health

2013 Victorian Alcohol and Other Drug Workforce Survey

Department of Health & Human Services

State Government Victoria

2013 Victorian Alcohol and Other Drug Workforce Survey

If you would like to receive this publication in an accessible format, please phone (03) 9096 7123 using the National Relay Service 13 36 77 if required, or email: mhworkforce@health.vic.gov.au

This document is available as a PDF on the internet at:
www.health.vic.gov.au/workforce/.

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne

March 2015

Contents

Figures

Tables

Acknowledgements

On behalf of the Department of Health & Human Services, we acknowledge the significant contribution of members in the expert advisory group who guided this project.

Organisation	Name
Barwon Health	Cath Peake
Bayside Medicare Local	Sharon O'Reilly
Bendigo Community Health Service	Cheryl Sobczyk
Bouverie	Sally Ryan
Caraniche	Jacinta Pollard
Department of Health and Ageing	Cheryl Heath
Gateway Health	Donald Currie
National Centre for Education and Training on Addiction	Professor Ann Roche
Ngwala Willumbong Co-operative	De Joel Upkett
Odyssey House Victoria	Neos Zavrou
Peninsula Health Drug and Alcohol Services	Simon Ruth
Self Help Addiction Resource Centre	Heather Pickard
Turning Point	Dr Kieran Connolly
Turning Point	Dimitra Petroulias
Victorian Alcohol and Drug Association	Brad Pearce
Youth Support and Advocacy Service	Andrew Brunn

Executive summary

In December 2013 the Victorian Department of Health (now the Department of Health & Human Services), in partnership with the Victorian Alcohol and Drug Association (VAADA), Turning Point and an advisory group including key sector representatives, conducted a workforce study on Victorian government-funded alcohol and other drug (AOD) agencies and workers. The 2013 AOD workforce study was independent of the advertised call for submissions process for the recommissioning of non-residential alcohol and drug treatment services that occurred in 2013–14.

This study follows from the 2009 Victorian AOD Workforce Census and the 2010 Victorian AOD Workforce Recruitment and Retention Survey, and included developing agency (Appendix 1) and worker (Appendix 2) surveys to provide a snapshot of Victorian government-funded alcohol and drug agencies and workers.

Key findings from the study are presented in this report and include: identification of workforce issues and challenges impacting on the alcohol and drug sector; information about the demographic, geographic, professional and clinical profile of respondents; and inform about workers' backgrounds, professional experiences and future employment intentions. Overall response rates to the surveys were very high, with 81 agencies and a total of 815 workers providing responses.

These findings establish a baseline prior the service recommissioning to enable the department and service providers to monitor changes in the workforce as it evolves in the new service delivery environment, and for the purpose of future comparison.

At a glance

A number of high-level themes emerged from an analysis of the survey data. These have been grouped under the four goals that underpin the strategic directions set out in *Victoria's alcohol and drug workforce framework: Strategic directions 2012–22*: people, place, environment and performance.

People: Attract and retain workers with the necessary attitudes, knowledge, values and skills to maintain a competent and sustainable workforce.

- **AOD workers are client-focused** and consider their role in 'exploring with clients their understanding of their problems and strengths', 'working effectively with clients' and 'developing recovery plans with clients' as the skills most important to them in undertaking their role effectively.

- The workforce is **stable, satisfied and dedicated**. Overall, AOD workers are satisfied, with almost 60 per cent reporting that they are very satisfied or extremely satisfied with their current employment. On average, workers have been retained in their organisations for an average of 5.9 years and almost 90 per cent of the workforce intends to stay within the AOD sector over the next three years.

- The AOD workforce is **mature and experienced**. On average, workers are 45.5 years old, have 9.2 years of AOD work experience, and are likely to have a formal health, social or behavioural science qualification or a specialist AOD qualification.

Place: Achieve the necessary distribution and skills mix in the workforce so that people can access the kind of care they need in their local community.

- **Agencies based in rural areas are more likely to have smaller teams, and more difficulty recruiting staff**, with almost 20 per cent of rural vacancies taking more than 13 weeks to fill.
- Although metropolitan-based workers are more highly qualified, **rural-based agencies provide more on-the-job development** and allocate more time for learning and development activities per equivalent full time[1] (EFT) staff member.

Environment: Foster positive learning and working environments with strong leadership and a culture of collaboration.

- AOD workers and agencies **define themselves by their values**. Values espoused by the AOD sector and employing agencies was nominated by more than 46 per cent of worker survey respondents as being the primary reason they were attracted to work in the AOD sector. In addition, agencies rank values and attitudes as one of the top five personal and professional attributes they look for when recruiting to manager and worker positions.
- **Agencies support professional development** for their staff by offering time release, paying registration fees and covering the cost of travel and accommodation.

Performance: Equip the workforce with the necessary competencies and support to deliver recovery-oriented, best practice and care.

- AOD workers have a **wide range of qualifications**. Nearly 82 per cent of workers indicate that they have a formal health, social or behavioural science qualification, and 68.3 per cent of workers have a formal qualification specialising in AOD or addiction studies.
- AOD workers are **skilled, capable and committed to learning**. Workers are confident in performing skills they consider most important for them to undertake their role effectively, with few identifying that they need further training within their current setting. Workers are committed to learning and identified specific skill development and evidence-based service delivery models as additional training priorities.

[1] EFT refers to the total existing filled or unfilled equivalent full-time paid roles.

Introduction

The importance of a skilled and flexible workforce is reflected in a range of Victorian alcohol and other drug (AOD) strategy and policy documents including: *Victoria's alcohol and drug workforce framework: Strategic directions 2012–22*, and its accompanying *Implementation plan 2012–15*.

Throughout December 2013 the Victorian Department of Health (now the Department of Health & Human Services), in partnership with the Victorian Drug & Alcohol Association (VAADA) and Turning Point, conducted a workforce study on department-funded AOD agencies to develop a profile of the workforce employed to provide AOD services in Victoria.

The 2013 workforce study follows the 2009 Victorian AOD Workforce Census and the 2010 Victorian AOD Workforce Recruitment and Retention Survey. Combined, these data and reports capture point-in-time information about the workforce employed to provide AOD services in Victoria, and allows for the identification of trends to inform workforce planning and development.

Data collected in the 2013 AOD workforce study enables the department and the sector to measure, analyse and report on: the supply and distribution of the existing workforce; recruitment and retention challenges; training needs; workforce roles; and scopes of practice. In addition, the study also establishes a baseline prior to activity to recommission adult non-residential alcohol and drug treatment services, which enables the department to monitor changes in the workforce as it evolves in the new service delivery environment.

The survey was not related to the advertised call for submissions process and was not used to evaluate any organisation's submission. To ensure the 2013 AOD workforce study did not interfere with advertised call for submission for services recommissioning, the study was conducted between 2 and 20 December 2013, and VAADA held the survey data until after recommissioning outcomes were known.

An aggregate report, including tabulated representations of answers to the worker and agency surveys for the 2013 AOD workforce study, can be viewed at http://www.health.vic.gov.au/aod/workforce.htm.

Reading this report

Where appropriate, captions include references to specific survey questions.

'W' indicates that the question was in the worker survey, and 'A' indicates that the question was in the agency survey. For example, a caption may read: *Figure 4: Distribution of the workforce (A11, W9, W10)*. This indicates that data for the figure has been collated from question 11 of the agency survey and questions 9 and 10 of the worker survey.

Method

Survey questions were derived from a set of workforce indicators to capture consistent, purposeful data over time and to provide comparable data with the previous workforce studies conducted in 2009 and 2010.

The study comprised two surveys:

> An **agency survey**, which targeted Victorian government-funded mainstream organisations and Aboriginal community-controlled health organisations (ACCHOs), collected information on the size and characteristics of the workforce, as well as general workforce issues and challenges that affect funded agencies. All agencies funded by the department were invited to participate and complete an electronic version of the survey.
>
> A **worker survey**, which targeted department-funded AOD workers, collected information on the demographics, distribution and qualifications of the workforce, career pathways and professional development needs. This survey was distributed to agencies via nominated contacts and disseminated to staff. The survey was advertised through VAADA ENEWS and sector databases. To maximise participation, surveys were distributed in an online format with an option to manually complete a printed version and reminders were also sent. Incentives were offered and participants who responded prior to the closing date had the chance to win one of three iPad minis.

Participation in the survey was voluntary for both workers and agencies. A total of 81 (84.4 per cent) agencies and 815 workers provided responses.

An expert advisory group including representatives from VAADA, Turning Point and sector representatives was convened to provide expert information, advice and recommendations to the department in relation to: development and delivery of the survey instrument; testing the validity of the survey instrument; interpretation of findings; thematic analysis on the workforce data; and provide advice and feedback on the final report.

Data limitations

Workers who confirmed that their role was part or fully funded by the department volunteered to participate in the survey, which may have led to a self-selection bias. Broadly, worker survey respondents were relatively representative in terms of geographical region and gender in comparison with responses from agency surveys describing their employees.

Not all worker survey respondents completed the entire survey. Early questions regarding demographics and the workplace had completion rates close to 100 per cent; sections on role, experience, qualifications, skills/training, satisfaction and future employment plans generated completion rates at approximately 60–70 per cent. These results should be interpreted with these completion rates in mind.

Agency profile

Ninety-six organisations (including mainstream organisations and ACCHOs) that received AOD funding from the department were invited to participate in the agency survey. Overall, responses rates were high, with 81 agencies providing data from the perspective of their head office. Of all metropolitan-based agencies invited to participate, 87.3 per cent responded, and 80.5 of all rural-based agencies invited to participate provided responses (Table 1). The department's rural regions map and metropolitan regions maps are provided at Appendix 3 and 4.

