

Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020

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About NCETA

NCETA is based at Flinders University in South Australia and is an internationally recognised research and training centre that works as a catalyst for change in the alcohol and other drug (AOD) field. NCETA's areas of expertise include training needs analyses, the provision of training and other workforce development approaches. We have developed training curricula, programs and resources, and provided training programs, to cater for the needs of: specialist AOD workers; frontline health and welfare workers; Aboriginal workers; community groups; mental health workers; police officers; and employers and employee groups. The Centre focuses on supporting evidence-based change and specialises in change management processes, setting standards for the development of training curriculum content and delivery modes, building consensus models and making complex and disparate information readily accessible to workers and organisations.

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Executive Summary

The 2019-2020 National Alcohol and Other Drug (AOD) Workforce Survey was undertaken to inform national and jurisdictional workforce planning and workforce development initiatives. This was the first national survey of the Australian AOD workforce since 2005 (Duraisingam, Pidd, Roche & O'Connor, 2006). This report presents the preliminary findings from the National AOD Workforce Survey describing broad trends and themes, pending full publication of our data comprising in-depth analysis.

The survey was conducted by the National Centre for Education and Training on Addiction, Flinders University, as part of its contracted program of work for the Australian Government Department of Health.

Method

The survey was developed by NCETA in consultation with an Expert Advisory Group and was designed to complement existing AOD workforce jurisdictional surveys and comprised validated survey items wherever possible. The full survey protocol is available online: <http://nceta.flinders.edu.au/index.php?clD=702>.

The survey addressed key workforce planning and development issues comprising personal demographics, employment and client characteristics, qualifications and professional development needs, working conditions, organisational characteristics, recruitment and retention, and worker health and wellbeing.

To capture the breadth of the AOD workforce, the eligibility criteria for participation was deliberately broad, and included specialist AOD workers in client and non-client service roles and general health professionals who treated AOD clients. The survey was widely promoted through various dissemination channels in the AOD sector and on social media, was administered online using Qualtrics and was accessible from August 2019 to February 2020. The current findings reflect a national perspective based on data collected from each Australian State and Territory, and may not reflect the particular context of each jurisdiction.

Results

Workforce profile

A total of 1506 workers completed the survey. The majority were employed in the non-government sector (57%) and based in metropolitan locations (64%). Women (69%) outnumbered men 2:1, just over one third (35%) were aged 50-64 years, and 6% identified as Aboriginal and/or Torres Strait Islander, double the proportion in the Australian population. A majority (65%) of workers reported AOD lived experience (personal, family, other), of whom two thirds (63%) declared it to their workplace.

The AOD workforce included a diverse range of occupations in various work roles. The largest cohort comprised drug and alcohol counsellors (23%). The majority (71%) of workers indicated their main work role was direct client service provision, and around one quarter (24%) were in a management role.

Qualifications and experience

Most workers held an undergraduate degree or higher (58%) as their highest general qualification. Just under half (46%) held AOD-related qualifications at a vocational or tertiary level. Considering only those in direct client service roles, two thirds (67%) had AOD-related qualifications at a vocational or tertiary level.

The AOD workforce contained a mix of experienced workers and those new to the sector. A substantial group of workers had 10 or more

years of experience in the AOD sector (41%). In contrast, 8% were very new (less than 1 year) to the sector and 21% were relatively new (1-3 years).

Professional development

Priority areas for further professional development focused on enhancing skills in responding to clients with complex needs such as trauma, mental health issues and family violence. Over half of the workers wanted further training on working with Aboriginal and/or Torres Strait Islander clients and working with children and families. Leadership, management and clinical skills were also identified as priority areas for further training.

Employment conditions

The majority of workers (75%) were employed on permanent contracts, and most (62%) were employed full-time. While, 56% of all workers were satisfied with their pay two thirds (66%) also felt that their jobs were secure. Among full-time workers, 41% earned less than the average Australian income.

Job quality

The majority of client service workers (87%) had access to clinical supervision or practice support. Most workers (63%) had access to flexible work time to suit their needs and felt supported (70%) and respected (61%) at work. The majority of workers (70%) were also satisfied with their current progress within their organisation, however there was less satisfaction in relation to future opportunities to get ahead in their organisation (44%). The perception of AOD work being demanding was common. Over half of the workforce (58%) felt constant time pressure due to high workloads and 41% worked overtime or extra hours a few times a week or more often. Of those who worked overtime, approximately one quarter (23%) did not receive any form of compensation.

Recruitment and retention

Recruitment of new workers was reported to be more challenging than retention of existing workers by managers (50%) and workers in general (43%). Most workers (95%) had worked in another sector prior to joining the AOD workforce, most commonly the health and community sectors (43%).

In terms of retention, 14% of workers intended to leave the sector and 23% intended to leave their job in the next 12 months. Common drivers of turnover were stress, burnout, high workloads, poor salary/benefits and lack of career progression.

Worker wellbeing

The majority of workers were satisfied with their jobs (81%) and the sector (74%), and felt their work was meaningful (93%). Most workers (74%) were also enthusiastic about their job and rated their general health (82%) and quality of life (81%) highly. There was a small but substantial cohort of workers who showed signs of chronic stress: 13% felt high levels of burnout, 21% experienced regular exhaustion and one quarter (26%) only occasionally felt enthusiastic about their work.

Conclusion

The Australian AOD workforce comprises high proportions of women and workers in the mid-age range, which is typical of the human services workforce profile overall. The 2019-2020 Australian AOD workforce comprised workers from a range of occupations and a variety of work roles with the largest occupational group being drug and alcohol counsellors.

Overall, the workforce is well qualified at the vocational and tertiary level. Although the majority of workers in client service roles held AOD-related qualifications, approximately one third did not hold any form of AOD-related qualification. Most workers were satisfied with their jobs and intended to stay in the AOD sector.

Priorities for workforce development include strategies to enhance recruitment given the older age profile of the workforce, appropriately tailored professional development and other supports for both new and very experienced workers, and enhanced career opportunities within AOD organisations and the sector. National and jurisdictional attention is warranted in regard to the one third of workers in direct client service roles who do not have AOD-related qualifications at the vocational or tertiary levels. Strategies to address and prevent chronic stress and burnout are also highlighted as a priority to ensure a sustainable and healthy workforce.

Introduction

The National Alcohol and Other Drug (AOD) Workforce Survey 2019–2020 is the first national survey of the Australian AOD workforce since 2005 (Duraisingam, Pidd, Roche & O'Connor, 2006; Duraisingam, Pidd & Roche, 2009). The National Centre for Education and Training on Addiction (NCETA, Flinders University) undertook the national workforce survey as part of its contracted program of work for the Australian Government Department of Health. The aim was to conduct a comprehensive national survey to provide consistent data to inform national and jurisdictional workforce planning and workforce development. An Expert Advisory Group contributed to the development of the National Survey.

The survey was widely promoted through various dissemination channels in the AOD sector such as the Drug and Alcohol Research Connections publication, conferences and seminars including the Australasian Professional Society on Alcohol & other Drugs' (APSAD) annual conference. Various industry stakeholders promoted the survey through their networks, including the member organisations of the State and Territory AOD NGO Peaks Network, Drug and Alcohol Nurses Association (DANA), Australian Indigenous HealthInfoNet Alcohol and Other Drugs Knowledge Centre, and the Australasian Society for the Study of Brain Impairment (ASSBI). Participating government agencies also emailed invitations to participate in the survey to relevant staff in AOD roles, including the Drug and Alcohol Services South Australia (DASSA), various NSW Health Local Health Districts, Next Step WA and Qld Mental Health Commission. Social media was also used extensively to promote the survey, including Twitter and Facebook.

This report presents the preliminary findings from the National AOD Workforce Survey describing broad trends and themes, pending full publication of our data comprising in-depth analysis.

Method

The National Survey was conducted from 14 August 2019 to 19 February 2020. The survey was developed by NCETA, informed by existing jurisdictional surveys of the AOD workforce, validated survey items and consultation with the Expert Advisory Group. The full survey protocol is available online: <http://nceta.flinders.edu.au/index.php?cID=702>.

