Social Research & Evaluation Pty Ltd
ABN 40 113 241 973

PO Box 1355
Woden ACT 2606
Australia

Phone: (02) 6231 8904
Mobile: 0416 231 890
Fax: (02) 9475 4274
Email: mail@socialresearch.com.au
Online at: www.socialresearch.com.au

A PROFILE OF THE AUSTRALIAN CAPITAL TERRITORY ALCOHOL AND OTHER DRUGS WORKFORCE APRIL 2006

Prepared by David McDonald
Consultant in Social Research & Evaluation
for the Alcohol and Other Drug Policy Unit, ACT Health, Canberra

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And most importantly, the 134 members of the ACT's AOD workforce who completed the survey.

EXECUTIVE SUMMARY

This report presents a profile of the ACT alcohol and other drug (AOD) workforce at April 2006. It provides information and data that can be used in developing a sector-wide workforce strategy. The topics covered include the size of the ACT AOD workforce, its demographics, work roles and employment status, qualifications, self-assessed competencies at the Certificate IV level and in AOD/mental health co-morbidity, and respondents' views on a minimum qualifications strategy possibly incorporating recognition of prior learning.

The survey was developed and implemented with the support of the Chief Executives/ Executive Directors of the ACT's AOD organisations, both Government and non-Government. It was conducted using the online survey facilities of SurveyMonkey.com.

The information and data presented here can be used in the short term for estimating the extent and scope of workforce development needs, and developing initial estimates of the costs involved in its development, implementation and evaluation. In the longer term, it can inform some of the details of the strategy, including specific staff training and development needs.

Responses and demographics
In all, 134 staff from 12 organisations participated in the survey. The estimated response rate was 66%: 75% in the NGOs and 41% in the ADP. The four largest organisations contributed 64% of the responses. Two-thirds of the respondents were female with nearly 60% of respondents being aged 40 years or older. Thirteen Indigenous AOD workers participated in the survey, all being employed at Indigenous organisations. The mean length of time that respondents had been in the AOD-specific workforce was 6.3 years; they had been in the workforce in any position on average 21 years.

Work roles
The largest occupational category was AOD worker (55% of the cases), followed by manager with 13%. Overall, 75% stated that they provide direct client services. 75% were full-time employees.

Qualifications
The workforce is fairly well-educated, with 43% having a degree as their highest qualification and 18% with no formal qualifications. Significant differences exist between agencies in this regard.

Turning to AOD-specific qualifications, 29% advise that they have no formal qualifications in this field, another 29% having completed accredited or non-accredited short courses only, 34% a certificate or diploma, and 8% a degree.

While 80% stated that they have at some time completed a first aid course, just 46% advise that their qualification is current. Some 44% have current CPR training and 16 respondents (28%) advise that they are currently engaged in formal AOD studies of some kind.

Self-assessed competencies
Respondents were asked to assess their competency with respect to the elements of eight key units of the Certificate IV in AOD Work. Around two-thirds rated themselves as ‘competent, can work independently’ or as having ‘advanced competence’ on the five Certificate IV units that are non-specialist in nature, namely ’Orientation to the AOD sector’, ’Support people with alcohol and/or other drugs issues’, ‘Work with clients who are intoxicated’, ’Assess the needs and status of clients who have AOD issues’ and ’Work with clients who have alcohol and other drug issues’.

A lower proportion (54%) rated themselves at this level on ‘Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues’.

A relatively low proportion rated themselves as ‘competent, can work independently’ or as having ‘advanced competence’ in the somewhat specialised areas of ‘Provide needle and syringe services’ (35%) and ‘Provide AOD withdrawal services’ (42%).

Only 25% of respondents for whom AOD/mental health co-morbidity is relevant to their work have any formal qualifications or training in this area, and just 29% assessed themselves as being competent or having advanced competency in this work.

Attitudes to an ACT Minimum Qualifications Strategy
Considerable support exists for establishing Certificate IV in AOD Work as the minimum qualification for working in the AOD field in the ACT, with 81% of those expressing an opinion on the matter favouring the proposition. Some 63% expressed interest in attaining recognition of their own prior experience as part of the process of meeting the minimum qualifications.

Other matters
Survey participants provided additional information, some of it quite detailed, on the additional skills they would like to attain and what they consider they are good at now. Clinical and management skills were prominently mentioned in both of these areas. A range of other comments were provided, including some expressing reservations about a Minimum Qualification Strategy and formal qualifications in general. A number of respondents stressed what they see as the greater relevance of life experience compared with formal training and qualifications.

It is expected that the information and data provided in this Profile will contribute to the design, costing, implementation and evaluation of a comprehensive AOD workforce development strategy for the ACT.

BACKGROUND AND PURPOSE

The *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008* has workforce development as one of its priority actions: 'Develop and resource an ACT workforce development strategy, and develop a change management/implementation plan to accompany this strategy'.[1] The Alcohol and Other Drug Policy Unit of ACT Health, being responsible for managing the implementation and evaluation of the Strategy, has carriage of this initiative, doing so co-operatively with the Chief Executives /Executive Directors of the ACT alcohol and other drug (AOD) organisations, both Government and non-Government.

The Chief Executives/Executive Directors, at their regular meetings, have discussed this issue. They have also been briefed by Mr Kieran Connolly from Turning Point Alcohol and Drug Centre, Melbourne, on the Victorian Minimum Qualifications Strategy (MQS) and that discussion identified some particular issues that need resolution if the ACT is to move towards a MQS.

An early task in designing a workforce development strategy is to gain an understanding of the size and composition of the workforce—a workforce profile. This information is needed to clarify the current personnel resources, their development needs and the costs of developing and implementing a workforce strategy. To this end, ACT Health commissioned the Canberra-based consultancy Social Research & Evaluation Pty Ltd to develop, implement and report upon the ACT AOD Workforce Profile Survey 2006.

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[1] Australian Capital Territory Government 2004, *ACT Alcohol, Tobacco and Other Drug Strategy 2004-2008*, Australian Capital Territory Government, Canberra, p. 44.

METHODOLOGY

The ACT AOD Workforce Profile Survey 2006 was an initiative of the Alcohol and Other Drug Policy Unit of ACT Health, with the support of the Chief Executives/Executive Directors of the ACT AOD organisations, both Government and non-Government.

The survey instrument was developed by David McDonald based on detailed discussions with the Chief Executives/Executive Directors at their March 2006 monthly meeting and with advice from Mr Kieran Connolly, Program Leader, Training and Information Resources, at Turning Point Alcohol and Drug Centre, Melbourne.

It was an on-line survey, using the survey design and data capture facilities provided by SurveyMonkey.com. The survey strategy was that respondents would be sent an email including the URL of the survey. Clicking on it took the respondent directly to a blank survey. Once the person had completed it and clicked on 'Finished' the data were securely stored for subsequent downloading by the researcher, David McDonald. Only he had access to the raw data, which included personal identifiers.

With the support of the heads of AOD organisations, the draft instrument was pre-tested in three of them, by five people in all: at CAHMA, ADFACT and the Division of General Practice. The instrument was modified based on that experience and feedback from ACT Health.

On 7 April 2006 Ms Helene Delany, Manager of ACT Health's Alcohol and Other Drug Policy Unit, emailed all ACT AOD Chief Executives/Executive Directors with details on the survey. A copy of that email is at Appendix 4. They were also provided with a screen dump of the survey instrument as a Microsoft Word document for the use of anyone who did not have access to an internet-enabled computer. This permitted such potential respondents to completing the paper copy of the survey and have a colleague enter it online for them.

The aim, as agreed upon by the Chief Executives/Executive Directors, was to have as close as possible to 100% survey coverage of eligible members of the workforce. Eligible were all personnel of ACT-based organisations that provide AOD services in the ACT. This included people providing direct client services and those in administrative and managerial positions who were directly responsible for, or provided direct support to, people providing AOD client services.

The survey went live on Friday 7 April and closed, after a number of reminders were given, on Friday 28 April. It was open for three weeks. On the Monday before closing, lists of names of the people who had completed the survey to that point were sent to the heads of the larger agencies, inviting them to remind staff who had not yet completed the survey.

The quantitative data were analysed using SPSS for Windows v. 12 and the qualitative data using WhizFolders Organizer Pro v. 5.2.

SURVEY RESPONSES

In all, 134 usable responses were received by the cut-off date of 28 April 2006. They were, with very few exceptions, of high quality with relatively little missing data.

Table 1 shows the distribution of responses by participating organisation. Four organisations, ADFACT, ADP, Directions ACT and Ted Noffs Foundation, dominate the workforce numbers, having between them some 72% of the estimated AOD workforce and 64% of the survey respondents. The large agencies employing many casual staff tended to have relatively low response rates since some of the casuals were not available during the survey period. The response rate of the NGOs was 75% compared with 41% for the ACT Government agency, the ADP. The relatively low response rate of this organisation introduces a potential bias into the data set.

TABLE 1
PARTICIPATING ORGANISATIONS AND RESPONSE RATES

Organisation	*Count*	*Percent*	*Number of eligible staff*	*Response rate (%)*
ADP	23	17.2	56	41
ADFACT	22	16.4	31	71
Directions ACT	21	15.7	24	88
Ted Noffs Foundation	20	14.9	36	56
Toora Women Inc	12	9.0	12	100
Salvation Army	10	7.5	14	71
Winnunga Nimmityjah	8	6.0	8	100
CAHMA	5	3.7	6	83
Centacare	4	3.0	4	100
DGP/TOP	3	2.2	3	100
Gugan Gulwan	3	2.2	4	75
The Connection	2	1.5	6	33
Not stated	1	0.7	--	--
Total	**134**	**100.0**	**204**	**66**

DEMOGRAPHICS

Age group and gender

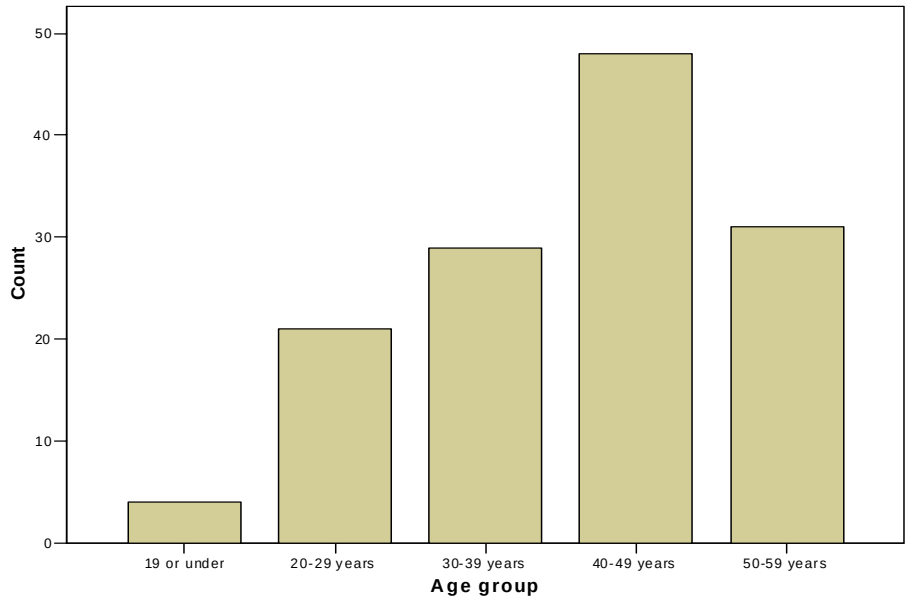
As detailed in Table 2, some two-thirds (65%) of the workforce is female. The largest age group is 40-49 years, and the age distributions of the female and male staff are similar.

