7.6%	6.9%
Executive	3.9%	4.6%
Manager	7.3%	11.6%
Other clinical roles	8.2%	6.4%
Other non-clinical roles	2.1%	5.2%

* no respondents were identified, as 'other' in the Organisation Survey

Appendix D:

Tables

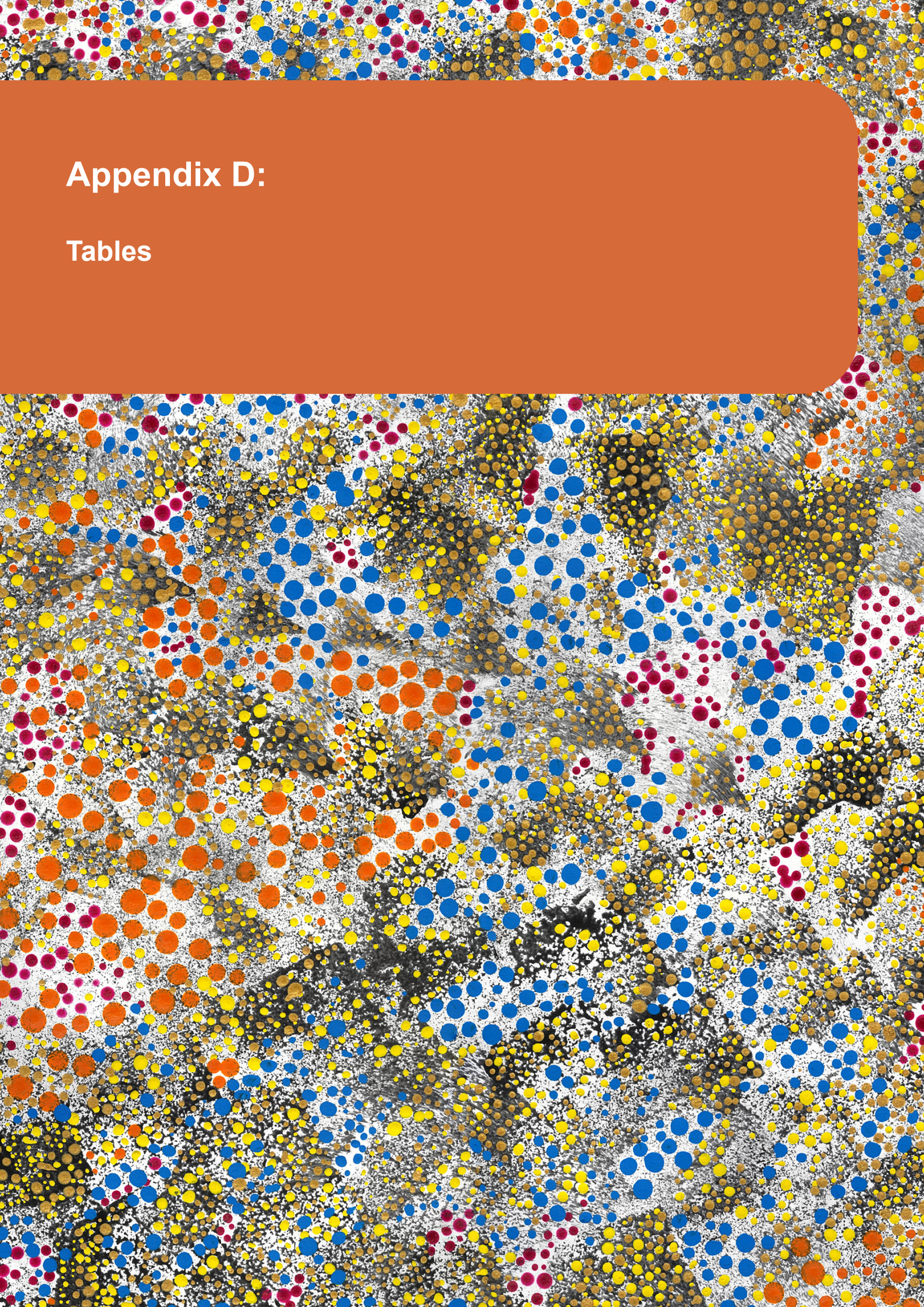


Table D.1**Estimated size of the total Alcohol and Other Drug (AOD) workforce, 2021***Source: 2021 ACT AOD Workforce Profile—Organisation Survey*

Organisation	Staff currently employed at organisation (Q11)	Number of current FTE staff vacancies (Q18)	Estimated size of total workforce	Proportion of sector (%)
Alcohol and Drug Services (ADS)	79	7	86	25.3
Alcohol Tobacco and Other Drug Association ACT (ATODA)	8	-	8	2.4
Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)	19	-	19	5.6
CatholicCare Canberra & Goulburn	21	-	21	6.2
Directions Health Services	80	0.4	81	23.8
Karralika Programs	61	2	63	18.5
The Salvation Army	22	-	22	6.5
Ted Noffs Foundation	29	-	29	8.5
Toora Women	11	-	11	3.2
Total number of workers	330	10	340	100.0

