

Department of Health

health

2009 Victorian Alcohol and Other Drug Workforce Census

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Executive summary

This report provides a profile of 669 respondents to the 2009 Victorian Alcohol and Drug (AOD) Workforce Census. The findings presented offer information about the demographic, educational and clinical profile of respondents. Respondents comprised individuals delivering government-funded Victorian AOD clinical services in late November 2009.

The findings of the census, combined with the 2010 Victorian AOD Workforce Recruitment and Retention Survey, are critical in the context of AOD treatment system reform. These workforce papers provide new AOD workforce data to inform the Department of Health's strategic planning and future investment in AOD workforce development.

The census yielded responses from clinical AOD service providers, including managers and supervisors. The findings do not reflect the profile of the entire Victorian AOD workforce, rather are indicative in nature.

Demographic and geographic profile

- Two-thirds of census respondents were female (65.8%).
- The average age of respondents was 44 years.
- Significantly more female than male respondents were aged under 30 years.
- 79.4% of respondents were Australian born.
- 3.7% of respondents identified as being of Aboriginal or Torres Strait Islander background.
- 4.5% of respondents provided AOD clinical services in a language other than English.
- Two-thirds (62%) of respondents worked in metropolitan areas, consistent with population–disease prevalence rates.

Educational profile

- 73.5% of respondents held a formal health, social or behavioural science qualification.
- Two-thirds (66.7%) of respondents held a formal qualification specialising in AOD work or addiction studies.
- Rural respondents were significantly more likely to be engaged in further AOD study than metropolitan respondents (36% vs 26%).
- 3.0% of respondents reported neither AOD-specific qualifications nor work towards an AOD qualification.

Clinical profile

- 28.8% of respondents identified their primary role as AOD counsellor.
- Other key primary roles included nurse (12.4%) and AOD worker – general (11.4%).
- On average, respondents had worked in the AOD sector for eight years.
- 41.7% of all respondents worked across multiple roles and locations during census week.
- Rural respondents were more likely to work across multiple roles than metropolitan respondents.
- On average, respondents worked 34.5 hours per week.
- The vast majority of respondent time was spent on direct clinical work (58.1%; face-to-face, online and phone), administrative (16.8%) and management tasks (10.1%).

Future employment arrangements

- 45.9% of respondents anticipated no change to their working arrangements in the next two years.
- 10.2% of respondents anticipated increasing their work hours in the next two years;
7.8% planned to decrease their work hours.
- 6.3% of respondents planned to take a break from the AOD sector.

This report provides insight into the profile of the Victorian AOD workforce, and an indication of the profile of the broader AOD workforce. Respondents were highly qualified with diverse professional backgrounds, skills and experience. These findings will ultimately inform the implementation of a contemporary AOD workforce strategy that will ensure Victoria's AOD workforce is skilled and supported to respond to the changing nature of problematic AOD use in the community. The challenge for policymakers and services alike is to ensure that the existing and future AOD workforce remains skilled, relevant and responsive to client needs. The value of understanding the profile of the Victorian AOD workforce cannot be over-emphasised as a foundation in this endeavour.

Introduction

Background and context

The capacity of the AOD service system to deliver quality treatment and support to clients and their families is contingent on the availability of an appropriately skilled, qualified, experienced and knowledgeable workforce. It follows, therefore, that understanding the diversity of skills and qualifications of the existing AOD workforce is essential to future planning.

The importance of a skilled and flexible workforce is reflected in a range of Victorian AOD strategy and policy frameworks. The following documents identify the importance of delivering timely, quality, evidence-based treatment to clients through a skilled and flexible AOD workforce:

- *A new blueprint for alcohol and other drug treatment services 2009–2013*
- *Shaping the future: The Victorian alcohol and other drug quality framework* (2008)
- *Dual diagnosis: Key directions and priorities for services development 2008–2011*
- *The Victorian amphetamine-type stimulants and related drug strategy 2009–2012*
- *Victorian alcohol action plan (VAAP)*
- *Koori alcohol action plan (KAAP).*

Other recent works pertaining to the AOD workforce include:

- 2010 Victorian AOD Workforce Recruitment and Retention Survey
- *Defining the Victorian alcohol and other drug treatment and workforce* (2010)
- *Evaluation of the Victorian AOD Workforce Development Program* (2010)
- *Australian alcohol guidelines to reduce health risks from drinking alcohol* (2009)
- Severe Substances Dependence Treatment Bill 2010
- *Shaping the future: The Victorian mental health workforce strategy* (2009).

While significant work is occurring at the state level, a national focus on the AOD workforce is also gaining momentum. The work of the National Centre for Education and Training on Addiction (NCETA) over the past decade demonstrates that an effective workforce development strategy goes beyond the provision of basic education and training, and considers: systemic issues such as recruitment and retention; workforce planning; professional and career development; and worker wellbeing (Roche & Pidd 2010). Roche and Pidd (2010) advocate for a national AOD workforce development strategy and present new conceptual modelling for such an approach.

The results of the 2009 Victorian AOD Workforce Census and its complementing study, the 2010 Victorian AOD Workforce Recruitment and Retention Survey (unpublished), will inform the development of a new Victorian AOD workforce development strategy. Such a strategy will draw on contemporary workforce modelling, respond to emerging issues at the local, state and national level, and provide for the development of a range of targeted workforce initiatives. Current census data also provide a baseline for mapping AOD workforce trends over time, specifically in relation to respondents' demographic, geographic, educational and clinical characteristics. The capture of respondents' career intentions informs recruitment and retention planning. All of these findings provide significant new data to inform the Department of Health's AOD reform agenda and future investment in AOD workforce development.

The census

The Victorian Department of Health, in partnership with Turning Point Alcohol and Drug Centre, conducted the Victorian AOD Workforce Census between 23 and 30 November 2009. A copy of the census is provided as Appendix 1. The census targeted AOD service providers in all department-funded public and non-profit organisations. This included all professionals and workers involved in delivering state or Commonwealth-funded AOD direct client services, such as screening, assessment, treatment, case management, support and brokerage. Individuals providing supervision and management to direct service providers were also requested to complete the census. Non-clinical service providers, such as employees of the Victorian Needle and Syringe Program, were excluded from this project.

Specifically, the census sought information in relation to:

- demographic profile
- educational profile
- clinical profile
- future employment.

Methodology

Census participation was voluntary; completion of the survey took approximately 10 minutes. Respondents could elect to complete the census electronically or in hard-copy format and return it to the department's Planning and Analysis Unit. A departmental representative was available to address any queries regarding completion of the survey.

The findings presented in this report reflect the self-reported aggregate data of 669 census respondents. Data were analysed to produce descriptive frequencies, proportions and identify levels of significance. The findings do not reflect the profile of the entire Victorian AOD workforce, only the profile of those who participated. The project team acknowledges and appreciates the AOD sector's significant contribution to the 2009 census.

Findings

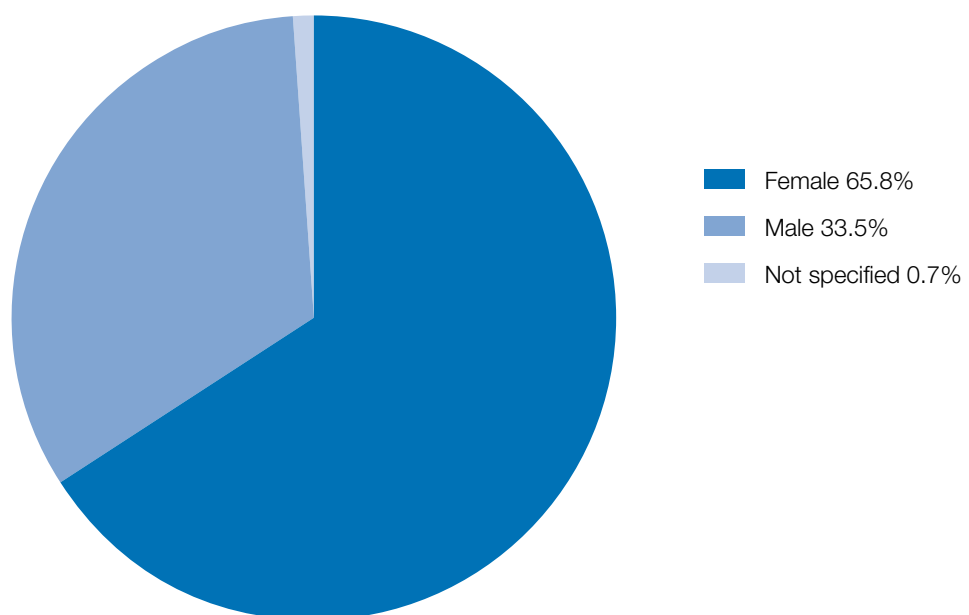
Demographic profile

A total of 669 responses to the census were received from respondents working in Victorian AOD services, inclusive of Koori AOD services.

Gender

Figure 1 shows that the majority (65.8%) of census respondents were female; 33.5% were male.

Figure 1: Gender profile (n = 669)



Age

Figure 2 shows that the average age of census respondents was 44 years and that the majority (65.8%) of respondents were female. The age of respondents ranged from 20 to 71 years (median = 44¹). The majority (78.9%) of respondents were aged between 30 and 59 years. Of the female respondents 16.8% were aged under 30 years, representing a significant difference² from male respondents. The majority (79.4%) of respondents were Australian born and 3.7% of respondents identified as being from an Aboriginal or Torres Strait Islander background.

1 Average/mean: The sum of all values divided by the number of observations (n)

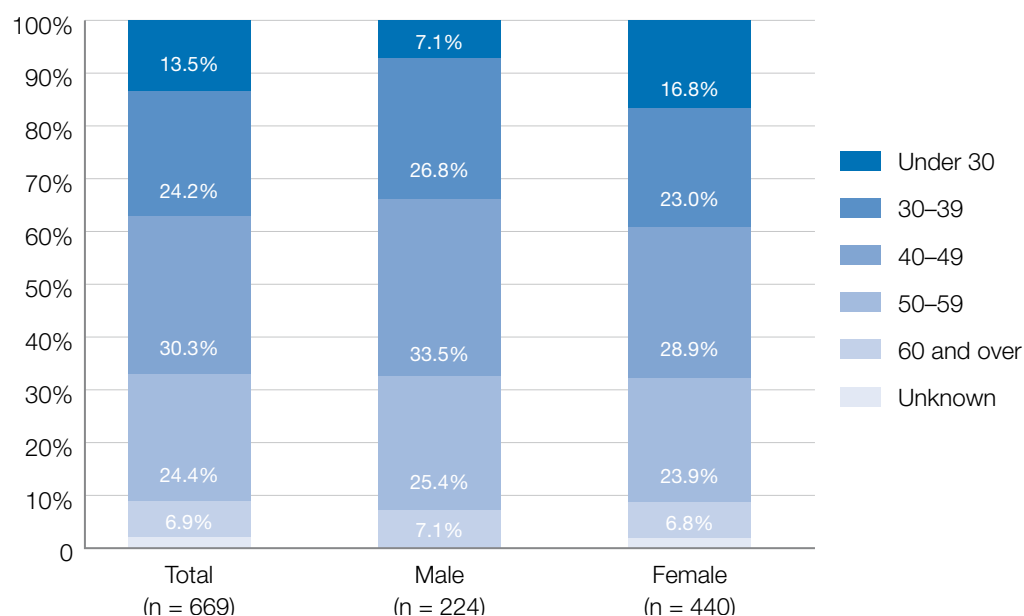
Range: Indicates youngest and oldest respondent

Median: The middle value

Significant difference: A statistically significant difference between groups

2 Statistically significant differences are highlighted in red.

Figure 2: Age and gender of census respondents



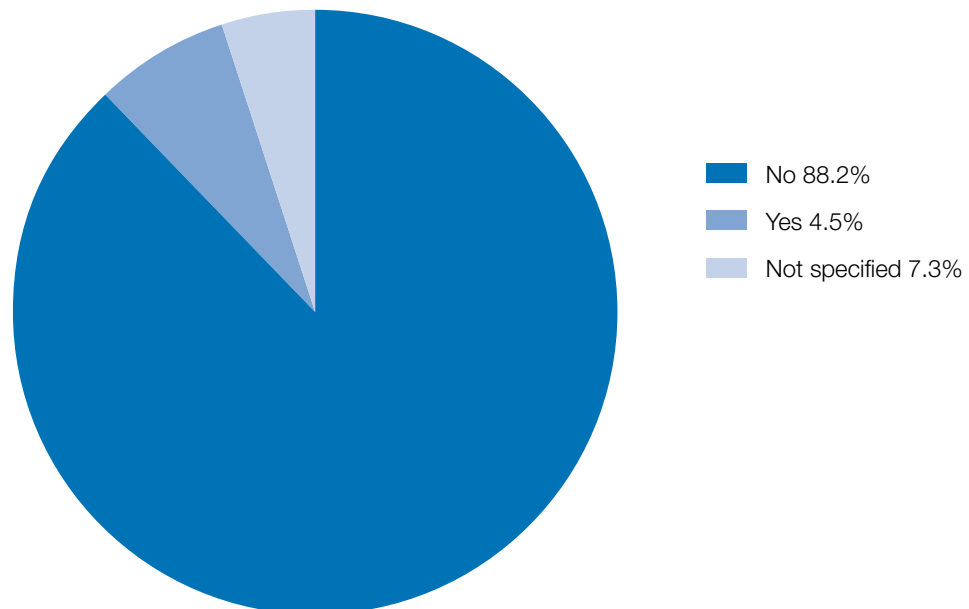
The demographic profile of the Victorian AOD workforce is generally consistent with that identified by Roche and Pidd in their 2010 report, *Alcohol and other drugs workforce development issues and imperatives: Setting the scene*. This NCETA report notes that, cross-jurisdictionally, specialist AOD workers and managers were aged, on average, 45 years. The data also indicate that two-thirds of specialist providers were female (66%).