TABLE 2
AGE GROUP AND GENDER

		Gender		Total
Age group		*Male*	*Female*	
19 or under	Count	3	1	4
	% within Age group	75.0%	25.0%	100.0%
	% within Gender	6.5%	1.2%	3.0%
20-29 years	Count	5	16	21
	% within Age group	23.8%	76.2%	100.0%
	% within Gender	10.9%	18.6%	15.9%
30-39 years	Count	10	19	29
	% within Age group	34.5%	65.5%	100.0%
	% within Gender	21.7%	22.1%	22.0%
40-49 years	Count	17	30	47
	% within Age group	36.2%	63.8%	100.0%
	% within Gender	37.0%	34.9%	35.6%
50-59 years	Count	11	20	31
	% within Age group	35.5%	64.5%	100.0%
	% within Gender	23.9%	23.3%	23.5%
Total	**Count**	**46**	**86**	**132**
	% within Age group	**34.8%**	**65.2%**	**100.0%**
	% within Gender	**100.0%**	**100.0%**	**100.0%**

The age distribution is shown in Figure 1.

FIGURE 1
AGE GROUP



Indigenous status

Thirteen respondents identified as Indigenous, 12 Aboriginal (4 women and 8 men) and one male Torres Strait Islander. All 13 are employed by the Indigenous organisations participating in the survey, namely Winnunga Nummityjah, Gulan Gulwan and The Connection. In other words, no Indigenous staff are employed in any of the other agencies.

Place of birth and language

As one would expect based upon the demographics of Canberra's population, most of the workforce (77%) is Australian born, with an additional 8% coming from the UK or Ireland. Only 9 people stated that a language other than English was the main language spoken at home by their parents.

TABLE 3
PLACE OF BIRTH AND LANGUAGE SPOKEN AT HOME BY PARENTS

Country of birth	*Language spoken*		*Total*
	English	*Other language*	
Australia	100	3	103
Other Oceania	3	0	3
Asia	2	0	2
UK & Ireland	11	0	11
Other	8	6	14
Total	**124**	**9**	**133**

Length of time in the workforce

The survey identified three aspects of the length of time respondents had been in the workforce

- the period working in any job
- the period working in the AOD field specifically
- the period working in an AOD-related field separate from respondents' work in the AOD field specifically

The third of these acknowledges that some staff have come to the AOD field from other areas in which their work involved AOD matters, such as policing, nursing, youth work, etc.

Table 4 presents summary statistics for these three aspects, separately.

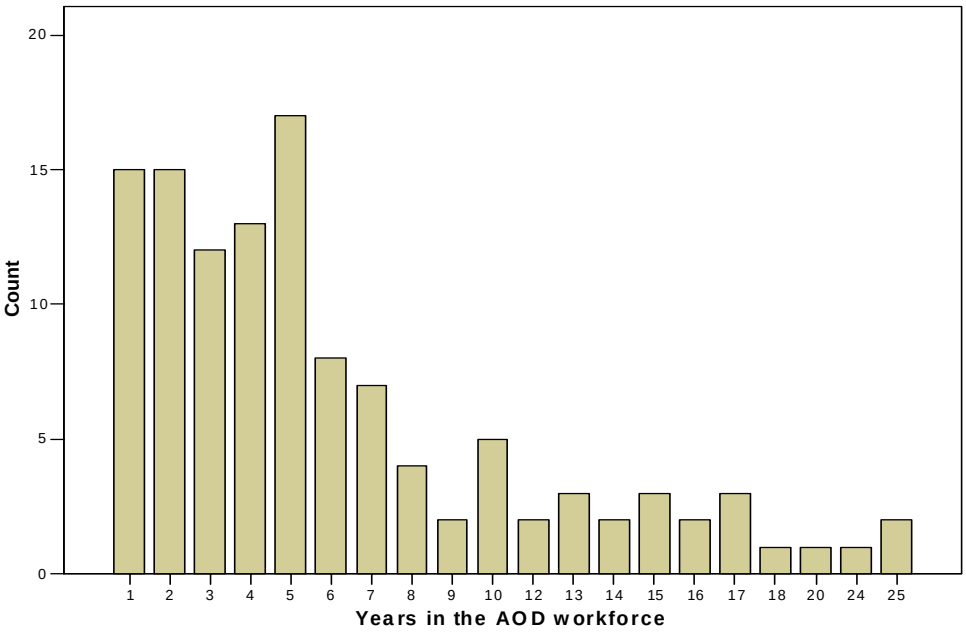
- Among the 130 respondents providing information on the length of time they have spent in the workforce in any role, the period of work ranged from 1 to 45 years, with a mean of 21 years with a similar median (the point above and below which half fell)
- Years in the AOD workforce ranged from 1 to 25, with a mean of 6 years and a median of 5
- Years in AOD-related work ranged up to 45, with a mean of 7 and a median of 5.

TABLE 4
LENGTH OF TIME IN THE WORKFORCE

Statistics		*Years in the workforce (any position)*	*Years in the AOD workforce*	*Years in AOD-related workforce*
Count	Valid	130	118	78
	Missing	4	16	56
Mean		20.8	6.3	7.3
Median		21.5	5.0	5.0
Std. Deviation		11.4	5.4	8.6
Minimum		1	1	0
Maximum		45	25	45

The distribution of years in the AOD workforce is shown below.

FIGURE 2
YEARS IN THE AOD WORKFORCE



WORK ROLES AND EMPLOYMENT STATUS

Occupation and role

The respondents' occupations within the ACT's AOD sector are detailed in Table 5. Note that this was a multiple response question, i.e. respondents could say 'yes' to more than one occupational category. This reflects the fact that, in some agencies (especially the smaller ones) staff fill multiple roles.

The largest occupational category was AOD worker, with 44% of the responses and 55% of the cases. No other categories had particularly large numbers. One quarter (24%) of respondents were in the professional occupations of nurse, psychologist, social worker or doctor, while 22% were managers and/or administrators. Although not shown in this table, female staff composed 65% of the total, including 61% of the managers and 73% of the administrators.

TABLE 5
OCCUPATION

Occupation	*Count*	*% of responses*	*% of cases*
AOD worker	73	44.0	54.5
Manager	18	10.8	13.4
Nurse	13	7.8	9.7
Social worker	12	7.2	9.0
Administrator	11	6.6	8.2
Psychologist	6	3.6	4.5
Doctor	1	0.6	0.7
Other	32	19.3	23.9
Total	**166**	**100.0**	**123.9**

This analysis is based upon 134 cases

Under 'other' were listed the following occupations:

Accountant
Admin/Cleaner
Admissions
Advocate, Suicide Intervention Officer
Therapist
Carer
Case Manager
Case Worker
Community development peer educator
Counsellor
Creative therapies co ordinator
Educator
Receptionist
Executive Director
Family counsellor in AOD
Finance and Payroll
Health promotions project officer
Payroll Officer/IT Systems
Peer support worker
Policy officer
Research officer
Salvation Army Officer (Pastor)
Support Worker
Teacher
Team Leader

The work roles were explored in another manner, this time differentiating between people engaged in direct client service, management and administration. As with the previous table, the data in Table 6 reflect the fact that respondents could nominate more than one work role.

Three-quarters of the cases stated that they are in direct client service roles, with around one-quarter in management and a similar proportion in administration.

TABLE 6
WORK ROLE

Role	*Count*	*% of responses*	*% of cases*
Direct client services	100	55.2	74.6
Management	33	18.2	24.6
Administrator	31	17.1	23.1
Other	17	9.4	12.7
Total	**181**	**100.0**	**135.1**

This analysis is based upon 134 cases

Under 'other' were listed the following work roles:

Client management
Clinical
Crisis Counsellor/Educator
Data management ,interpretation & reporting
Direct client services and management
Education
Financial reporting
Media (radio and magazine),
Oversight
Policy
Project development
Reception
Support Worker
Team leader responsibilities

Employment status

Full-time/part-time

The AOD field employs a significant proportion of part-time workers, particularly in the residential services. Overall, some three-quarters (75%) of the respondents stated that they are in full-time employment with the balance (25%) being part-time. No significant difference was observed in comparing gender and full time/part time employment.

It should be noted, however, that it is possible that a higher proportion of part-time workers did not complete the survey than was the case with full-time staff, owing to their patterns of employment. Nonetheless, agency heads advise that they made special efforts to have the part-time staff contribute to the survey.

Tenure

Respondents were predominantly (80%) in permanent positions, with just 10% on contracts and 8% casuals. No significant difference existed between males and females regarding their type of tenure. This variable is particularly liable to under-represent casuals as, by the nature of their employment, some were not working during the survey period. As a result, the data should be used with some caution.