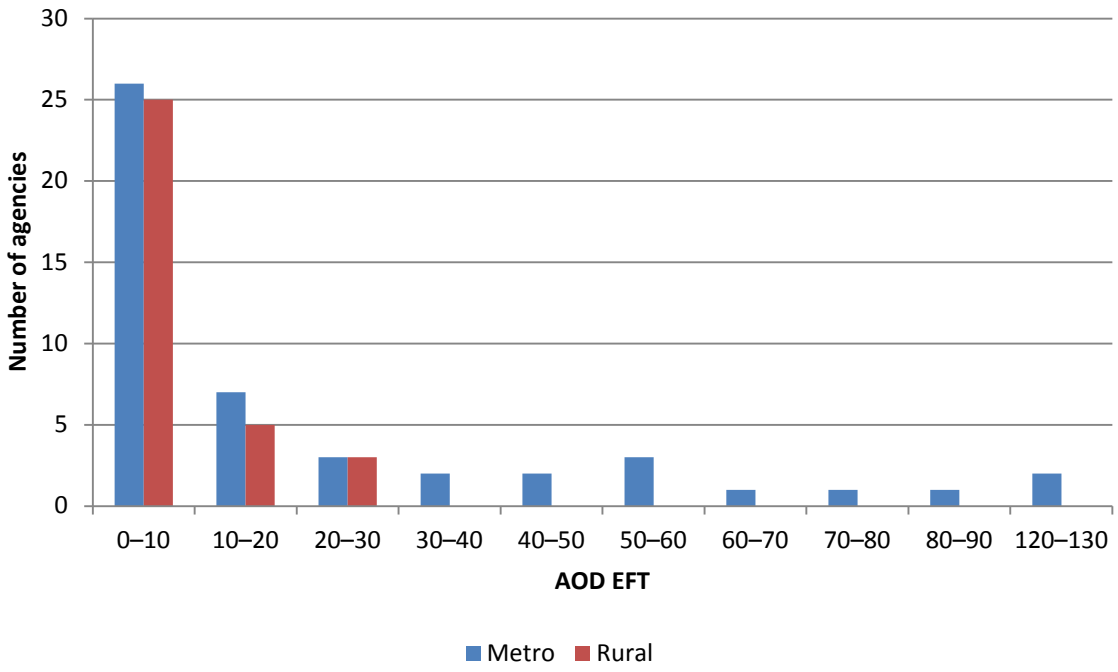
This distribution of agencies is consistent with findings from the 2010 Victorian AOD Workforce Recruitment and Retention Survey.

Table 1: Agency survey respondents

Region	Agencies responded	Agencies in scope	% of agencies responded
Metro	48	55	87.3%
Rural	33	41	80.5%
Total	**81**	**96**	**84.4%**

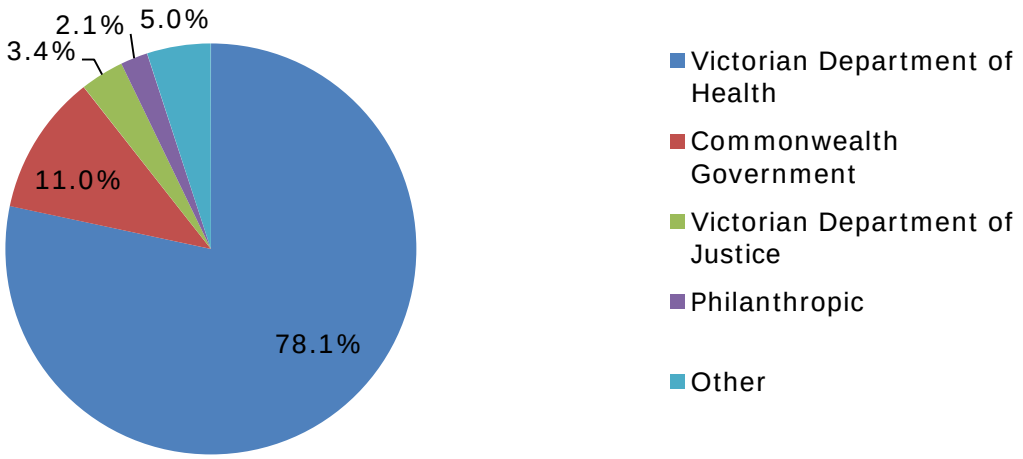
The majority (67.9 per cent) of agency survey respondents were funded for up to 10 AOD EFT positions in 2012–13, and less than 11 per cent of agency survey respondents were funded for more than 40 AOD EFT (Figure 2). Rural-based agencies were more likely to have smaller teams, and no rural agency reported more than 30 AOD EFT across all funding sources.

Figure 1: Number of agency survey respondents (*n* = 81) (A2, A11)



A breakdown of AOD EFT by funding sources as reported in the agency survey is shown in Figure 3. The department funds close to 80 per cent of AOD EFT and the Commonwealth Government, through the Non-government Organisation Treatment Grants Program, the Department of Families, Housing, Community Services and Indigenous Affairs and the Substance Misuse Service Delivery Grants Fund, provides funding for 11 per cent of AOD paid roles.

Figure 2: Agency-reported AOD EFT by funding source (A11)



The remainder of this report provides information on workers funded by the department, unless otherwise indicated.

Distribution

Agencies reported on the total AOD EFT and head count (HC) for the last pay period in 2012–13. Overall, the total EFT from all funding sources was 1,338 and the total HC reported was 1,829, with more than 80 per cent of reported HC located in a metropolitan region (Table 2). There were more workers than funded positions, which indicates that many workers were employed on a part-time basis. For department-funded positions, the average employment time fraction was approximately 0.7 EFT.

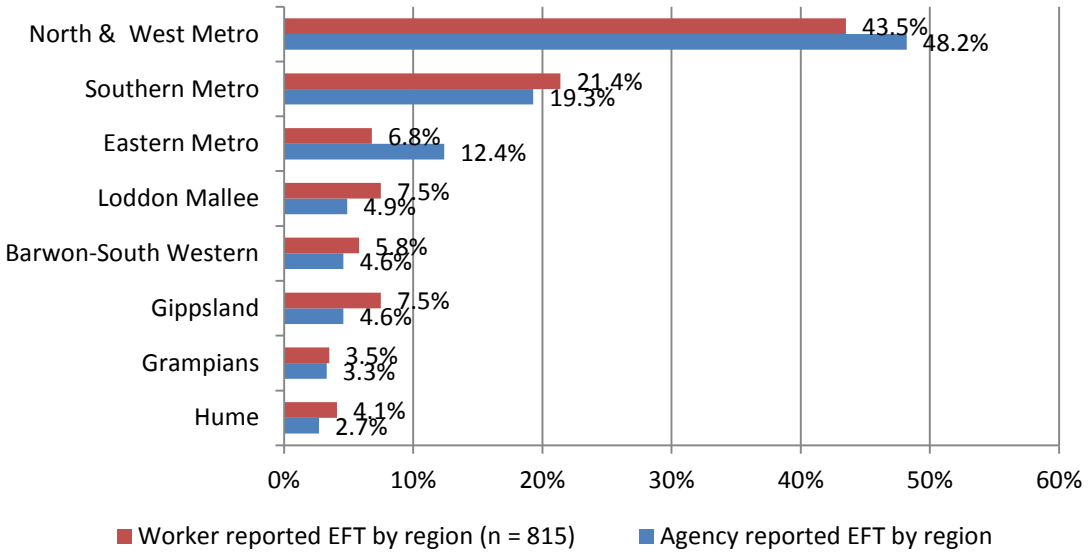
Table 2: Distribution of agency-reported EFT and HC (A2, A11, A12)

Region	Dept-funded EFT	Total EFT	Dept-funded HC	Total HC
Metropolitan	**837**	**1,099**	**1,170**	**1,488**
Eastern Metropolitan	130	150	202	224
North & West Metropolitan	505	682	681	902
Southern Metropolitan	202	267	287	362
Rural	**209**	**239**	**300**	**341**
Barwon-South Western	48	57	82	92
Gippsland	48	52	62	67
Grampians	35	41	46	52
Hume	28	33	36	44
Loddon Mallee	51	57	74	86
Total	**1,045**	**1,338**	**1,470**	**1,829**

In addition, there were 258 volunteers who supported AOD programs and 392 student placements.

Figure 4 provides a comparison of agency-reported EFT by region and primary place of work[2] as reported by the worker survey. The distribution of workers who completed the worker survey is broadly representative of the reported distribution of EFT by agencies, with no region largely over-represented or under-represented.

Figure 3: Distribution of the workforce (A11, W9, W10)



[2] Where a worker's main place of work is different from that of their head office, the postcode for their main work site is used in this report.

Demographics

Consistent with findings from the 2009 Victorian AOD Workforce Census, worker survey respondents completing the 2013 worker survey were predominantly female (68.7 per cent, *n* = 815).

Figure 5 shows the age and gender distribution of worker survey respondents who completed the 2013 survey. The average age of respondents has increased slightly from 2009, when the average age of respondents was 44 years, to 45.5 years in the 2013 survey. The proportion of workers who indicated that they were aged 55 or over has also increased by almost eight per cent from 16.4 per cent in 2009 to 24.3 per cent in 2013.

Figure 6 shows a comparison of the age distribution between 2009 and 2013.

Figure 4: Age and gender of 2013 worker survey respondents (W2, W3)

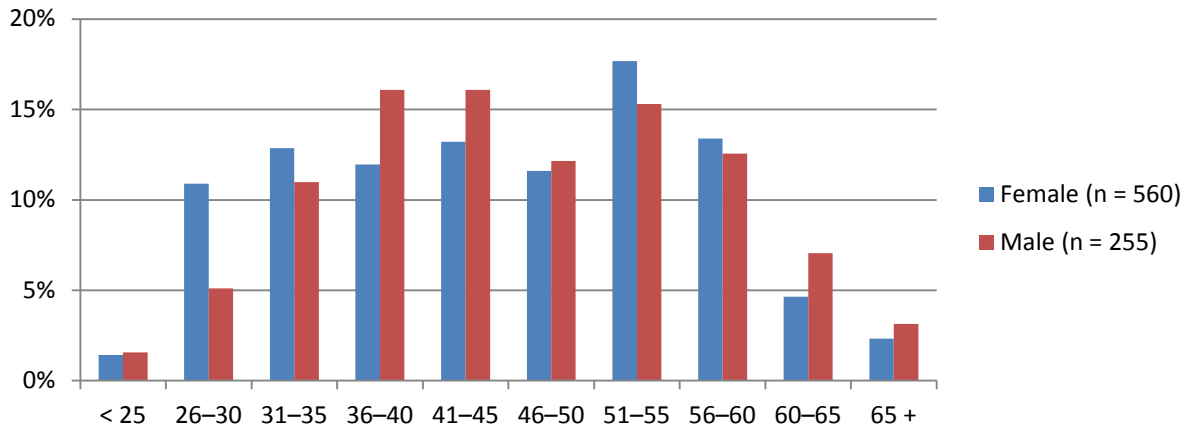
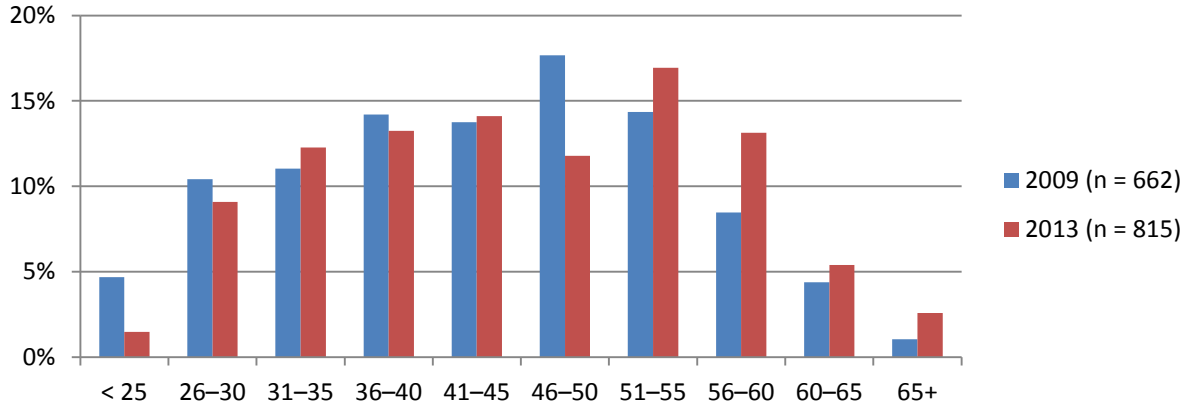


Figure 5: Comparison of age distribution between 2009 and 2013 (W3)



More than three-quarters of worker survey respondents (78.7 per cent) were born in Australia, and 16 survey respondents (two per cent) indicated that they were of Aboriginal or Torres Strait Islander background.

