# Appendix 2 – Worker Survey

**Worker Survey**

Dear colleagues,

The Victorian Department of Health (the department) is conducting a workforce study of Victorian Government-funded alcohol and drug services to develop a profile of the workforce employed to provide alcohol and drug services in Victoria. This will establish a baseline prior to recommissioning outcomes to enable the department and service providers to monitor changes in the workforce as it evolves in the new service delivery environment.

The worker survey will collect information about the key characteristics of Victorian Government funded alcohol and drug workers; and identify workforce issues and challenges that impact on the alcohol and drug sector.

Partnership approach

The department has partnered with Turning Point Alcohol & Drug Centre and the Victorian Alcohol and Drug Association (VAADA) to guide the development of the alcohol and drug worker survey and to help collect data. VAADA will collect responses, de-identify the data and deliver the information to the department. This process will ensure the anonymity of your personal information from the dataset.

Who should complete the alcohol and drug worker survey?

The worker survey targets the Victorian Government funded alcohol and drug workforce, encompassing:

* Alcohol and drug workers (including forensic workers) funded by the Victorian Government\*\* to deliver alcohol and drug services and programs; and
* Managers and/or supervisors of Victorian Government funded alcohol and drug staff and programs.

**\*\* If you are unsure of which funding body funds your position, please confirm with your manager.**

Is participation compulsory?

Participation in the alcohol and drug worker survey is highly recommended, albeit voluntary.

How long will it take to complete?

The worker survey will take approximately 30 minutes to complete. You are encouraged to complete the survey as accurately as possible. Your contribution is critical to the department’s and the alcohol and drug sector’s capacity to identify and respond strategically to the needs of the Victorian alcohol and drug workforce.

If you would prefer to fill out the survey online, go to: <https://www.surveymonkey.com/s/vic_aod_worker>

When is the closing date for completing the Worker Survey?

The survey should be completed by 5pm on Friday, 28 February 2014.

Is the workforce survey part of recommissioning?

The survey is not related to the Advertised Call for Submissions process and will not be used to evaluate any organisation’s submission. VAADA will hold the survey data until after the recommissioning outcomes are known in 2014 so that any information provided cannot inform or influence the recommissioning process. Once the recommissioning process has concluded, VAADA will then release the survey data to the department for analysis.

What will happen to the data?

VAADA will collect responses, de-identify the data and deliver the information to the Department of Health. This process will ensure the anonymity of your personal information in the data provided to the department.

All survey data will be kept confidential, except where disclosure is required by law. The data will be safely stored online using password protection and hard copies will be in locked cabinets. The only people able to access the information will be workers of VAADA assigned to the project.

How will the data be reported?

Departmental staff will analyse the de-identified data received from VAADA in partnership with a working group comprising sector representatives. The findings will then be reported in an aggregate form to ensure that no single response is identifiable. A report will be produced for distribution to the alcohol and drug workforce in early 2014 and it will also be available online at the department’s website.

Your contribution to this project is greatly appreciated and I’d like to take this opportunity to thank you in anticipation of your cooperation.

Yours sincerely

Paul Smith

Executive Director, Mental Health and Drugs and Regions

Department of Health

-----------------------------------------------------------------------------------------------------------------------------------------

|  |
| --- |
| Completed **hard copies** of the survey can be returned to Brad Pearce at VAADA by: |
| **Mail:** | **Fax:**  |
| 211 Victoria Parade Collingwood 3066 | 03 9416 2085 |
| **Email:**  |
| bpearce@vaada.org.au  |

----------------------------------------------------------------------------------------------------------------------

Part 1: Your demographic profile

1. **Name of organisation where you work. Please note providing this information is not compulsory but it will allow VAADA to ensure that we receive responses from all Victorian Government funded agencies and workers across Victoria.**

**2. Sex: [ ]  Male [ ]  Female [ ]  Other (please specify)**

**3. Year of birth:** [ ] [ ] [ ] [ ]

**4. Country of birth:**

[ ]  Australia

[ ]  Other *(please specify*)