TABLE 7
EMPLOYMENT STATUS AND GENDER

			Gender		
			Male	*Female*	*Total*
Employment status	Permanent	Count	36	69	105
		%	80.0%	79.3%	79.5%
	Contract	Count	7	6	13
		%	15.6%	6.9%	9.8%
	Casual	Count	2	9	11
		%	4.4%	10.3%	8.3%
	Unsure	Count	0	1	1
		%	.0%	1.1%	.8%
	Other	Count	0	2	2
		%	.0%	2.3%	1.5%
Total		**Count**	**45**	**87**	**132**
		%	**100.0%**	**100.0%**	**100.0%**

QUALIFICATIONS

Five aspects of respondents' formal qualifications were assessed: their highest qualification in any area, their highest AOD qualification, first aid, CPR and any studies currently being undertaken.

Highest qualification

The workforce has a relatively high level of formal qualifications, with 43% having a degree as their highest qualification, 20% an undergraduate diploma or associate diploma, 19% a certificate and 18% no formal qualifications, as shown in Table 8. No significant difference exists between females and males on this variable.

TABLE 8
HIGHEST QUALIFICATION ATTAINED IN ANY FIELD

Highest qualification	*Frequency*	*Percent*
No formal qualifications	23	18.0
Trade certificate	19	14.8
Non-trade certificate	5	3.9
Associate diploma	16	12.5
Undergrad diploma	10	7.8
Bachelor degree	33	25.8
Postgrad degree or diploma	22	17.2
Total	**128**	**100.0**

As one might expect, the level of qualifications varies significantly between organisations. The ADP stands out, with two-thirds (68%) of its respondents advising that they have a bachelor or higher degree. Of the other large organisations, degrees are held by 29% at ADFACT, 43% at Directions ACT and 40% at the Ted Noffs Foundation. Further details are in Table 9 below.

TABLE 9
HIGHEST QUALIFICATION ATTAINED IN ANY FIELD, BY ORGANISATION

Organisation	Highest formal qualification							Total
	No formal qualifications	*Trade certificate*	*Non-trade certificate*	*Associate diploma*	*Undergraduate diploma*	*Bachelor degree*	*Post-graduate degree or diploma*	
ADFACT	1	5	3	5	1	5	1	21
ADP	2	3		1	1	7	8	22
CAHMA	2			1	1	1		5
Centacare					1	2	1	4
DGP/TOP					1	1	1	3
Directions ACT	1	5	1	2	3	7	2	21
Gugan Gulwan	3			0				3
Salvation Army	2			4	1		2	9
Ted Noffs Foundation	7	2	1	1	1	5	3	20
The Connection	1							1
Toora Women Inc	2	1		1		4	4	12
Winnunga Nimmityjah	2	3		1		1		7
Total	**23**	**19**	**5**	**15**	**10**	**33**	**22**	**128**

AOD qualifications

Respondents were asked 'Please identify all qualifications you have completed *specialising in Alcohol & Other Drug or Addiction Studies*'. They were able to indicate more than one qualification, producing multiple responses. This was necessary as some members of the workforce have more than one specialist AOD qualification. The data from this question were used to create an additional variable, highest AOD qualification attained.

Highest AOD qualification attained

As shown in Table 10, below, 29% of respondents state that they have no formal qualifications in the AOD field. For 29%, accredited or non-accredited short courses are their highest qualifications, for 34% a certificate or diploma in the field, and just 8% a graduate or post-graduate AOD degree.

TABLE 10
HIGHEST AOD-SPECIFIC QUALIFICATION ATTAINED

Highest qualification	*Frequency*	*Percent*	*Cumulative percent*
No formal qualifications	36	28.6	28.6
Non-accredited course	20	15.9	44.4
Accredited short course	17	13.5	57.9
Certificate	28	22.2	80.2
Associate diploma	8	6.3	86.5
Undergrad diploma	7	5.6	92.1
Bachelor degree	3	2.4	94.4
Postgrad degree or diploma	7	5.6	100.0
Total	**126**	**100.0**	

The distribution of highest AOD qualifications attained by organisation is the focus of the next table. It shows that respondents both with and without AOD qualifications are distributed throughout the organisations. All organisations have some respondents who advise that they have AOD qualifications at the certificate level or above.

The relatively large number of people with certificate-level AOD qualifications at ADFACT reflects the outcomes of that organisation's current training and development strategy.

TABLE 11
HIGHEST AOD-SPECIFIC QUALIFICATION ATTAINED, BY ORGANISATION

Organisation	*Highest AOD qualification attained*								*Total*
	No formal qualifications	Non-accredited course	Accredited short course	Certificate	Associate diploma	Undergrad diploma	Bachelor degree	Post-grad degree or diploma	
ADFACT	6	5		9	2				22
ADP	5	5	5	5				2	22
CAHMA	1	1	1	1	1				5
Centacare	1				1	2			4
DGP/TOP		2						1	3
Directions ACT	5	1	4	2	2	3	1	1	19
Gugan Gulwan			2	1					3
Salvation Army	4		1	1	1	1		1	9
Ted Noffs Foundation	8	3	2	4	1			1	19
The Connection				1					1
Toora Women Inc	3	3		3		1	1	1	12
Winnunga Nimmityjah	3		2	1			1		7
Total	**36**	**20**	**17**	**28**	**8**	**7**	**3**	**7**	**126**

All AOD qualifications

The previous section covered the highest AOD formal qualification attained by respondents. In this section we consider all AOD qualifications that they hold, recognising that some have more than one type. It will be noted that 27% advise that they have no AOD qualifications,[2] 75% have completed short courses, 46% have a certificate or diploma and 8% have a degree in the AOD field.

TABLE 12
AOD QUALIFICATIONS

Qualification	*Count*	*% of responses*	*% of cases*
None	35	16.1	26.9
Non-accredited course/in-service training	58	26.7	44.6
Accredited short course	40	18.4	30.8
Certificate	41	18.9	31.5
Associate diploma	10	4.6	7.7
Undergraduate diploma	9	4.1	6.9
Bachelor degree	4	1.8	3.1
Post-graduate degree or diploma	7	3.2	5.4
Other	13	6.0	10.0
Total	**217**	**100.0**	**166.9**

Note: This is a multiple response table. Respondents were able to list more than one AOD qualification that they hold. This analysis is based upon 130 cases.

Under 'other' the following qualifications were provided

Aboriginal cultural and heritage training
Assoc Dip Soc Sci Welfare
Cert 3 in aged care
Cert 3 youth work
Cert III Community Services
Completed part of Cert IV community services
Diploma
Graduate Certificate
I am doing Cert 4 in D&A
Mental health postgrad diploma
Minor in addictive behaviour & part of Psych undergraduate
Youth Diploma, Advance Welfare Certificate, AOD Diploma, Certificate 4 DisabilitiesYouth Work Cert 4

As in the earlier discussion about the highest qualification attained in any field, the distribution of AOD qualifications varied somewhat between employing organisations. Table 13, below, has details. Seven of the 12 organisations have people with AOD degrees, in each case just one or two having such qualifications. ADFACT has a significant number of people with qualifications at the AOD certificate level, with smaller numbers holding certificates at the ADP, Directions ACT, Ted Noffs Foundation and Toora Women Inc. Directions ACT stands out with respect to staff

[2] This figure is marginally different from that given in the previous section on highest AOD qualification attained (28.6%) as the two tables deal with the 'other' category differently.

holding associate diploma and diploma qualifications. The Connection and Gulan Gulwan have no respondents with AOD qualifications higher than certificate level.

TABLE 13
ALL AOD QUALIFICATION, BY ORGANISATION

Organisation	*AOD qualification*									*Total*
	No formal qualifications	*Non-accredited course*	*Accredited short course*	*Certificate*	*Associate diploma*	*Undergrad diploma*	*Bachelor degree*	*Post-grad degree or diploma*	*Other*	
ADFACT	6	10	4	10	1				2	**22**
ADP	5	13	9	6				2	1	**23**
CAHMA	1	4	3	2	1					**5**
Centacare	1	1		0	1	2				**4**
DGP/TOP		2						1	2	**3**
Directions ACT	4	5	7	5	3	3	1	1	3	**21**
Gugan Gulwan		3	3	1					1	**3**
Salvation Army	4	3	3	3	2	1	1	1		**9**
Ted Noffs Foundation	7	8	4	5	1			1	3	**20**
The Connection				1					1	**1**
Toora Women Inc	4	7	3	6		2	1	1		**12**
Winnunga Nimmityjah	3	2	4	2	1	1	1			**7**
Total	**35**	**58**	**40**	**41**	**10**	**9**	**4**	**7**	**13**	**130**

Note: this is a multiple response table. Respondents were able to list more than one AOD qualification that they hold. For this reason, the rows do not sum to the totals shown, which are total number of cases, not responses.

First aid qualifications

First aid qualifications are considered important in many organisations and essential in some. Survey respondents provided information on their first aid qualifications and whether they were current or had lapsed.

Of the 129 people who responded to this question, 20% stated that they have never completed a first aid course and obtained a first aid qualification. In contrast, 41% had attained the Apply Basic First Aid qualification (i.e. St John's Senior First Aid Certificate or Australian Red Cross Basic First Aid Certificate) and 32% had attained the Apply Advanced First Aid qualification (i.e. St John's Advanced First Aid Certificate or Australian Red Cross Intermediate First Aid Certificate). A small proportion had completed another course or could not recall the level of the course they had undertaken.

Table 14, below, shows the first aid qualifications and their currency. It will be noted that only 46% state that they have a current first aid qualification, including 49% of those with Basic First Aid and 68% of those with Advanced First Aid.

TABLE 14
COMPLETED FIRST AID COURSE BY CURRENCY OF QUALIFICATION

Completed First Aid course		*First Aid qualification current*				*Total*
		Not applicable no first aid qual	*Current*	*Lapsed*	*Unsure if current or lapsed*	
No course	Count	23				23
	%	100.0%				100.0%
Basic First Aid	Count		26	23	4	53
	%		49.1%	43.4%	7.5%	100.0%
Advanced First Aid	Count		28	12	1	41
	%		68.3%	29.3%	2.4%	100.0%
Yes, but not know level	Count			3		3
	%			100.0%		100.0%
Yes, another course	Count		4	2		6
	%		66.7%	33.3%		100.0%
Total	**Count**	**23**	**58**	**40**	**5**	**126**
	%	**18.3%**	**46.0%**	**31.7%**	**4.0%**	**100.0%**

Cardiopulmonary Resuscitation (CPR) qualifications

People were asked 'Have you ever completed a Cardiopulmonary Resuscitation (CPR) course? If so, is your CPR qualification current or has it lapsed?'. As Table 15, below, demonstrates, 74% of respondents stated that they have completed a course, with 59% of those advising that their CPR qualification is current.