Country of birth

The majority of census respondents (79.4%) were born in Australia, with 3.7% identifying as being of Aboriginal or Torres Strait Islander background. Most (93.1%) respondents were Australian citizens, with the majority (85.7%) of non-citizens having permanent Australian residency.

Figure 3 shows that 4.5% of census respondents practise in a language other than English. The most common languages were Spanish, Italian and Greek.

Figure 3: Respondents who practice in a language other than English (n = 669)



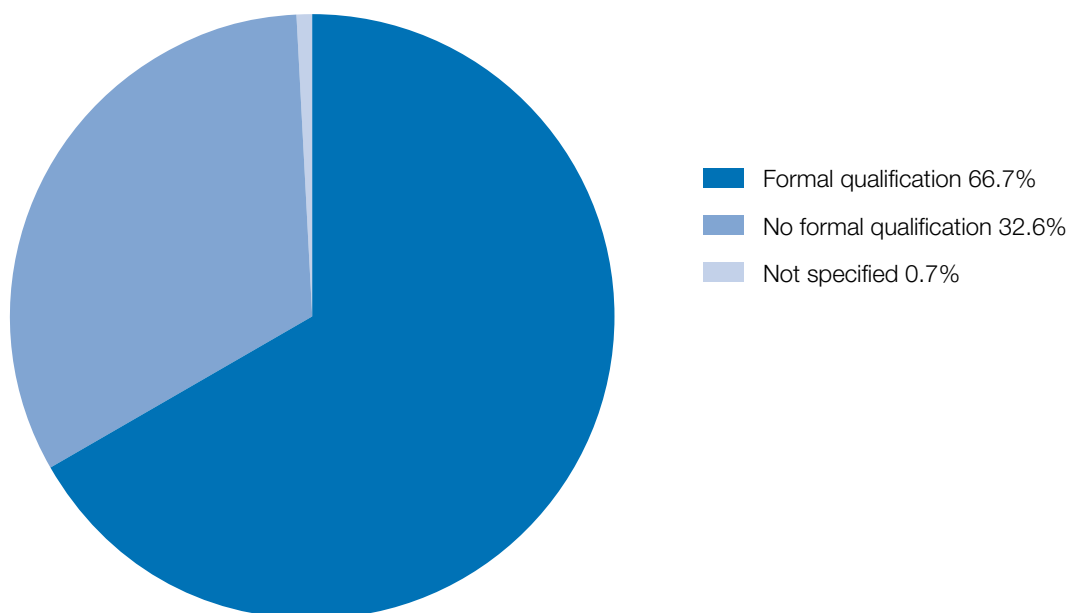
Educational profile

The Victorian AOD workforce is rich in diversity. Census respondents included individuals from a wide variety of educational backgrounds.

Specialist AOD qualifications

Figure 4 shows that two-thirds (66.7%) of respondents report holding formal qualifications specialising in AOD or addiction studies. These include a Certificate IV in Alcohol and Other Drugs Work (41.5%) and a Diploma in Alcohol and Other Drugs Work (28.7%). Respondents with formal AOD or addiction studies qualifications were typically aged 30 years or older.

Figure 4: Respondents with formal qualifications specialising in AOD/addiction studies (n = 669)



Specialist AOD qualification by primary role

Table 1 shows the relationship between specialist AOD qualifications and primary role. The Certificate IV in Alcohol and Other Drugs Work was the most commonly held qualification across the top six primary roles identified by census respondents. This may be attributed to the AOD sector's Minimum qualifications strategy, which commenced in July 2006. The aim of the MQS is to ensure that the AOD workforce has a minimum level of AOD-specific knowledge and competency, and that this is consistently maintained over time.

Census respondents also reported undertaking certificate studies in: AOD; mental health; AOD and mental health; and dual diagnosis. Respondents working across various roles were most likely to hold a certificate IV or diploma, with the exception of nurses who were more likely to hold a graduate certificate or graduate diploma qualification. Of all Koori AOD worker respondents 90.5% reported holding a Certificate IV in Alcohol and Other Drugs Work.

Table 1: Formal AOD or addiction studies qualification by primary role

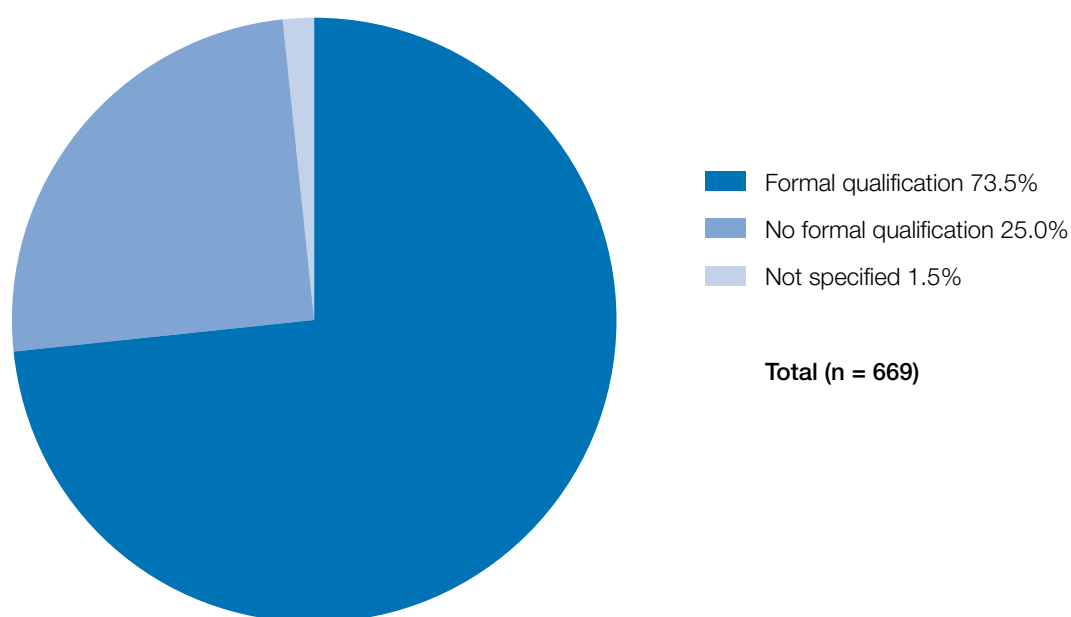
Type of specialist addiction qualification	Primary role					
	AOD counsellor	AOD worker – general	Nurse	AOD case manager	Manager/supervisor	Koori AOD worker
<i>Number of respondents</i>	126	53	51	38	23	21
Certificate II	0.8%	-	-	-	-	-
Certificate III	0.8%	-	-	-	-	14.3%
Certificate IV	54.8%	81.1%	45.1%	68.4%	56.5%	90.5%
Diploma	43.7%	35.8%	19.6%	44.7%	39.1%	19.0%
Bachelor's degree	5.6%	3.8%	2.0%	7.9%	4.3%	9.5%
Graduate certificate	15.9%	3.8%	23.5%	5.3%	34.8%	4.8%
Graduate diploma	8.7%	5.7%	21.6%	-	13.0%	-
Master's degree	2.4%	-	5.9%	2.6%	8.7%	-

Formal health, social or behavioural qualifications

Figure 5 shows that three-quarters of respondents held a formal health, social or behavioural science qualification (73.5%) other than a specialist AOD qualification. Table 2 identifies these qualifications as bachelor's degrees (36.6%), graduate diplomas (19.3%), diplomas (13.4%) and master's degrees (11.6%). Bachelor's degrees were typically related to the behavioural sciences, psychological sciences or social work.

Those aged under 30 years were significantly more likely to have a bachelor's degree compared with older respondents. In contrast, those aged 30 and over were significantly more likely to have a graduate diploma compared with those aged under 30.

Figure 5: Census respondents with formal health, social or behavioural qualifications



Highest qualification

The census also asked respondents about their highest qualification, the results of which are listed in Table 2.

Table 2: Census respondents with their highest qualification being in health/behavioural sciences, by age

Highest qualification in health science/ behavioural science	Age group					
	Total	Under 30	30–39	40–49	50–59	60 and over
<i>Number of respondents</i>	492	68	118	143	128	33
Certificate II	0.2%	1.5%	-	-	-	-
Certificate III	1.2%	-	0.8%	2.1%	1.6%	-
Certificate IV	5.9%	-	5.1%	9.8%	7.0%	-
Diploma	13.4%	8.8%	13.6%	14.7%	14.8%	12.1%
Bachelor's	36.6%	69.1%	47.5%	24.5%	24.2%	33.3%
Graduate certificate	3.0%	-	2.5%	2.1%	6.3%	3.0%
Graduate diploma	19.3%	7.4%	14.4%	25.2%	22.7%	21.2%
Master's	11.6%	8.8%	14.4%	11.9%	9.4%	12.1%
PhD	0.4%	-	-	0.7%	0.8%	-
Not specified	1.4%	-	-	2.1%	3.1%	-
Other	6.9%	4.4%	1.7%	7.0%	10.2%	18.2%

Year highest qualification obtained

A large proportion (69.3%) of census respondents obtained their formal qualification prior to 2005. Workers aged 60 and over were significantly more likely to have obtained their formal qualification prior to 2000, while those aged 30 years or under were more likely to have obtained their qualification between 2006 and 2010 (see Table 3).