Ninety per cent of survey respondents had Australian citizenship, and of those who did not have Australian citizenship, 80 per cent had permanent residency.

Role and function

Employment characteristics

Workers were asked to describe their employment status in their current main AOD role (Table 3). Almost 80 per cent of worker survey respondents were employed on a permanent basis, and 60 per cent reported working on a full-time basis. Rural-based workers are more likely to be employed on a permanent basis (85.5 per cent) in comparison with their metropolitan counterparts (76.8 per cent).

Table 3: Employment status of worker survey respondents (*n* = 622) (W2, W17)

Employment status	Metro (*n* = 435)	Rural (*n* = 187)	Total (*n* = 622)
Permanent full time	48.5%	52.9%	49.8%
Permanent part time	28.3%	32.6%	29.6%
Fixed-term full time	12.6%	7.5%	11.1%
Fixed-term part time	5.3%	5.9%	5.5%
Casual	5.3%	1.1%	4.0%
Total	100.0%	100.0%	100.0%

The total amount of time per week that workers spend in their AOD role has remained stable since 2009. The 2013 worker survey found that 63 per cent of respondents work between 31 and 40 hours per week in their AOD role. The number of hours worked per week in AOD ranged from three to 80 hours, with more than half of all respondents reporting that they worked more than 38 hours per week in their AOD role.

Entry to the AOD sector

While 36.3 per cent of survey respondents were working within the AOD sector in another organisation prior to taking on their current position, 45 per cent were working outside of the AOD sector. Common sectors of employment prior to working in the AOD sector include health (16.4 per cent), youth (12.6 per cent) and clinical mental health (11.1 per cent).

In addition, 11.2 per cent of survey respondents identified being on a student placement prior to their current role, and 4.8 per cent were students. A small percentage (2.8 per cent) of worker survey respondents were volunteers within the AOD sector prior to commencing paid work in the sector.

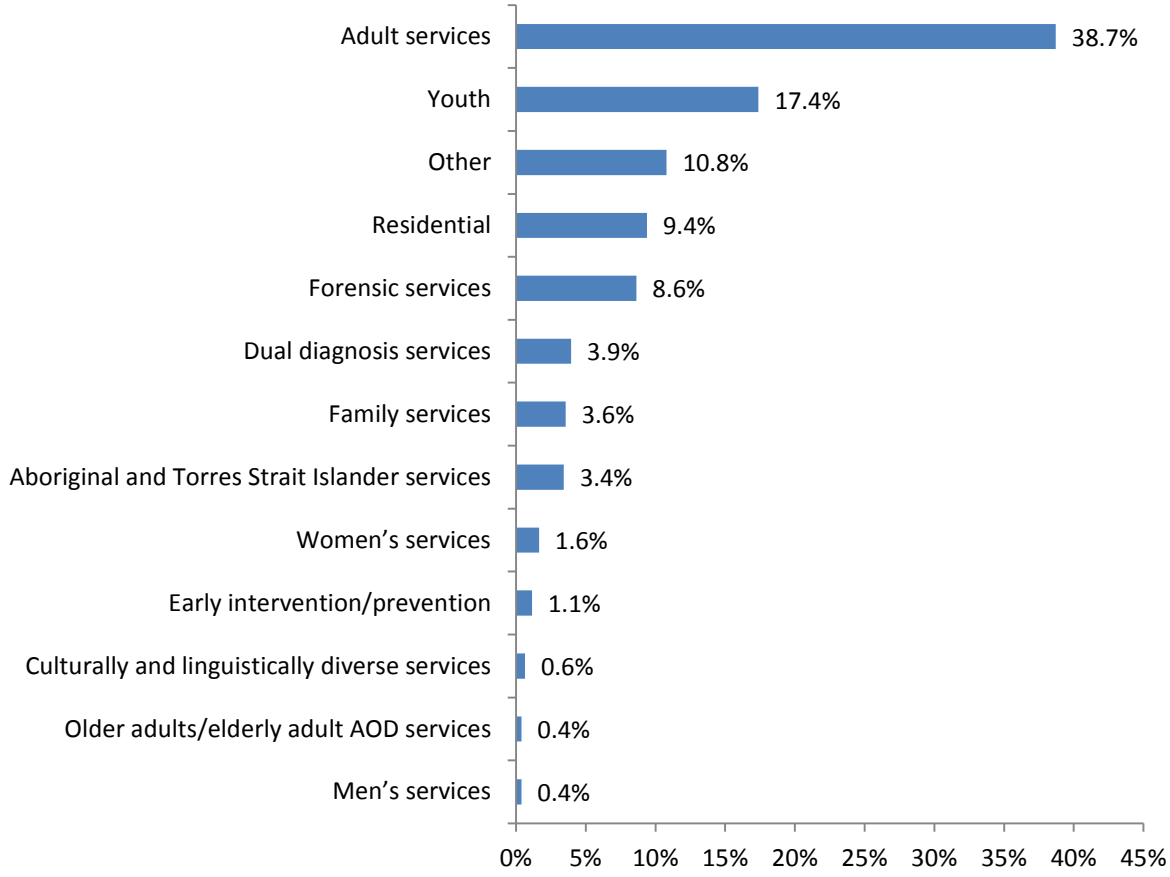
Participation in other paid work

Some AOD workers also participate in other paid work. Twelve per cent of worker survey respondents indicated that they participate in work outside of the AOD sector that supports them to undertake their current AOD role. Common sectors in which other work takes place include clinical mental health (15 per cent), private practice (13 per cent) and sectors not related to health and welfare (12 per cent). The average hours in other paid work is 13.4 hours per week.

Service types and primary position

More than half (56.1 per cent) of worker survey respondents nominated adult or youth services as their main AOD service type (Figure 7).

Figure 6: Distribution of workforce across AOD service types[3] (*n* = 788) (W12)



[3] Some examples of 'other' include research and policy, telephone counselling, training and withdrawal services.

Primary positions of worker survey respondents are described in Table 4. The top three most occupied positions include AOD counsellors (22.7 per cent), AOD workers (11.0 per cent) and nurses (10.2 per cent).

Table 4: Primary position of worker survey respondents (*n* = 787) (W11)

Primary position	Number of respondents	% total
Acquired brain injury clinical consultant	5	0.6%
AOD case manager	40	5.1%
AOD counsellor	179	22.7%
AOD crisis care worker	2	0.3%
AOD worker – general	87	11.0%
AOD youth	56	7.11%
Dual diagnosis worker	9	1.1%
Duty/triage/intake worker	10	1.3%
Family therapist	11	1.4%
Forensic AOD worker	47	6.0%
Koori AOD worker[4]	22	2.8%
Medical practitioner	6	0.8%
Needle and Syringe Program worker	17	2.2%
Nurse	80	10.2%
Peer support worker (paid position)	4	0.5%
Psychologist	13	1.6%
Researcher	23	2.9%
Service manager	46	5.8%
Social worker	11	1.4%
Team leader	26	3.3%
Trainer/educator	17	2.2%
Welfare worker	14	1.8%
Other[5]	62	7.9%
Total	**787**	**100.0%**

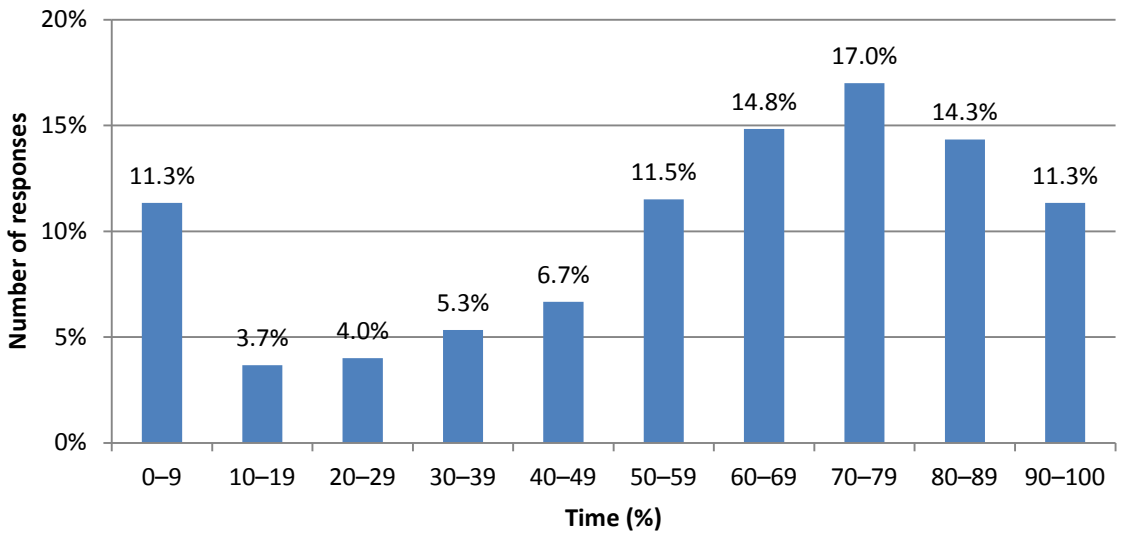
[4] Also includes Koori drug diversion worker, Koori AOD resource service worker and Aboriginal health worker
[5] Some examples include: administrative or finance support; project staff; trainers and educators; supervisors; and clinical consultants.

Clinical activities

The average proportion of time survey respondents reported spending on direct clinical activities is 55.4 per cent (*n* = 600).