The survey was reviewed and approved by the Flinders University Human Research Ethics Committee, the Southern Adelaide Clinical Human Research Ethics Committee (under the auspices of the National Mutual Acceptance (NMA) Scheme) and the Government of Western Australia Northern Metropolitan Area Mental Health Services Human Research Ethics Committee. Research governance reviews were undertaken in each state or territory jurisdiction/local health district in which direct (email) approaches to government employees were supported.¹

To capture the breadth and depth of the AOD workforce, the eligibility criteria for participation was deliberately broad. Those eligible to participate included workers in specialist AOD roles and workers in other roles (e.g., GPs, pharmacists) that included AOD-related work or AOD clients. The invitation to participate was extended to workers providing direct services to AOD clients and workers in other roles who were employed in AOD organisations (e.g., administrators, researchers).

The National Survey was administered online using Qualtrics. The survey was divided into seven parts addressing personal demographics, employment and client characteristics, qualifications and professional development needs, working conditions, organisational characteristics, recruitment and retention, and worker health and wellbeing. Survey items comprised a combination of multiple and fixed choice questions, and a series of Likert scales (agree-disagree) addressing psychosocial variables (e.g., job satisfaction, burnout). Participants were free to decline to answer particular questions or to discontinue the survey at any time. The full survey protocol is available online: <http://nceta.flinders.edu.au/index.php?cID=702>.

Select quotes from an open text question at the end of the survey are included with the results ('Is there anything else you would like to say to help us better understand the AOD workforce and sector?').

The current findings reflect a national perspective based on data collected from each Australian State and Territory, and may not reflect the particular context of each jurisdiction.

¹An approved pro-forma email inviting survey participation was disseminated to relevant staff by the representative of each jurisdiction/local health district which agreed to participate in the survey.

Results

Overall, 1506 workers completed the National Survey including 263 partially completed surveys. Reflecting the Australian population distribution, the majority of survey respondents were based in Victoria², New South Wales and Queensland (Table 1).

Table 1 Location (State/Territory) of survey respondents (n = 1322)

Jurisdiction	N	%
Victoria	375	28
New South Wales	301	23
Queensland	274	21
Western Australia	181	14
South Australia	118	9
Northern Territory	29	2
Australian Capital Territory	24	2
Tasmania	20	2
Total	1322*	100

*184 respondents did not answer this question. Source: Q6.2 'In which State/Territory do you work?'

Workforce profile

Two thirds (64%) of the AOD workforce were based in metropolitan locations (Table 2). One third (33%) were based in rural locations and a small proportion (3%) were located in remote areas. The majority (57%) of the workforce was employed in the non-government sector (Figure 1).

Table 2 Location (metropolitan, regional) of workers (n = 1269)

Region	N	%
Metropolitan	816	64
Rural	415	33
Remote	38	3
Total	1269	100

Source: Q6.3 'What is the main location of your work?'

²The Victorian data for the National Survey was collected as part of the Victorian Department of Health and Human Services Worker Survey (Skinner, McEntee & Roche, 2019). A random sample from the Victorian Worker Survey (n = 375) was included in the National Survey sample (n = 1506).

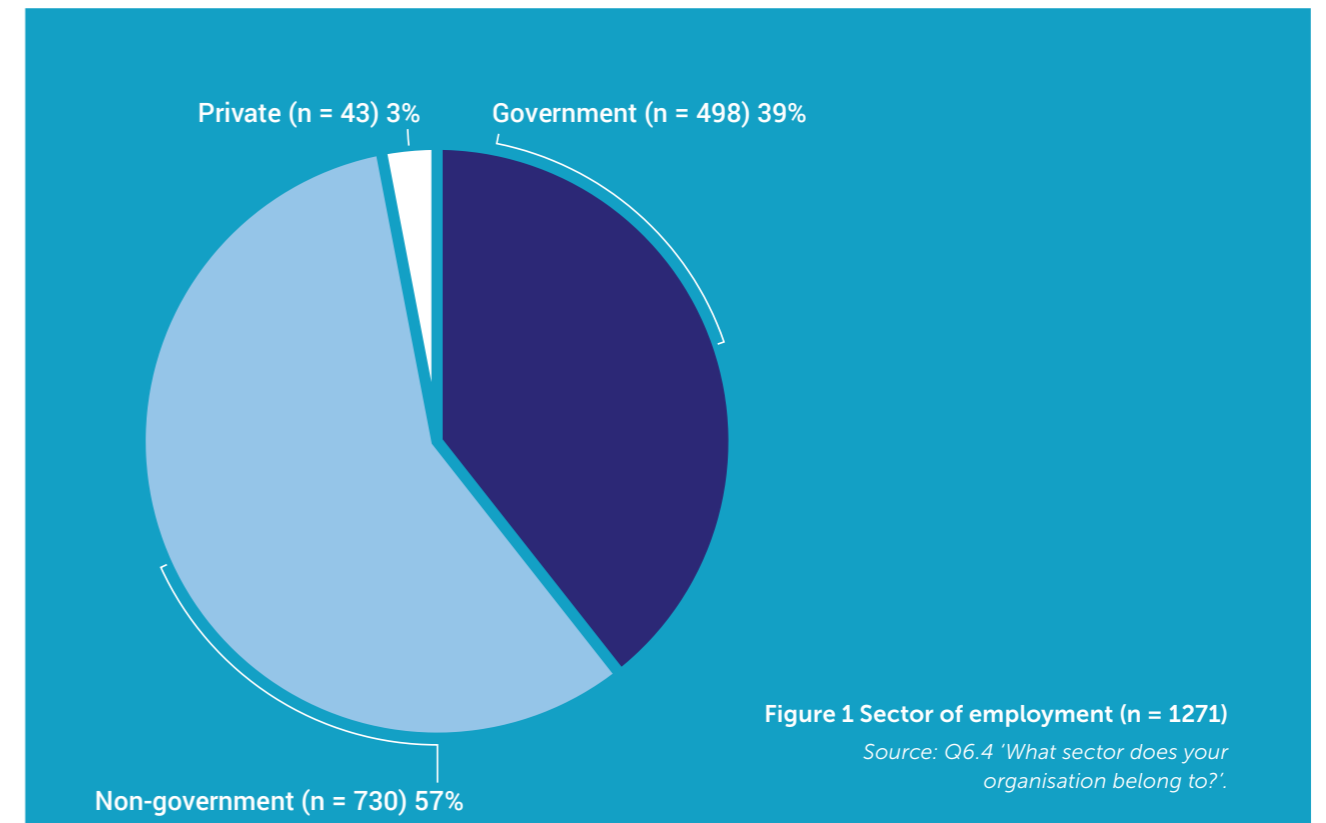


Figure 1 Sector of employment (n = 1271)

Source: Q6.4 'What sector does your organisation belong to?'

Personal and social demographics

Age

Three quarters (76%) of the AOD workforce were in the mid or older age groups (36+ years) (Figure 2). One fifth (20%) of workers were aged 26 - 35 years, with only a small proportion (4%) of workers aged 25 years or younger.