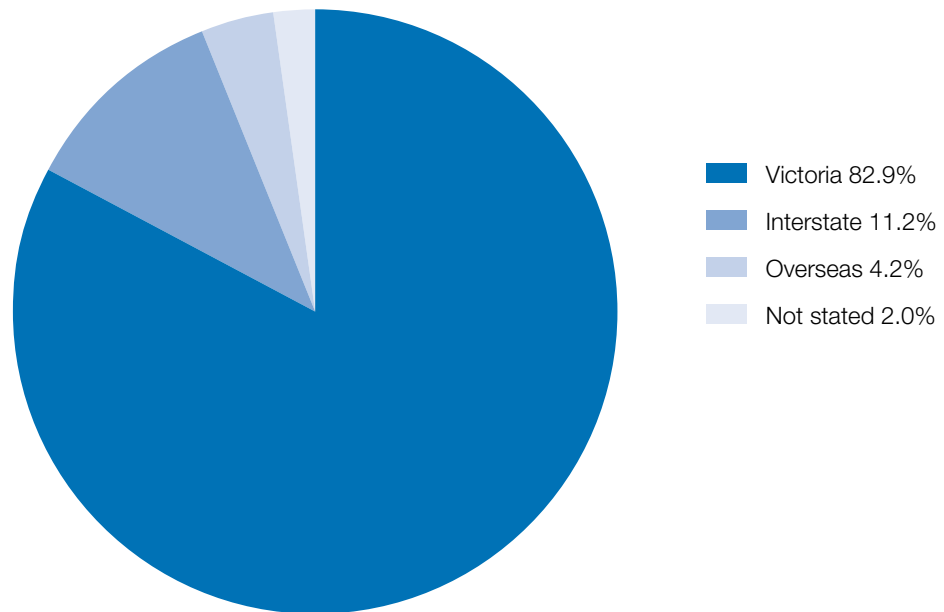
Table 3: Year highest qualification obtained, by age

Year obtained highest qualification in science/ behavioural science	Age group					
	Total	Under 30	30–39	40–49	50–59	60 and over
<i>Number of respondents</i>	492	68	118	143	128	33
Prior to 2000	37.8%	-	32.2%	38.5%	53.9%	72.7%
2000–2005	31.5%	38.2%	38.1%	33.6%	21.1%	24.2%
2006–2008	21.7%	50.0%	22.9%	19.6%	13.3%	-
2009–2010	5.7%	10.3%	5.1%	5.6%	5.5%	-
Not specified	3.3%	1.5%	1.7%	2.8%	6.3%	3.0%

Jurisdiction where qualification obtained

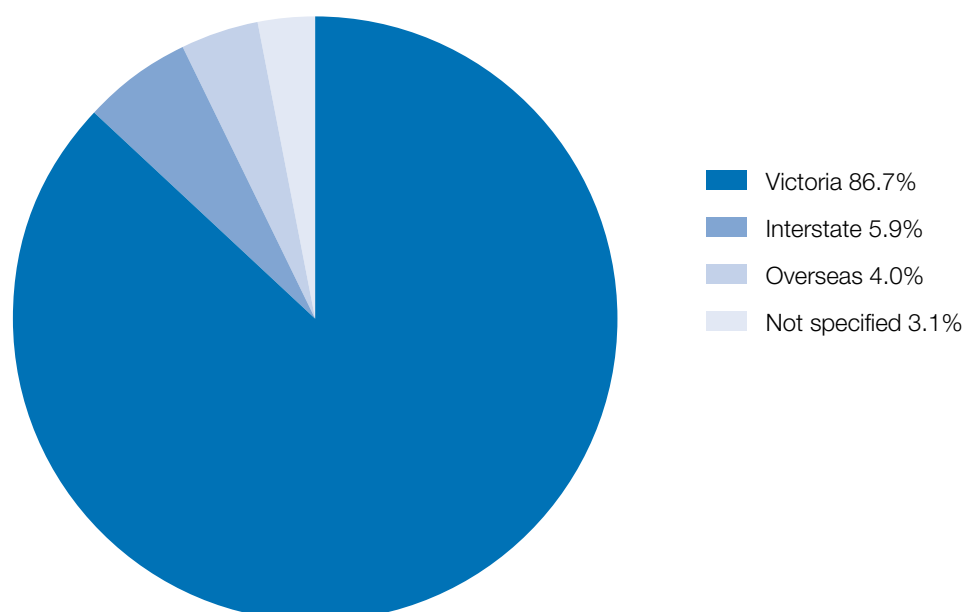
The majority (82.9%) of respondents obtained their formal qualification in Victoria (see Figure 6)

Figure 6: Jurisdiction where qualification obtained (n = 669)



The majority of respondents also started working in an AOD service in Victoria (86.7%), as shown in Figure 7.

Figure 7: Jurisdiction where respondent first worked in an AOD service



Competencies from the Community Services Training Package (Addiction Studies)

The requirements of the Certificate IV in Alcohol and Other Drugs Work can be satisfied through the successful completion of 16 units of competency from the Community Services Training Package (CSTP). The Diploma in AOD Studies can be satisfied through the completion of 17 units of competency.

Figure 8 shows that just over a third of census respondents (36.8%; n = 246) have completed units of CSTP competency. Figure 9 identifies the specific units of CSTP undertaken by these 246 respondents.

Figure 8: Completed units of competency from the CSTP

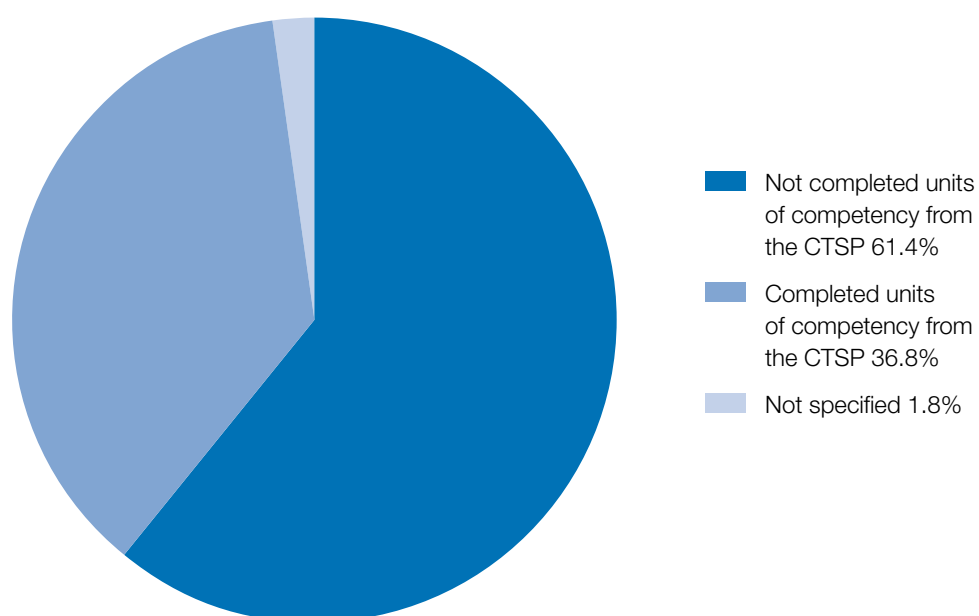
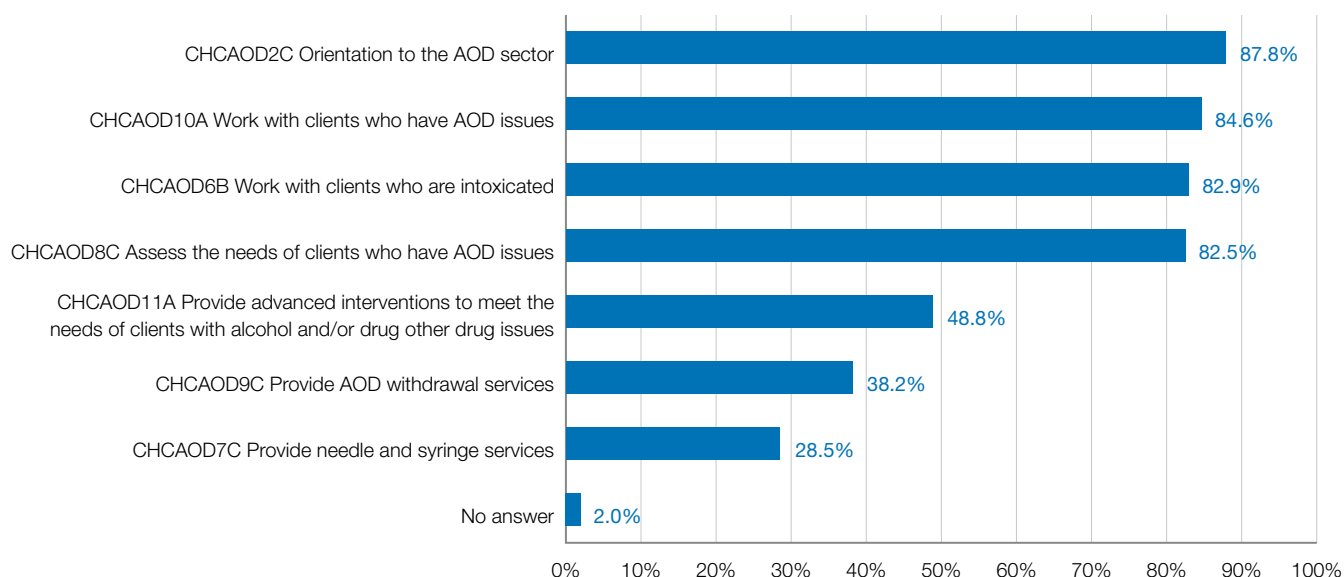


Figure 9: Specific units of CSTP undertaken (n = 246)



Qualifications – in progress

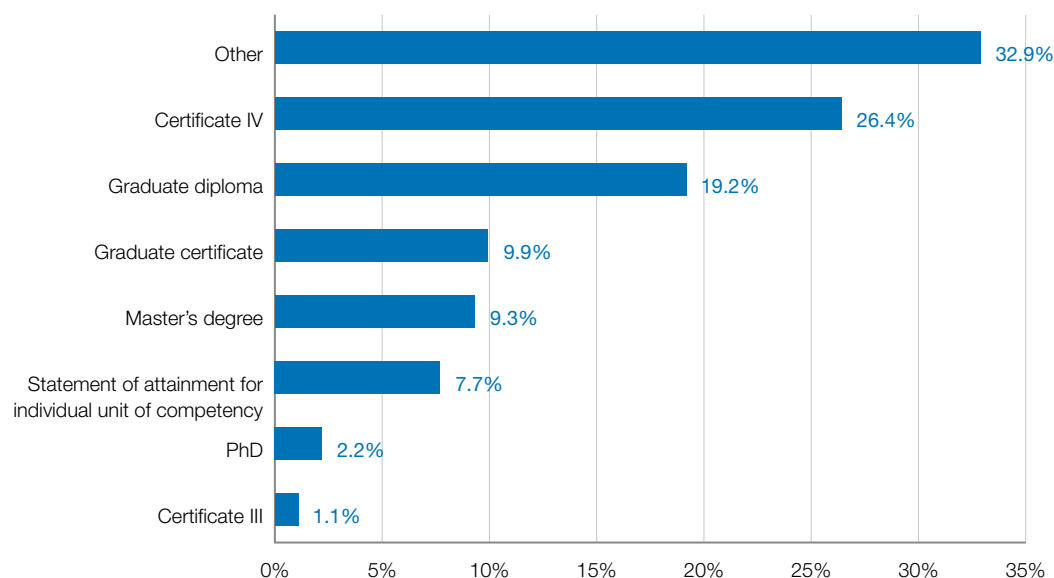
Further study

Table 4 shows that just over one-quarter of respondents (27.2%) were completing further AOD/addiction studies or other health, social or behavioural science qualifications at the time of the census. Figure 10 shows the type of additional qualifications being undertaken by those undertaking further study. Of those respondents undertaking further studies, 19.2% were completing a graduate diploma, 26.4% were working towards a certificate IV and 26.9% were undertaking other additional qualifications. Females were more likely to be completing additional AOD/addiction studies or other health, social or behavioural science qualifications (29.5%). Males (18.0%) were significantly more likely to be undertaking a graduate certificate in AOD/addiction studies than females (6.9%).