TABLE 15
COMPLETED CPR COURSE, AND CURRENCY OF QUALIFICATION

Completed CPR course	*Count*	*Percent*
No CPR course	34	26.2
CPR current	57	43.8
CPR lapsed	31	23.8
Unsure if current	8	6.2
Total	**130**	**100.0**

Current AOD studies

Sixteen respondents (28%) stated that they are currently engaged in an AOD-specific education or training programs. They were as follows.

TABLE 16
CURRENT AOD-SPECIFIC STUDIES

Bachelor of Social Work
Cert IV in AOD
Cert IV - Counselling
Cert IV TRAHCS
CPR + First Aid
Diploma in AOD
Fellowship of the Australasian Chapter of Addiction Medicine
Masters in AOD
PhD in Epidemiology and Public Health
Post Grad AOD Diploma
Youth Work - Cert 4

COMPETENCIES

A new National Training System was introduced in 2005. A key component of it is the Australian Qualifications Framework which covers schools, vocational training and universities. Within the vocational training stream are eight levels of qualifications: Certificate I to Certificate IV, Diploma, Advanced Diploma, Vocational Graduate Certificate and Vocational Graduate Diploma. Of particular interest to the AOD field are the Certificate IV in Alcohol and Other Drugs Work and the Diploma of Alcohol and Other Drugs Work.[3]

Some jurisdictions are moving to a position where entrants to the AOD workforce will have to hold specified AOD qualifications. Victoria, in particular, is implementing a Minimum Qualifications Strategy (MQS) that specifies the Certificate IV in Alcohol and Other Drugs Work (hereafter 'Certificate IV') as the minimum qualification. Their strategy also includes providing opportunities for current AOD workers who do not have formal AOD qualifications at that level or above to obtain them through a recognition of prior learning (RPL) assessment process, formal training courses or a combination of the two.[4]

The component of the ACT AOD Workforce Profile presented here is linked to a considerations of a MQS/RPL approach in this jurisdiction. It broadly follows a 1999 Victorian initiative to assess the AOD workforce's *self-assessed competency at the Certificate IV level*. In other words, the goal is to determine the extent to which members of the ACT workforce believe that they hold the competencies laid down for the Certificate IV. It is hoped that the findings will provide guidance about the amount and types of RPL and training needed to move the workforce to a minimum standard, should one be agreed-upon.

The elements of the eight core competencies of the Certificate IV in Alcohol and Other Drug Work were presented and respondents were asked to rate themselves against each using the following scale[5]

- I have no skill in this area, and require continual support
- I have minimum competency in this area, and require intermittent support
- I am mostly competent in this area, and require only occasional support
- I am competent in this area, and can work in it independently
- I have advanced competence in this area, and am able to support/train other workers in it
- Not applicable, as not relevant to my work role

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[3] http://www.dest.gov.au/sectors/training_skills/policy_issues_reviews/key_issues/nts/dap/training.htm

[4] http://www.health.vic.gov.au/drugservices/training/tr_wd.htm

[5] Scale derived from Connolly, K, Clark, C, King, T & Roeg, S 1999, *Training needs analysis for alcohol and other drug workers*, Turning Point Alcohol and Drug Centre, Melbourne.

The eight competencies assessed were as follows, with their corresponding National Code within the Certificate IV

1. Orientation to the AOD sector (CHCAOD2C)
2. Support people with alcohol and/or other drugs issues (CHCAOD4C)
3. Work with clients who are intoxicated (CHCAOD6B)
4. Assess the needs and status of clients who have AOD issues (CHCAOD8C)
5. Work with clients who have alcohol and other drug issues (CHCAOD10A)
6. Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues (CHCAOD11A)
7. Provide needle and syringe services (CHCAOD7C)
8. Provide AOD withdrawal services (CHCAOD9C)

Each of these competencies was assessed separately.[6]

1. Orientation to the AOD sector (CHCAOD2C)

On each of the three elements of this unit the modal category (i.e. the one with the highest number of responses) was 'competent, can work independently'. Averaging the three lowest levels of self-assessed competency, we find that 24% place themselves into the 'no skills', 'minimum competency' or 'require occasional support' competency categories. These are the people who are not able to work independently and who could benefit from further training in this area.

Orientation to the AOD sector

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Work within the context of the alcohol and other drugs sector (e.g. how AOD work relates to social, cultural, political and economic issues)	2% (3)	8% (10)	15% (19)	**35% (45)**	31% (40)	10% (13)
Develop knowledge of the alcohol and other drugs sector (e.g. legal responsibilities, the pharmacology & effects of drugs)	2% (3)	6% (8)	22% (29)	**35% (45)**	26% (34)	8% (10)
Demonstrate commitment to the central philosophies of the alcohol and other drugs sector (e.g. harm minimisation and health promotion)	2% (2)	5% (6)	11% (14)	**41% (53)**	35% (45)	7% (9)

2. Support people with alcohol and/or other drugs issues (CHCAOD4C)

Again, the modal category was 'competent, can work independently', and 21% placed themselves in the 'no skills', 'minimum competency' or 'require occasional support' categories.

Support people with alcohol and/or other drugs issues

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Respond to cues (verbal & non-verbal)	2% (2)	2% (3)	17% (22)	**36% (47)**	32% (42)	11% (14)
Assist in responding to people's needs (e.g. their physical comfort, information on services available)	2% (2)	4% (5)	14% (18)	**36% (46)**	35% (45)	10% (13)
Use self-protection strategies (e.g. conflict resolution approaches)	1% (1)	4% (5)	17% (22)	**39% (49)**	29% (37)	10% (13)

[6] This analysis could be repeated using only the data from respondents who indicated that they provide direct client services, but the results would change only marginally as 75% of respondents stated that are engaged in this type of work.

3. Work with clients who are intoxicated (CHCAOD6B)

The modal category was ‘competent, can work independently’, and 25% placed themselves in the ‘no skills’, ‘minimum competency’ or ‘require occasional support’ categories.

Work with clients who are intoxicated

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Provide a service to intoxicated clients (e.g. identify signs of intoxication and conditions that mask or mimic intoxication)	3% (4)	8% (10)	13% (17)	**36% (47)**	25% (32)	15% (20)
Assist client with longer term needs (e.g. contacting their support networks, suicide prevention)	2% (3)	5% (7)	17% (22)	**37% (47)**	27% (35)	11% (14)
Apply strategies to reduce harm or injury (e.g. prevention & management of aggression)	3% (4)	7% (9)	17% (22)	**38% (49)**	24% (31)	11% (14)

4. Assess the needs and status of clients who have AOD issues (CHCAOD8C)

The modal category was ‘competent, can work independently’, and 23 % placed themselves in the ‘no skills’, ‘minimum competency’ or ‘require occasional support’ categories.

Assess the needs and status of clients who have AOD issues

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Assess the needs and status of client/s (e.g. use standardised assessment instruments)	2% (2)	7% (9)	15% (20)	**38% (49)**	25% (32)	14% (18)
Develop a case management plan with the client (e.g. negotiate goals and action plans with the client)	2% (3)	5% (7)	16% (20)	**35% (45)**	29% (37)	13% (17)
Refer clients (e.g. support the client in making contact with another agency)	1% (1)	4% (5)	11% (14)	**40% (51)**	34% (44)	11% (14)

5. Work with clients who have alcohol and other drug issues (CHCAOD10A)

The modal category was ‘competent, can work independently’, and 23% placed themselves in the ‘no skills’, ‘minimum competency’ or ‘require occasional support’ categories.

Work with clients who have alcohol and other drug issues

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Provide services to meet client needs (e.g. relapse prevention, motivational interviewing, case management)	1% (1)	10% (13)	12% (16)	**43% (56)**	23% (30)	11% (14)
Review client progress (e.g. against client's goals and action plans)	1% (1)	5% (7)	16% (20)	**39% (50)**	26% (33)	13% (17)
Evaluate work undertaken with clients (e.g. seek and use feedback from clients, supervisors and other AOD workers)	1% (1)	7% (9)	17% (22)	**35% (45)**	27% (35)	12% (16)

6. Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues (CHCAOD11A)

The modal category was ‘competent, can work independently’, and 32% placed themselves in the ‘no skills’, ‘minimum competency’ or ‘require occasional support’ categories.

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

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Apply suitable counselling and support techniques to assist individual with AOD issues (e.g. relapse prevention, cognitive behavioural therapy, group counselling)	3% (4)	9% (12)	21% (27)	**31% (40)**	22% (28)	15% (19)
Review personal and agency ability to deliver service to address all client needs	2% (3)	9% (11)	19% (24)	**32% (41)**	24% (31)	14% (18)

7. Provide needle and syringe services (CHCAOD7C)

The modal category was ‘not applicable’ for providing NSP services and ‘competent, can work independently’ on providing education on safer drug use. 30% placed themselves in the ‘no skills’, ‘minimum competency’ or ‘require occasional support’ categories.

Provide needle and syringe services

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Provide needle and syringe services (e.g. understand legal requirements, harm minimisation principles)	10% (13)	12% (15)	9% (12)	19% (25)	15% (19)	**35% (46)**
Provide education on safer drug use (e.g. about blood-borne viruses, safer injecting)	6% (8)	11% (14)	13% (16)	**34% (43)**	19% (24)	17% (22)

8. Provide AOD withdrawal services (CHCAOD9C)

The modal category was ‘not applicable’ for two elements and ‘competent, can work independently’ for the other two. 32% placed themselves in the ‘no skills’, ‘minimum competency’ or ‘require occasional support’ categories.

Provide AOD withdrawal services

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Check needs of clients (e.g. determine if medical or emergency assistance is needed)	5% (6)	7% (9)	23% (30)	**28% (36)**	16% (21)	22% (28)
Support management of withdrawal (e.g. monitoring client's physical state to ensure health & safety)	7% (9)	6% (8)	16% (21)	25% (32)	15% (19)	**31% (40)**
Evaluate client withdrawal (e.g. discuss with client and appropriate people in the organisation)	6% (8)	9% (12)	18% (23)	23% (30)	16% (21)	**27% (35)**
Assist clients with ongoing harm minimisation (e.g. assist client to use self-help and other services)	3% (4)	7% (9)	20% (25)	**29% (37)**	21% (27)	20% (26)

Table 17 summarises these responses. For each unit (area of competency) it provides a mean percentage of the self-assessments of the elements that compose the unit.