**5. Are you of Aboriginal or Torres Strait Islander background?**

[ ]  Yes [ ]  No [ ]  Prefer not to identify

**6. Are you an Australian citizen?**

[ ]  Yes *(go to Question 9)* [ ]  No

**7. Do you have permanent resident status in Australia?**

[ ]  Yes [ ]  No

**8. If you are working in Australia on a temporary visa (including an occupational trainee visa), how long (in months) before your current visa expires?**

[ ] [ ] months

Part 2: Your AOD workplace

*This part of the survey collects specific information regarding the organisation in which you are currently working. If you work across multiple AOD sites, please respond in relation to your main place of work. (The main place of work is the place of work with the greatest number of hours overall.)*

**9. What is the postcode (not post office box) of the head office of your main place of work?**

[ ] [ ] [ ] [ ]

**10. What is the postcode of your main work site/branch if different from your agency’s head office?**

[ ] [ ] [ ] [ ]

**11. Which one of the following Victorian Government AOD funded activities do you primarily work in?** *[Please ✓ one option only]*

[ ]  Koori AOD Worker/ Koori drug diversion worker/ Koori AOD resource service worker, Aboriginal health worker

[ ]  Acquired brain injury (ABI) clinical consultant

[ ]  AOD case manager

[ ]  AOD counsellor

[ ]  AOD crisis care worker

[ ]  AOD worker - general

[ ]  AOD youth consultant

[ ]  Dual diagnosis worker

[ ]  Duty/Triage/Intake worker

[ ]  Ethno-specific worker

[ ]  Family therapist

[ ]  Forensic AOD worker

[ ]  Medical practitioner *(please identify specialty)*

[ ]  Needle and syringe program worker

[ ]  Nurse *(please identify specialty)*

[ ]  Peer support worker (*paid position*)

[ ]  Pharmacist (*specialist pharmacotherapy*)

[ ]  Psychologist (*please identify specialty*)

[ ]  Researcher

[ ]  Service Manager

[ ]  Social worker

[ ]  Student (*please identify qualification*)

[ ]  Team Leader

[ ]  Unpaid Volunteer

[ ]  Welfare Worker

[ ]  Youth Worker

[ ]  Other activity (*please specify*)

**12. Which of the following best describes your main AOD service type?** *[Please ✓ one option only]*

[ ]  Aboriginal and Torres Strait Islander services

[ ]  Adult services

[ ]  Culturally and linguistically diverse (CALD) services

[ ]  Dual diagnosis services

[ ]  Early intervention/prevention

[ ]  Forensic services

[ ]  Youth

[ ]  Family services

[ ]  Men’s services

[ ]  Older Adults/ Elderly adult AOD services

[ ]  Residential

[ ]  Women’s services

[ ]  Other service type *(please specify)*

Part 3: Your AOD role

*This part of the survey collects information on your AOD role. While it is often difficult to clearly articulate roles in only a few questions particularly if you work across a number of roles, please try to respond in a balanced way.*

**13. What is the total amount of time per week (in hours) that you work in your AOD role? Please use decimals, e.g. 16.0 or 20.3.**

[ ] [ ]  **.** [ ]

**14. Of those hours, what percentage of the time do you spend on direct clinical activities and non-direct clinical activities? Please enter whole numbers that add up to 100%.***Examples of direct clinical activities (i.e. client related): intake; assessment; care planning; provision of treatment, support and care; follow-up and post care; receiving and providing secondary consultation; care coordination, including referral; case review

Examples of non-direct clinical activities: administration (including data entry and meetings); conducting research/clinical trials; delivering clinical supervision (i.e. designated group and one-on-one clinical supervision time); delivering professional development/training; health promotion and community development; managing staff; other organisational processes (such as quality, service planning or reporting); participating in research/clinical trials; receiving clinical supervision (i.e. designated group and one-on-one clinical supervision time); receiving professional development/training*

**Direct clinical activities** [ ] [ ] [ ]

**Non-direct clinical activities** [ ] [ ] [ ]

**Total = 100%**

**15. Of the time spent on direct clinical activities (i.e. client related) during an average working week, please provide a breakdown of your activities. Enter whole numbers that add up to 100%. Alternatively, if these activities are not part of your work, leave blank.**

|  |  |
| --- | --- |
| Direct clinical (client-related activities) | **Hrs per week** |
| * Intake
 |  |
| * Assessment
 |  |
| * Care planning
 |  |
| * Provision of treatment, support and care
 |  |
| * Follow-up and post care
 |  |
| * Receiving and providing secondary consultation
 |  |
| * Care coordination, including referral
 |  |
| * Case review
 |  |
| **Total** | **100%** |