Table 4: Currently completing additional AOD/addiction studies

Additional qualifications	Total	Male	Female
<i>Number of respondents</i>	669	224	440
Per cent currently completing additional AOD/addiction studies or other health, social or behavioural science qualification	27.2%	22.3%	29.5%

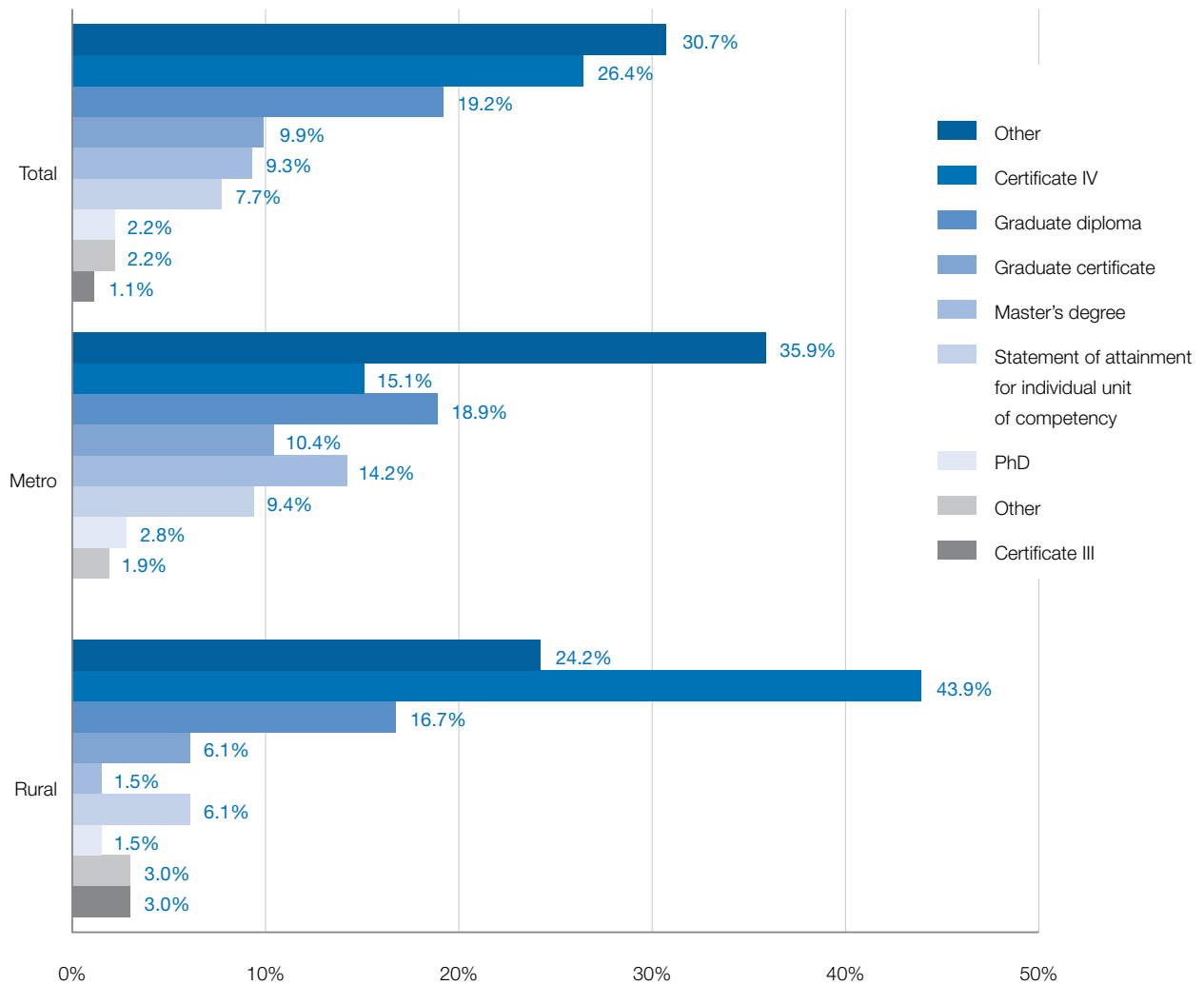
Figure 10: Percentage of respondents currently completing additional qualifications in AOD/addiction studies other health social or behavioural science degree (n = 182)



Further study – rural–metropolitan breakdown

Figure 11 demonstrates the geographic differences between respondents undertaking further AOD study. Higher engagement in further study was reported by respondents from rural regions compared with metropolitan respondents. Rural respondents were significantly more likely than metropolitan respondents to have completed a formal AOD qualification, a formal behavioural and/or social qualification and CSTP units.

Figure 11: Percentage of workforce completing additional AOD qualifications, by qualification type and location (n = 669)



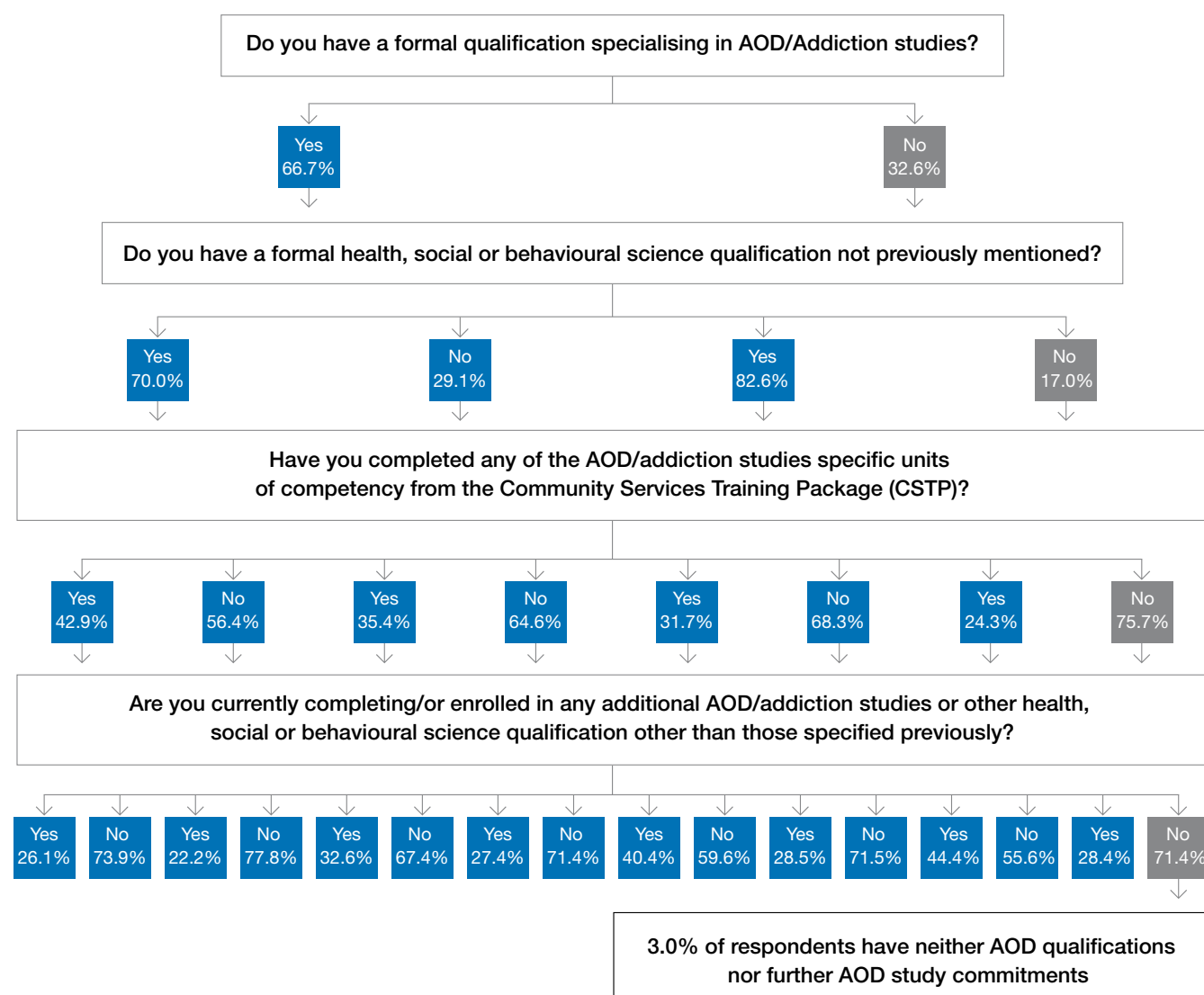
Note: Respondents were given the option of specifying more than one 'other' additional qualification not specified in the survey instrument. A small number reported undertaking two additional undefined qualifications concurrently.

Respondent qualifications – completed and in progress

Figure 12 identifies respondents' specialist AOD qualifications, AOD-related qualifications and further study commitments. It shows that most (97%) respondents hold specialist AOD qualifications and/or have completed other relevant health, social or behavioural qualifications and CSTP units, and/or are engaged in further AOD-related studies. The Minimum qualifications strategy, implemented in 2006, contributed to a greater focus on AOD-specific qualifications of the sector.

Only 3% of respondents reported neither an AOD nor AOD-related qualification, nor were undertaking further AOD study. This group may include individuals new to the sector and the volunteer workforce.

Figure 12: Respondent qualifications – completed and in progress



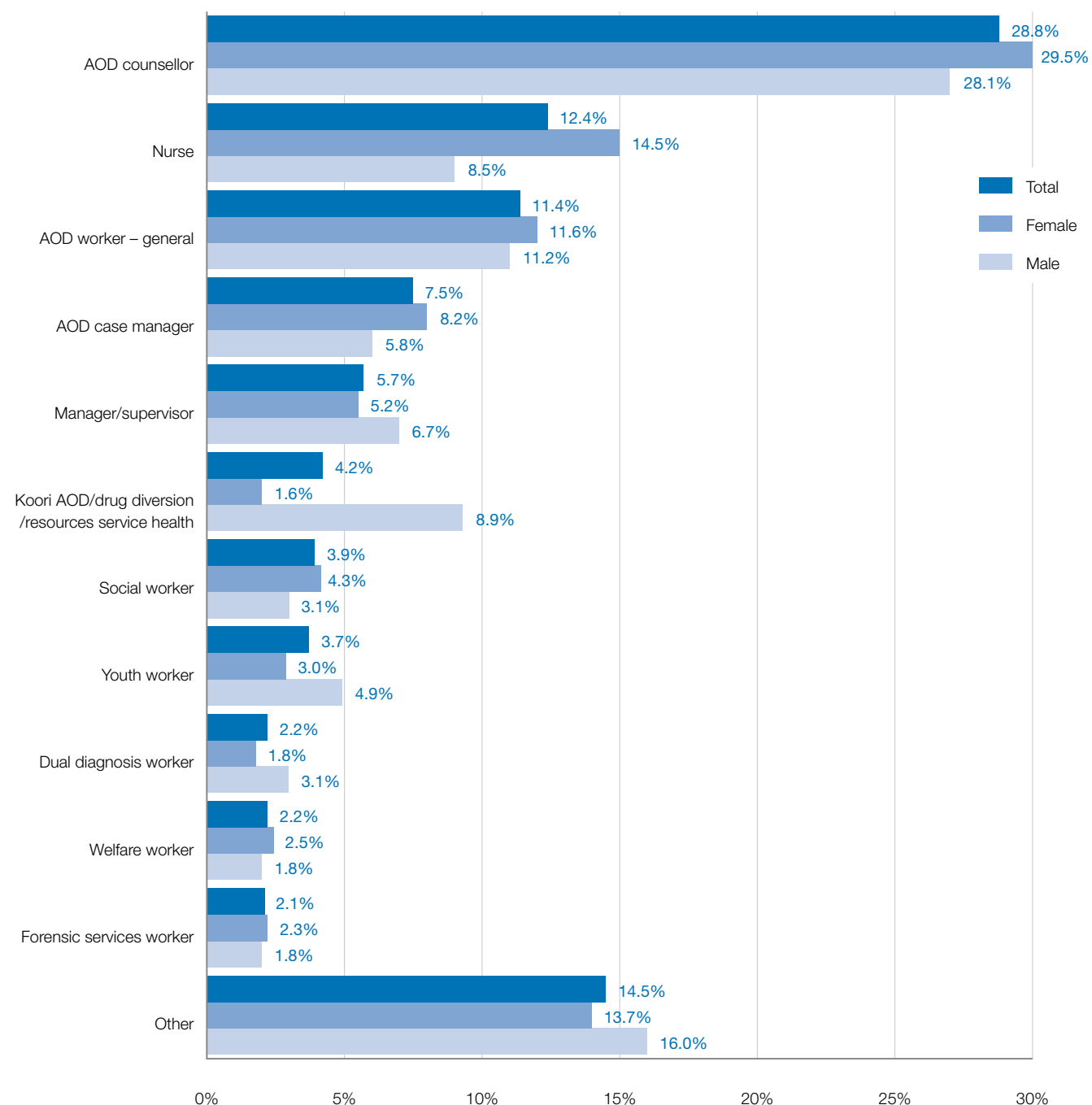
Clinical profile of respondents

Primary role

Figure 13 shows the range of primary roles undertaken by census respondents. Primary roles ranged from AOD counsellor, AOD worker – general, case manager, nurse, social worker, medical practitioner and youth worker, among others. A total of 28.8% of respondents reported working primarily as an AOD counsellor, 12.4% worked primarily as a nurse and 11.4% as an AOD worker – general. The remaining 47.4% of responses reflected a variety of other primary roles.