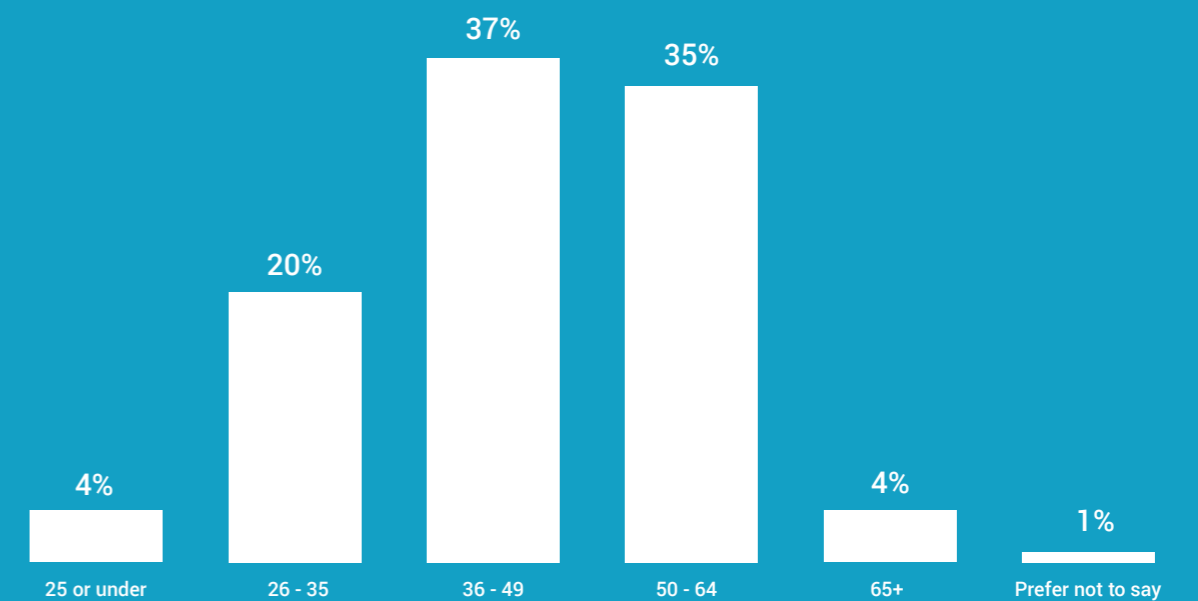


Figure 2 Age profile of workers (n = 1414)

Source: Q2.5 'What is your age?'

Gender and sexual identity

The majority (69%) of workers in the AOD sector were women (Figure 3). A small proportion (1%) of workers reported another gender identity or preferred not to specify a gender (1%).

Most workers identified as straight/heterosexual (82%). Another sexual identity was selected by 14% of workers and 4% preferred not to specify their sexual identity.

Caring responsibilities

Slightly less than half of the AOD workforce had caring responsibilities (44%). Of those who provided care, the majority cared for their child/children (81%), an older person (36%), a person with a disability (10%) or another person (6%).

Cultural diversity

Six percent of workers identified as Aboriginal and/or Torres Strait Islander, which is two times higher than the national population (3%) (ABS, 2017). A small proportion of workers (2%) preferred not to specify their status on this question.

One quarter of workers were born outside of Australia. Of those born elsewhere, the majority were born in the United Kingdom (40%) and New Zealand (10%). Twenty percent of workers spoke a language other than English and around one third (34%) of these multilingual workers used their additional language at work (6% of all workers used another language at work).

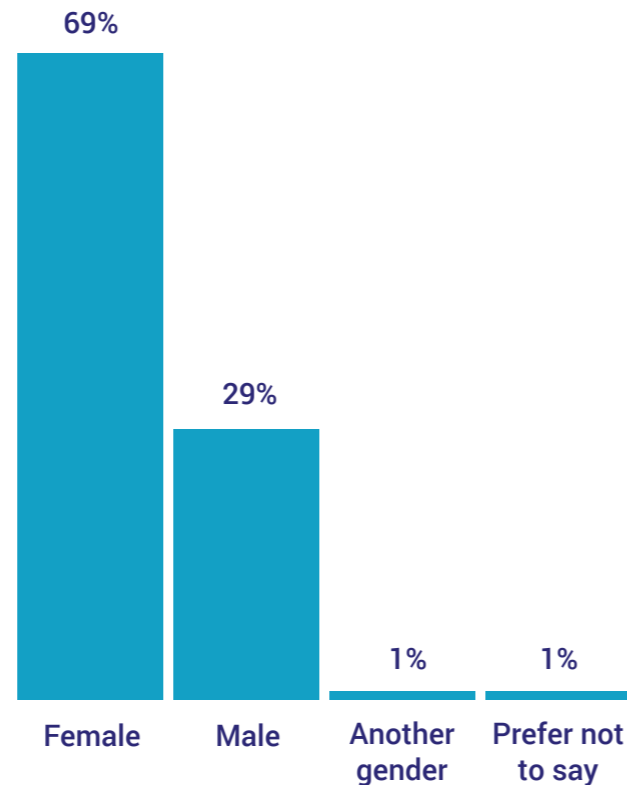


Figure 3 Gender profile of workers (n = 1489)

Source: Q2.2 'Please indicate your gender'.

Lived experience

The majority (65%) of workers reported they had lived experience of alcohol or other drug issues related to their own experience, a family member or other experience. Of those workers with lived experience, the majority (68%) had a family member with AOD issues and half (50%) had personal experience (Figure 4). Other experience reported by 15% of workers with lived experience included a range of circumstances, such as friends, ex-partners and community experiences of problematic alcohol or other drug use.

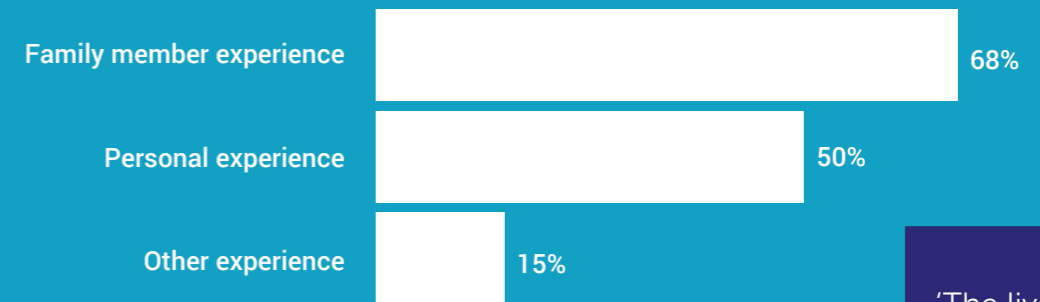


Figure 4 Workers with lived experience: Type of lived experience (n = 914)

Source: Q2.11 'Do you identify as having lived experience in relation to alcohol or other drug issues? (select all that apply)'. Proportions do not sum to 100% due to multiple response option.

'The lived experience workforce needs to be recognised and understood'

Nearly two thirds (63%) of workers with lived experience had disclosed their status to their workplace. The most common reason for non-disclosure was a lack of desire/perceived need to disclose (61%) (Figure 5). One third (33%) of workers had not disclosed their lived experience due to concerns about confidentiality and privacy, and 28% were concerned about stigma. Twenty nine per cent did not view their lived experience as relevant to their job.

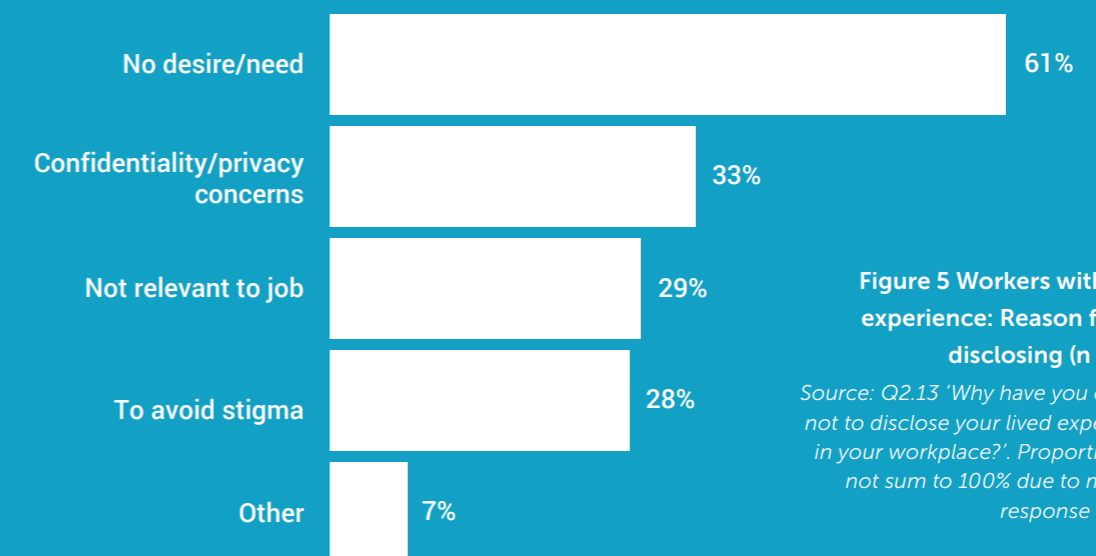


Figure 5 Workers with lived experience: Reason for not disclosing (n = 337)

Source: Q2.13 'Why have you chosen not to disclose your lived experience in your workplace?'. Proportions do not sum to 100% due to multiple response option.