**16. Of the time spent on non-direct clinical activities during an average working week, please provide a breakdown of your activities. Enter whole numbers that add up to 100%. Alternatively, if these activities are not part of your work, leave blank.**

|  |  |
| --- | --- |
|  | **Hrs per week** |
| * Administration (including data entry and meetings)
 |  |
| * Conducting research/clinical trials
 |  |
| * Delivering clinical supervision (i.e. designated group and one-on-one clinical supervision time)
 |  |
| * Delivering professional development/training
 |  |
| * Health promotion and community development
 |  |
| * Managing staff
 |  |
| * Other organisational processes (e.g. quality, service planning or reporting)
 |  |
| * Participating in research/clinical trials
 |  |
| * Receiving clinical supervision (i.e. designated group and one-on-one clinical supervision time)
 |  |
| * Receiving professional development/training
 |  |
| * Other (*please specify*)
 |  |
| **Total** | **100%** |

**17a) Which of the following options best describes your employment status in your current main AOD role?** *[Please ✓ one option only]*

[ ]  Permanent full time

[ ]  Permanent part time

[ ]  Fixed term full time

[ ]  Fixed term part time

[ ]  Casual

**17b) If not permanent full time, please specify duration of contract and hours per week**

**18. Do you currently have other paid work outside of the AOD sector that supports you to undertake your current AOD role?**

[ ]  Yes [ ]  No

**If yes, what is your title?** (*e.g. Manager, Disability Services*)

**19. If you currently have paid work outside of the AOD sector, how many hours do you work per week? Please use decimals, e.g. 7.6 or 16.0.**

[ ] [ ]  **.** [ ]

**20. If you currently have paid work outside of the AOD sector, what sector do you work in?** *[Please ✓ one option only]*

[ ]  Housing

[ ]  Disability

[ ]  PDRSS

[ ]  Clinical mental health

[ ]  Child protection, family support, out-of-home care

[ ]  Non-related to health and welfare sector (e.g. private sector)

[ ]  Private practice

[ ]  Other *(please specify)*

**21. Do you provide AOD services in a language other than English?**

[ ]  Yes [ ]  No

**If yes, please specify language**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Part 4: Your AOD experience

[*This part of the survey seeks to understand your experience of working in the AOD sector in general (whether private or public funded Australian or international services, not just Victorian Government funded services).*](https://www.surveymonkey.net/MySurvey_EditPage.aspx?sm=KFGPflZ1vnKPjCX7KGSkyVrnYcMVGUnPhjX%2fQjQPeaWgSv%2bn2qHIg%2fNjVlhz0U6a&TB_iframe=true&height=450&width=650)

**22. Is your current position the first role you’ve had in the AOD sector?**

[ ]  Yes [ ]  No

**23. How long have you been employed in your current organisation?**

 \_\_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_\_\_\_months

**24. How many years of AOD service experience have you had overall (please include both Australian and international experience)?**

 \_\_\_\_\_\_\_\_\_\_years \_\_\_\_\_\_\_\_\_\_months

**25. In which state or country did you start working in the AOD sector?**

[ ]  Australian Capital Territory

[ ]  New South Wales

[ ]  Northern Territory

[ ]  Queensland

[ ]  South Australia

[ ]  Tasmania

[ ]  Victoria

[ ]  Western Australia

[ ]  Overseas (please indicate country)

**26. Which of the following mediums do you commonly use to find work in the AOD sector?** *[Please ✓ top three]*

[ ]  VAADA Enews

[ ]  Facebook

[ ]  Twitter

[ ]  Linkedin

[ ]  Other social media

[ ]  Online advertisements (*e.g. seek.com.au, mycareer.com.au*)

[ ]  Print advertisements

[ ]  Recruitment agencies

[ ]  Other (*please specify*)