Nurses and Koori workers were the only primary roles in which a gender bias was identified. Nurses were significantly more likely to be female while Koori workers were significantly more likely to be male.

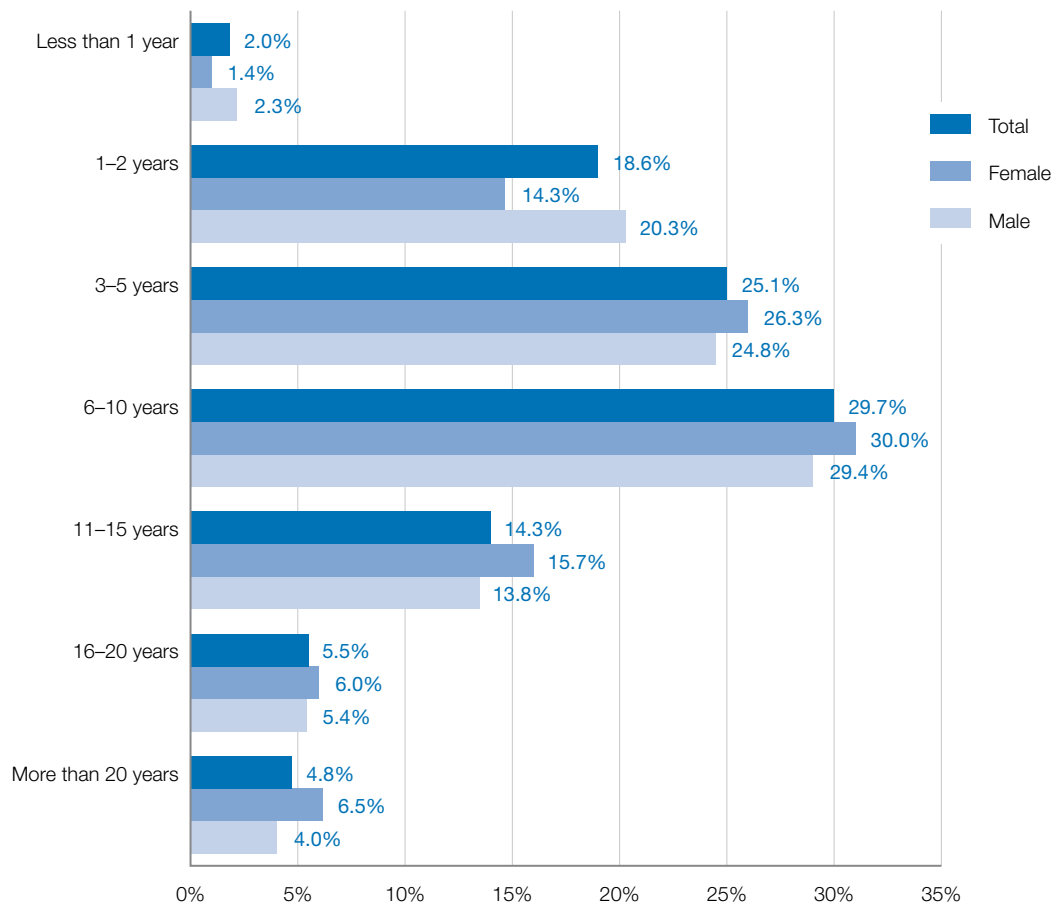
Figure 13: Primary role of respondents (n = 669)



Professional experience

On average, respondents reported eight years of AOD work experience (median six years; range < 1–32 years). This average was higher than the national averages of frontline workers and managers reported by Duraisingam et al. (2006; 2007). Those aged 30 years or older were more likely to have between six and 15 years of AOD work experience (see Figure 14).

Figure 14: Number of years of AOD work experience, by age



Multiple roles

A total of 41.7% of census respondents reported working across multiple roles. Multiple roles were reported within single AOD service locations as well as across multiple AOD services. Respondents aged 60 years or over were significantly more likely to work in multiple roles (AOD counsellor, nurse and generalist AOD worker) and across multiple services than younger workers. Figure 15 outlines multiple roles by respondent age. The top three multiple roles were AOD counsellor, nurse and generalist AOD worker.

Figure 15: Multiple roles by age group

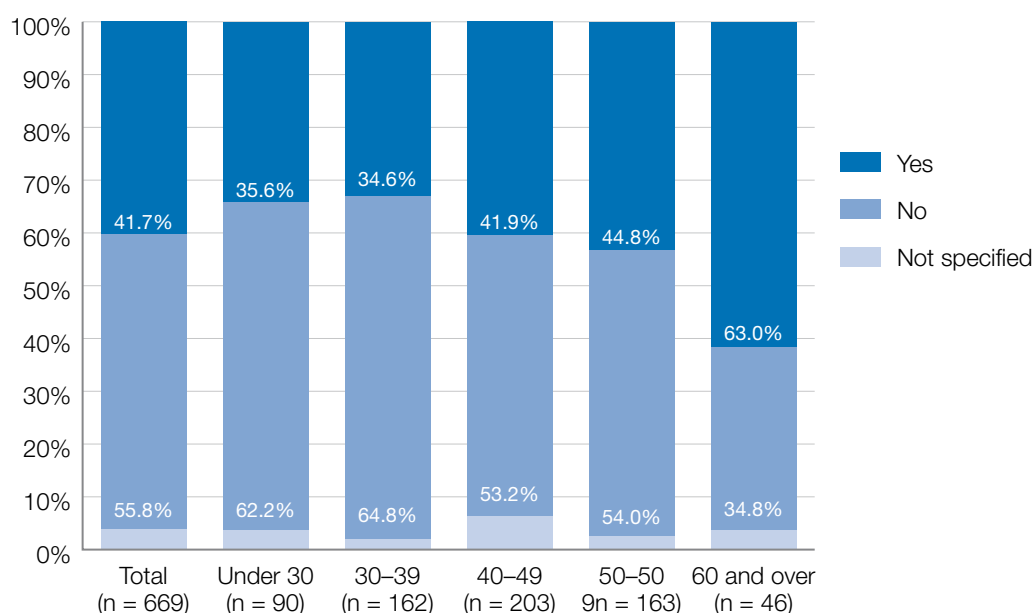
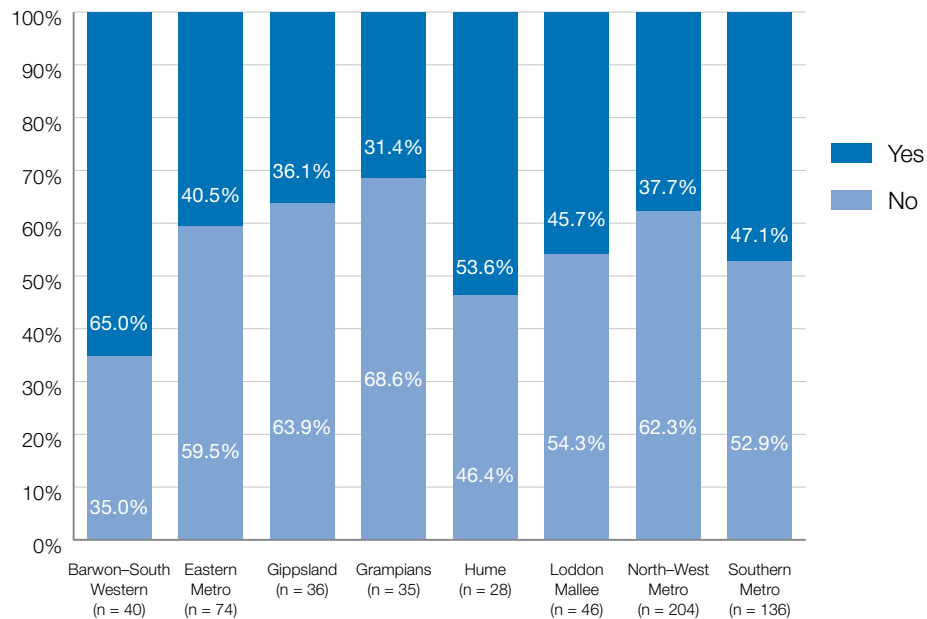


Figure 16 provides a breakdown of multiple roles by the respondent's region. The data indicates that respondents from rural regions are more likely to work across multiple roles.

Figure 16: Respondents working across multiple roles, by region



Hours worked per week

On average, respondents reported working 35 hours per week across all postcodes. Little difference was seen between males and females or rural and metropolitan respondents. The median response was 38 hours per week, with work hours ranging from 0.2 hours to 64.8 hours per week (see Table 5 and Figure 17).

Table 5: Hours worked per week, by gender

Total hours worked	Total	Male	Female
<i>Number of respondents</i>	669	224	440
Average hours worked per week	34.5	35.6	34.0
Median hours worked per week	38	38	38