TABLE 17
SELF-ASSESSED COMPETENCY ON EIGHT CERTIFICATE IV UNITS
(%)

Unit/competency	*Skill level 1-3*	*Skill level 4-5*	*Not applicable*	*Total**
Orientation to the field	24	68	8	**100**
Support people with AOD issues	21	69	10	**100**
Work with intoxicated clients	25	62	12	**100**
Assess the needs and status of clients	21	67	13	**100**
Work with clients with AOD issues	23	64	12	**99**
Provide advanced interventions	32	54	14	**100**
Provide NSP services	30	44	26	**100**
Provide withdrawal services	32	42	25	**100**
Mean of all 8 competencies	**26**	**58**	**15**	**100**

Notes:

Skill levels 1-3 are 'no skills in this area', 'minimum competence' and 'mostly competent and require intermittent support'
Skill levels 4-5 are 'competent, can work independently' and as having 'advanced competence'
'Not applicable' refers to the response 'Not applicable, as not relevant to my work role'
* Percentages may not sum to 100 owing to rounding

In summary

- Around two-thirds of respondents rated themselves as 'competent, can work independently' or as having 'advanced competence' on the five Certificate IV units that are non-specialist in nature, namely 'Orientation to the AOD sector', 'Support people with alcohol and/or other drugs issues', 'Work with clients who are intoxicated', 'Assess the needs and status of clients who have AOD issues' and 'Work with clients who have alcohol and other drug issues'.
- A lower proportion (54%) rate them selves at this level on 'Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues'.
- A relatively low proportion rated themselves as 'competent, can work independently' or as having 'advanced competence' in the somewhat specialised areas of 'Provide needle and syringe services' (35%) and 'Provide AOD withdrawal services' (42%).

AOD / mental health co-morbidity

Respondents were asked 'Do you have any qualifications or training in AOD/mental health co-morbidity (dual diagnosis)?' Some 86% considered that this area is relevant to their work, and of them only 25% state that they have any formal training (in contrast to on-the-job training) in this area.

TABLE 18
AOD/MENTAL HEALTH CO-MORBIDITY TRAINING

Co-morbidity training	*Count*	*Percent*
Not applicable to my work	18	14.1
No, though relevant to my work	16	12.5
Yes, on-the-job only	66	51.6
Yes, formal training	28	21.9
Total	**128**	**100.0**

Respondents identified a variety of training experienced in this area.

TABLE 19
CO-MORBIDITY TRAINING EXPERIENCED

3 years psych nursing (but too long ago to be relevant now)	In service, Psych
BA Psych, Grad Dip App Psych	Majored at University in Psychology
B Psych (Neuroscience of Addiction)	Masters in Forensic Psychology
BS in psychology	Mental health First Aid- short course
Cert IV AOD	Mental Health, first Aid, cert4 AOD
Cert IV non clinical mental health	MH Service Training, Uni of Wollongong Dual Diagnosis workshop
Certificate 4 in AOD/ MH first aid	NSW Institute of Psychiatry
Component of postgrad diploma	Post Grad Dip Mental Health
Degree	Previous employment
Diploma	Psych, Cert IV in D&A, done numerous courses in MH, D&A and dual diagnosis
Diploma in management	Psychology
Finishing TAFE certificate 4	Registered mental health nurse
I used to co-facilitate training in this topic	

When asked how competent they feel about working with clients experiencing AOD/mental health co-morbidity, 29% of those who consider this area relevant to their work assessed themselves as being competent or having advanced competence in this area. Some 30% of those for whom it is relevant stated that they have no skill or only minimum competency in this area.

TABLE 20
SELF-ASSESSED AOD/MENTAL HEALTH CO-MORBIDITY COMPETENCY

Competency	*Count*	*Percent*
N/A, not relevant to my work	13	10.2
No skill	4	3.1
Minimum competency	30	23.6
Mostly competent	47	37.0
Competent	25	19.7
Advanced competency	8	6.3
Total	**127**	**100.0**

RECOGNITION OF PRIOR LEARNING AND MINIMUM QUALIFICATIONS STRATEGY

ACT AOD agencies are aware of the moves in Victoria to introduce a Minimum Qualification Strategy (MQS). Part of this is designing and implementing processes for the formal recognition of competencies gained through prior learning (recognition of prior learning or RPL), including on-the-job training and experience. Two questions were asked to assess the ACT workforce's views on the applicability of these approaches to the ACT.

Recognition of prior learning

The survey asked, first, 'If the opportunity were made available in the ACT, would you be interested in having your AOD work competencies assessed with a view to gaining formal recognition of your prior learning?'. A quarter (24%) of the respondents chose the simple answer 'No' and an additional 13% chose 'No, because I already have a formal AOD qualification (e.g. a degree in addiction studies) so do not need recognition of prior learning'. The remaining 63% expressed interest in the proposal, with 37% of them being interested in RPL at the Certificate IV level, 47% at the Diploma level and the remaining 16% at some other level.

TABLE 21
INTEREST IN GAINING RECOGNITION OF PRIOR EARNING

Interest in RPL	*Count*	*Percent*
No	29	24.0
No, as already have AOD qualifications	16	13.2
Desire at Cert IV level	28	23.1
Desire at Diploma level	36	29.8
Desire at some other level	12	9.9
Total	**121**	**100.0**

The 'other levels' mentioned were:

Cert IV Assessment & workplace training
Degree social welfare
Diploma or degree level
Graduate diploma or nurse practitioner level
Masters
Post grad diploma
Post Graduate
Through Uni not CIT
Undergraduate degree

Since it is possible that funding from sources external to the ACT may become available for NGOs but not for staff employed by the ACT Government (in this case the ADP), the analysis was undertaken separately for the NGOs and the ADP. Although the results do not show a statistically significant difference between the two groupings, and the number of responses from ADP (22) was rather small, four points of difference were observed

- a higher proportion of ADP than NGO respondents stated that they did not wish to have RPL, without giving any reason (32% cf 22%)
- similar proportions in each group (13 to 14%) felt that they did not need it because they already have formal AOD qualifications
- the proportion of NGO respondents interested in RPL at the Certificate IV level (25%) was almost twice that of ADP personnel (14%)
- the proportion of ADP respondents interested in RPL at the Diploma level (36%) was higher than that of NGO personnel (28%)

Minimum qualifications for AOD work

The level of support or opposition of the workforce towards the introduction of a Minimum Qualification Strategy (MQS) was assessed with the following question:

> Some States are moving to the position where people wanting to work in a paid position in the AOD field will need to have the Certificate IV in Alcohol and Other Drugs Work or a higher qualification specialising in this area. Do you think this policy would be appropriate for the ACT in the future?

As the following table shows, strong support exists for this proposition. Of the 96 respondents who expressed a view on the matter, 81% were in favour of establishing Certificate IV in AOD Work as the minimum qualification, and only 19% opposed it.

TABLE 22
SUPPORT FOR HAVING CERTIFICATE IV IN AOD WORK
AS THE MINIMUM QUALIFICATION FOR EMPLOYMENT IN THE FIELD

Supported?	*Count*	*Percent*
Yes	78	58.2
No	18	13.4
Unsure	29	21.6
Total	**125**	**100.0**

As with support for the recognition of prior learning strategy, the analysis was undertaken separately for the ADP and the NGOs. No statistically significant difference was observed. Nonetheless, these points of interest emerged

- similar proportions in both groups (62% to 64%) agree with the MQS proposition
- only one ADP person (4.5% of that group) opposed the proposition compared with 17 from NGOs (16.5%)
- a higher proportion of ADP than NGO respondents ((32% cf 21%) were ‘unsure’ about the proposition

OTHER TOPICS

Three additional topics were covered by means of open-ended questions. The responses have been coded and are summarised in this section of the report. Full details are in the appendices. It should be noted that some of the comments provided by respondents have not been included, or have been edited, in cases where the person providing the comments could otherwise be identified with potentially problematic results.

Skills and training desired

As the survey was conducted to provide information to support the development of an ACT AOD workforce development strategy, it asked respondents about gaps in their skills and any training they would like to receive. Since considerable overlap occurred between the responses to the two questions, they are combined for the purpose of this analysis.

A wide range of additional skills and training needs was identified. About half related to clinical/treatment skills and training. Management skills were also prominent, with smaller numbers mentioning background information on alcohol and other drugs and AOD work, computing, inter-agency issues and NSPs.

Details are in Appendix 1.

What I am good at

To balance the questionnaire's emphasis on training needs and gaps in skills, respondents were invited to tell us what they were good at. A wide range of responses was received. As with the questions about skills gaps and training needs, clinical/treatment skills were most frequently nominated, composing about 20 per cent of the responses. The next largest category was personal attributes such as being a good listener and having skills at establishing rapport.

Other domains in which people felt they are doing well were working with families and youth, group work, inter-agency activities, management, outreach and peer education, supervision and team work.

Details are in Appendix 2.

Additional comments by respondents

The final question in the survey instrument was also open-ended: 'Is there anything else you would like to tell us or suggest about your work roles, competencies, training experiences or training needs?'.

Of the 29 comments received and listed in Appendix 3, half were concerned with the possibility of the ACT introducing a Minimum Qualification Strategy, including as one component the recognition of prior learning. Some supported the proposition, pointing out, though, that dedicated resources would be needed to implement it. Others, while supporting the idea, suggested that positions would need to be upgraded once staff met the qualification standards with the result that additional salary funds would have to be provided.

A number of respondents appeared to oppose—or at least did not support—the Minimum Qualification Strategy option, emphasising the importance for AOD work of life experience rather than formal qualifications.

Sector-wide training needs were also a theme in the responses, along with the need for gender sensitive and culturally safe services and approaches.

Details are in Appendix 3.

CONCLUSION

This report presents a profile of the ACT AOD workforce at April 2006. It has covered a range of areas that are relevant to developing a sector-wide workforce strategy, including the size of the AOD workforce, its demographics, work roles and employment status, qualifications, self-assessed competencies at the Certificate IV level and in AOD/mental health co-morbidity, and respondent's views on a minimum qualifications strategy possibly incorporating recognition of prior learning.