Workers with lived experience were asked to identify the workplace supports that (a) they personally could access and (b) would be of greatest benefit for workers with lived experience (Figure 6). Peers and colleagues within the workplace were the most common source of support accessed by workers with lived experience, via informal peer support (68%) or regular debriefs with a colleague (50%). Counselling was accessed by around 42% of workers with lived experience (Figure 6). These three support options were also identified as being of greatest benefit for workers with lived experience.

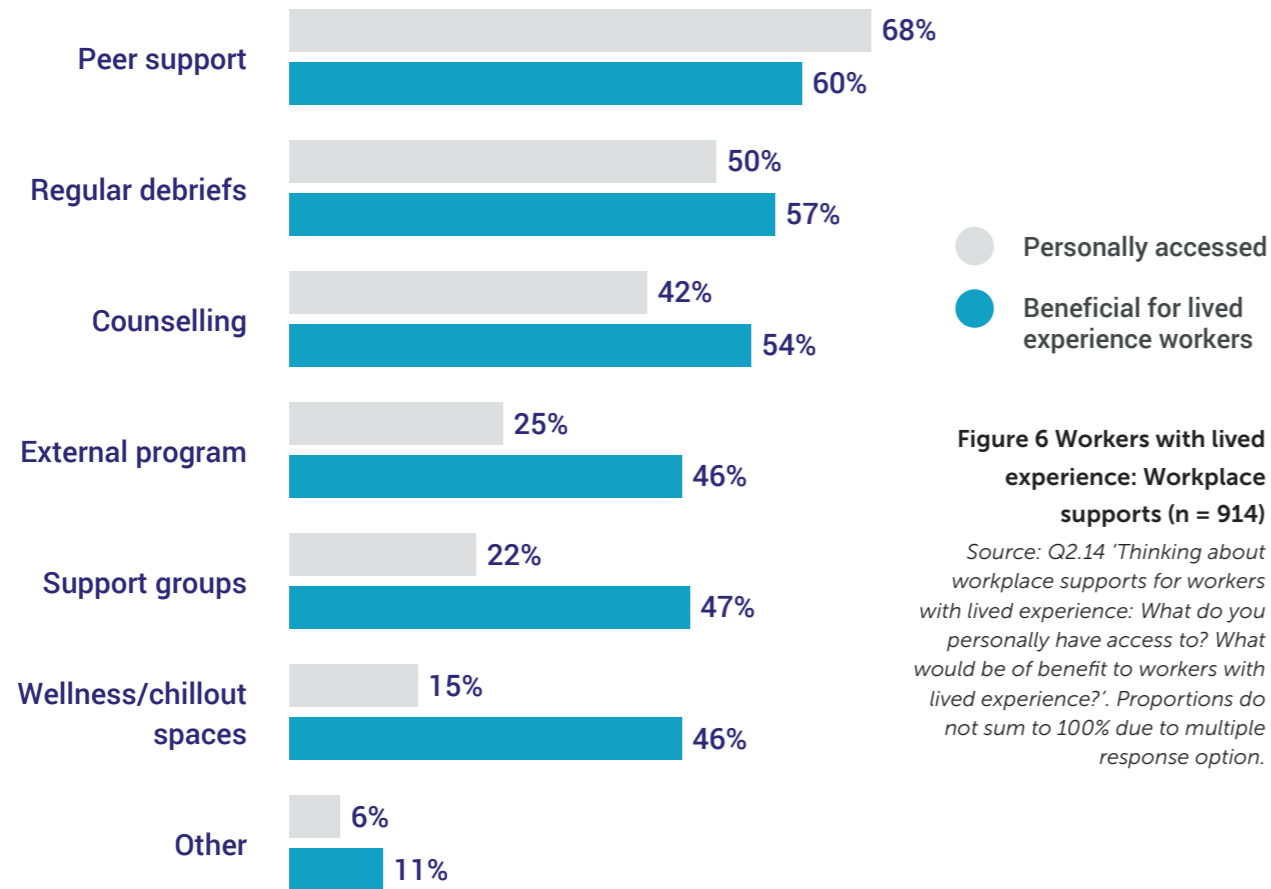


Figure 6 Workers with lived experience: Workplace supports (n = 914)

Source: Q2.14 'Thinking about workplace supports for workers with lived experience: What do you personally have access to? What would be of benefit to workers with lived experience?'. Proportions do not sum to 100% due to multiple response option.

Employment demographics

Occupation and main area of work

The AOD workforce included a wide range of occupations (Table 3). The three most common occupations were drug and alcohol counsellor (23%), drug and alcohol nurse (10%) and social worker (8%). Regarding main areas of work, counselling was the most common (18%), followed equally by intake/assessment and counselling, management of service/operation/program, administration, and support and case management (6%, respectively) (Table 4).

Table 3 Occupational profile (n = 1414)

Occupation	%
Drug and alcohol counsellor	23
Drug and alcohol nurse	10
Social worker	8
Service manager	7
Clerical and office support worker	5
Community worker	4
Counsellor	4
Contract/program/project administrator	4
Aboriginal alcohol and other drug worker	4
Health promotion officer	3
Nursing professional	3
Clinical psychologist	2
Research & development manager/professional	2
Chief Executive or Managing Director	2
Education professional	2
Policy and planning manager/professional	2
Office/practice manager	2
Youth worker	2
General registered nurse	2
Medical practitioner	1
Family support worker	1
Welfare support worker	1
Psychotherapist	1
Volunteer (unpaid)	1
Nurse practitioner	1
Personal assistant/secretary	1
Welfare worker	1
Social professional	1
Nurse educator	0.5
Enrolled nurse	0.3
General practitioner	0.3
Pharmacist	0.3
Psychiatrist	0.3
Public relations professional	0.2
Refuge worker	0.1
Total	102¹

¹Total does not equal 100 due to rounding. Source: Q3.2 'Which of the following best describes your occupation? (select 1)'. Occupational codes as defined by the Australian Bureau of Statistics (ABS) (2019).

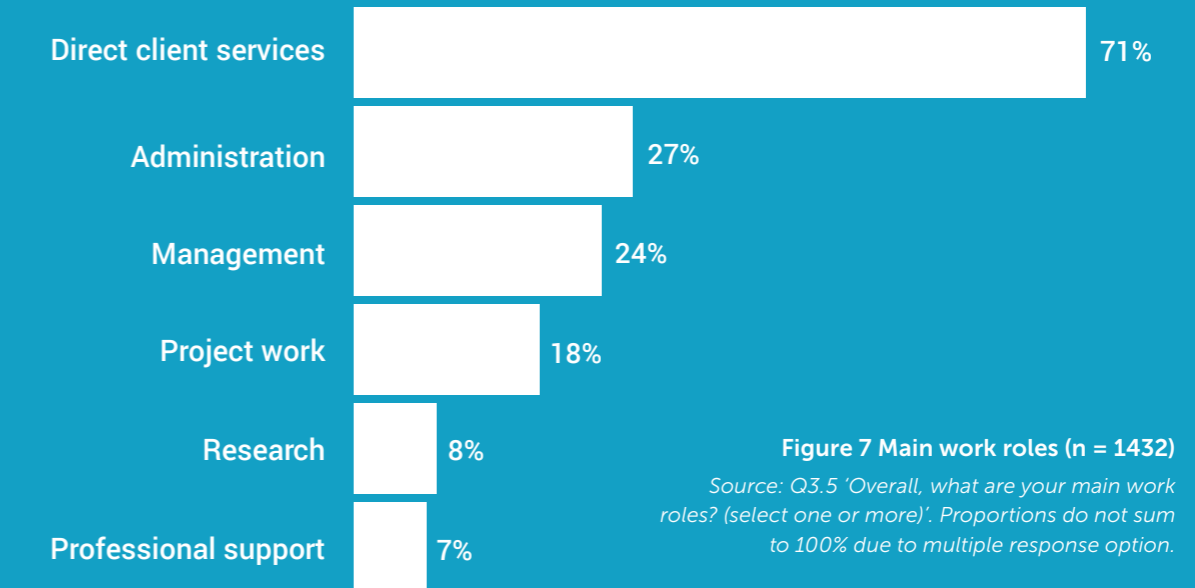
Table 4 Main area of work (n = 1417)