Figure 17: Hours worked per week, by gender

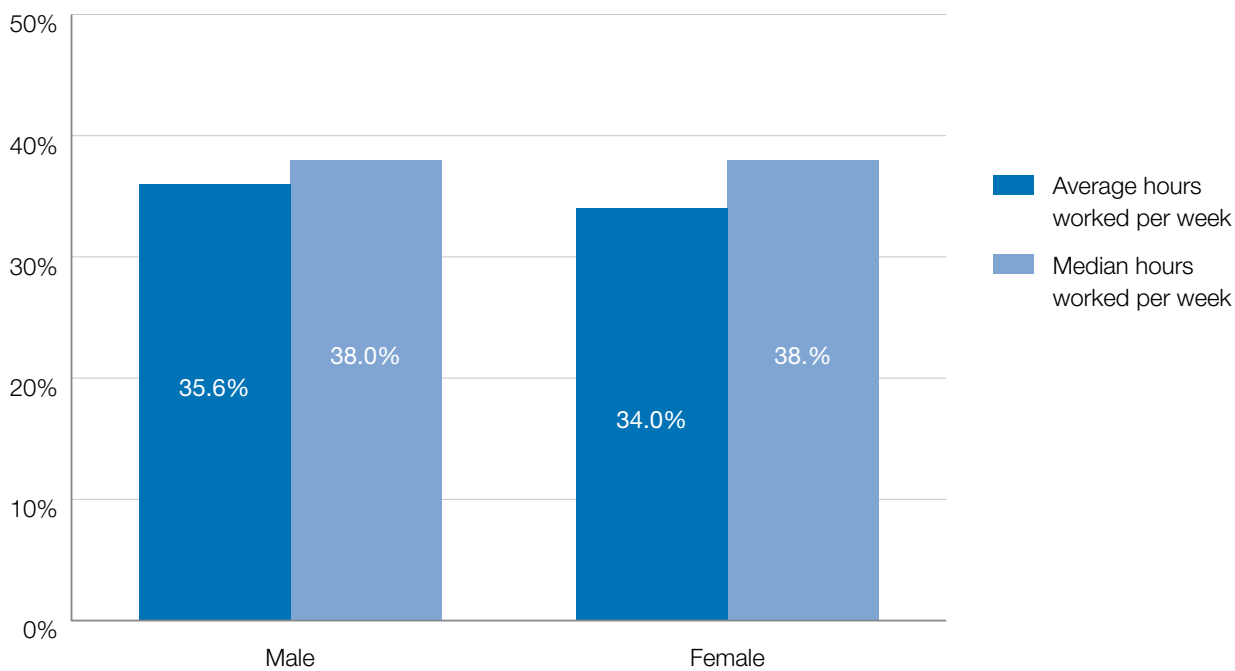
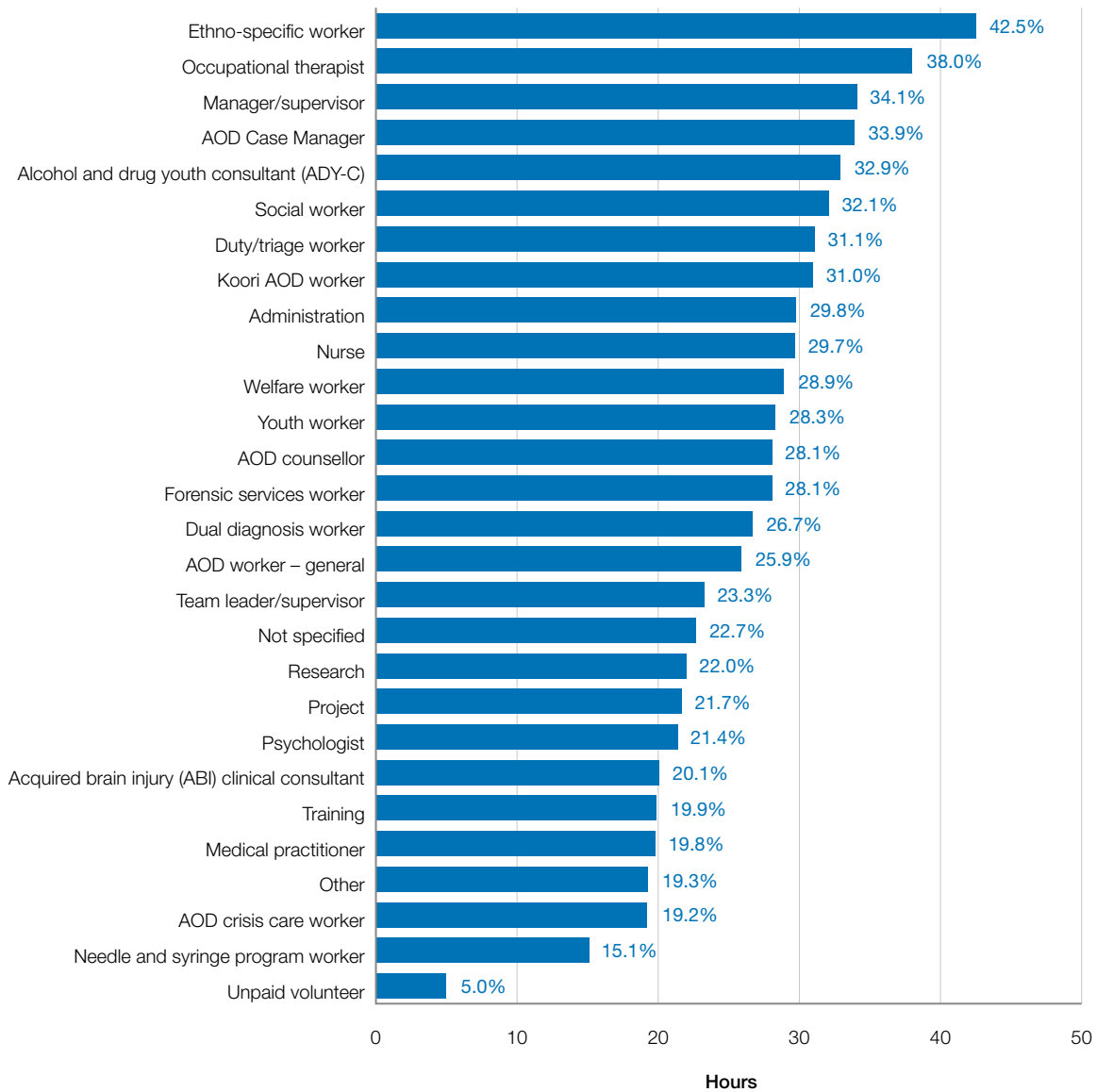


Figure 18 shows total hours working according to primary role. Ethno-specific workers and occupational therapists reported working the longest hours per week.

Figure 18: Total hours worked per week by primary role (n = 669)



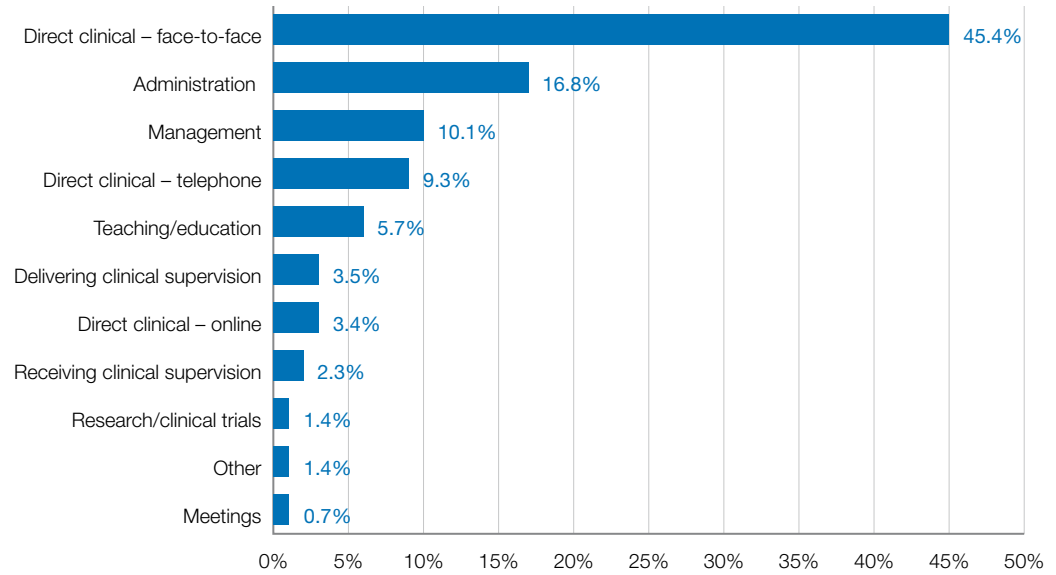
Professional activity

The census explored how respondents spent their time at work. Table 6 summarises the average proportion of time spent on each activity during a typical working week. Face-to-face clinical work accounted for the greatest proportion of respondents' time (45.4%). Respondents aged 30 years or under spent significantly more time engaged in administrative tasks, receiving clinical supervision or undertaking research compared with older respondents. Those aged 30 years or over spent significantly more time engaged in management activities. No significant gender difference was detected in the proportion of time spent on various activities (see also Figure 19).

Table 6: Average proportion of time spent on work activity

Activity	Percentage of time spent on various activities
<i>Number of respondents</i>	669
Direct clinical – face-to-face	45.4%
Administration	16.8%
Management	10.1%
Direct clinical – telephone	9.3%
Teaching/education	5.7%
Delivering clinical supervision	3.5%
Direct clinical – online	3.4%
Receiving clinical supervision	2.3%
Research/clinical trials	1.4%
Other	1.4%
Meetings	0.7%

Figure 19: Percentage of time spent, by activity



Activity by primary role

Table 7 shows that AOD case managers, AOD counsellors, AOD workers and nurses reported spending approximately two thirds of their time engaged in direct clinical work. In contrast, AOD managers/supervisors were predominately engaged with management and clinical supervision of staff.

Table 7: Percentage of time on activity by primary role

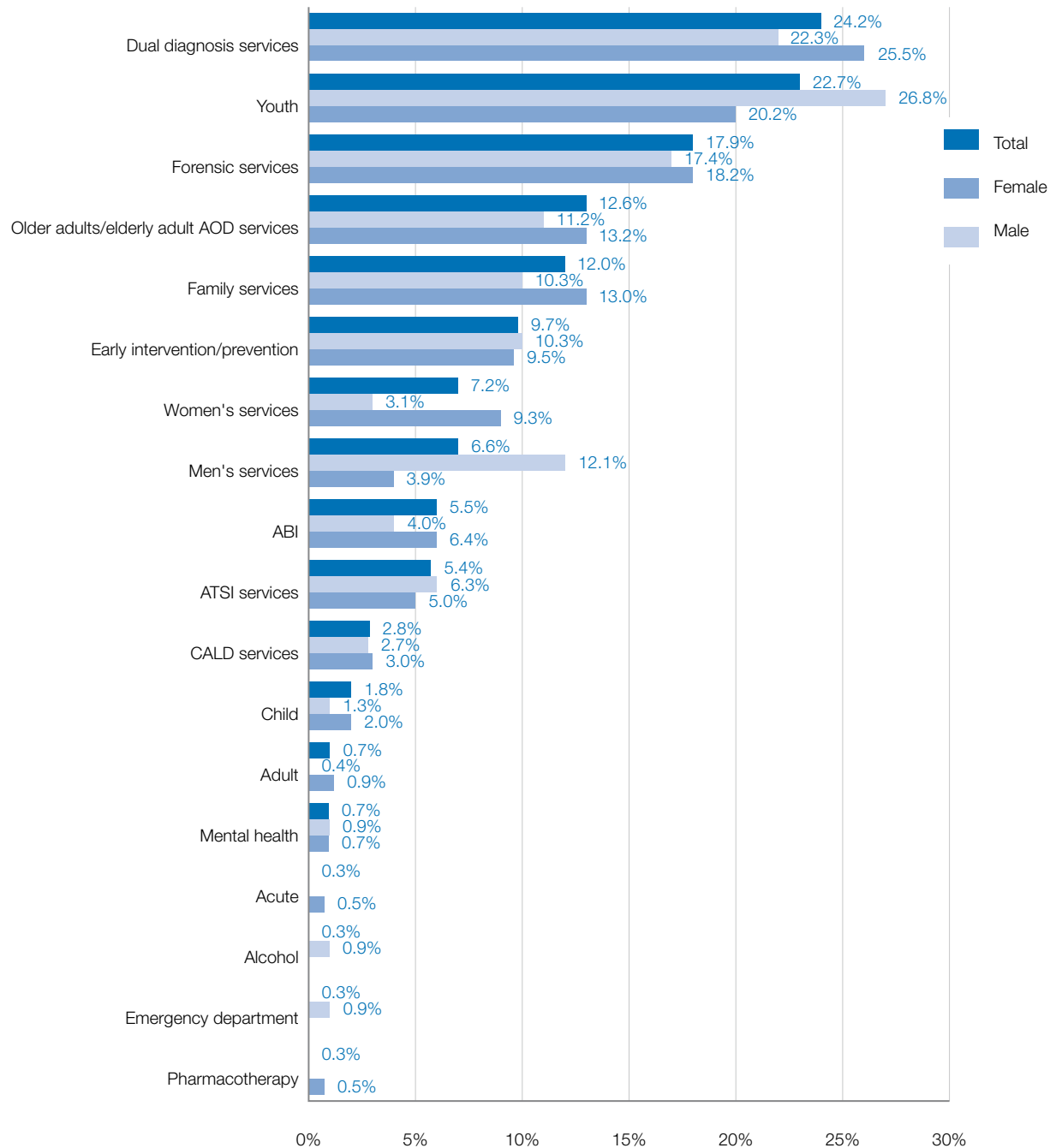
Percentage of time spent on various activities (average %)	AOD case manager	AOD counsellor	AOD worker – general	Nurse	Manager/supervisor
<i>Number of respondents</i>	76	250	101	27	88
Direct clinical – face-to-face	49.7%	51.6%	54.2%	51.4%	4.9%
Direct clinical – telephone	10.9%	11.4%	9.0%	10.1%	1.6%
Direct clinical – online	4.3%	3.5%	4.5%	2.8%	0.2%
Administration	16.2%	19.5%	16.9%	14.4%	7.8%
Management	5.2%	4.0%	3.7%	8.1%	69.1%
Teaching/education	4.1%	3.4%	6.3%	5.7%	2.2%
Delivering clinical supervision	4.6%	1.4%	2.4%	2.2%	12.4%
Receiving clinical supervision	3.2%	2.9%	2.3%	1.9%	0.9%
Research/clinical trials	0.3%	1.0%	0.5%	0.6%	0.1%
Other	1.1%	0.5%	0.7%	0.6%	0.8%
Meetings	0.3%	0.9%	0.4%	1.1%	0.1%

Specialist AOD work

Three-quarters (77.3%) of respondents reported specialising in a particular area of AOD service delivery. Specialist areas of work pertained to sub-populations such as dual diagnosis clients, youth, forensic clients, older adults/the elderly and families.