**27. To learn more about how you came to work in your current organisation, please indicate your previous role.**

[ ]  Student

[ ]  Student placement

[ ]  Volunteer within the AOD sector

[ ]  Working within the AOD sector in another organisation

[ ]  Working outside the AOD sector

**If a student, please specify level of qualification**

**28. At any time have you previously worked in sectors outside of AOD that have supported you to undertake your current AOD role?**

[ ]  Yes [ ]  No

**29. In what sector did you work prior to joining the AOD sector?** *[Please ✓ one option only]*

[ ]  Child protection

[ ]  Clinical mental health

[ ]  Disability

[ ]  Education

[ ]  Employment services

[ ]  Health

[ ]  Housing

[ ]  Justice

[ ]  PDRSS

[ ]  Private sector

[ ]  Sexual health

[ ]  Youth

[ ]  Haven't worked in any other sector

[ ]  Other (*please specify*)

**30. Please identify your main reasons for entering the AOD workforce** *[Please ✓ as many as applicable]*

[ ]  I acquired an AOD or related qualification

[ ]  I was attracted by the values of the AOD sector or the agency

[ ]  I have a lived experience of AOD issues and wanted to be part of the AOD sector

[ ]  I wanted a career change

[ ]  Other (*please specify*)

Part 5: Your qualifications

**31. Do you have a formal qualification specialising in AOD/Addiction studies?**

[ ]  Yes [ ]  No

**32. If yes to Question 31, please select the highest AOD/Addiction studies qualification that you hold from the following list. If no, please select "Not applicable as I do not have an AOD qualification" and go to Question 36.**

[ ]  Not applicable as I do not have an AOD qualification

[ ]  Certificate II Community Services Work (Alcohol and Drugs / Mental Health)

[ ]  Certificate III Community Services Work (Alcohol and Other Drugs)

[ ]  Certificate III Community Services Work (Focus on Aboriginal Alcohol and Other Drugs)

[ ]  Certificate III Community Services Work (Indigenous National AOD Workforce Development Program)

[ ]  Certificate IV Alcohol and Other Drugs / Dual Award in Criminal Justice

[ ]  Certificate IV Alcohol and Other Drugs / Youth Work

[ ]  Certificate IV Alcohol and Other Drugs Work

[ ]  Certificate IV Alcohol and Other Drugs Work / Mental Health (Non-Clinical)

[ ]  Certificate IV Community Services Work (Alcohol and Drugs / Mental Health)

[ ]  Diploma Aboriginal and Torres Strait Islander Primary Health Care (Practice Stream) - Dual Diagnosis

[ ]  Diploma Alcohol and Other Drugs / Mental Health Dual Diagnosis

[ ]  Diploma Alcohol and Other Drugs Work

[ ]  Bachelor Arts (Psychology and Addiction Studies)

[ ]  Bachelor Health Science (Addiction Studies)

[ ]  Graduate Certificate Addiction Studies

[ ]  Graduate Certificate Alcohol and Drug Studies

[ ]  Graduate Certificate Counselling (Addictions)

[ ]  Graduate Certificate Drug and Alcohol Harm Minimisation

[ ]  Graduate Certificate Health Science (Drug and Alcohol Studies)

[ ]  Graduate Certificate Health Studies (Addiction Studies)

[ ]  Graduate Certificate Indigenous Health (Substance Use)

[ ]  Graduate Certificate Mental Health Nursing - Dual Diagnosis

[ ]  Graduate Certificate Nursing (Alcohol and Other Drugs, Specialty Area)

[ ]  Graduate Certificate Social Health (Alcohol and Other Drugs)

[ ]  Graduate Diploma Addiction and Mental Health

[ ]  Graduate Diploma Alcohol and Drug Studies

[ ]  Graduate Diploma Counselling (Addictions)

[ ]  Graduate Diploma Health Studies (Addiction Studies)

[ ]  Graduate Diploma Indigenous Health (Substance Use)

[ ]  Graduate Diploma Social Health (Alcohol and Other Drugs)

[ ]  Graduate Diploma Substance Abuse Studies

[ ]  Master of Health Counselling (Addictions)

[ ]  Master of Health Science (Drug and Alcohol Studies)

[ ]  Master of Health Studies (Addiction Studies)