A small proportion (11.3 per cent) of workers surveyed indicated that they spend less than 10 per cent of their time on direct clinical activities (Figure 8). These workers are predominantly employed as service managers, researchers or trainers/educators. Conversely, those who indicated spending 90–100 per cent of their time on direct clinical activities were likely to be AOD workers or counsellors (28 per cent), nurses (15 per cent) or forensic AOD workers (nine per cent).

Figure 7: Percentage of time spent on direct clinical activities (*n* = 600) (W14)

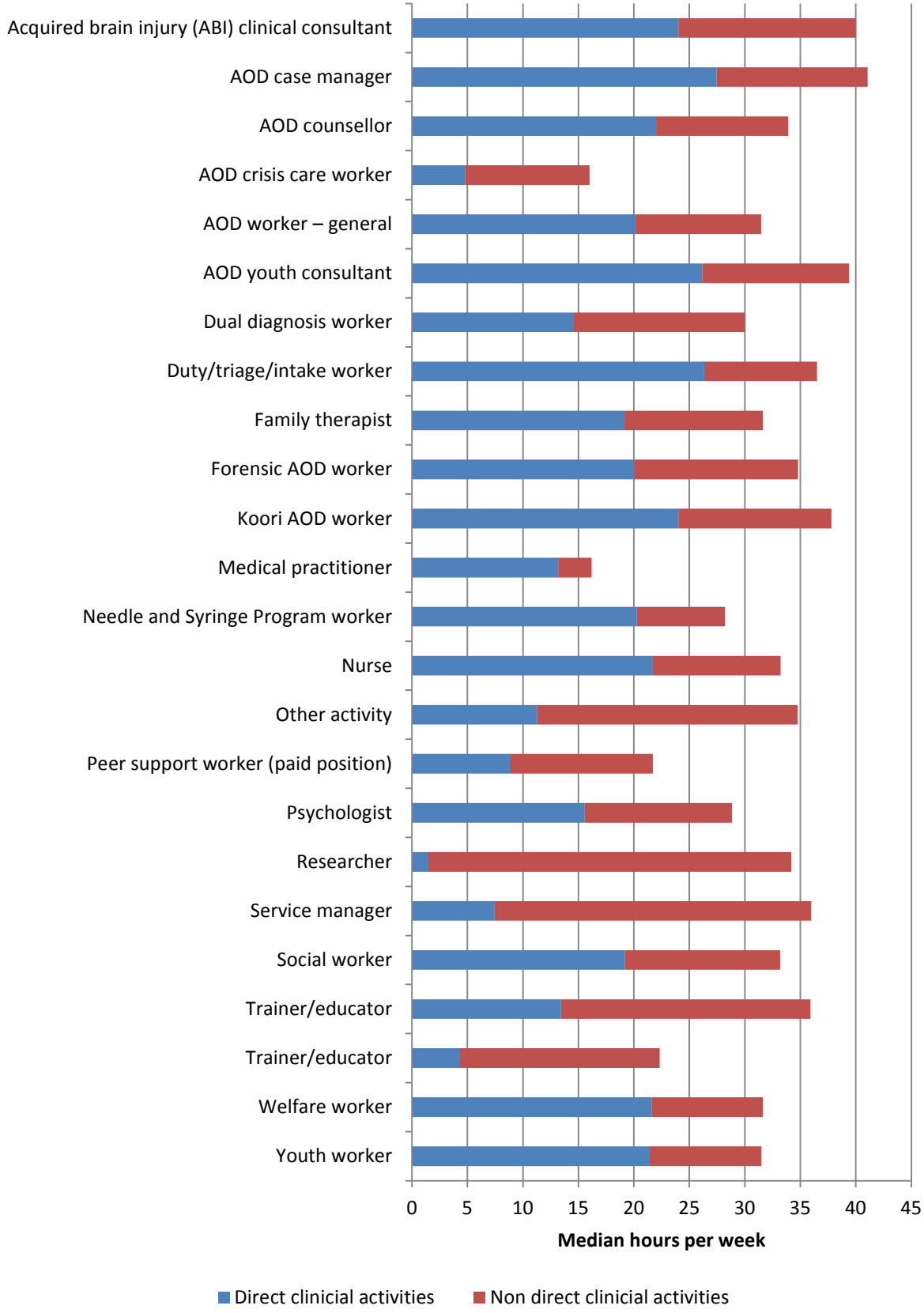


Worker survey participants were asked to provide a further breakdown of their time spent on direct and non-direct clinical activities during an average working week.

Provision of treatment, support and care accounted for the greatest proportion of respondents' time spent on direct clinical activities (38.8 per cent), followed by assessment (14.5 per cent) and care planning (11.7 per cent). Administration accounted for almost 50 per cent of respondents' time spent on non-direct clinical activities, followed by other organisational processes (12.5 per cent) and managing staff (11.8 per cent). Receiving clinical supervision and delivering clinical supervision each accounted for just over seven per cent of non-direct clinical time.

A comparison of percentage of time spent on direct clinical activities and median hours worked per week is shown in Figure 9.

Figure 8: Median hours per week spent on direct and non-direct clinical activities by position (*n* = 628) (W11, W13, W14)



Professional experience

- Forty-seven (six per cent) respondents indicated that they provide AOD services in a language other than English.
- On average, AOD workers have 9.2 years of service experience. This is a slight increase from an average of eight years of AOD work experience in 2009. Figure 10 provides a comparison of years of experience in AOD work between 2009 and 2013 and shows a shift towards a more experienced workforce.
- Workers in metropolitan areas had on average 9.5 years of AOD service experience, while workers in rural areas had on average 8.4 years of AOD service experience (Figure 11).

Figure 9: Comparison of years of AOD experience between 2009 and 2013 (W24)

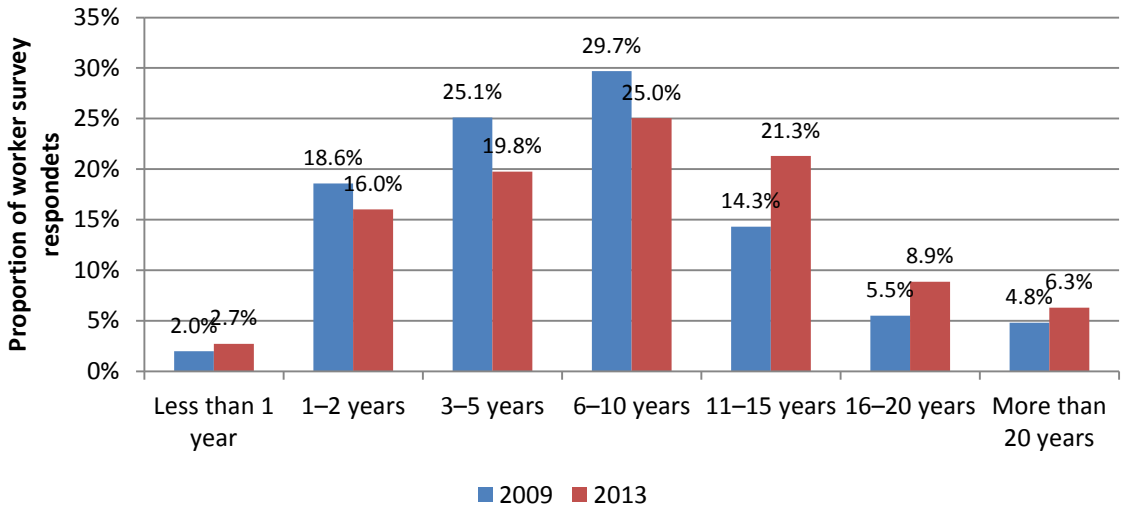
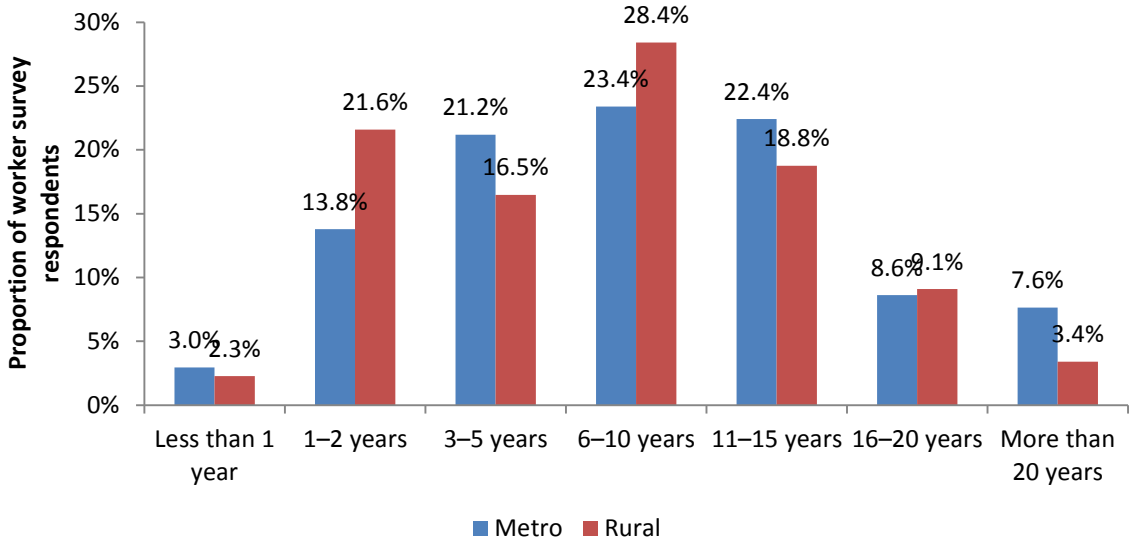


Figure 10: Distribution of years of AOD experience by rural / metropolitan region (*n* = 582) (W9, W10, W24)



Professional profile

Formal health, social or behavioural science qualifications

The worker survey asked respondents about formal qualifications they had that were not specific to AOD or addiction studies (some examples include social work, counselling, psychology, youth work, nursing and welfare).

The proportion of survey respondents who indicated they had a formal health, social or behavioural science qualification has increased by seven per cent from 74.7 per cent in 2009 to more than eighty per cent in 2013 (Table 5). Common levels of qualifications included a bachelor's degree (26.9 per cent), diploma (18.1 per cent), master's degree (17.4 per cent) and graduate diploma (14.1 per cent).

Table 5: Worker survey respondents with formal health, social or behavioural science qualifications, 2009 and 2013 (W41)

	2009 (*n* = 659)	2013 (*n* = 560)
Formal health, social or behavioural science qualification	74.7%	81.8%

Specialist AOD qualifications

In addition to asking respondents about their formal health, social or behavioural science qualifications, the survey also asked respondents about their qualifications specialising in AOD/addiction studies.