Gender and age played a significant role in specialist service delivery. Female respondents were significantly more likely to specialise in female-specific services and male respondents were significantly more likely to specialise in male-specific services. Respondents aged under 40 years were significantly more likely to specialise in youth services than older respondents (see Figure 20).

Figure 20: Percentage of time spent per week on specialist activities (average %)

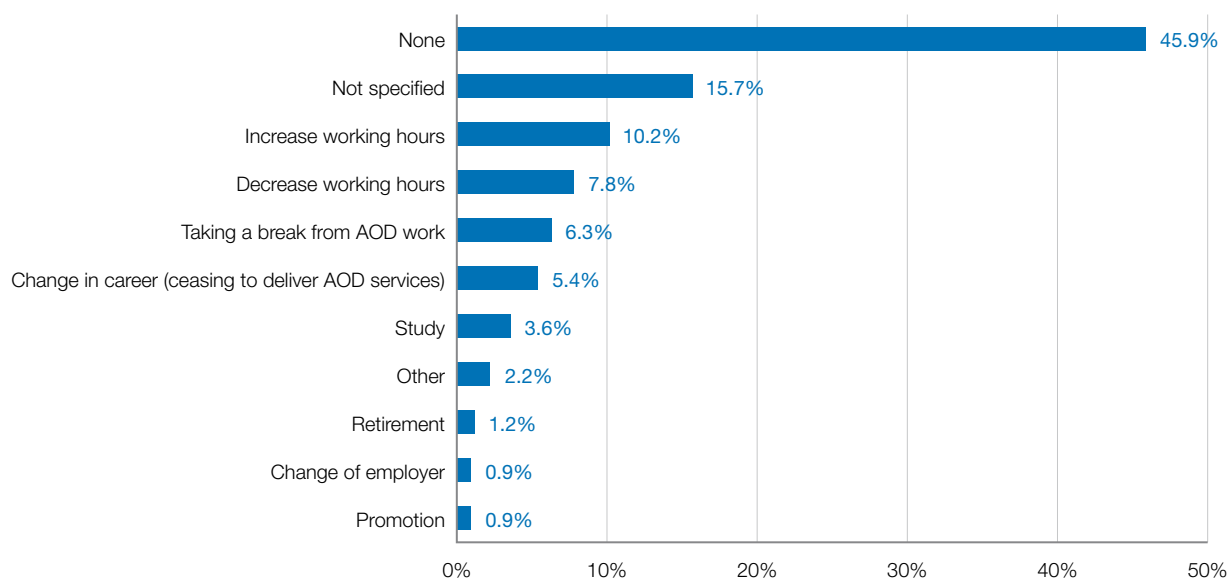


Work intentions

Census respondents provided information about their future employment plans. Figure 21 shows that almost half of all respondents (45.9%; n = 307) anticipated there would be no change in their working arrangements in the two years following the census. 10.2% of all respondents planned to increase their hours of work in the next two years by an average of 17 hours per week; 7.8% anticipated decreasing their working hours by an average of 12 hours per week. 6.3% of respondents anticipated taking a break from AOD work within two years of the census, with the majority intending a break for at least six months. The following reasons were attributed to taking a break from AOD work:

- feeling 'burnt out', stressed, demanding nature of the work
- long work hours
- further education/professional development
- family commitments and maternity leave
- travel
- opportunity for advancement /career pathway in another sector
- long service leave
- unhappy with remuneration.

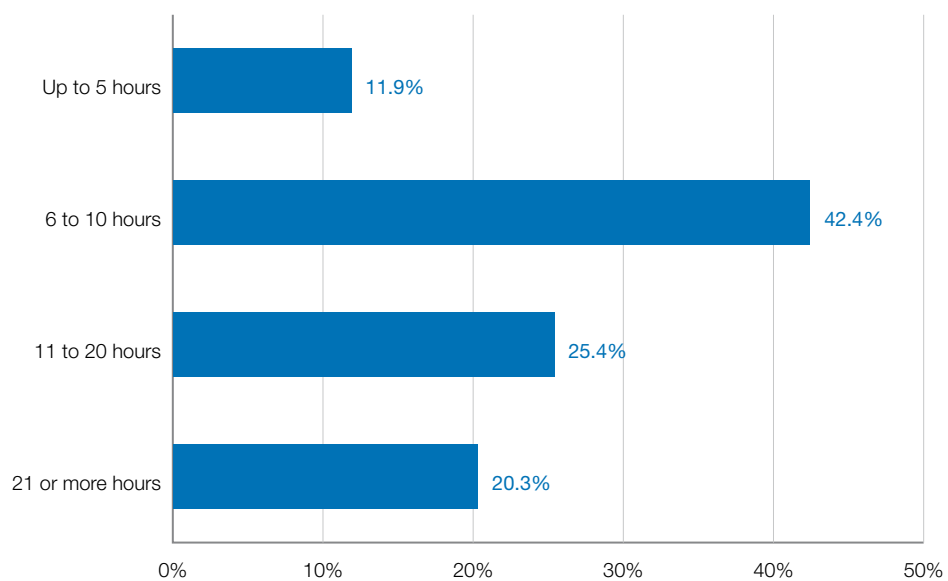
Figure 21: Anticipated changes in working arrangements over the next two years



Increase in working hours

Of the respondents planning to increase their working hours over the next two years (n = 59), 42.4% anticipated an increase of 6–10 hours, 25.4% anticipated an increase of 11–20 hours, 20.3% anticipated an increase of hours exceeding 21 hours per week and 11.9% anticipated an increase of up to five hours per week. On average, the anticipated increase was 16–17 hours per week (see Figure 22).

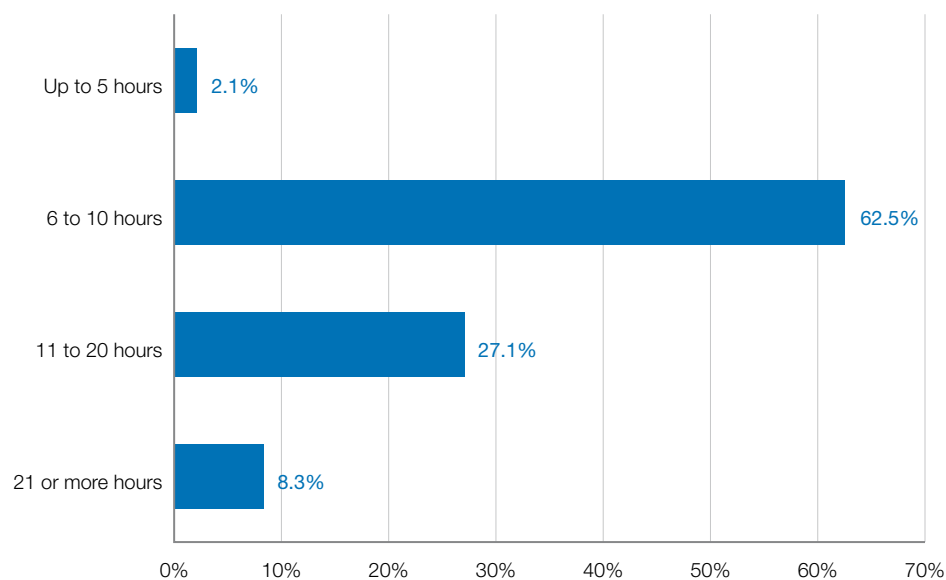
Figure 22: Anticipated increase in work hours, by hours



Decrease in working hours

A total of 8.3% of all respondents anticipate decreasing their working hours over the next two years by an average of 12 hours (see Figure 23).

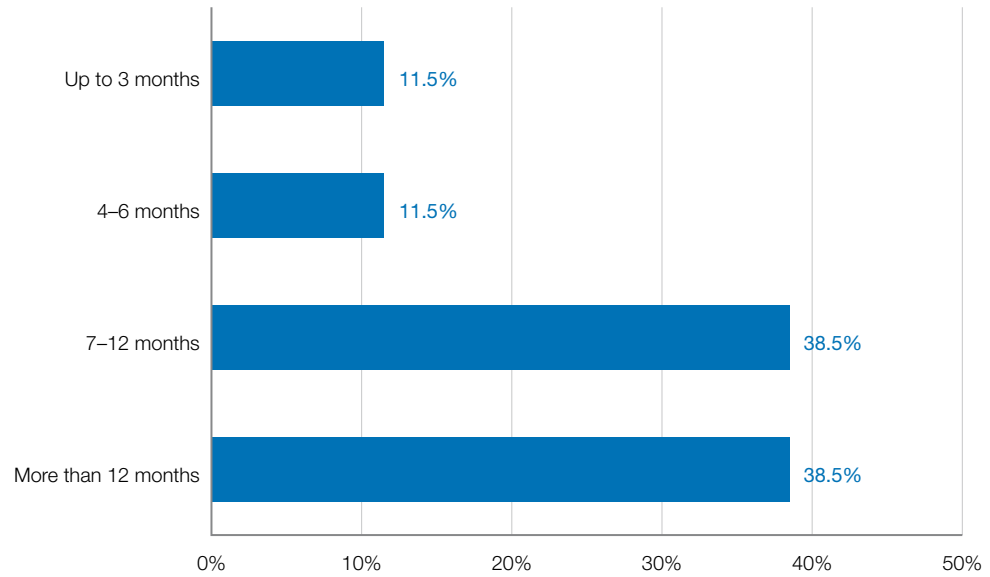
Figure 23: Anticipated decrease in working hours, by hours



Length of break

Of the 6.3% of respondents anticipating taking a break from AOD work in the next two years ($n = 42$), the majority (77.0%) intended to take a break for at least six months. Figure 24 also shows that approximately 38.5% intended to take a break for more than 12 months.

Figure 24: Length of intended break (months)



Conclusions

The 2009 census yielded 669 responses from clinical AOD service providers and their managers/supervisors. The demographic, educational and clinical profile of census respondents offers insights into the characteristics of the broader Victorian AOD workforce. Understanding these characteristics informs the department's strategic planning and development activities.

The demographic characteristics of respondents were generally consistent with those of recent national data on the AOD workforce, which suggests that the existing workforce is predominately female, aged over 40 and possesses varying levels of education, training and experience (Roche & Pidd 2010). As such, future workforce initiatives should acknowledge the challenges posed by an ageing workforce that requires a multipronged approach to skill development and career progression.

Educational profile data indicate that a vast majority of respondents held AOD or AOD-related qualifications or were working towards an appropriate AOD qualification. These findings are consistent with reports that the Victorian Minimum qualifications strategy, implemented in 2006, has contributed to strengthening the AOD-specific educational profile of the Victorian AOD workforce (Health Management Advisors 2010).

An increase in the availability of both accredited and non-accredited training education opportunities for the Victorian AOD workforce has led to a substantial increase in capacity over the past five years. It is important that we optimise and build upon these skills and expertise by providing clearly articulated pathways between vocational education and training (VET) and higher education that are supported by clearly defined roles and functions. At present, the single career pathway in the AOD sector facilitates progression from a clinical role to a management position. The challenge is to support more diverse career pathways that create better career development opportunities and ultimately improve workforce recruitment and retention. Census data also indicated that the respondent group had accumulated some years of experience in the AOD sector. This AOD work experience exceeded the national average of frontline workers and managers reported by others (Duraisingam et al. 2006; 2007). While respondents reported being engaged predominately in direct clinical work with clients, the range of primary roles identified indicates some lack of consistency in the way clinical AOD roles are defined and described. These findings indicate a need to reconsider the alignment of worker role and function. Greater clarity has the potential to contribute to improved treatment and client outcomes, greater workplace satisfaction and a more sustainable AOD workforce.

The findings of the census will inform strategic planning of workforce development initiatives by the department's Mental Health, Drugs and Regions division. The findings will also contribute to the division'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 greater understanding of their workforce.

References

Duraisingam V, Pidd K, Roche AM & O'Connor J 2006, *Stress, satisfaction and retention among alcohol and other drug workers in Australia*, National Centre for Education and Training on Addiction, Adelaide.

Duraisingam V, Pidd K, Roche AM & O'Connor J 2007, *Wellbeing, stress and burnout: A national survey of managers in alcohol and other drug treatment services*, National Centre for Education and Training on Addiction, Flinders University, Adelaide.