[ ]  Master of Indigenous Health (Substance Use)

[ ]  Master of Science (Addiction Studies, Coursework)

[ ]  Master of Social Health (Alcohol and Other Drugs)

[ ]  Master of Social Science (Addiction Studies, Coursework)

[ ]  Other (*please specify*)

**33. In what year did you complete the qualification?**

[ ] [ ] [ ] [ ]

**34. Is the education institution where you completed your qualification in Australia or overseas?**

[ ]  Australia

[ ]  Overseas

**If overseas, please specify country**

**35. If qualification completed in Australia, please provide the name, suburb and state of the education institution.**

Name of education institution

Suburb

State

**36. Are you currently enrolled in a formal qualification specialising in AOD/Addiction studies?**

[ ]  Yes [ ]  No

**37. If yes to Question 36, please select the AOD/Addiction studies qualification that you are currently enrolled in from the following list. If no, please select "Not applicable as I am not enrolled in an AOD qualification" and go to Question 41.**

[ ]  Not applicable as I do not have an AOD qualification

[ ]  Certificate II Community Services Work (Alcohol and Drugs / Mental Health)

[ ]  Certificate III Community Services Work (Alcohol and Other Drugs)

[ ]  Certificate III Community Services Work (Focus on Aboriginal Alcohol and Other Drugs)

[ ]  Certificate III Community Services Work (Indigenous National AOD Workforce Development Program)

[ ]  Certificate IV Alcohol and Other Drugs / Dual Award in Criminal Justice

[ ]  Certificate IV Alcohol and Other Drugs / Youth Work

[ ]  Certificate IV Alcohol and Other Drugs Work

[ ]  Certificate IV Alcohol and Other Drugs Work / Mental Health (Non-Clinical)

[ ]  Certificate IV Community Services Work (Alcohol and Drugs / Mental Health)

[ ]  Diploma Aboriginal and Torres Strait Islander Primary Health Care (Practice Stream) - Dual Diagnosis

[ ]  Diploma Alcohol and Other Drugs / Mental Health Dual Diagnosis

[ ]  Diploma Alcohol and Other Drugs Work

[ ]  Bachelor Arts (Psychology and Addiction Studies)

[ ]  Bachelor Health Science (Addiction Studies)

[ ]  Graduate Certificate Addiction Studies

[ ]  Graduate Certificate Alcohol and Drug Studies

[ ]  Graduate Certificate Counselling (Addictions)

[ ]  Graduate Certificate Drug and Alcohol Harm Minimisation

[ ]  Graduate Certificate Health Science (Drug and Alcohol Studies)

[ ]  Graduate Certificate Health Studies (Addiction Studies)

[ ]  Graduate Certificate Indigenous Health (Substance Use)

[ ]  Graduate Certificate Mental Health Nursing - Dual Diagnosis

[ ]  Graduate Certificate Nursing (Alcohol and Other Drugs, Specialty Area)

[ ]  Graduate Certificate Social Health (Alcohol and Other Drugs)

[ ]  Graduate Diploma Addiction and Mental Health

[ ]  Graduate Diploma Alcohol and Drug Studies

[ ]  Graduate Diploma Counselling (Addictions)

[ ]  Graduate Diploma Health Studies (Addiction Studies)

[ ]  Graduate Diploma Indigenous Health (Substance Use)

[ ]  Graduate Diploma Social Health (Alcohol and Other Drugs)

[ ]  Graduate Diploma Substance Abuse Studies

[ ]  Master of Health Counselling (Addictions)

[ ]  Master of Health Science (Drug and Alcohol Studies)

[ ]  Master of Health Studies (Addiction Studies)

[ ]  Master of Indigenous Health (Substance Use)

[ ]  Master of Science (Addiction Studies, Coursework)

[ ]  Master of Social Health (Alcohol and Other Drugs)

[ ]  Master of Social Science (Addiction Studies, Coursework)

[ ]  Other (*please specify*)

**38. In what year did you start the qualification?**

[ ] [ ] [ ] [ ]