Main area	%
Counselling	18
Intake/assessment and counselling	6
Management of service/operation/program	6
Administration	6
Support and case management	6
Withdrawal management (detoxification)	4
Clinical oversight/management/coordination	4
Rehabilitation	4
Management/leadership of team	4
Pharmacotherapy	4
Other (please specify)	3
Project work	3
Harm reduction	3
Providing information and education	3
Dual diagnosis work	2
Intake/assessment work	2
Research/data analysis	2
Assessment	2
Lived experience work role/peer support/education/mentoring	2
Residential support work	2
Community development	1
Outreach	1
Care and recovery coordination	1
Needle and syringe program work	1
Youth programs	1
Policy and/or media work	1
Quality coordination	1
Forensic AOD counselling	1
Non-residential withdrawal nursing	1
Consumer representation/advocacy	1
Family therapy	1
Health services planning (catchment-based planning)	0.4
Unpaid volunteering	0.4
AOD Family Violence Advisor	0.3
Pharmacotherapy support work	0.3
Total	98.4¹

¹Total does not equal 100 due to rounding. Source: Q3.3 'What is your main area of work? (select 1)'.

Work roles

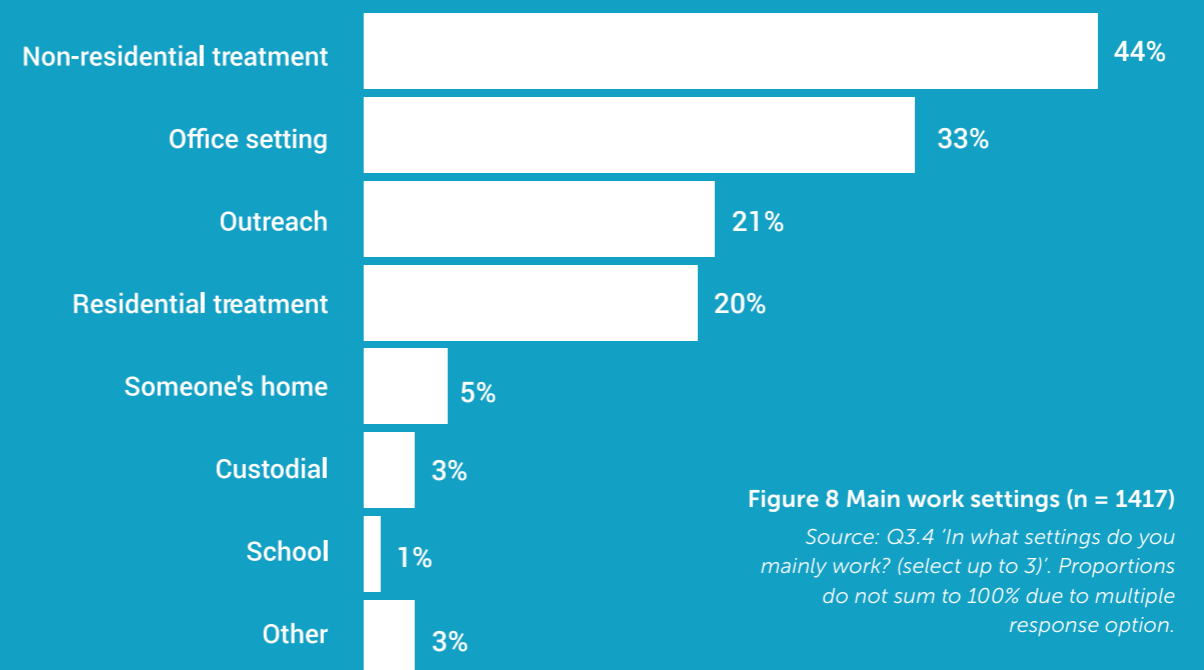
The majority (71%) of workers reported their main work role as direct client services (Figure 7). Around one quarter of workers identified management (24%) and administration as their main work roles (27%).

**Figure 7 Main work roles (n = 1432)**

Source: Q3.5 'Overall, what are your main work roles? (select one or more)'. Proportions do not sum to 100% due to multiple response option.

Work setting

The most common work settings were non-residential treatment facilities (44%) and office settings (33%) (Figure 8).

**Figure 8 Main work settings (n = 1417)**

Source: Q3.4 'In what settings do you mainly work? (select up to 3)'. Proportions do not sum to 100% due to multiple response option.

The majority of workers (79%) were employed in large (100+ employees) or medium sized (20 - 99 employees) organisations (Figure 9). A minority (15%) were employed in small organisations (< 20 employees).

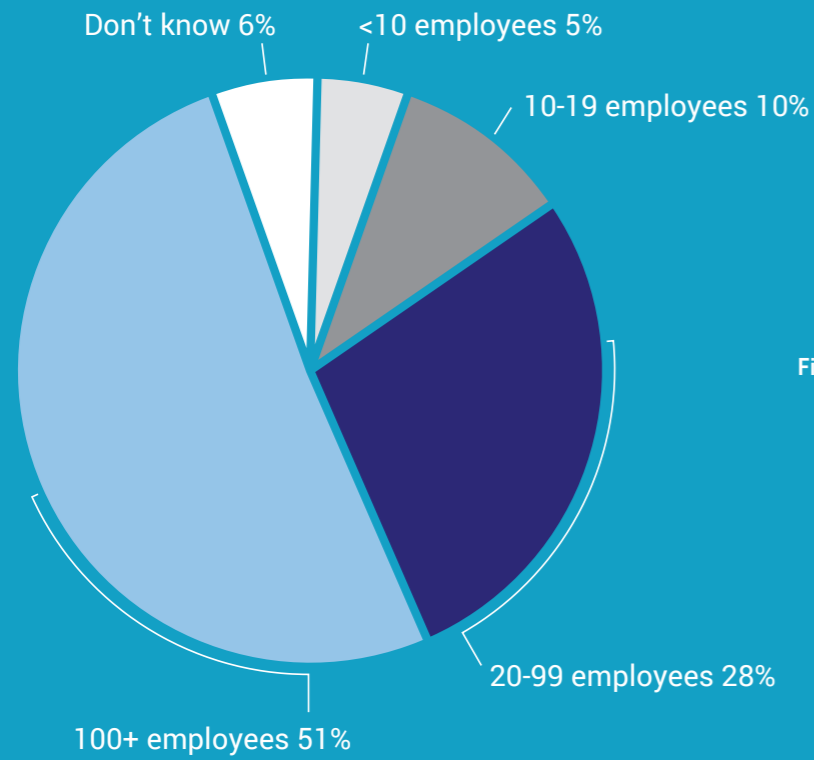


Figure 9 Organisation size
(n = 1267)

Source: Q6.5 'How many employees does your organisation have?'

Client groups

Of those workers who provided direct client services, the majority provided services to adults (61%) (Figure 10). Clients with dual-diagnoses were also a common group for targeted service provision. One quarter of workers did not have a specific client target group based on social demographics.