More than two-thirds of worker survey respondents have a formal qualification[6] in AOD or addiction studies (Table 6). This is consistent with data from 2009. On average, survey respondents completed their AOD specific qualification six years ago (median, four years), with responses ranging from 26 years ago to less than a year ago.

Rural-based survey respondents were more likely to have a Certificate IV or diploma qualification, whereas metropolitan-based respondents were more likely to have a graduate certificate or graduate diploma. Workers aged over 50 years were more likely to have postgraduate qualifications (Table 7).

Table 6: Survey respondents with formal qualifications specialising in AOD/addiction studies 2009 and 2013 (W31)

	2009 (*n* = 664)	2013 (*n* = 583)
Formal qualification specialising in AOD/addiction studies	67.2%	68.3%

Ninety-four (16.1 per cent) worker survey respondents were enrolled in a formal qualification specialising in AOD/addiction studies at the time of completing the survey. For those enrolled, the most common qualifications being undertaken were diploma (34.0 per cent), Certificate IV (27.7 per cent) and graduate diploma (10.6 per cent).

[6] Including vocational education and training qualifications or higher education qualification

Table 7: Highest qualification specialising in AOD / addiction studies, by age group (*n* = 398) (W3, W31, W32)

Highest qualification specialising in AOD / addiction studies	Age group					
	25–29	30–39	40–49	50–59	60+	Total
Number of respondents	*20*	*94*	*120*	*134*	*30*	*398*
Certificate III	–	1.1%	0.8%	2.2%	–	1.3%
Certificate IV	55.0%	36.2%	34.2%	34.3%	26.7%	35.2%
Diploma	25.0%	35.1%	33.3%	32.8%	23.3%	32.4%
Bachelor's degree	–	3.2%	2.5%	–	6.7%	2.0%
Graduate certificate	–	12.8%	12.5%	14.2%	13.3%	12.6%
Graduate diploma	5.0%	4.3%	9.2%	11.2%	16.7%	9.0%
Master's degree	–	–	0.8%	1.5%	–	0.8%
Other	15.0%	7.4%	6.7%	3.7%	13.3%	6.8%
Total	100%	100%	100%	100%	100%	100%

A comparison of the highest level of qualification specialising in AOD or addiction studies from 2009 shows a decrease in the number of survey respondents with a Certificate IV or a master's degree, and an increase in survey respondents who have a diploma, bachelor's degree, graduate certificate or PhD or doctorate qualification (Figure 12). This suggests a trend towards a more highly qualified and specialised workforce.

Figure 11: Comparison of highest qualification specialising in AOD / addiction studies between 2009 and 2013 (W31, W32)

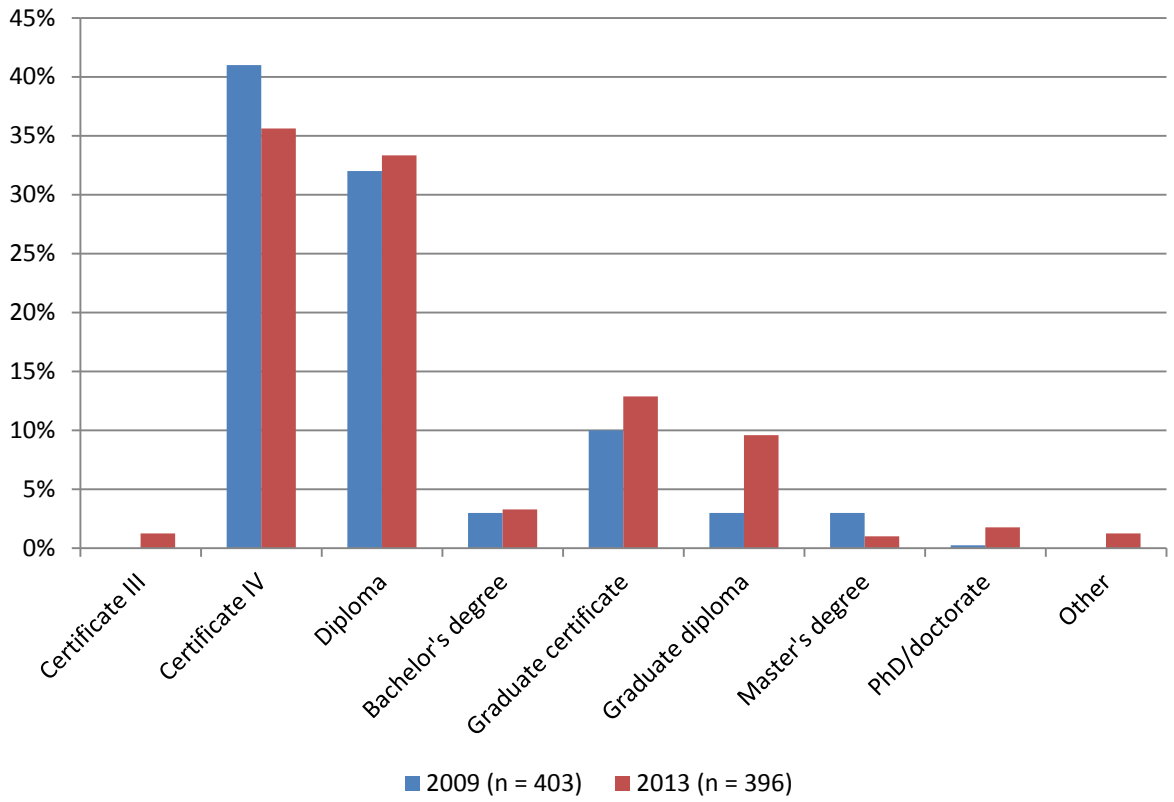


Table 8 shows the highest qualification specialising in AOD/addiction studies by a worker's primary position. Across all positions, qualifications at the Certificate IV and diploma level were most common. This may be attributed to the *AOD minimum qualifications strategy*, which aims to ensure that the AOD workforce has a minimum level of AOD-specific knowledge and competency.

Table 8: Highest qualification specialising in AOD/addiction studies by primary position (*n* = 398) (W11, W31, W32)

	Primary position											
Qualification	AOD case manager	AOD counsellor	AOD worker – general	AOD – youth	Forensic AOD worker	Koori AOD worker[7]	Nurse	Researcher	Service manager	Team leader	Rest of workforce[8]	**Total**
Number of respondents	*20*	*92*	*46*	*24*	*34*	*17*	*47*	*7*	*25*	*10*	*76*	***398***
Certificate III	–	1%	–	–	3%	6%	2%	–	–	–	1%	**1%**
Certificate IV	35%	27%	48%	46%	29%	65%	32%	29%	20%	30%	38%	**35%**
Diploma	35%	41%	30%	50%	38%	18%	11%	14%	48%	30%	28%	**32%**
Bachelor's	–	–	4%	–	–	12%	–	–	4%	10%	3%	**2%**
Graduate certificate	10%	14%	11%	–	6%	–	28%	14%	12%	20%	12%	**13%**
Graduate diploma	10%	8%	2%	4%	15%	–	21%	–	4%	–	12%	**9%**
Master's	–	–	–	–	–	–	4%	–	4%	–	–	**1%**
Other	10%	9%	4%	–	9%	–	2%	43%	8%	10%	7%	**7%**
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**

Accreditation to work with forensic clients

Agencies reported a total of 313 staff who held departmental accreditation to work with forensic clients at the time of completing the survey.

[7] Also includes Koori drug diversion worker, Koori AOD resource service worker and Aboriginal health worker

[8] Includes: acquired brain injury clinical consultant, AOD crisis care worker, dual diagnosis worker, duty/triage/intake worker, family therapist, medical practitioner, Needle and Syringe Program worker, peer support worker, psychologist, social worker, trainer/educator, welfare worker and 'other'.

Formal health, social or behavioural science and specialist AOD qualifications

The survey found that AOD workers have a wide range of qualifications, including formal health, social or behavioural science qualifications and/or qualifications specialising in AOD or addiction studies. While the survey findings show that a large proportion of respondents have a formal health, social or behavioural science qualification, and some have specialised AOD qualifications, a number also have both, as illustrated in Table 9. Of 583 worker survey respondents:

- 306 (52.5 per cent) have completed a formal health, social or behavioural science qualification and a specialist AOD qualification
- 152 (26.1 per cent) have completed a formal health, social or behavioural science qualification but do not have any specialist AOD qualifications
- 92 (15.8 per cent) have completed a specialist AOD qualification but have not completed any other formal health, social or behavioural science qualifications
- 33 (5.7 per cent) do not have a specialist AOD qualification nor have they completed any other formal health, social or behavioural science qualification.

Table 9: Workers with selected highest qualification specialising in AOD / addiction studies and formal health, social or behavioural science qualification (*n* = 583) (W31, W32, W41, W42)

	Formal health, social or behavioural science qualification											
Specialist AOD / addiction studies qualification	Certificate IV	Diploma	Bachelor's degree	Graduate certificate	Graduate diploma	Advanced diploma	Honours degree	Master's degree	PhD/ postdoctorate	Unknown	***No formal health, social or behavioural science qualification***	**Total**
Certificate IV	7	26	21	10	13	7	1	12		6	*37*	**140**
Diploma	7	26	25	5	12	5	1	10	1	2	*35*	**129**
Graduate certificate		3	17	4	3	4	2	7	1	1	*8*	**50**
Graduate diploma		5	6	1	10	1	1	2		4	*6*	**36**
Other qualification[9]	1	3	9	3	3	1		10	3	4	*6*	**43**
No specialist AOD qualification	*9*	*15*	*38*	*8*	*20*	*3*	*5*	*34*	*10*	*10*	*33*	***185***
Total	**24**	**78**	**116**	**31**	**61**	**21**	**10**	**75**	**15**	**27**	***125***	**583**

[9] Includes Certificate III, bachelor's, master's and 'other'

The *Minimum qualification strategy*

The *Minimum qualification strategy* (MQS) came into effect by on 1 July 2006 and acts as a benchmark to ensure all AOD workers have a common minimum level of AOD skills, knowledge and attitudes. The aim of the MQS is to ensure the development and maintenance of a consistently competent and professional AOD workforce and to increase the proportion of workers who hold qualifications specific in AOD or addiction studies.

The MQS requires workers without a qualification to obtain a qualification specialising in AOD or addiction studies that is equivalent to, or above, the Australian Qualifications Framework Certificate IV in Alcohol and Other Drugs Work. Workers who have a health, social or behavioural science related tertiary qualification are required to undertake four core AOD competencies detailed in the Community Services Training AOD skill set.

MQS compliance has remained stable since 2009, with 70 per cent of the workforce meeting requirements under the strategy.