**39. Is the education institution where you are enrolled in Australia or overseas?**

[ ]  Australia

[ ]  Overseas

**If overseas, please specify country**

**40. If enrolled in Australia, please provide the name, suburb and state of the education institution.**

Name of education institution

Suburb

State

**41. Do you have a formal health, social or behavioural science qualification that is not specific to AOD/Addiction studies (e.g. social work, counselling, psychology, youth work, nursing, welfare)?**

[ ]  Yes [ ]  No [ ]  Currently enrolled

**42. If yes or currently enrolled, please select your highest health, social or behavioural science qualification below and its field of study. If no, go to Question 43.**

|  |  |  |
| --- | --- | --- |
| Certificate II | [ ]  Completed | [ ]  Currently enrolled  |
| Certificate III | [ ]  Completed | [ ]  Currently enrolled  |
| Certificate IV | [ ]  Completed | [ ]  Currently enrolled  |
| Diploma | [ ]  Completed | [ ]  Currently enrolled  |
| Advanced Diploma | [ ]  Completed | [ ]  Currently enrolled  |
| Bachelor Degree | [ ]  Completed | [ ]  Currently enrolled  |
| Honours Degree | [ ]  Completed | [ ]  Currently enrolled  |
| Graduate Certificate | [ ]  Completed | [ ]  Currently enrolled  |
| Graduate Diploma | [ ]  Completed | [ ]  Currently enrolled  |
| Masters | [ ]  Completed | [ ]  Currently enrolled  |
| PhD | [ ]  Completed | [ ]  Currently enrolled  |
| Post Doctorate | [ ]  Completed | [ ]  Currently enrolled  |

**43. Have you completed any of the AOD/Addiction studies specific units of competency from the Community Services Training Package (CSTP)?**

[ ]  Yes [ ]  No

**44. If yes to Question 43, please select the units of competency you have completed from the following list. If no, please select "Not applicable".**

[ ]  Not applicable

[ ]  CHCAOD201D - Prepare for alcohol and other drugs work

[ ]  CHCAOD2C / 402B - Orientation to the AOD sector / Work effectively in the alcohol and other drugs sector

[ ]  CHCAOD6B / CHCAOD406E - Work with clients who are intoxicated

[ ]  CHCAOD7C / CHCAOD407E - Provide needle and syringe services

[ ]  CHCAOD8C / CHCAOD408B - Assess the needs of clients who have AOD issues

[ ]  CHCAOD9C / CHCAOD409E - Provide AOD withdrawal services

[ ]  CHCAOD10A - Work with clients who have AOD issues

[ ]  CHCAOD11A / CHCAOD411A - Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues

[ ]  CHCMH401A - Work effectively in mental health settings (part of AOD skills set)

[ ]  CHCAOD510B - Work effectively with clients with complex alcohol and/or other drugs issues

[ ]  CHCAOD511C - Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues

[ ]  CHCAOD512B - Develop and implement a behaviour response plan

[ ]  CHCAOD513A - Provide relapse prevention strategies

**45. How well do you believe your formal qualifications have prepared you for your current AOD role?** *[Please ✓ one option only]*

[ ]  Not at all well prepared

[ ]  Slightly well prepared

[ ]  Somewhat well prepared

[ ]  Moderately well prepared

[ ]  Extremely well prepared

Give reasons:

**46. Do you currently hold Department of Health accreditation to work with forensic clients?**

[ ]  Yes [ ]  No

Part 6: Your AOD skills and training

**47. Please tick the top 5 skills you think are important to you in undertaking your current role most effectively. For each of your nominated 5 skills, please then indicate if you feel you need further training in these areas.**