Table D.2**Cultural and linguistic diversity of ACT AOD workforce, 2021***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

Measure		Number	Proportion (%)
Aboriginal and/or Torres Strait Islander origin (n=187)	Yes	≤5	≤2.7
	No	180	96.3
	Prefer not to say	≤5	≤2.7
Country of birth (n = 185)	Australia	125	67.6
	Africa	6	10.0
	Asia/Middle East	17	28.3
	Europe	6	10.0
	North/South America	≤5	≤8.3
	New Zealand/Pacific	6	10.0
	United Kingdom	18	30.0
	Not specified	≤5	≤8.3
	Overseas Total	60	32.4
Language spoken at home (n = 186)	English only	157	84.4
	Other: Catalan, Albanian, Finnish, French, German, Macedonian, Serbian, Spanish, Cambodian, Chinese/Mandarin, Filipino/Tagalog, Hiligaynon, Malayalam, Nepali, Hindi, Punjabi, Sinhala, Urdu, Thai, Arabic, Māori, Hebrew, Ndebele, Shona	29	15.6
For work, do you speak a language other than English? (n = 188)	'No, never' or 'Yes, almost never'	175	93.1
	'Yes, on occasion' or 'Yes, on a regular basis'	13	6.9

Table D.3**Sexual orientation of the workforce, 2021 (n = 186)***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

Sexual orientation	Number of respondents	Proportion of respondents (%)
Heterosexual/straight	150	80.6
LGBTIQ and pansexual	23	12.4
Prefer not to say	13	7.0

Table D.4**Comparison of demographics of workers to service user profile from SUSOS**

Sources: 2021 ACT AOD Workforce Profile—Workers' Survey; 2018 Service Users' Satisfaction and Outcomes Survey (SUSOS)¹⁶

Attribute		AOD Workforce	Service users
Gender	Man	32.1%	58.3%
	Woman	63.6%	39.8%
	Non-binary or self-described	≤2.7%	1.3%
Mean age		43.7 years	37.5 years
Aboriginal and/or Torres Strait Islander (mainstream services only)	Yes	≤2.7%	17.9%
	No	96.3%	80.3%
	Prefer not to say	≤2.7%	1.8%
Culturally and Linguistically Diverse background (other than being of Aboriginal and/or Torres Strait Islander background)*		32.4%	9.5%
Sexual orientation	Heterosexual/straight	80.6%	86.0%
	LGBTIQ, pansexual or 'other'	12.3%	11.3%
	Prefer not to say	7.0%	2.6%

* Note that being from a CALD background was measured differently in each survey: this table reports 'country of birth' for the Workforce Profile; and the response to the question 'Do you identify as being from a culturally and linguistically diverse background?' for the SUSOS. Note also that the proportion of workers from a CALD background includes people born in New Zealand, the United Kingdom and the United States of America.

Table D.5**Smoking status of ACT AOD workforce, comparison of 2017 and 2021**

Sources: 2021 ACT AOD Workforce Profile—Workers' Survey; 2017 ACT AOD Workforce Profile—Workers' Survey supplementary section

Would you say you are:	2021 (n=187)		2017 (n=164)	
	No	%	No	%
A current daily smoker	32	17.1	28	17.1
An occasional smoker	20	10.7	15	9.1
An ex-smoker (have not had a smoke for more than 1 month)	49	26.2	50	30.5
Someone who has never smoked, or never smoked regularly (a 'non-smoker')	86	46.0	71	43.3

Table D.6

Comparisons of workers who self-identified as smokers (current daily or occasional) and non-smokers (ex- or never-smokers) for socio-economic characteristics that showed statistically significant differences*

Source: 2021 ACT AOD Workforce Profile—Workers’ Survey

Socio-economic characteristic		Worker’s smoking status		p value, phi
		Current daily or occasional smoker (%)	Ex- or never smoker (%)	
Job role (n=173)	AOD worker role	40.0	60.0	<0.001, 0.301
	Other clinical roles	6.8	93.2	
	Non-clinical roles	26.5	73.5	
Education level (n=172)	Up to Year 12	60.0	40.0	<0.001, 0.441
	Certificate I-IV	58.1	41.9	
	Diploma	31.0	69.0	
	Bachelor’s Degree	26.1	73.9	
	Graduate Diploma, Masters, Doctorate	5.4	94.6	

* Analysed using chi-square tests for independence with statistically significant differences at p≤0.05; phi indicates the effect size, which in this case is medium for job role and education level.