The information and data presented here can be used in the short term for estimating the extent and scope of workforce development needs, and developing initial estimates of the costs involved in its development, implementation and evaluation. In the longer term, it can inform some of the details of the strategy, including specific staff training and development needs, and provide baseline data for use in evaluation research.

APPENDICES

Appendix 1: Skills and training desired

Respondents were asked about gaps in their skills that they would like to have filled, and to identify any specific training needs. The responses to both questions have been combined and categorised as follows.

AOD background	Adolescent development and delays
	Causes of drug problems and effects of drug use
	Mental health issues
	Research findings updates
	Self-harming behaviours
Clinical/treatment	ADHD identification
	aggressive clients
	Anger Management.
	Anxiety support.
	Assessment tool for drug and alcohol use levels of intoxication
	brief interventions like, Cognitive Behavior Therapy
	Clients with specific or special/complex needs
	Co-dependency, engagement, growing up in dysfunctional family
	Co-Morbidity
	Conflict resolution strategies
	Counselling and behaviour techniques within a feminist framework
	Counselling skills - advanced
	Counselling techniques youth work
	Creative therapies practice
	Crisis Intervention
	DBT counselling
	Depression - diagnosing & treating
	Drug intervention other than detox.
	Drugs in pregnancy
	Eating Disorders
	Families - working with
	Grief and Loss
	Group education
	Group facilitation
	Group work - young people.
	Intervention motivational / solution focus
	New therapies or models
	NLP Training to help clients change behaviour.
	Nurse practitioner A&D
	Pharmaceutics
	Pharmaco-replacement therapy, including initiation of methadone, Subutex and Suboxone, and withdrawal treatment using Subutex.

	Pregnant users
	Relapse prevention
	Suicide prevention
	Trauma/grief and substance abuse
	Withdrawal
Drugs – information about	Drugs available on street and their impact
	Drugs that are available and their withdrawal effects
	Methamphetamine - use, effects, client Management etc.
	New and current street drugs
	New drug trends
	Pharmacology of drugs
ICT - computing	Computer programs to electronically enter users paper work
	Computer/ICT training
Inter-agency issues	Case Management
	Community development
	Inter-agency training
	Relationships with other services – improving
	Youth services - knowledge of other services specifically related to youth
Management	Clinical Supervision
	Data collection systems training
	Financial Management strategies
	Interpersonal communication
	Management of staff burnout
	Management Training - Funding, Submission writing
	Program writing
	Report writing
	Staff supervision and workforce development support
	Stress Management/identifying stress
	Supervision training
	Support for staff
	Workplace self assessment tools
NSP	Needle and syringe experience
	NSP
Other	CALD - working with people form CALD background
	First Aid
	Research
	Teaching/training
	Youth training: Aboriginal

The actual questions to which these were the responses were:

35. Perhaps you are aware of some gaps in your AOD work skills. Can you think of any work skills that you would like to attain through on-the-job or other types of training? If so, what are they?

37. What training, if any, would you like to have available *and undertake* to improve your skills and knowledge as an AOD worker?

Appendix 2: Areas in which respondents feel they are effective

Respondents were asked ‘What are you good at in your AOD work that we haven't covered yet?’. The responses to this question have been categorised as follows.

Clinical/treatment	Brief Interventions. 1:1 support. Teaching sport and music
	Client care and support
	Client engagement.
	Compassionate listening and support from the perspective of lived experience. I have first hand experience of systems navigation and how difficult it can be to find appropriate services.
	Counselling
	Counselling therapy
	Counselling; de-briefing
	Crisis intervention
	De-escalation. Career counselling.
	Developing relationships and confidence in the clients
	Dialectical Behaviour Therapy Growing up in Dysfunctional Family Co-dependency Life experience Other addictions such as eating, gambling etc
	I have worked in/managed an adult detox and had to learn all the relevant skills 'on the job' …
	Knowledge of alternative health therapies eg Reiki, yoga, meditation, nutrition, mind body connection, visualisation. Motivational experiences. Setting up vegetable garden and related experiences.
	Listening to peoples needs and then assisting clients either reach there outcomes or goals & advocating on there behalf.
	My clinical skills are in MH and AOD plus court reporting and court work (Masters in Forensic Psychology)…
	Natural Therapies Stress management Relaxation Sleep Balancing ADD & ADHD
	On the spot support for clients
	On-call and after hours work with clients and families.
	One on one work with the client, confident working with women from the prison system
	Relating to people with multiple and complex issues and working with them to reach best outcomes. or just listening to their problems.
	Remaining calm helping to de-escalate potential volatile situations between clients listening skills being able to relate to youth
	Suicide Intervention skills.
	Supporting individuals
	Supporting women in their recovery process with a goal of abstinence from AOD
	The ability to communicate with clients that have A&OD and Mental Health issues on their level, as they feel threatened easily.
	Therapeutic Community Concept - Community as Method
	Treatment matching
	Using techniques other than 'talking' therapies to work with client/s.

	Working with women who have chemical and non-chemical dependency issues in a feminist framework
	Engaging with young persons and getting them to open up.
Families & youth	Family mediation
	Family work
	Parents with drug and alcohol issues and impact on the welfare of children
	Working with children
	Working with families especially children in our program
	Working with young people (adolescent health)
Group work	Designing & running groups with users, and also with family-of-users
	Group work
Inter-agency issues	Communication/liaison
	Knowledge of Indigenous rehab and detox centres. Dealing with court system, especially youth field
	Strong case management application
	Working with support systems for users - environmental factors, an explaining these to 'supporters'/family
Management	Accounting issues
	Creating a program from scratch to meet both the needs of clients and funding bodies
	Entrepreneurial skills: writing (funding submissions, programs, etc.)
	Managing staff working in the AOD area
	Micro/macro future planning
	Organisational skills
	Process and management skills from previous roles could be used more effectively in AOD work
	Program development Client information systems
	Supervision and support of managers/workers. Program development and management including development of service quality
Outreach	Engaging hard to reach groups who have minimal contact with any health services, for example IDU, Aboriginal, CALD, detainees, youth
	Peer education
Personal	Being myself and friendly
	Building rapport with clients
	Communication skills
	Communication with the client group.
	Empathy for client and well-developed people skills
	Gender specific understandings and interventions
	Good rapport with a broad range of clients Good communication with a broad range of clients Skills such as humour and high energy levels used to positively motivate clients.
	Effective team member
	I believe I am a good listener, a supportive person, and truthful
	Interacting with clients and allowing clients to direct to the service what their needs are, as clients are competent and know their

	individual needs, past experiences, better than anyone else. providing a truly non-judgmental service(not just lip service)and understanding, compassionate environment. Ability and willingness to go beyond the written job/service description and just make that one extra phone call etc to assist clients.
	Listening to people, pointing out bullshit to them
	Maintaining cultural awareness and continued support and respect from the Aboriginal community in ACT. I love my job
	Most things I love the field and work well with the clients
	Networking Working with Indigenous clients
	Providing a safe and friendly environment
	Rapport with clients
	Reading body language/intuition, building relationships with clients,
	Reassurance, follow-up, building self esteem, advocacy.
	Understanding peoples individual needs and listening and communicating well, helping where its needed the most.
Supervision	Clinical supervision
	Supervision of both group leaders and counsellors
Team work	Effective Team member
Other	Conducting and writing training programs
	Gender specific (women)
	I access internet resources critically, and modify/design appropriate resources for AOD use
	Knowledge of client base and families in the Indigenous community
	Seminars, forums, organisation
	Task orientated
	Working consistently in a diverse environment.
	Working with people from CALD background

Appendix 3: Additional comments by respondents

Respondents were asked 'Is there anything else you would like to tell us or suggest about your work roles, competencies, training experiences or training needs?'. The responses to this question have been categorised as follows.

RPL and Minimum Qualifications Strategy	[Re RPL and minimum qualifications strategy] …I think it will disadvantage people who has life experience only and who would like to work in this.
	Although it will be good to give existing workers a chance to formalise their skills, making Cert IV or higher a prerequisite for employment would limit the wealth of skills and knowledge non trained workers/ peers etc bring to the field
	Having certificate IV as well as life experience is beneficial as well as a desire to assist people with drug and alcohol problems in a non-judgmental and supportive way
	I think basic skills at least are essential for AOD work.
	I think Certificate IV would be a good basic qualification, but should be careful not to exclude the occasional individuals who do not fit existing bureaucratic moulds but are effective and valued within their teams. This would particularly apply to Indigenous organisations, but could also apply to people who work enthusiastically with clients but do not use the language and terminology of the AOD field
	If you expect higher qualifications then pay would also be expected to increase appropriately. This is already problematic.
	I'm unsure if people should be required to have Cert 4 before working because I know many staff have more than this in un-recognised qualifications and this may prevent well informed/qualified people from working in the sector. If support is given for agencies to help staff without recognised qualifications to gain these then I would support a Cert 4 as a minimum for all workers. Cert 4 is really very basic and for many AOD roles staff should be required to have much more than this as a minimum.
	In itself a Certificate IV in Alcohol and Other Drugs Work does not provide (ensure) the level or scope of knowledge to work in the public service in the AOD area
	It is important to value workers work experience in AOD and their own AOD experience
	Life experience matters
	Life's experience will always beat a piece of paper!
	Recognition of peer experience by AOD sector outside drug user/ sex worker organizations
	The present range of responsibilities that an AODW works within are already well beyond those reflected in the award classification/s most AODWs are employed under. Should there be any requirement for AODWs to be qualified then I believe that the classification/s would need to be raised in order to attract suitable employees. Our workplace already suffers from this.