Competencies from the Community Services Training Package

The current requirements of the Certificate IV in Alcohol and Other Drugs Work can be satisfied by successfully completing 16 units of competency from the Community Services Training Package (CSTP). The Diploma in AOD Studies can currently be satisfied by completing 17 units of competency. The CSTP contains the national competency standards that outline the skills, knowledge and attitudes necessary to perform a job within the community services industry.

In comparison with 2009, there has been an increase from 26.3 per cent to 29.3 per cent of worker survey respondents who indicated that they had completed all four core competencies.

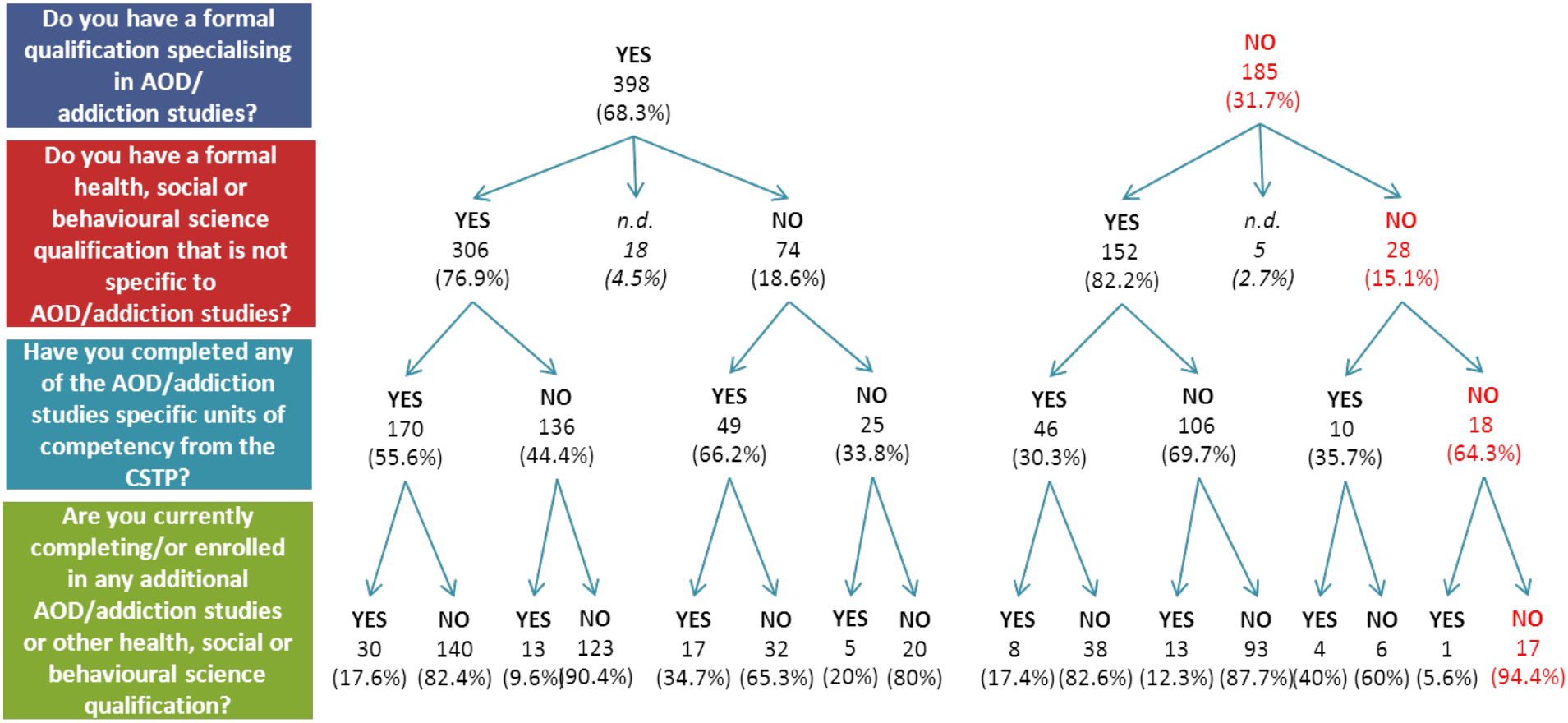
Qualifications: completed and in progress

Figure 13 provides a summary of respondents' specialist AOD qualifications, AOD-related qualifications and further study commitments.

It shows that 97.1 per cent of respondents hold specialist AOD qualifications and/or have completed other relevant health, social or behavioural science qualifications and CSTP units, and/or are engaged in further AOD-related studies.

In comparison with 2009, there was no change in the number of respondents reporting having neither an AOD nor AOD-related qualification, nor were undertaking further AOD studies, with the proportion being 2.9 per cent. Further analysis of these survey respondents reveals that the majority do not have direct-care responsibilities but rather are employed in administrative or research activities.

Figure 12: Respondent qualifications – completed and in progress (W31, W36, W41, W43)[10]



[10] n.d. = no data

Skills and training

Worker survey respondents were asked to nominate the top five skills they considered most important in undertaking their current role most effectively, and for each of these five skills, to indicate whether or not they felt they needed further training in these areas.

Reponses to the question revealed that AOD workers are client-focused, with many of them ranking the following as important to them undertaking their role effectively: exploring with clients their understanding of their problems and strengths; working effectively with clients (dual diagnosis, and those who have experienced trauma); and developing recovery plans with clients (Table 10).

Working effectively with dual diagnosis clients and working effectively with clients who have experienced trauma were ranked by more than 30 per cent of worker survey respondents as important skills; however, only 14 per cent identified that they needed further training in these areas.

Table 10: Top 10 worker survey respondent skill ratings considered important to them undertaking their current role effectively (*n* = 565) (W47)

Skill	Responses in top five	Needs further training
Exploring with clients their understanding of their problems and strengths	43%	6%
Working effectively with dual diagnosis clients	35%	13%
Working effectively with clients who have experienced trauma	31%	14%
Developing recovery plans with a client	29%	4%
Conducting needs assessments	27%	2%
Working effectively with clients with challenging behaviours	26%	9%
Working with families/carers of clients	24%	6%
Managing client risk to self and others	23%	5%
Building and maintaining service partnerships	22%	4%
Identifying changes in mental health status	22%	5%

Learning and development opportunities

Agencies were asked to forecast the top five future learning and development opportunities for both Victorian government-funded client service staff and AOD managers over the next three years.

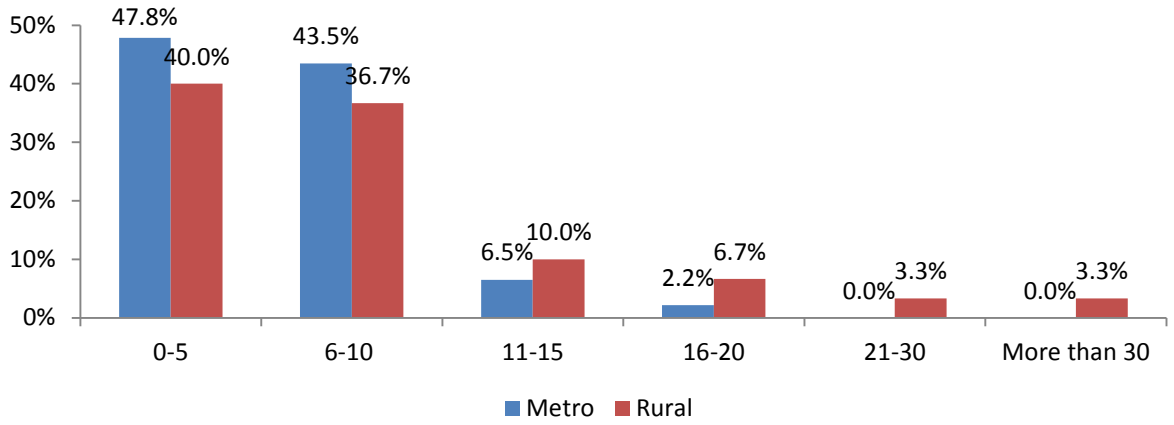
For staff, providing inter-agency service and care coordination was nominated by more than 46 per cent of agencies. More than 30 per cent of agencies nominated: working effectively with carers/families of clients; understanding emerging drug trends; working effectively with dual diagnosis clients; working effectively with clients who have experienced trauma; and building and maintaining service partnerships.

For managers, 88 per cent of agencies cited managing change as a learning and development priority over the next three years; leadership skills and knowledge was nominated by 67 per cent of agencies. Building and maintaining service partnerships and managing staff performance also ranked highly, with more than 50 per cent of agencies identifying these as learning and development priorities.

AOD workers were also asked to identify additional work-related training priorities. Specific skill development and evidence-based service delivery models were nominated as a top three training priority for more than a quarter of survey respondents. Other training priorities for AOD workers included: managing client risk to self and others; communication skills; mental health first aid; health promotion and community development; and supervision skills.

Overall, 45 per cent of agencies provided up to five days of learning and development activities per EFT, and 41 per cent of agencies provided 6–10 days over the preceding 12 months. Figure 14 shows the distribution of days of learning and development activities per EFT. While agencies based in metropolitan areas were more likely to give their staff up to 10 days, agencies based in rural areas were more likely to allocate more than 10 days.

Figure 13: Days of learning and development activities per EFT by rural/metropolitan region (A2, A34)



In addition, most agencies provide time release, pay registration fees and cover the costs of travel and accommodation for their employees to undertake professional development opportunities.

Attraction, recruitment and retention

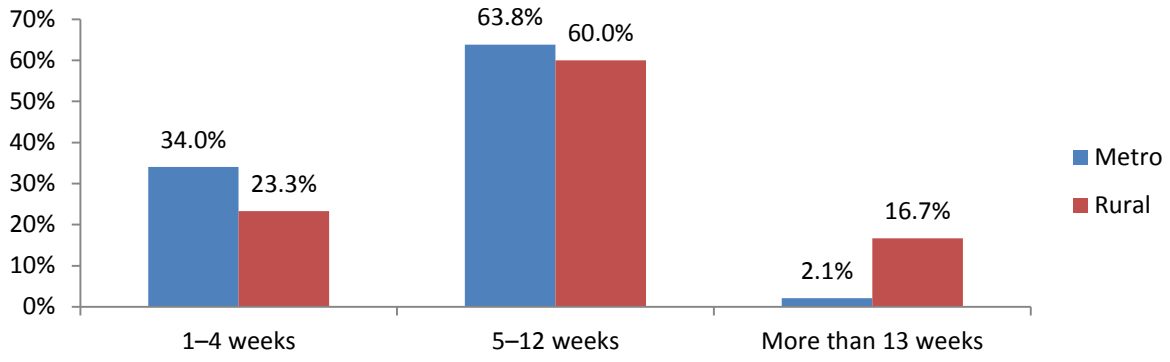
At the time of the survey, a total of 30 agencies reported having a current vacancy for a Victorian government-funded AOD position in the last pay period in 2012–13. In total, these agencies reported 79 HC (60 EFT) current vacancies. The vacancy rate (calculated by the number of current vacancies (by EFT) as a proportion of total department-funded EFT) has decreased from 7.9 per cent in 2009 to 4.5 per cent in 2013.