Table D.7

Proportion of ACT AOD workforce identifying as having some type of lived experience of alcohol and other drugs (n = 188)

Source: 2021 ACT AOD Workforce Profile—Workers’ Survey

Lived experience	Respondents		Type of lived experience	Respondents (of those with lived experience)	
	Number	%		Number	%
Prefer not to say	7	3.7			
No lived experience	61	32.4			
Any lived experience	120	63.8	Personal lived experience only	37	31.1
			Family lived experience only	47	39.5
			Other lived experience only	≤5	≤4.2
			Personal and family lived experience	27	22.7
			Family and other lived experience	≤5	≤4.2
			All three lived experience: personal; family; other	≤5	≤4.2

Table D.8**Reasons why workers with lived experience of alcohol and other drugs have not disclosed their lived experience in their workplace (n = 34)***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

Reason(s)*	Number of respondents (n=34)	Proportion of respondents (%)
To avoid judgement	8	23.5
Stereotyping or stigma	7	20.6
Confidentiality or privacy concerns	10	29.4
No desire/need to discuss it	26	76.5
It is not relevant to my job	12	35.3

* Multiple responses were possible

Table D.9**Comparison between proportions in each 'main job role' of the workforce as reported in the Organisation Survey and the Workers' Survey, 2021***Sources: 2021 ACT AOD Workforce Profile—Organisation Survey and Workers' Survey*

	2021 Organisation Survey (%, n=330)	2021 Workers' Survey (%, n = 173)
AOD Worker	50.6	46.2
Nurse/Nurse practitioner	13.0	8.1
Counsellor	7.3	11.0
Administrator	7.6	6.9
Executive	3.9	4.6
Manager	7.3	11.6
Other clinical roles	8.2	6.4
Other non-clinical roles	2.1	5.2

Table D.10**Comparison between proportions of the workforce delivering direct-client and non-client services as reported in the Organisation Survey and the Workers' Survey, 2021***Sources: 2021 ACT AOD Workforce Profile—Organisation Survey and Workers' Survey*

	2021 Organisation Survey (%, n=330)	2021 Workers' Survey (%, n = 176)
Direct-client services	88.2	80.1
Non-client services	11.8	19.9

Table D.11

Comparison between direct-client-contact workers and non-client-contact workers of mean proportions of time dedicated to each type of tasks: direct client services; client-related administration; other tasks that do not involve providing treatment and support to clients

Source: 2021 ACT AOD Workforce Profile—Workers’ Survey

	Mean proportions of time dedicated to each type of task (%)		
	Direct client services (e.g. treatment, case management)	Client-related administration tasks (e.g. client notes)	Other tasks that do not involve providing treatment and support to clients*
Direct-client-contact workers (n=141)	54.3	26.7	18.9
Non-client-contact workers (n=35)	1.8	5.2	93.0

* This was specified in the survey to include, for example: one-off contacts such as working at reception; and non-client contact activities such as management, professional support tasks, finance, research, project work.

Table D.12

Comparison between proportions of employment status of the workforce as reported in the Organisation Survey and the Workers’ Survey, 2021

Sources: 2021 ACT AOD Workforce Profile—Organisation Survey and Workers’ Survey

	2021 Organisation Survey (% n=330)	2021 Workers’ Survey (% n = 182)
Permanent full-time	46.3	50.0
Fixed term full-time	2.1	5.5
Permanent part-time	25.2	24.2
Fixed term part-time	4.2	4.9
Casual (includes volunteers)	22.1	15.4

Table D.13

Proportions of each role category by employment status—full time; part time; casual/volunteer

Source: 2021 ACT AOD Workforce Profile—Workers’ Survey

Main roles	Proportion of workers in each employment status category (% n=182)		
	Full time	Part time	Casual/volunteer
AOD worker	45.5	27.3	27.3
Nurse/Nurse practitioner	28.6	71.4	0.0
Counsellor	78.9	21.1	0.0
Administrator	50.0	50.0	0.0
Executive	100.0	0.0	0.0
Manager	95.0	5.0	0.0
Other clinical role	54.5	9.1	36.4
Other non-clinical role	33.3	66.7	0.0
All roles	56.5	28.8	14.7

'Other clinical role' includes 'general practitioner', 'addiction medicine specialist', 'other medical practitioner', 'other psychologist', 'social worker', and 'other role clinical'; and 'other non-clinical role' includes the response categories of 'researcher/policy officer/project officer' and 'other role non-clinical'.