Health Management Advisors 2010, *Evaluation of the Victorian Alcohol and Other Drugs Workforce Development Program* (unpublished), State Government of Victoria, Melbourne.

Roche A M, Pidd K 2010, *Alcohol and other drugs workforce development Issues and Imperatives: Setting the scene*, National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide.

Appendix 1

Victorian Alcohol and Other Drug Services 2009 Workforce Census

Dear Colleagues,

The Victorian Department of Health in partnership with Turning Point Alcohol and Drug Centre is conducting the inaugural *Victorian Alcohol and other Drug (AOD) Census* in the week of 23rd -30th November 2009. The purpose of the *2009 Victorian AOD Census* is to develop a profile of the AOD workforce in Victoria to inform the development of more relevant and focused strategies to address AOD workforce issues. The AOD Census will:

- collect information on the size, characteristics, distribution and qualifications of the AOD workforce
- identify workforce issues that impact on the AOD sector
- identify a minimum AOD workforce data set

This information will provide a baseline for monitoring changes in the AOD workforce over time. The Census will be conducted every [two years](#).

Who should complete the Census?

The 2009 AOD Census will be conducted across all Victorian Department of Health funded public and not for profit sectors. The Census targets the AOD workforce operating within all public, non-government and not for profit organisations. This includes all:

- AOD professionals and workers involved in the delivery of direct client services that provide State and/or Commonwealth funded AOD screening, assessment, treatment, case management, support and brokerage functions
- Individuals providing supervision and management to staff who provide direct client services

Participation in the Census is voluntary and all information provided will be kept strictly confidential. Analyses and reporting will take place in aggregate form to ensure that no single response is identifiable. Findings will be available in April 2010.

The Census will take approximately 10 minutes of your time to complete. I understand that surveys can be time consuming, however I encourage you to complete the Census as accurately as possible. Your contribution is critical to the department's capacity to identify and respond strategically to the needs of the Victorian AOD workforce.

Complete the Census and Win an i-Phone

Individuals who complete the 2009 AOD Census are eligible to enter the draw to win one of two i-phones! Please turn over for more information on how to enter.

Census forms should be completed by COB on [Monday 30th November 2009](#) and they may be completed in hard copy, electronically or online.

Completed census may be returned by:

Mail:

Dr Shaymaa Elkadi
Department of Health, Planning and Analysis Unit
GPO Box 4057
Melbourne VIC 3000

Fax:

(03) 9096 9213

Email:

Shaymaa.elkadi@dhs.vic.gov.au

To complete the census online please go to:

www.turningpoint.org.au/e&t/AOD_workforce_census.htm available from 23rd November 2009.

Queries regarding this survey can be directed to the Dr Shaymaa Elkadi, Department of Health, Planning and Analysis unit on **(03) 9096 7838**. Additional copies of the Census can be requested from Shaymaa.elkadi@dhs.vic.gov.au.

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

Yours sincerely

**Paul Smith,
Acting Executive Director
Mental Health and Drugs**

Alcohol and other Drugs Services Workforce Census Competition

Thank you for taking part in the Victorian Alcohol and Other Drug Services 2009 Workforce Census.

To enter the competition and go in the draw to win an i-Phone please provide your name, phone number and email contact details in Section 1 of the survey to ensure that we are able to contact you. Winners will be randomly selected and notified on the 17th December 2009. The winner's names will be published on the Turning Point Alcohol and Drug Centre website.

Please read the terms and conditions and tick the "I Accept" box to enter the competition.

Terms & Conditions

1. Employees of Victorian Department of Health (DoH) are **not** eligible to enter.
2. This promotion commences on the 23rd November 2009 and closes on 10th December 2009.
3. All entries must be received by 5pm AEST on 10th December 2009. There will be no responsibility taken for late, lost or redirected entries.
4. No prizes are redeemable for cash.
5. The entry randomly drawn under supervised conditions will receive the prize nominated.
6. It is a condition of entry that the winner consents to having their name published on the Turning Point Alcohol and Drug Centre website.
7. The winner will be drawn on 15th December 2009.
8. The winners will be notified in writing, by telephone and email by the 17th December 2009.
9. If prizes are not claimed within 6 weeks of the notification date (22th January 2010), the prize will be automatically awarded to the next person(s) randomly drawn out at the initial time of judging.

Section 1: Your demographic profile

- (1) **Name:** _____ **Required for
Census i-phone
competition entry!**
Phone No: _____
Email: _____

☐ 'I have read and I agree to the terms and conditions of the AOD Census competition'
(please tick)

- (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

Section 2: Your role and qualifications

(9) Which of the following best describes your primary role in providing AOD services

[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
- ☐ Alcohol and Drug Youth Consultant (ADY-C)
- ☐ Dual Diagnosis Worker
- ☐ Duty/Triage Worker
- ☐ Ethno-specific Worker
- ☐ Forensic Services Worker *(Commonwealth and State funded treatment services to prisoners & community based offenders)*
- ☐ Medical Practitioner *(please identify medical specialty)* _____
- ☐ Needle and Syringe Program Worker
- ☐ Nurse *(please identify your specialty, if applicable)* _____
- ☐ Occupational Therapist
- ☐ Peer Support worker
- ☐ Pharmacist (specialist pharmacotherapy)
- ☐ Psychologist *(please identify your specialty, if applicable)* _____
- ☐ Social Worker
- ☐ Unpaid Volunteer
- ☐ Welfare Worker
- ☐ Youth Worker
- ☐ Other *(please specify)* _____

(10) Please describe the main function/s of your primary role in providing AOD services

(11) Do you have a formal qualification specialising in AOD/Addiction studies?

A formal qualification includes any vocational education and training qualification (obtained via TAFE or a Registered Training Organisation) or higher education qualification in Alcohol and Other Drugs Work or Addiction Studies.

- ☐ Yes ☐ No (go to Question 15)

(12) If Yes, please select the AOD/addiction studies qualification(s) that you hold from the following list: [Please ✓ all that apply].

- ☐ **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** 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
- ☐ **Masters** Health Counselling (Addictions)
- ☐ **Masters** Health Science (Drug and Alcohol Studies)
- ☐ **Masters** Health Studies (Addiction Studies)
- ☐ **Masters** Indigenous Health (Substance Use)
- ☐ **Masters** Science (Addiction Studies, Coursework)
- ☐ **Masters** Social Health (Alcohol and Other Drugs)
- ☐ **Masters** Social Science (Addiction Studies, Coursework)
- ☐ **Other** (please specify) _____
- ☐ **Other** (please specify) _____

(13) In what year did you obtain your **HIGHEST AOD/Addiction Studies** qualification identified in **Question 12**?

(14) In what state or country did you obtain the **HIGHEST AOD/Addiction Studies** qualification identified in **Question 12**?

Within Australia (please indicate state)

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ Victoria
- ☐ Western Australia

☐ **Overseas** (please indicate country) _____

(15) Do you have a **formal health, social or behavioural science** qualification **other** than that specified in **Question 12**?

A formal health, social or behavioural science qualification includes any vocational education and training qualification (obtained via TAFE or a Registered Training Organisation) or higher education qualification in the areas of social work, counselling psychology, youth work, nursing, welfare, social welfare.

- ☐ Yes ☐ No (go to Question 19)

(16) If Yes, please detail your HIGHEST health, social or behavioural science qualification below.

Qualification Level	Qualification Name <i>(please specify)</i>
<input type="checkbox"/> Certificate II	
<input type="checkbox"/> Certificate III	
<input type="checkbox"/> Certificate IV	
<input type="checkbox"/> Diploma	
<input type="checkbox"/> Bachelor	
<input type="checkbox"/> Graduate Diploma	
<input type="checkbox"/> Graduate Certificate	
<input type="checkbox"/> Masters	
<input type="checkbox"/> PhD	
<input type="checkbox"/> Other	

(17) In what year did you obtain your HIGHEST health, social or behavioural science qualification identified in Question 16?

(18) In what state or country did you obtain the HIGHEST health, social or behavioural science qualification identified in Question 16?

Within Australia *(please indicate state)*

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ Victoria
- ☐ Western Australia

☐ **Overseas** *(please indicate country)* _____

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

- ☐ Yes ☐ No *(go to Question 21)*

(20) If Yes, please select the units of competency you have completed from the following list [Please ✓ all that apply]:

Code	Title
<input type="checkbox"/> CHCAOD10A	Work with clients who have AOD issues
<input type="checkbox"/> CHCAOD11A	Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues
<input type="checkbox"/> CHCAOD2C	Orientation to the AOD sector
<input type="checkbox"/> CHCAOD6B	Work with clients who are intoxicated
<input type="checkbox"/> CHCAOD7C	Provide needle and syringe services
<input type="checkbox"/> CHCAOD8C	Assess the needs of clients who have AOD issues
<input type="checkbox"/> CHCAOD9C	Provide AOD withdrawal services

(21) Are you currently completing/or enrolled in any additional AOD/Addiction studies or other health, social or behavioural science qualification other than those specified previously?

	Name of qualification/competency (please specify)
<input type="checkbox"/> Certificate II	
<input type="checkbox"/> Certificate III	
<input type="checkbox"/> Certificate IV	
<input type="checkbox"/> Statement of Attainment for Individual Unit of Competency	
<input type="checkbox"/> Graduate certificate	
<input type="checkbox"/> Graduate diploma	
<input type="checkbox"/> Masters	
<input type="checkbox"/> PhD	
<input type="checkbox"/> Fellowship	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	
<input type="checkbox"/> Other	

Section 3: Your work profile

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

_____ years

- (23) **In which state or country did you start working in the AOD sector?**

Within Australia (please indicate state)

- ☐ Australian Capital Territory
- ☐ New South Wales
- ☐ Northern Territory
- ☐ Queensland
- ☐ South Australia
- ☐ Tasmania
- ☐ Victoria
- ☐ Western Australia

☐ **Overseas** (please indicate country) _____

- (24) **Do you currently work in multiple roles within a single AOD service or across multiple AOD services?**

☐ Yes ☐ No

- (25) **Please identify the location, total hours worked per week and your role (s) within the AOD service (s) in which you currently work.** If you work across multiple services please list each separately.

Service postcode	Role within the service <i>[please specify from list in Question 9]</i>	Total hours worked (per week)
1.		
2.		
3.		
4.		
5.		
6.		

- (26) Based on your current working arrangements, please indicate the percentage of time you spend on each of the following activities during an average working week?

Work breakdown	% of time
Direct Clinical (client-related activities). Please also provide a further breakdown of direct clinical work in terms of that delivered face to face, online and/or by phone.	
▪ Face to Face	
▪ Online	
▪ Phone	
Administration (includes data entry)	
Management	
Delivering Clinical Supervision (i.e. designated group and one on one clinical supervision time)	
Receiving Clinical Supervision (i.e. designated group and one on one clinical supervision time)	
Teaching/Education	
Research/Clinical Trials	
Other (please specify):	

- (27) Do you specialise in the delivery of AOD services in any of the following areas?

[Please ✓ a maximum of 3 key areas]

- ☐ Older Adults/ Elderly Adult AOD services
☐ Child
☐ Early intervention/prevention
☐ Youth
☐ Family Services
☐ Culturally and Linguistically Diverse (CALD) services
☐ Women's services
☐ Men's services
☐ Aboriginal and Torres Strait Islander services
☐ Dual Diagnosis services
☐ Forensic services
☐ Acquired Brain Injury
☐ Other (please specify) _____

- (28) Do you practice in any language other than English?

☐ Yes ☐ No

If yes, please specify the language _____

Section 4: Your Future Work Plans

(29) What changes, if any, do you anticipate in your working arrangements over the next 2 years?

☐ None

☐ Increase working hours by _____hours

☐ Decrease working hours by _____hours

☐ Taking a break from AOD work

➤ Please indicate the reason _____

➤ What is the intended length of your break? _____*months*

☐ Change in career (ceasing to deliver AOD services)

☐ Retirement

☐ Other (*please specify*) _____

(30) At what age do you expect to exit completely from work within the AOD sector?

_____years

THANK YOU FOR YOUR TIME