The majority of vacancies over the 12 months leading up to the survey took up to 12 weeks to fill (Figure 15); however, data suggests agencies based in rural areas had more difficulty recruiting, with 16.7 per cent of rural vacancies taking more than 13 weeks to fill.

While some agencies reported stable staffing and no difficulties in appointing staff, others experienced a number of challenges and difficulties recruiting appropriate staff in Victorian government-funded AOD services such as:

- finding appropriately qualified and experienced candidates
- finding and attracting adequately experienced staff to rural locations
- difficulties with recruitment agencies
- inability to offer attractive remuneration to candidates due to limited funding/budget
- recruiting to fixed-term positions
- cost of recruitment.

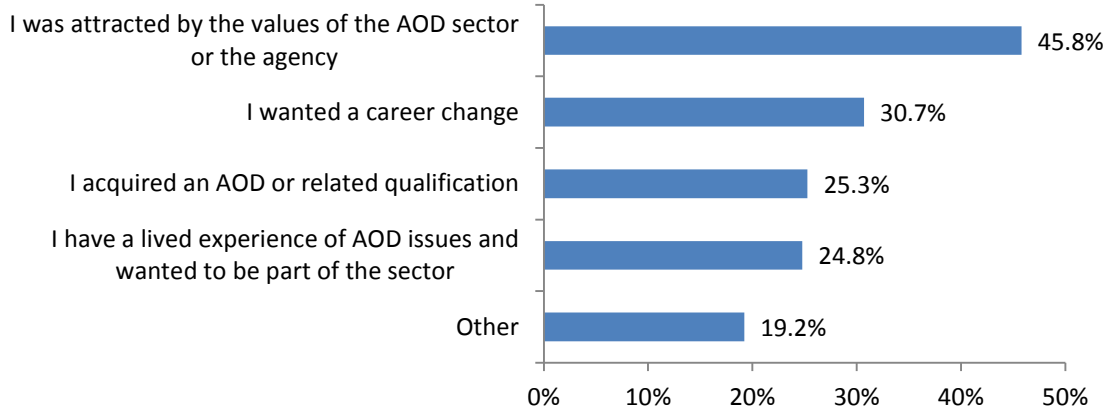
Figure 14: Time taken to fill a vacancy (A2, A25)



Worker survey respondents were asked to nominate the top three ways in which they look for work in the AOD sector. The two most common methods were through online advertisements (79.6 per cent) and VAADA ENEWS (68.0 per cent).

Workers are attracted to work in the AOD sector for various reasons. Values espoused by the AOD sector and employing agencies was nominated by 45.8 per cent of survey respondents as being the primary reason they were attracted to work in AOD (Figure 16).

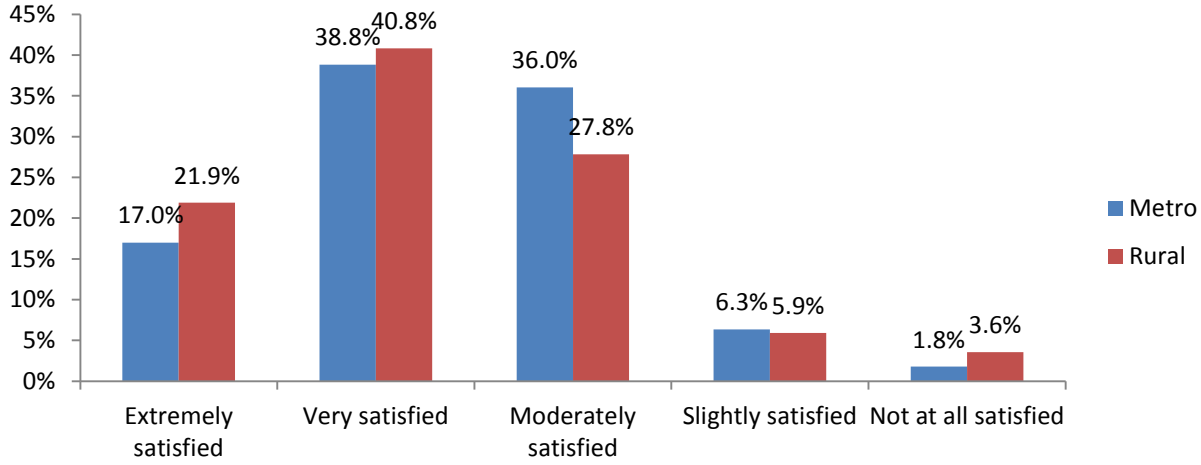
Figure 15: Reasons why workers are attracted to the AOD workforce (W30)



Satisfaction

Almost 60 per cent of worker survey respondents reported being very satisfied or extremely satisfied with their current employment in the AOD sector, and only two per cent said that they were not at all satisfied (Figure 17).

Figure 16: Worker satisfaction with current employment (W9, W10, W49)



An analysis of reasons behind satisfaction levels revealed some interesting themes. It is important to note that at the time these surveys were conducted the sector was undergoing reform, and some of these themes should be interpreted within that context.

Those who were extremely satisfied or very satisfied (58.1 per cent) generally:

- felt well supported by their team and management
- felt that they shared values with their organisation and colleagues
- loved working with clients, and found their work very rewarding and meaningful
- felt they had diversity within their role and were provided with opportunities for development.

Those who were moderately or slightly satisfied (39.6 per cent) generally:

- felt they lacked support from leadership from management
- felt that they did not have a clearly defined career pathway in their organisation and lacked role clarity
- did not feel that they had job security, and were anxious about the outcomes and implications of the reform process
- felt that they were not adequately remunerated and were burdened with administrative tasks and high workloads.

Those who indicated that they were not at all satisfied (2.3 per cent) felt that:

- there were limited opportunities for career development
- they did not have a clearly defined career pathway
- they were undervalued, underpaid and reported highly stressful workloads
- there was a high level of uncertainty around reform and a lack of job security.

Skills and abilities difficult to replace

Agencies were asked to identify the skills and abilities most difficult to replace when a staff member leaves.

For vacant AOD worker positions:

- Experience working in the AOD sector and having a relevant qualification was nominated by more than 80 per cent of agencies as qualities they seek.
- More than half of agency respondents nominated interpersonal and communication skills and relevant knowledge as important personal and professional attributes as what they look for when recruiting to a vacant AOD worker position.

For vacant AOD manager positions:

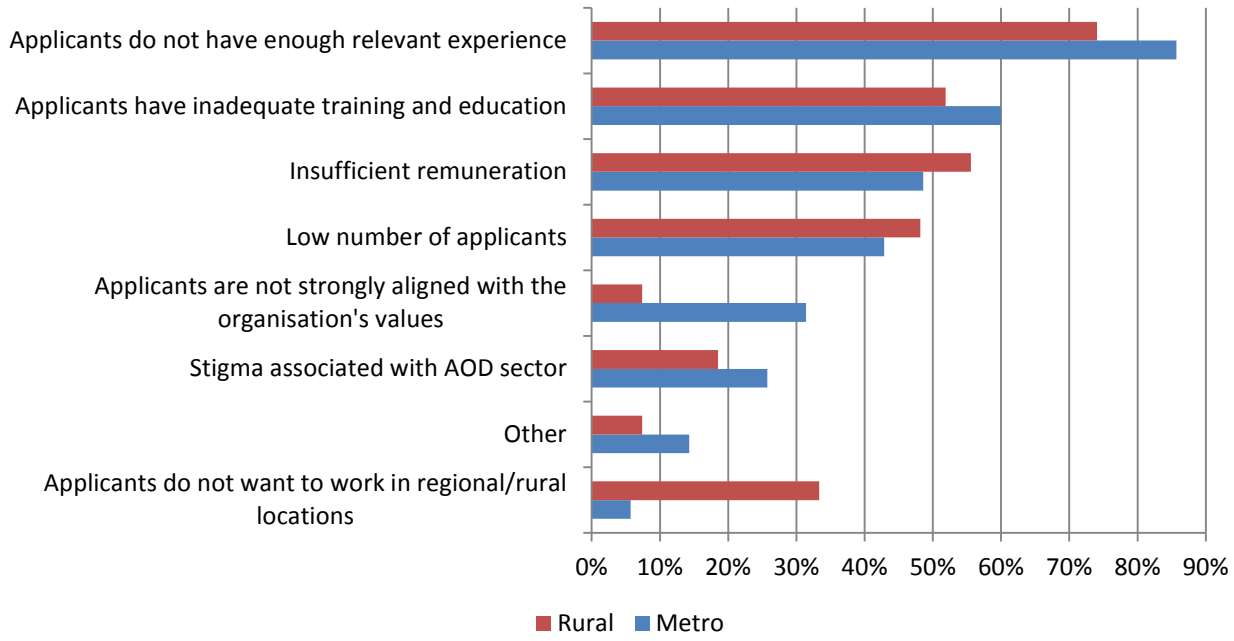
- More than 70 per cent of agencies look for management skills and leadership skills.
- More than 60 per cent of agencies look for relevant qualifications and experience in working in the AOD sector.

Values and attitudes were ranked as the fifth personal and professional attributes agencies look for when they are recruiting to a manager position or a worker position.

These findings are consistent with data collected from the 2010 Victorian AOD Workforce Recruitment and Retention Survey, which found the skills most challenging to find when recruiting staff included clinical tasks/duties (such as counselling, case management, family therapy-inclusive practice), experience and appropriate and relevant qualifications.

Figure 18 shows the most frequently occurring factors preventing agencies from achieving their desired recruitment outcomes. The most common factor nominated by more than 80 per cent of agencies was that applicants do not have relevant experience.