Table D.14**Workers' average years in the AOD sector, in their current organisation, and in their current position***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

	Average (mean) (years)	Median (years)	Range
Years in AOD sector (n = 172)	7.4	5.0	1.5 months–45 years
Years in ACT AOD sector (n = 167)	5.9	4.3	1.5 months–31.5 years
Years in current organisation (n = 171)	4.8	3.6	1 month–31.5 years
Years in current position (n = 168)	3.3	2.0	1 month–19.6 years

Table D.15**Survey respondents' overall highest education qualifications (n = 172)***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

Highest education level	Frequency	Proportion (%)
Up to and including Year 12	10	5.8
Certificate I-IV	31	18.0
Diploma, Advanced Diploma	29	16.9
Bachelor's Degree	46	26.7
Graduate Certificate, Graduate Diploma, Bachelor's with honours	25	14.6
Masters or Doctoral Degree	31	18.0
Total	172	100.0

Table D.16**Responses to questions about professional growth by organisation***Source: 2021 ACT AOD Workforce Profile—Workers' Survey; 2017 ACT AOD Workforce Profile—Workers' Survey*

	Professional growth questions—score out of 5.0		
	Your organisation encourages and supports professional growth	Keeping your skills up-to-date is a priority for you	You do a good job of regularly updating and improving your skills
Alcohol and Drug Services	3.5	4.5	3.9
ATODA	4.2	4.2	3.7
CAHMA	4.7	4.3	3.3
CatholicCare	4.1	4.3	3.9
Directions Health Services	4.6	4.6	4.2
Karralika Programs	4.1	4.5	4.1
The Salvation Army	4.0	4.3	4.1
Ted Noffs Foundation	3.4	4.3	3.8
Toora Women	4.6	4.6	4.9
Total (2021)	4.1	4.4	4.0
Total in 2017	3.8	4.3	3.7

Table D.17**Training gaps in relation to particular client groups as nominated by the AOD workforce, for themselves and for the ACT AOD sector***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

	Number of respondents indicating each training gap (shading indicates five highest responses in each column)	
	For the ACT AOD sector	For themselves
Clients with acquired brain injury	71	62
Clients with co/multiple morbidities	58	40
Clients from culturally and linguistically diverse backgrounds	58	34
Forensic AOD clients	49	46
Older clients	49	32
Children and families	48	29
Clients who are lesbian, gay, bisexual, transgender, intersex, or queer	45	28
Clients with gambling problems	42	37
Clients with experience of trauma	42	31
Clients with current/past experience of family violence	42	29
Aboriginal and Torres Strait Islander clients	40	27
Other, please specify: Clients with specific comorbidities (ADHS, ASD); FASD clients; people who game online; young people	8	≤5

Table D.18**Training gaps in relation to particular areas of work practice as nominated by the AOD workforce, for themselves and for the ACT AOD sector***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

Training gaps – particular areas of work practice	Number of respondents indicating each training gap (shading indicates five highest responses in each column)	
	For the ACT AOD sector	For themselves
Responding to multiple and complex needs (e.g. dual diagnosis, trauma, family violence)	49	38
Providing clinical supervision to others	40	47
Managing risky behaviours (e.g. aggression, suicide, self-harm)	38	31
Clinical skills for counselling	37	31
Specific interventions or therapies (e.g. CBT, motivational interviewing, brief interventions)	37	27
Information Technology skills	32	31
Working with multi-disciplinary teams	32	22
Advanced clinical skills	31	36
Building and maintaining service partnerships	30	36
Service delivery/administration skills (e.g. policy development, funding applications, financial planning)	30	29
Keeping up-to-date on alcohol or other drug issues (e.g. knowledge on AOD trends, treatments, services and policies)	28	44
Leadership skills	28	28
Skills or knowledge to support evidence-based practice	28	19
Management skills	21	30
Other, please specify:	≤5	≤5

Table D.19

Types of supervision received by workers in the AOD workforce, frequency of supervision, and from where received (i.e. internal or external to organisation)
Source: 2021 ACT AOD Workforce Profile—Workers' Survey

Type of supervision	Number of workers receiving type of supervision	How often receiving supervision (proportion of those indicating supervision was received)							From whom supervision is received (proportion of those indicating supervision was received)			
		N	Fortnightly or more	Once a month	Once every 3 months	Once every 6 months	Once a year or less	N	Internal to organisation	External to organisation	Both internal and external	
AOD practice supervision (clinical supervision)	106	105	4.8	62.9	25.7	4.8	1.9	98	27.6	62.2	10.2	
Line management supervision	110	107	31.8	35.5	18.7	4.7	9.3	93	95.7	1.1	3.2	
Cultural supervision	11	11	9.1	18.2	9.1	18.2	45.5	11	18.2	45.5	36.4	
Peer supervision	56	52	44.2	30.8	19.2	1.9	3.8	46	80.4	13.0	6.5	
Other (e.g. Research supervision; Board supervision)	12	9	33.3	55.6	11.1	-	-	9	33.3	44.4	22.2	

Table D.20

Attributes of scores for overall wellbeing, and subscales of psychological health, physical health, and quality of life