	There is no formal qualifications that are anywhere near equivalent to life experience. The D&A sector should encourage recruitment of those with recovery in this area as those workers have proved to be the most effective world wide. We work with the whole person within a feminist framework and do not use the terms case management, etc as people are not a case or a diagnosis. This approach, which emphasises women's experience has proven to be very effective. To insist on formal qualifications disadvantages those with relevant life experience.
	To insist Cert IV as above, would restrict people who work in the administration area in this field, and who do not come in contact with the clients. If you can advise where training in the admin/it area is available within the AOD scheme, would love to hear from you.
Sector training	ACT Health could provide agencies with resources and funding in order for staff with on the job qualifications can receive recognition and get formal qualifications. There should be regular sector training days with formal recognition of participation in this training.
	Financial disincentives to getting qualifications
	I would like to be more involved in skills training with the residents and more physical activities. I'm really open to any training that would assist me to help these young people.
	More funding for training/skills development
	Training must be supported by the employer and a dedicated budget included in tri-annual funding to ensure that training occurs and workers remain current in their skills and knowledge
	Training needs to be regular and mandatory in order for consistent and best practice across the field.
Other	[Re competency in the assessment of clients]: I know the tools however at WIREDD we work in a holistic and feminist framework, that means we don't do those formal assessments. In relation to case management we decided not tho use that word…However we discuss with women about their needs , goals and etc.
	A clearer definition of the work parameters attached to AOD's role.
	I can feel overwhelmed at times, so a strong support structure within the workplace is essential in AOD work in my view.
	I would like to see more psychologists and social workers employed in the AOD field for the therapeutic needs of clients as well as for clients with dual diagnosis.
	Providing technology without providing training to match is abusive and counterproductive
	See Victorian paper on competencies and workforce development http://www.health.vic.gov.au/drugservices/training/tr_wd.htm - My masters research was on Paucity Mgt in AOD, and highlighted the lack of cooperation between services, contrasting to the immense need
	The role of undertaking minor within an undergraduate. How recognised is this?
	Working with Indigenous clients and families has a different perspective to working with non-Indigenous clients. Culture differences. Important to have a sound network system both professional and clinical when dealing with clients needs.

Appendix 4: Email from ACT Health to all ACT AOD organisations requesting their participation in the survey

From: Delany, Helene
Sent: Friday, 7 April 2006 5:53 PM
To:
Subject: FW: ACT AOD Workforce Profile Survey 2006 - all survey responses due by COB Wednesday 19 April.

As you know, recent meetings of the EDs of ACT Alcohol & Other Drug agencies (both non-government and government) have agreed that a profile of the ACT AOD workforce will be developed by means of a survey. The goal is for the survey to cover all personnel (paid and volunteers) working in AOD agencies in the ACT.

This is an initial stage of a wider project on AOD workforce development, a priority action under the ACT ATOD strategy 2004-2008. The survey will gather information on the AOD workforce's size, demographics, work roles, qualifications, self-assessed competence in various types of AOD work and self-assessed training needs.

David McDonald of the Canberra-based consultancy Social Research & Evaluation is implementing this project for us. He discussed the survey in some detail at the March meeting of EDs and has pre-tested the survey instrument in three Canberra agencies: CAHMA, ACT Division of General Practice (TOP) and ADFACT. He has also received advice from Kieran Connolly, Program Leader, Training and Information Resources at Turning Point Alcohol & Drug Centre, who briefed EDs at a recent meeting. It is an online survey. The surveys can be accessed by clicking on either of the two links below.

http://tinyurl.com/zhswd
and
http://www.surveymonkey.com/s.asp?u=955631972057

As EDs agreed, the suggested process for survey implementation is as follows:

- The head of each agency will establish a process to ensure maximum coverage of the agency's workforce, both paid staff and volunteers. The aim is 100% coverage. It will cover both paid staff and volunteers, in all work roles, including management, administration and direct client services, as all are part of the AOD workforce
- Each worker will complete the survey online. The data they enter will be automatically and confidentially sent to David McDonald. No-one else will have access to the individuals' data.
- David will produce a report from the de-identified data. No individual respondents will be able to be identified from what is written in the report. If desired, one week from the commencement of the survey David will advise individual heads of agencies who among their people has completed the survey so that EDs can follow-up with people who have not done so up to that point. The survey's introductory statement will explain that this is the reason for asking respondents to provide their names.
- A word document containing screen dumps of the online survey is attached. This could be used by anyone unable to use the online format, and someone in the agency could enter the data for that person. It is not intended that David McDonald nor staff of my Unit will enter data on behalf of agencies.
- The survey will take about 15-20 minutes to complete.
- EDs have agreed that their staff will complete the survey by mid-April, and that David will produce a top-line findings report by the end of April. For further information please contact myself if you wish to discuss this project. For technical matters concerning survey implementation, please contact David McDonald at phone 6231 8904, mobile 0416 231 890, email mail@socialresearch.com.au.

Please note: At the last meeting with EDs on 21 March, the issue of whether or not we ask respondents to assess their competencies at both the Cert IV and Diploma levels was broached. David agreed to try this. Unfortunately, it did not work well in pre-testing and Kieran and David have tried a couple of approaches to make it work. As it turns out, we have decided not to ask people to assess themselves at the Diploma level (just at the Cert IV level) because,

- part of our aim in the survey is to explore people's self-assessed competencies at the Cert IV level to inform decision-making on the MQS, so we need valid data on this;

- much of the description of the Diploma duplicates that of the Cert IV, and it is not feasible to explain, in this type of questionnaire, how the Cert IV and Diploma appear to cover similar ground but are actually assessed at different levels; and

- with the result that asking them to assess themselves at both levels would probably result in invalid data.

The approach taken, however, should give us good data on how they see themselves performing with the Cert IV standards, useful for decision-making

on the MQS. Furthermore, we have given them opportunities to detail their self-assessed training needs, incl if they are interested in starting or completing the Diploma.

Thank you for contributing to this project. As we aim for a 100% response rate so that we know just how many AOD workers we have in the ACT, their characteristics, competencies and training needs, your role in encouraging all your staff and volunteers to complete the survey is important.

Regards
Helene Delany
Manager
Alcohol & Other Drug Policy Unit

 ACT_workforce_profile_survey_screen_dump.doc

Appendix 5: The survey instrument

As described in the previous Appendix, the survey was conducted online. In addition, a screen dump of the survey was provided as a Microsoft Word document for the use of anyone who did not have access to an internet-enabled computer. Some organisations used this facility, with the respondent completing the paper copy of the survey and a colleague entering it online for them.

A copy of the screen dump of the survey, along with its covering note, follows.

Social Research & Evaluation Pty Ltd
ABN 40 113 241 973
David McDonald, Director
PO Box 1355
Woden ACT 2606
Australia
Phone: (02) 6231 8904
Mobile: 0416 231 890
Facsimile: (02) 9475 4274
Email: mail@socialresearch.com.au
www.socialresearch.com.au

ACT Alcohol & Other Drugs
Workforce Profile Survey
April 2006

This survey has been commissioned by ACT Health's Alcohol & Other Drug Policy Unit and is being conducted at the request of the heads of the ACT's alcohol and other drugs (AOD) agencies, both non-government and government. Its aim is to develop a profile of the ACT AOD workforce and explore its staff development needs.

The survey will be conducted online during the first half of April 2006.
It is accessible at http://tinyurl.com/zhswd or
http://www.surveymonkey.com/s.asp?u=955631972057 .

This document contains screen dumps of the online survey. If any staff members are unable to complete the survey online, the option exists for them to complete this paper version and a colleague could enter it for them.

David McDonald, whose contact details are set out above, can provide further information on technical aspects of the survey.

v2: ACT Alcohol & Other Drugs Workforce Profile Survey, 2006 Exit this survey >>

1. Introduction and information about the survey

Please read this Introduction and explanation of the survey. It covers two short pages.

Thank you for agreeing to participate in this survey of the ACT's Alcohol and Other Drugs (AOD) Workforce. The survey covers all paid staff and volunteers working in AOD agencies in the ACT.

The survey is being conducted at the request of the heads of Canberra's AOD agencies (non-government and government), along with ACT Health's Alcohol & Other Drug Policy Unit. It is part of a wider project on AOD workforce development, a priority action in the ACT drug strategy 2004-2008.

The purpose of the survey is to provide an opportunity for all ACT AOD workers to tell us something about yourselves, your work roles, how competent you feel you are in various types of AOD work, and to let us know about your training needs, if any. As a member of Canberra's AOD workforce, your contribution is particularly valued.

The information you provide here will be aggregated in the report on the survey. No individual will be identifiable in the report and the information will not be used for work performance reviews. You are asked to provide the information for the sole purpose of producing a profile of the AOD workforce, and to assist in developing a workforce strategy including meeting training needs.

Everyone who participates in the survey will be given access to the report which will be produced summarising its findings.

Please click on 'Next', below.

Next >>

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2. Introduction and information about the survey (cont.)

The survey should take you about 15-20 minutes to complete and, as you can see, it is internet-based.

The information you provide through this survey will be automatically and confidentially transmitted to social researcher David McDonald of the Canberra-based consultancy Social Research & Evaluation Pty Ltd. You can contact David at phone (02) 6231 8904, mobile 0416 231 890, email mail@socialresearch.com.au. David will use the information provided to compile a report on the ACT AOD workforce for ACT Health and the heads of Canberra's AOD agencies.

To navigate through the survey, please use the 'Next' and 'Prev' (that is, 'previous') links found at the foot of each page. Please do **not** use the 'back' and 'forward' arrows in the top left-hand corner of your computer's screen or your entries will be lost.

Now ... please click 'Next' at the bottom of this page to start the survey. If you have to leave the survey at any time, just click 'Exit this survey'. Your answers will be saved.

Thanks again for your contribution to the ACT AOD workforce profile!

David McDonald

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3. Identification

This section seeks basic information about where you work. It also asks for your name.

The information you provide in this survey will be confidential, seen only by the person conducting it, David McDonald. We are asking you to provide your name, however, to track just who has completed it and who has yet to do so.

David will send to agency heads a list of their people who have completed the survey. This will enable agency heads to follow-up with people yet to do the survey. **No other information on individuals will be returned to your organisation. The other information that you provide will remain confidential.**

1. Your name

2. Your organisation

3. The name of the unit within your organisation (if applicable)

4. The title of your position

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v2: ACT Alcohol & Other Drugs Workforce Profile Survey, 2006 Exit this survey

4. Your alcohol & other drugs (AOD) work role

5. What is your occupation? (Tick more than one if applicable)

- [ ] AOD worker
- [ ] Nurse
- [ ] Psychologist
- [ ] Social worker
- [ ] Doctor
- [ ] Manager
- [ ] Administrator
- [ ] Other (please specify)

6. What is your current work role? (Tick more than one if applicable)

- [ ] Direct client services
- [ ] Management
- [ ] Administration
- [ ] Other (please specify)

7. What sort of work activities do you personally undertake (e.g. counselling, needle exchange, drug withdrawal nursing, information & education, referral, etc.)?