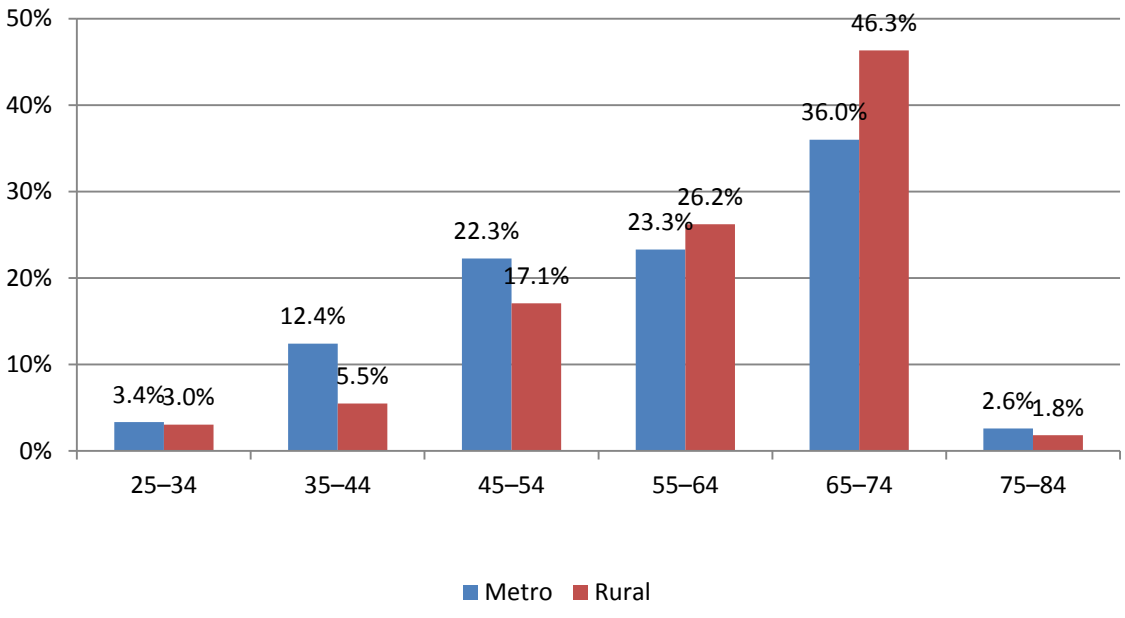
Figure 17: Factors preventing agencies from achieving their desired recruitment outcomes (*n* = 62) (A2, A23)



Future intentions

On average, workers intend to exit completely from work within the AOD sector when they turn 57 years old. In comparison with metropolitan workers, workers in rural areas were more likely to indicate that they intend to exit work between the ages of 55 and 74 (72.6 per cent) (Figure 19).

Figure 18: Age workers are intending to completely exit from the AOD workforce (*n* = 554)

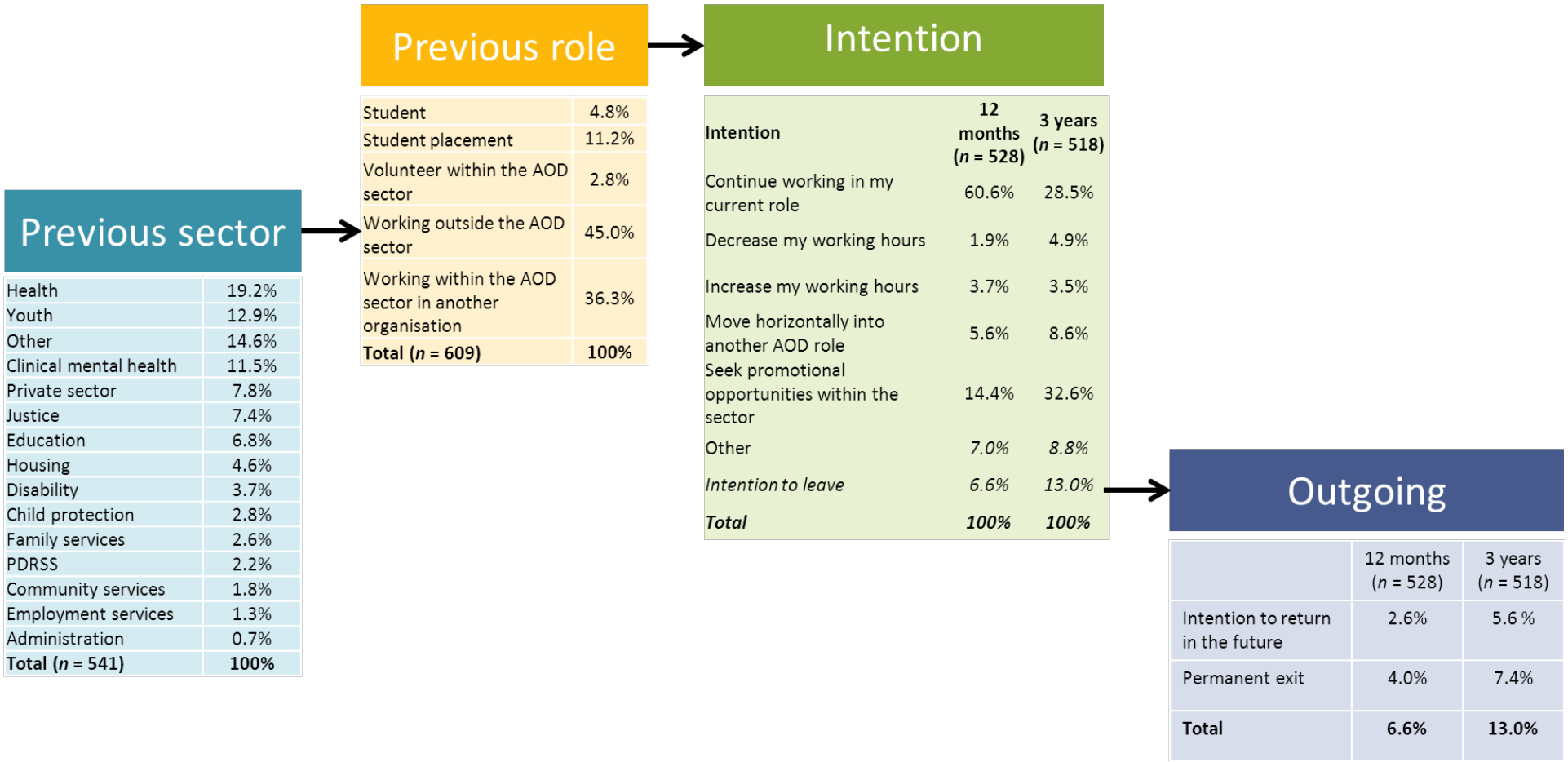


An analysis of workers' future career intentions over the next 12 months and three years indicates that the workforce is dedicated and stable over time.

Figure 20 provides a summary of data collated on previous employment and workforce intention over the next 12 months and three years. Overall, there is a strong intention to continue working in the AOD sector over the next 12 months, with almost two-thirds of the workforce planning to continue in their current role. Although 6.6 per cent indicate an intention to leave the sector in the next 12 months, 2.6 per cent intend to return in the future, potentially bringing back with them broadened and enhanced knowledge and skill sets.

The outlook over the next three years is also positive, with almost 30 per cent of survey respondents intending to continue working in their current role, and almost a third of respondents intending to seek promotional opportunities within the sector. Over the next three years, only 13 per cent have some intention to leave, and of these, close to half have an intention to return to the AOD sector in the future.

Figure 19: AOD workforce supply and future intentions (W28, W29, W50, W51)



Previous sector	
Health	19.2%
Youth	12.9%
Other	14.6%
Clinical mental health	11.5%
Private sector	7.8%
Justice	7.4%
Education	6.8%
Housing	4.6%
Disability	3.7%
Child protection	2.8%
Family services	2.6%
PDRSS	2.2%
Community services	1.8%
Employment services	1.3%
Administration	0.7%
Total (*n* = 541)	**100%**

Previous role	
Student	4.8%
Student placement	11.2%
Volunteer within the AOD sector	2.8%
Working outside the AOD sector	45.0%
Working within the AOD sector in another organisation	36.3%
Total (*n* = 609)	**100%**

Intention	12 months (*n* = 528)	3 years (*n* = 518)
Continue working in my current role	60.6%	28.5%
Decrease my working hours	1.9%	4.9%
Increase my working hours	3.7%	3.5%
Move horizontally into another AOD role	5.6%	8.6%
Seek promotional opportunities within the sector	14.4%	32.6%
Other	*7.0%*	*8.8%*
Intention to leave	*6.6%*	*13.0%*
Total	***100%***	***100%***

Outgoing	12 months (*n* = 528)	3 years (*n* = 518)
Intention to return in the future	2.6%	5.6 %
Permanent exit	4.0%	7.4%
Total	**6.6%**	**13.0%**

Next steps

Refining the survey instruments

Continuing to build on the partnership approach in conducting the survey is critical to obtain high-integrity and reliable data, and to obtain high survey response and completion rates. A number of technical issues should be resolved to improve the collection and analysis of workforce data including:

- improved worker survey design with the aim of increasing question completion rates
- greater specification of profession to achieve a better understanding of the diversity of professions in the AOD workforce, and direct and non-direct clinical activities
- greater ability to explore differences between management and non-management roles, particularly around skill development needs
- specification of type for formal health, social or behavioural science qualification.

Refocusing our research

This study focuses on delivering workforce data as a core dataset that will be collected on a regular basis. There are, however, a number of areas where there is currently insufficient information for meaningful analysis. Some examples include the following.

Values
A large proportion of workers identified values of the AOD sector or agency as reasons for attraction to the AOD sector. In addition, values and attitudes ranked in the top five personal and professional attributes agencies look for when recruiting managers and workers. Work environment and culture play a vital role in supporting quality practice and worker satisfaction in organisations, which in turn significantly affect attraction and retention. Therefore, workforce planning can benefit from a more in-depth exploration of what these values encompass and how they are reinforced.

Lived experience
The census identified workers who were attracted to the AOD workforce as a result of having a lived experience. The lived experience workforce can be harnessed in service planning, service delivery and quality improvement to strengthen the delivery of AOD treatment services. A more comprehensive understanding of the roles, qualities, education, support and development needs of the lived experience workforce may be included as a priority area for the next census.

Aboriginal and Torres Strait Islander workforce
The scope of this study included the Aboriginal and Torres Strait Islander workforce; however, limited conclusions can be drawn due to low response rates. Consideration should be given to strengthening future data capture to inform Aboriginal and Torres Strait Islander workforce planning by developing and implementing tailored strategies to encourage survey completion by services and workers. Aboriginal and Torres Strait Islander services may benefit from a separate study to develop a workforce-specific evidence base to inform future planning.

Application of data

Findings from this study provide a snapshot of the Victorian government-funded AOD workforce and agencies, and establish a baseline prior to recommissioning for the purpose of future comparison. The department will conduct and release AOD workforce studies that describe the composition and profile of Victoria's AOD workforce on a regular basis, which will allow mapping of workforce trends over time.

Data collected as part of this study informs the department's work towards providing an evidence base for enhancing the AOD workforce, addressing a range of key policy and strategy frameworks, and providing organisations, services and individuals with a greater understanding of their workforce.