Source: 2021 ACT AOD Workforce Profile—Workers’ Survey

Scale	Psychological health (Scale 0–20) (n=157)	Physical health (Scale 0–20) (n=156)	Quality of Life (Scale 0–20) (n=157)	Overall wellbeing (Scale 0–60) (n=156)
Attribute				
Mean (average)	12.7	12.3	13.5	38.4
Std deviation	4.5	4.2	4.2	11.2
Median	14.0	12.5	14.0	39.5
Range	2–20	1–20	2–20	10–60

Table D.21

‘Better’ vs ‘worse’ health and wellbeing—distribution of scores above and below the neutral mid-points for wellbeing scales (psychological health, physical health, quality of life, and overall wellbeing)

Source: 2021 ACT AOD Workforce Profile—Workers’ Survey

Scale	Score descriptor	Score range	No. of workers	%
Overall wellbeing (n=156)	<i>Better overall wellbeing</i>	Scores greater than the mid-point (i.e. > 30)	114	73.1
	<i>Neutral overall wellbeing</i>	Scores at the mid-point (i.e. = 30)	7	4.5
	<i>Worse overall wellbeing</i>	Scores less than the mid-point (i.e. < 30)	35	22.4
Psychological health (n=157)	Better psychological health	Scores greater than the mid-point (i.e. > 10)	99	63.1
	Neutral psychological health	Scores at the mid-point (i.e. = 10)	23	14.6
	Worse psychological health	Scores less than the mid-point (i.e. < 10)	35	22.3
Physical health (n=156)	Better Physical health	Scores greater than the mid-point (i.e. > 10)	91	58.3
	Neutral Physical health	Scores at the mid-point (i.e. = 10)	28	17.9
	Worse Physical health	Scores less than the mid-point (i.e. < 10)	37	23.7
Quality of Life (n=157)	Better quality of life	Scores greater than the mid-point (i.e. > 10)	112	71.3
	Neutral quality of life	Scores at the mid-point (i.e. = 10)	16	10.2
	Worse quality of life	Scores less than the mid-point (i.e. < 10)	29	18.5

Table D.22

Attributes of scores for job satisfaction and professional growth

Source: 2021 ACT AOD Workforce Profile—Workers’ Survey

Scale	Mean (average)	Std deviation	Median
Job satisfaction (Scale 10–50; n=157)	41.6	7.2	43.3
Professional growth (Scale 10–50; n=166)	40.1	7.1	40.0

Table D.23**Attributes of scores for stress***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

Scale	Mean (average)	Std deviation	Median
Stress (Scale 10–50; n=157)	26.5	8.1	27.5

Table D.24**Attributes of scores for overall burnout, and subscales of emotional exhaustion, cognitive weariness and physical fatigue***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

Scale	Mean (average)	Std deviation	Median
Overall burnout (Scale 1.00–7.00; n=135)	2.612	.983	2.430
Emotional exhaustion (n=122)	1.893	1.043	1.670
Cognitive weariness (n=129)	2.460	1.164	2.200
Physical fatigue (n=150)	3.018	1.229	2.775

Table D.25**Attributes of scores for the Therapeutic Optimism Score (TOS) and the subscales: general treatment outcome expectancy; personal treatment outcome expectancy; and pessimism***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

Scale	Mean (average)	Std deviation	Median
Therapeutic optimism overall (Scale 10–50; n=114)	40.0	4.7	40.0
General treatment outcome expectancy subscale (Scale 5–25; n=118)	20.4	2.6	20.0
Personal treatment outcome expectancy subscale (Scale 5–15; n=118)	11.2	1.9	11.0
Pessimism subscale (Scale 5–10; n=116)	8.2	1.7	8.0

Table D.26**Kinds of supports that workers can access through their workplace if needed***Source: 2021 ACT AOD Workforce Profile—Workers' Survey*

	Number of responses	Proportion (%; n = 188)
Support from peers and colleagues	126	67.0
Support groups	31	16.5
Counselling sessions	78	41.5
Regular debriefs with a suitable colleague	111	59.0
Wellness rooms/chillout rooms	30	16.0
External support programs, including Employee Assistance Program	83	44.1
Other, please specify:	≤5	≤2.7

Table D.27

Impact on aspects of work observed by the AOD workforce as a result of the COVID-19 pandemic

Source: 2021 ACT AOD Workforce Profile—Workers' Survey

	Changes to client numbers (% , n=123)	Changes to client complexity (% , n=121)	Changes to amount of your work hours (% , n=151)
Increase	22.0	50.4	17.9
No change	29.3	47.9	73.5
Decrease	48.8	1.7	8.6

The background of the page is a dense, abstract pattern of small, multi-colored dots and splatters. The colors include red, blue, yellow, orange, and grey, scattered across a white base. The dots vary in size and are interspersed with larger, irregular grey splatters, creating a complex, textured visual effect.