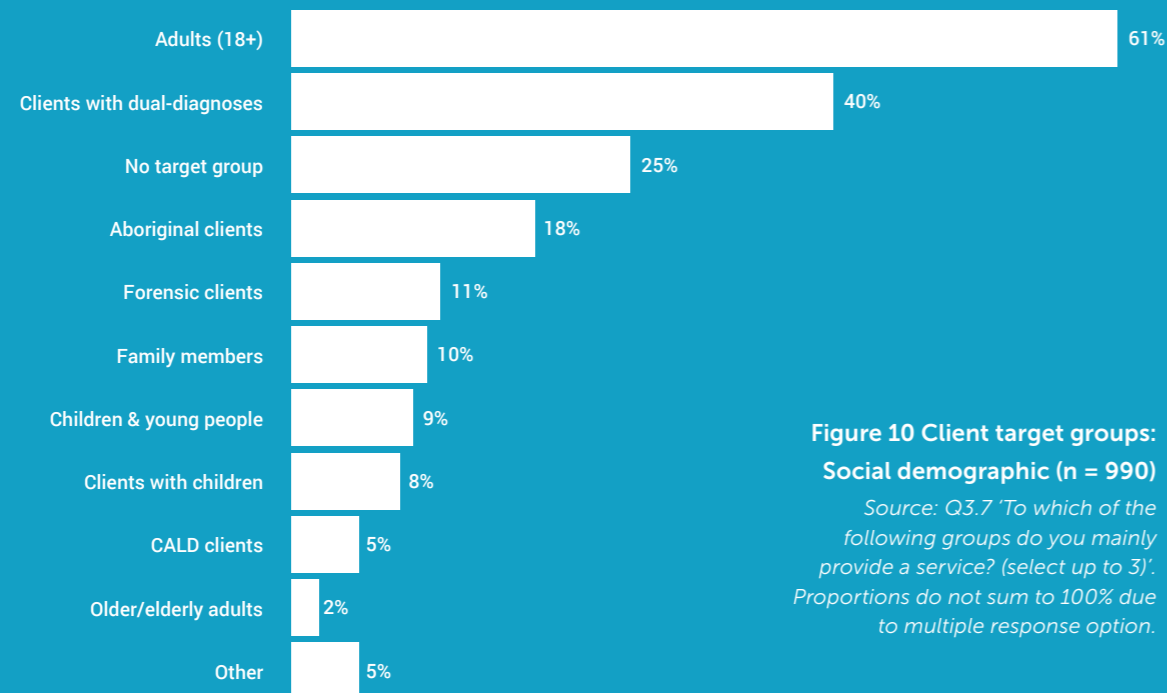


Figure 10 Client target groups: Social demographic (n = 990)

Source: Q3.7 'To which of the following groups do you mainly provide a service? (select up to 3)'. Proportions do not sum to 100% due to multiple response option.

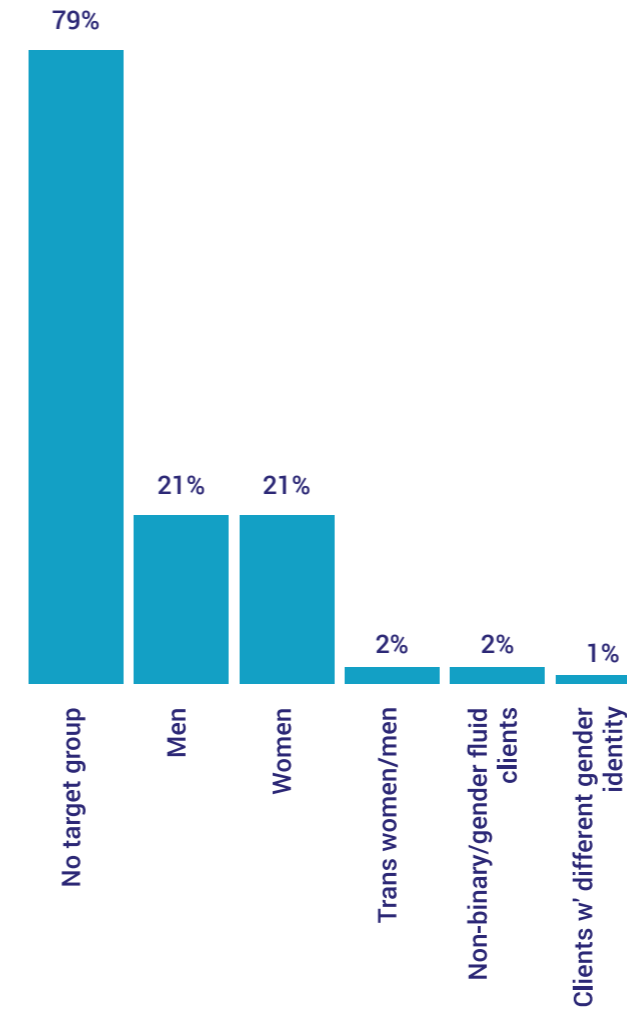


Figure 11 Client target groups: Gender (n = 982)

Source: Q3.8 'To which of the following groups do you mainly provide a service? (select up to 3)'. Proportions do not sum to 100% due to multiple response option.

Most workers did not provide services targeted towards clients of a particular gender (79%, Figure 11) or sexual identity (85%, Figure 12). Very few workers provided services targeted towards clients with trans, non-binary or other gender identities (Figure 11). Very few workers provided targeted services towards clients who were lesbian/gay, bisexual or had another sexual identity (Figure 12).

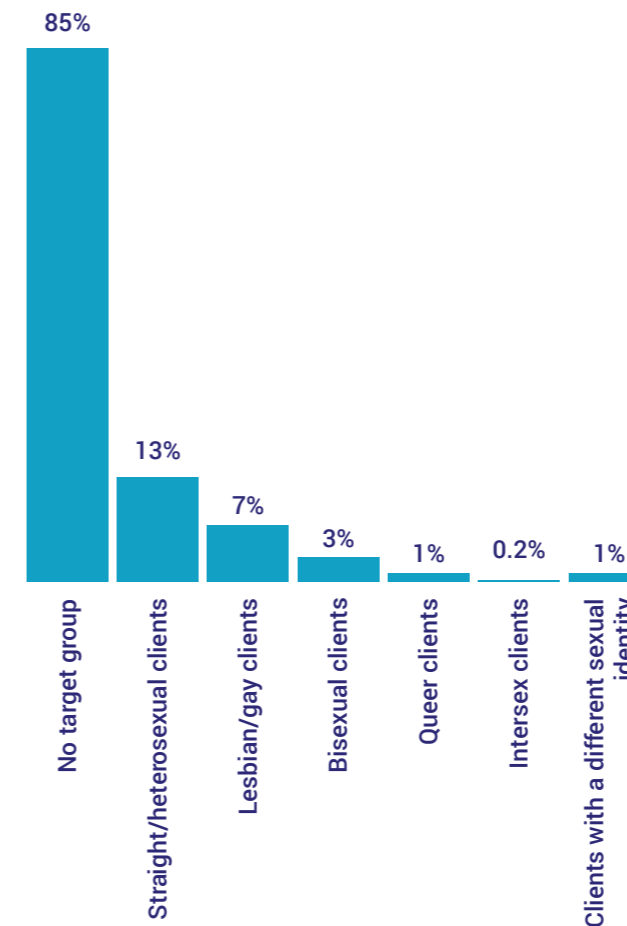


Figure 12 Client target groups: Sexual identity (n = 983)

Source: Q3.9 'To which of the following groups do you mainly provide a service? (select up to 3)'. Proportions do not sum to 100% due to multiple response option.

Most workers did not provide services targeted towards clients of a particular gender (79%, Figure 11) or sexual identity (85%, Figure 12). Very few workers provided services targeted towards clients with trans, non-binary or other gender identities (Figure 11). Very few workers provided targeted services towards clients who were lesbian/gay, bisexual or had another sexual identity (Figure 12).

Qualifications and experience

Qualifications

With regard to the highest general qualifications held by AOD workers, the majority held an undergraduate degree or higher (Figure 13). A small proportion of workers (3%) did not hold any tertiary or vocational qualifications. Just under half (46%) of the AOD workforce reported their highest AOD-related qualification was at vocational or tertiary level (Figure 14).

Considering only workers in client service roles, around half of these workers reported their highest AOD-related qualifications was Certificate IV in AOD or a tertiary qualification (Figure 14). In addition to reporting their highest AOD qualification, survey respondents were asked to report any vocational AOD qualifications they had completed. Considering only client service workers, 54% had completed one or more vocational AOD qualifications comprising the Diploma of Alcohol and Other Drugs (20%), Certificate IV in AOD (21%) or the AOD Skill Set (23%) (4 key units of competency within the Certificate IV in AOD).³ Eight per cent of client service workers held more than one vocational AOD qualification.