8. Are you working full time or part time (as defined by your organisation)?

- ( ) Full time
- ( ) Part time

(tick one)

9. Which of the following options best describes your current working arrangements?

- ( ) Permanent
- ( ) Contract
- ( ) Casual
- ( ) Unsure
- ( ) Other (please specify)

(tick one)

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v2: ACT Alcohol & Other Drugs Workforce Profile Survey, 2006 Exit this surv

5. Demographics

(please tick one answer for each question on this page)

10. What is your age group?

- 19 years or under
- 20-29 years
- 30-39 years
- 40-49 years
- 50-59 years
- 60 years or above

11. Your gender

- Male
- Female
- Transgender

12. Are you of Aboriginal or Torres Straight Islander origin?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

13. Where were you born?

- Australia
- Other Oceania
- Asia
- UK & Ireland
- Other (please specify)

14. What was the main language spoken at home by your parents?

- English speaking
- Non-English speaking (please specify)

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v2: ACT Alcohol & Other Drugs Workforce Profile Survey, 2006 Exit this survey >>

6. This section covers your work experience

15. How long have you been in the workforce, either as a paid worker or a volunteer, in any position? (Here we are thinking about any position in any field, not just AOD work.)

Years
Months

16. How long have you been working *in the AOD field specifically* (either as a paid worker or a volunteer)?

Years
Months

17. The previous question asked about your work in the AOD field specifically. However, some other types of work also involve AOD matters, including such areas as youth work, policing, mental health work, etc.

If applicable, how long have you worked *in an AOD-related field* separate from your work in the AOD field specifically (either as a paid worker or a volunteer)?

Years
Months

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7. This section covers your qualifications and training

First, please answer some questions about your qualifications. After that is a question about any training or education that you are currently undertaking.

18. What is the *highest qualification* that you have obtained?

(tick one)

- ○ No formal qualifications
- ○ Trade certificate
- ○ Non-trade certificate
- ○ Associate diploma
- ○ Undergraduate diploma
- ○ Bachelor degree (incl. honours level)
- ○ Postgraduate degree or diploma (including master's degree, other postgraduate degree, postgraduate diploma or doctorate)

19. Please identify all qualifications you have completed *specialising in Alcohol & Other Drugs or Addiction Studies*

- ☐ No qualifications
- ☐ Non-accredited training courses (including in-service)
- ☐ Accredited short course
- ☐ Certificate
- ☐ Associate diploma
- ☐ Undergraduate diploma
- ☐ Bachelor degree (incl. honours level)
- ☐ Postgraduate degree or diploma
- ☐ Other (please specify)

20. Have you ever completed a formal first aid course and attained your first aid certification? If so, which course?

(tick one)

- ○ No
- ○ Yes, Apply Basic First Aid (St John's Senior First Aid Certificate or Aust. Red Cross Basic First Aid Certificate)
- ○ Yes, Apply Advanced First Aid (St John's Advanced First Aid Certificate or Aust. Red Cross Intermediate First Aid Certificate)
- ○ Yes, but I do not know its level
- ○ Yes, another first aid course (please specify)

21. If you have a first aid qualification, is it current or has it lapsed? (First aid qualifications generally last for three years, after which you need to complete another course.)

(tick one)

- ○ Not applicable - no first aid qualification
- ○ Current
- ○ Lapsed (no longer current)
- ○ Unsure

22. Have you ever completed a Cardiopulmonary Resuscitation (CPR) course? If so, is your CPR qualification current or has it lapsed?

(tick one)

- ○ No, I have not completed a CPR course
- ○ Yes, and my CPR qualification is current
- ○ Yes, but my CPR qualification has lapsed
- ○ Yes, I have done the CPR course but am unsure if my qualification is current or has lapsed

23. Are you currently engaged in any AOD-specific education or training programs, for example Certificate IV in Alcohol & Other Drugs Work? If so, please provide the name of the course.

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8. Self-assessed competency at the Certificate IV level

This section invites you to assess your competencies in AOD work.

The information you provide will only be used in aggregated form. No individuals will be identified in the report on the survey. This information will not be used for work performance review purposes. Rather, it will be used to guide the development of an ACT AOD Workforce Development Program.

These questions are about AOD-specific competencies at the level of the Certificate IV in Alcohol and Other Drugs Work. The Certificate IV level is the industry entry standard for the AOD sector whereas the Diploma (not covered in this survey) requires higher level specialist knowledge, skills and competencies.

How do you rate your competency (work skills) at the Certificate IV level in the following areas?

24. Orientation to the AOD sector

(please tick one response in each row)	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Work within the context of the alcohol and other drugs sector (e.g. how AOD work relates to social, cultural, political and economic issues)	○	○	○	○	○	○
Develop knowledge of the alcohol and other drugs sector (e.g. the pharmacology & effects of drugs)	○	○	○	○	○	○
Demonstrate commitment to the central philosophies of the alcohol and other drugs sector (e.g. harm minimisation and health promotion)	○	○	○	○	○	○

25. Support people with alcohol and/or other drugs issues

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Respond to cues (verbal & non-verbal)	○	○	○	○	○	○
Assist in responding to people's needs (e.g. their physical comfort, information on services available)	○	○	○	○	○	○
Use self-protection strategies (e.g. conflict resolution approaches)	○	○	○	○	○	○

26. Work with clients who are intoxicated

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Provide a service to intoxicated clients (e.g. identify signs of intoxication and conditions that mask or mimic intoxication)	○	○	○	○	○	○
Assist client with longer term needs (e.g. contacting their support networks, suicide prevention)	○	○	○	○	○	○
Apply strategies to reduce harm or injury (e.g. prevention & management of aggression)	○	○	○	○	○	○

27. Assess the needs and status of clients who have AOD issues

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Assess the needs and status of client/s (e.g. use standardised assessment instruments)	○	○	○	○	○	○
Develop a case management plan with the client (e.g. negotiate goals and action plans with the client)	○	○	○	○	○	○
Refer clients (e.g. support the client in making contact with another agency)	○	○	○	○	○	○

28. Work with clients who have alcohol and other drug issues

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Provide services to meet client needs (e.g. relapse prevention, motivational interviewing, case management)	○	○	○	○	○	○
Review client progress (e.g. against client's goals and action plans)	○	○	○	○	○	○
Evaluate work undertaken with clients (e.g. seek and use feedback from clients, supervisors and other AOD workers)	○	○	○	○	○	○

29. Provide advanced interventions to meet the needs of clients with alcohol and/or other drug issues

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Apply suitable counselling and support techniques to assist individual with AOD issues (e.g. relapse prevention, cognitive behavioural therapy, group counselling)	○	○	○	○	○	○
Review personal and agency ability to deliver service to address all client needs	○	○	○	○	○	○

30. Provide needle and syringe services

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Provide needle and syringe services (e.g. understand legal requirements, harm minimisation principles)	○	○	○	○	○	○
Provide education on safer drug use (e.g. about blood-borne viruses, safer injecting)	○	○	○	○	○	○

31. Provide AOD withdrawal services

	I have no skill in this area, and require continual support	I have minimum competency in this area, and require intermittent support	I am mostly competent in this area, and require only occasional support	I am competent in this area, and can work in it independently	I have advanced competence in this area, and am able to support/train other workers in it	Not applicable, as not relevant to my work role
Check needs of clients (e.g. determine if medical or emergency assistance is needed)	○	○	○	○	○	○
Support management of withdrawal (e.g. monitoring client's physical state to ensure health & safety)	○	○	○	○	○	○
Evaluate client withdrawal (e.g. discuss with client and appropriate people in the organisation)	○	○	○	○	○	○
Assist clients with ongoing harm minimisation (e.g. assist client to use self-help and other services)	○	○	○	○	○	○

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9. Other AOD competencies

You are approaching the end of this questionnaire. Thanks for continuing with it!

Here are a small number of questions about other competencies that you may have in the AOD field, and related matters. We deal first with mental health and then cover other areas.

32. Do you have any qualifications or training in AOD/mental health co-morbidity (dual diagnosis)?

- No, and not relevant to my work role
- No, but it is relevant to my work role
- Yes, on-the-job training only
- Yes, formal training (please specify)

(tick one)

33. How competent do you feel about working with clients experiencing AOD/mental health co-morbidity (dual diagnosis)?

- Not applicable, as not relevant to my work role
- I have no skill in this area, and require continual support
- I have minimum competency in this area, and require intermittent support
- I am mostly competent in this area, and require only occasional support
- I am competent in this area, and can work in it independently
- I have advanced competence in this area, and am able to support/train other workers in it

(tick one)

34. What are you good at in your AOD work that we haven't covered yet?

35. Perhaps you are aware of some gaps in your AOD work skills.

Can you think of any work skills that you would like to attain through on-the-job or other types of training? If so, what are they?

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10. Recognition of prior learning

Some States have programs for assessing AOD workers' competencies (work skills), including the *formal recognition of prior learning* attained through non-accredited short courses and on-the-job training and experience.

36. If the opportunity were made available in the ACT, would you be interested in having your AOD work competencies assessed with a view to gaining formal recognition of your prior learning?

- ○ No
- ○ No, because I already have a formal AOD qualification (e.g. a degree in addiction studies) so do not need recognition of prior learning
- ○ Yes, at the Certificate IV level
- ○ Yes, at the Diploma level
- ○ Yes, at some other level (please specify)

(tick one)

37. What training, if any, would you like to have available *and undertake* to improve your skills and knowledge as an AOD worker?

38. Some States are moving to the position where people wanting to work in a paid position in the AOD field will need to have the Certificate IV in Alcohol and Other Drugs Work or a higher qualification specialising in this area.

Do you think this policy would be appropriate for the ACT in the future?

- ○ Yes
- ○ No
- ○ Unsure

(tick one)

39. Is there anything else you would like to tell us or suggest about your work roles, competencies, training experiences or training needs?

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11. Survey completed!

That's the end of the survey. Many thanks for completing it. Your contribution will greatly assist in the development of a sound ACT AOD Workforce Strategy.

When you click on 'Finished', below, your responses will be automatically and confidentially delivered to David McDonald for incorporation into a report on the ACT Alcohol & Other Drugs Workforce, its competencies and its training needs. You will have access to the report when it is distributed.

Thanks again for contributing to this project!

David McDonald

Consultant in Social Research & Evaluation

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