Appendix E:

Glossary of Terms

The *ACT Alcohol and Other Drug Workforce Profile 2021 (Workforce Profile)* incorporates a number of key concepts that require definition and explanation in order to understand how the data has been analysed and interpreted.

ACT AOD Qualifications Strategy

The Workforce Profile supports the measurement of progress and implementation of the ACT Alcohol and Other Drug Qualifications Strategy (QS). The profile measures whether workers meet the requirements of the QS, or are currently undertaking, or plan to undertake, these requirements. This data is critical to measuring the degree to which the ACT is maintaining and supporting a competent and highly skilled AOD workforce.

The QS (formerly the Minimum Qualification Strategy) was introduced in 2006. The objectives of the QS are to ensure:

- the development and maintenance of a competent and professional ATOD workforce in the ACT; and
- that all AOD workers in the ACT have a shared minimum knowledge and skill base.

Compliance with the QS is a performance expectation in all funding agreements between the ACT Health Directorate^m and specialist AOD treatment and support services. The QS is mandatory for all workers employed by specialist ACT AOD services funded by the ACT Health Directorate who directly provide AOD services to clients (e.g. assessment, counselling, group work, case work). Although the QS is not an entry requirement for employment, workers should either meet the minimum QS requirements or have an agreed plan and timeline with their agency to engage with the QS within 12 months of employment and complete within 3 years.

The QS supports workers to have accredited credentials specific to their field, and is based on nationally recognised standards through the provision of industry endorsed and delivered training. In order to meet the QS requirements, all specialist ACT AOD services (funded by the ACT Health Directorate) require relevant staff to successfully complete:

1. A qualification in ATOD or addiction studies which is equivalent to, or above, the Australian Qualifications Framework Certificate IV in Alcohol and Other Drugs (CHC43215).

OR

A health, social, or behavioural science related tertiary (university) qualification plus the 'Alcohol and Other Drug Skill Set':

- CHCAOD001 Work in an alcohol and other drugs context
- CHCAOD004 Assess needs of clients with AOD issues
- CHCAOD006 Provide interventions for people with AOD issues
- CHCAOD009 Develop and review individual AOD treatment plans

AND

2. A First Aid qualification equivalent to the following units:

- HLTAID001 Provide cardiopulmonary resuscitation
- HLTAID002 Provide basic emergency life support
- HLTAID003 Provide first aid

Further information on the QS is available on the ATODA website: www.atoda.org.au

In the analysis for this survey, workers were assessed as either meeting, or not meeting, the QS. Workers were categorised as having attained the minimum qualifications for the QS because they:

- self-reported having obtained an AOD qualification at Certificate IV or higher (indicated at either Question 46 of the survey and/or Question 53 of the survey), and indicated that they 'completed (and hold a current Certificate)' for First Aid (Question 53 of the survey).

OR

^m From 1 October 2018, ACT Health was restructured into Canberra Health Services and the ACT Health Directorate. The new title is used here in line with the publication date of this workforce profile.

- self-reported having obtained a non-AOD health-, behavioural- or social-tertiary qualification (Question 46 of the survey), and self-reported having completed the AOD Skillset units (Question 53 of the survey), and indicated that they ‘completed (and hold a current Certificate)’ for First Aid (Question 53 of the survey).

Direct-client-contact versus non-client-contact

In previous surveys, workers were asked to define their employment status in terms of ‘clinical’ and ‘non-clinical’ ATOD workers. The definitions used in the survey lacked clarity, and this led to confusion, with workers who were unclear as to whether their activities should be categorised as clinical or not.

For the 2017 survey, the terminology and resulting categorisation of job roles was changed to refer to ‘direct-client-contact’ (regardless of whether the nature of the contact is ‘clinical’ or not) versus ‘non-client-contact’. This definition was also used for the 2021 survey.

Question 34 asked workers to allocate the proportion of time they spent on ‘direct client services’ and non-client contact activities. In contrast to previous years, workers were asked to specify the nature of ‘non-client-contact’ by specifying the proportions of time spent on ‘client-related administration tasks’ and ‘other tasks that do not involve providing treatment and support to clients.’

Most workers were undertaking both direct-client-contact and non-client-contact tasks.