Overall, 67% of client service workers held a AOD-related qualification at a vocational or tertiary level. Of the client service workers who did not have any AOD-related qualifications, 16% were currently enrolled in a course to obtain a vocational AOD qualification. The most common work roles for client service workers without any AOD-related qualifications were counselling (25%), intake/assessment/counselling (12%) and support and case management (9%).

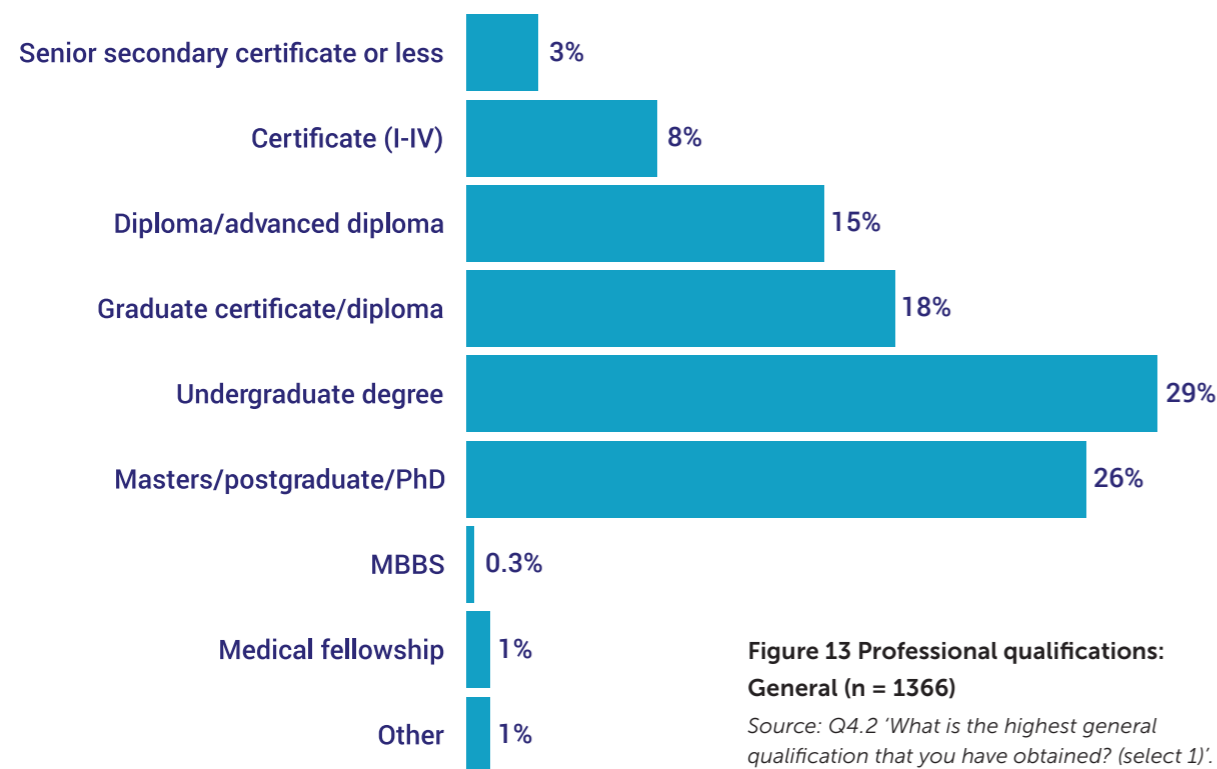


Figure 13 Professional qualifications: General (n = 1366)
Source: Q4.2 'What is the highest general qualification that you have obtained? (select 1)'.

³Proportions do not sum to 100% due to multiple response option on vocational qualifications obtained. In total, 21% of client service workers had completed Certificate IV in AOD. For 12% of these workers this was their highest AOD-related qualification (Figure 14).

Experience

The AOD workforce contained a mix of very experienced workers and those new to the sector. A significant cohort of workers had been in the AOD sector for 10+ years (41%) and around one quarter (23%) had been in their organisation for 10+ years (Figure 15). There was also a significant proportion of workers new to the sector; 8% were very new (less than 1 year) and 21% were relatively new (1 – 3 years). Nearly half (47%) of workers were relatively new to their organisation (3 years or fewer). Almost half (47%) of workers were in their first role in the AOD sector.

Confidence

Workers reported strong confidence in their professional capacities. The majority (93%) of the AOD workforce were confident in their capacity to do their job, and most direct client service workers (92%) were confident that they could meet the needs of their clients (Figure 16).