|  |  |  |
| --- | --- | --- |
| **Tick top 5** | **Skills** | **Need further training** |
| [ ]  | Building and maintaining service partnerships | [ ]  |
| [ ]  | Conducting needs assessments | [ ]  |
| [ ]  | Conflict management | [ ]  |
| [ ]  | Developing policies/procedures/work manuals | [ ]  |
| [ ]  | Developing recovery plans with a client | [ ]  |
| [ ]  | Exploring with clients their understanding of their problems and strengths | [ ]  |
| [ ]  | Facilitating/co-developing client advocacy | [ ]  |
| [ ]  | Working with families/carers of clients | [ ]  |
| [ ]  | Health promotion and community development | [ ]  |
| [ ]  | Identifying changes in mental health status | [ ]  |
| [ ]  | Identifying changes in physical health status | [ ]  |
| [ ]  | Leadership skills and knowledge | [ ]  |
| [ ]  | Managing change | [ ]  |
| [ ]  | Managing client risk to self and others | [ ]  |
| [ ]  | Managing staff performance | [ ]  |
| [ ]  | Mental health crisis work | [ ]  |
| [ ]  | Mental health relapse prevention and self-care | [ ]  |
| [ ]  | Organisational risk assessments | [ ]  |
| [ ]  | Providing community referrals | [ ]  |
| [ ]  | Providing housing support | [ ]  |
| [ ]  | Providing inter-agency service and care coordination | [ ]  |
| [ ]  | Providing or facilitating peer support opportunities | [ ]  |
| [ ]  | Providing personal care support | [ ]  |
| [ ]  | Providing social services support | [ ]  |
| [ ]  | Providing staff supervision | [ ]  |
| [ ]  | Providing team leadership | [ ]  |
| [ ]  | Vocational support | [ ]  |
| [ ]  | Working effectively with Aboriginal and Torres Strait Islander clients | [ ]  |
| [ ]  | Working effectively with clients with challenging behaviours | [ ]  |
| [ ]  | Working effectively with clients who have experienced trauma | [ ]  |
| [ ]  | Working effectively with culturally and linguistically diverse clients | [ ]  |
| [ ]  | Working effectively with dual diagnosis clients | [ ]  |
| [ ]  | Working effectively with disability clients | [ ]  |
| [ ]  | Working effectively with youth clients | [ ]  |
| [ ]  | Working with multidisciplinary teams | [ ]  |

**48. Please identify any additional work related training priorities you have.** *[Please ✓ top 3 only]*

[ ]  Building and maintaining service partnerships

[ ]  Change management

[ ]  Communication skills (*e.g. written, public speaking, networking*)

[ ]  Communications and media

[ ]  Culture change

[ ]  Data analysis

[ ]  Evidence based service delivery models

[ ]  Financial management

[ ]  First aid

[ ]  Health promotion and community development

[ ]  Leadership training

[ ]  Managing client risk to self and others

[ ]  Mental health first aid

[ ]  Minimum qualifications

[ ]  Organisational management

[ ]  Outcome measurement

[ ]  Policy skills

[ ]  Preparing for reform

[ ]  Program evaluation

[ ]  Project management

[ ]  Providing peer support

[ ]  Quality improvement

[ ]  Research methods

[ ]  Specific skill development (*e.g. motivational interviewing, CBT*)

[ ]  Submission writing

[ ]  Supervision skills

[ ]  Web based service delivery

Part 7: Your satisfaction with your current employment and future work plans

**49. How satisfied are you with your current employment in the AOD sector?** *[Please ✓ one option only]*

[ ]  Not at all satisfied

[ ]  Slightly satisfied

[ ]  Moderately satisfied

[ ]  Very satisfied

[ ]  Extremely satisfied

Give reasons:

**50. What do you plan to do in the next 12 months of your career in the AOD sector?** *[Please ✓ one option only]*

[ ]  Leave the sector with no intention to return

[ ]  Leave the sector with a view to returning at a later time

[ ]  Continue working in my current role

[ ]  Seek promotional opportunities within the sector

[ ]  Move horizontally into another AOD role

[ ]  Increase my working hours

[ ]  Decrease my working hours

[ ]  Other (please specify)

**51. What do you plan to do in the next 3 years of your career in the AOD sector?** *[Please ✓ one option only]*

[ ]  Leave the sector with no intention to return

[ ]  Leave the sector with a view to returning at a later time

[ ]  Continue working in my current role

[ ]  Seek promotional opportunities within the sector

[ ]  Move horizontally into another AOD role

[ ]  Increase my working hours

[ ]  Decrease my working hours

[ ]  Other (please specify)

**52. At what age do you expect to exit completely from work within the AOD sector?**

 years old

**53. Do you have any other feedback that is relevant to better understanding the issues faced by the AOD workforce in Victoria?**

Thank you for taking the time to respond to the Victorian Alcohol and Other Drug Services Workforce Study 2013.