Job roles with direct-client-contact, therefore, may include clinical and/or non-clinical tasks such as (see Question 35):

- | | |
|--|--|
| <ul style="list-style-type: none"> • screening • assessment • treatment planning • brief intervention • brief therapy • crisis support • information and education • peer education and support • case management/case work • group work • counselling/intensive therapy • needle and syringe services | <ul style="list-style-type: none"> • sobering up services • medicated withdrawal support • non-medicated withdrawal support • pharmacotherapy for opioid dependence provision • pharmacotherapy for alcohol disorders provision • nicotine replacement therapy provision • primary health care (AOD specific) • consultation and liaison • relapse prevention • referrals • aftercare |
|--|--|

Job roles with non-client contact may include tasks such as (see Question 36):

- | | |
|---|---|
| <ul style="list-style-type: none"> • leadership • financial management • contract management • meeting attendance • reception duties • research • policy development • project management | <ul style="list-style-type: none"> • data entry • compilation of data for reporting purposes • staff management • delivering practice supervision • delivering management supervision • undertaking your own professional development • health promotion and community development • other organisational processes |
|---|---|

A number of questions in the Workforce Profile—for example, those related to the QS and TOS—are only relevant to those workers engaged in direct-client-contact roles. This, therefore, required workers to be categorised accordingly using responses to questions about:

- self-reported proportion of their time that they spent on ‘direct client services’, ‘client-related administration tasks’, and ‘other tasks that do not involve providing treatment and support to clients’ (Question 34);
- their job role (Question 32 and Question 33);
- nature of the tasks they carried out as part of their roles divided into direct client and non-client-contact activities, as listed above (Question 35 and Question 36).

Detailed criteria for allocating workers as ‘direct-client-contact’ or ‘non-client-contact’ were as follows:

1. For any workers who indicated ‘other tasks that do not involve providing treatment and support to clients’ = 100% at Question 34, these workers were automatically assigned to ‘non-client-contact’ (so long as the proportions at Question 34 totalled 100%)
2. Workers were assessed to be ‘direct-client-contact’ based on the criteria set out in the following table:

Job role	Where proportions at Question 34 totalled 100%	Where proportions at Question 34 did not total 100% (but worker had responded to question)
AOD worker	Total proportion of ‘direct client services’ plus ‘client-related administration tasks’ > 0%	Worker has checked ‘client-contact activities’ in Question 35
Nurse		
Nurse practitioner		
General practitioner		
Addiction medicine specialist		
Other medical practitioner		
Clinical psychologist		
Other psychologist		
Psychiatrist		
Social worker		
Counsellor		
Other clinical role		
Administrator	Total proportion of ‘direct client services’ plus ‘client-related administration tasks’ > proportion for ‘other tasks....’ AND worker has checked ‘client-contact activities’ in Question 35 other than ‘screening’ and ‘information and education’	Worker has checked ‘client-contact activities’ in Question 35
Executive	Worker has checked ‘client-contact activities’ in Question 35 indicating substantial direct-client service delivery	
Manager	Total proportion of ‘direct client services’ plus ‘client-related administration tasks’ > 0% AND worker has checked ‘client-contact activities’ in Question 35	
Researcher/policy officer/project officer		
No role indicated		
Other non-clinical role	Where free text description of role could include direct-client-contact: Total proportion of ‘direct client services’ plus ‘client-related administration tasks’ > 0% AND worker has checked ‘client-contact activities’ in Question 35	Where free text description of role could include direct-client-contact: worker has checked ‘client-contact activities’ in Question 35

3. For any workers who had not responded to Question 34, workers were assumed to be 'direct-client-contact' or 'non-client-contact' based on their job roles:
 - 'direct-client-contact' if their role was: 'AOD worker', 'nurse', 'nurse practitioner', 'general practitioner', 'addiction medicine specialist', 'other medical practitioner', 'clinical psychologist', 'other psychologist', 'psychiatrist', 'social worker', 'counsellor', or 'other clinical role'.
 - 'non-client-contact' if their role was: 'administrator', 'executive', 'manager', 'researcher/policy officer/project officer', or 'other non-clinical role'
4. Workers were excluded from this analysis if they could not be assigned to either category based on Question 34 or their job role (Question 32).

Once categorised as workers with either 'direct-client-contact' or 'non-client-contact', this information was utilised in the analysis of specific questions around the QS and TOS.

Practice supervision

Practice supervision is considered an essential component of employment in the AOD sector. Best practice requires all AOD workers who have direct contact with clients to have some form of practice supervision, ideally provided regularly and externally to the organisation, and separately from line management functions.

Broadly, supervision can be defined as practices and relationships which provide workers' learning and support needs in relation to their work, and helps workers maintain appropriate boundaries. Here 'management supervision' and 'practice supervision' are defined separately:³²

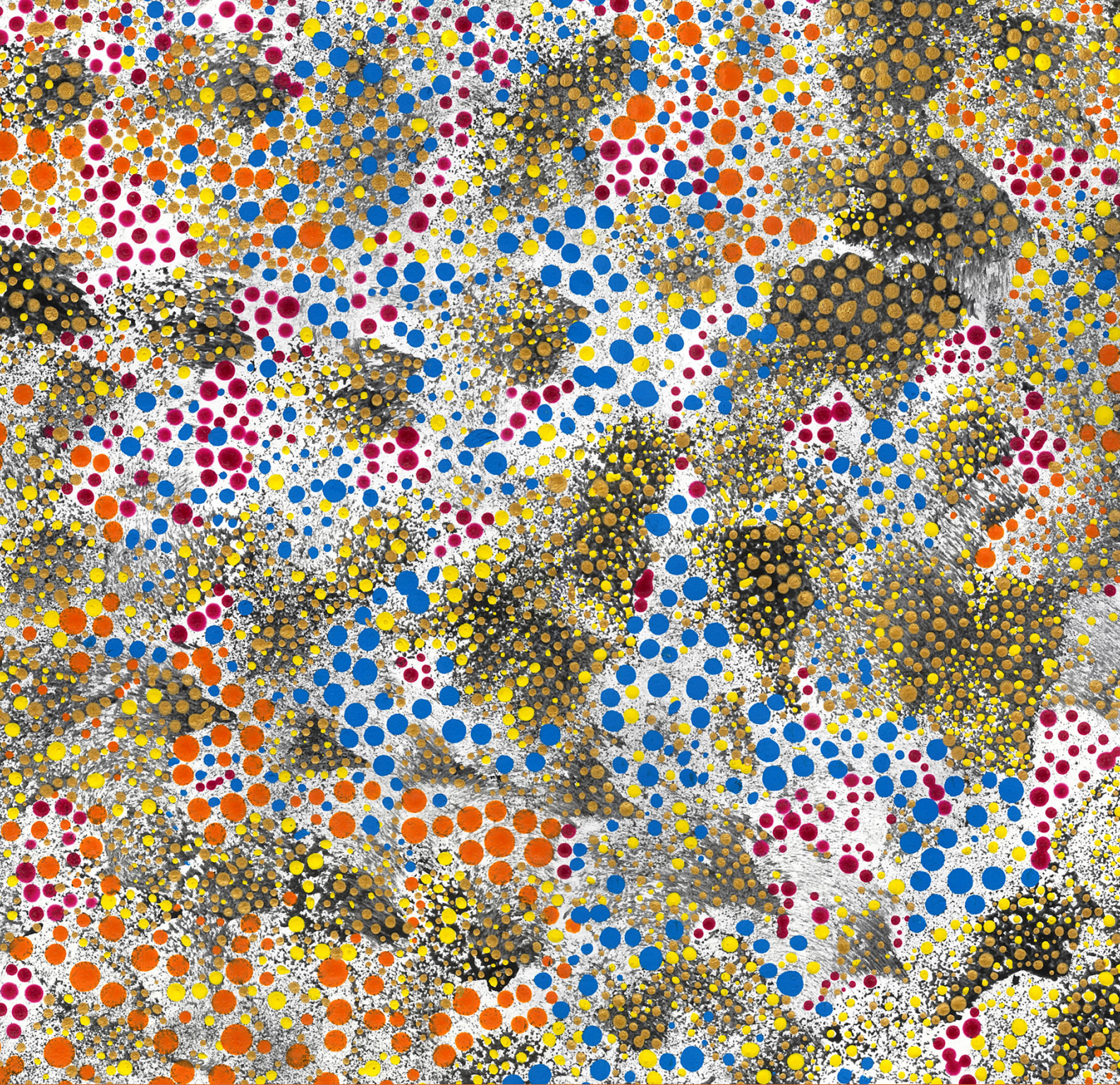
- AOD *practice supervision* (sometimes referred to as clinical supervision) is distinguished from management and other forms of supervision by its greater level of confidentiality and clear separation from the functions of line management. It involves discussion of a supervisee's practice for the purposes of supporting worker wellbeing, developing skills, knowledge, professional identity, accountability and best practice. In the context of AOD this includes reflective practice specific to AOD.
- *Management supervision* is provided to a worker by their line manager, service coordinator or other senior member of the service and covers issues of performance and expectations of work role, education and administration.

Peer worker

The 2021 Workforce Profile included specific questions designed to gather information about the size of the peer workforce. Previous Workforce Profile surveys had sought to collect these data, but it was evident from the responses to previous surveys that there has been confusion over the meaning of the term 'Peer Worker'. Some workers clearly interpreted 'Peer Worker' to include having lived experience of problematic AOD use, without being employed specifically to work with peers. In the 2021 survey, this question was asked again, and further clarification was included to attempt to remove this ambiguity. The definition used was:

Peer workers are specifically employed by their organisation to use their lived experience to inform their work. This is different to being employed as an AOD professional and having lived experience of AOD use.

Unfortunately, despite this more specific definition, responses indicated that there was still some confusion over the meaning of the term.



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