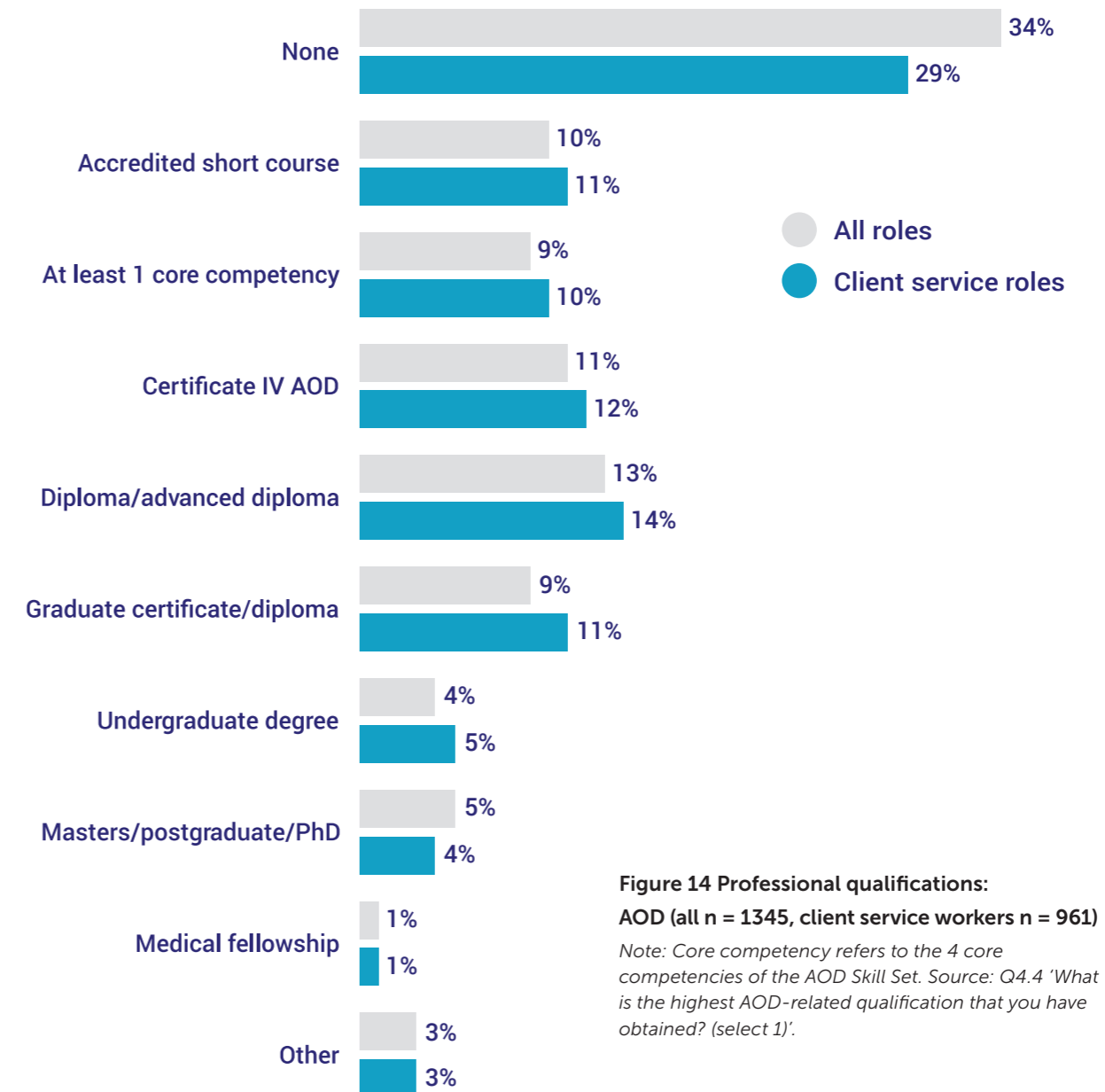
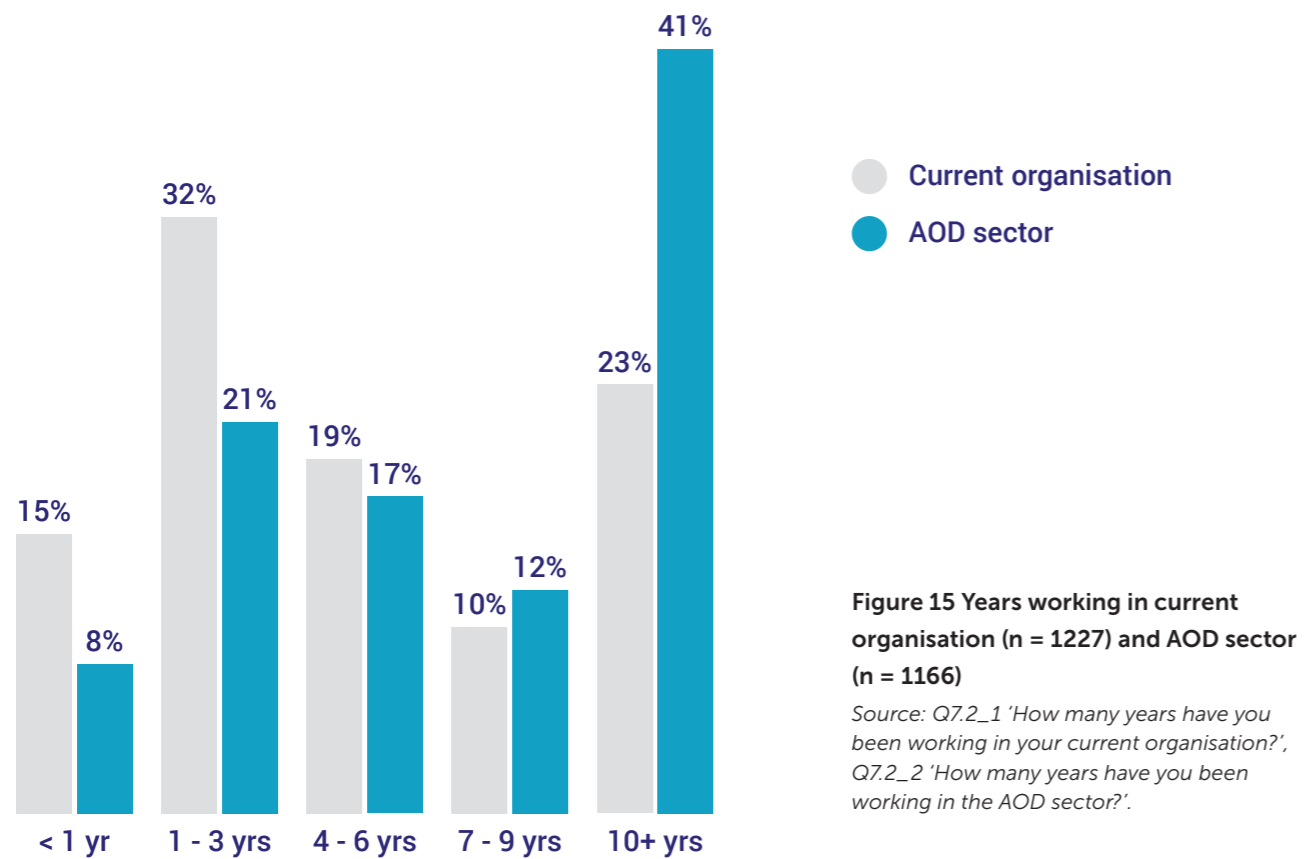


Figure 14 Professional qualifications: AOD (all n = 1345, client service workers n = 961)
Note: Core competency refers to the 4 core competencies of the AOD Skill Set. Source: Q4.4 'What is the highest AOD-related qualification that you have obtained? (select 1)'.



● Current organisation
● AOD sector

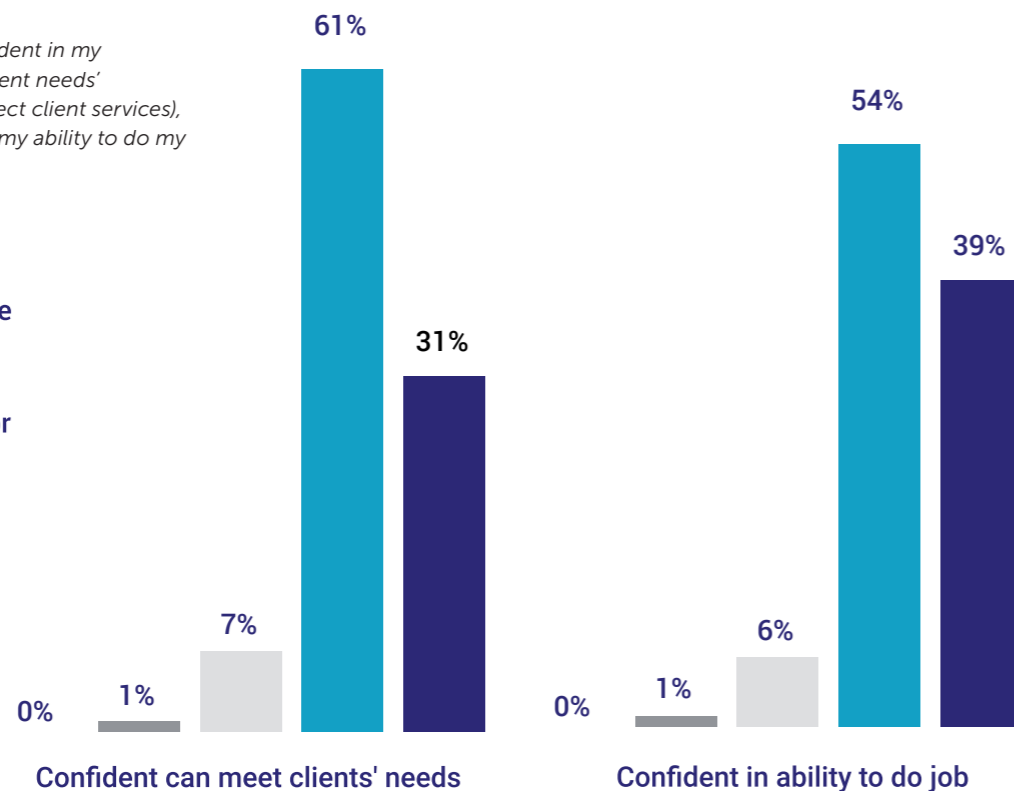
Figure 15 Years working in current organisation (n = 1227) and AOD sector (n = 1166)

Source: Q7.2_1 'How many years have you been working in your current organisation?', Q7.2_2 'How many years have you been working in the AOD sector?'

Figure 16 Confidence in capacity to meet clients' needs (n = 909) and do job (n = 1265)

Source: Q5.3.1 'I feel confident in my capability to respond to client needs' (workers who provided direct client services), Q5.2.10 'I am confident in my ability to do my job' (all workers).

● Strongly disagree
● Disagree
● Neither agree nor disagree
● Agree
● Strongly agree



Professional development and supervision

Most workers (89%) had participated in professional development activities over the previous three years. The most common activities were short training courses (non-accredited) (63%), brief non-accredited courses or seminars (56%), professional conferences (53%) and accredited short courses (40%).

'I would like to see less expensive and more advanced training opportunities ... designed for practitioners already working in the AOD sector with people at the 'pointy end' of the drug use spectrum'

Barriers to accessing professional development

The majority of workers (61%) reported they had no or very little difficulty accessing professional development. Moderate to significant access difficulties were reported by 39% of workers.

The most common barriers to accessing professional development were financial costs to the worker (45%) or their employer (35%), and lack of time (36%) (Figure 17). Difficulties finding relevant training (26%), and geographical constraints (23%) were also significant barriers that impeded access to professional development.

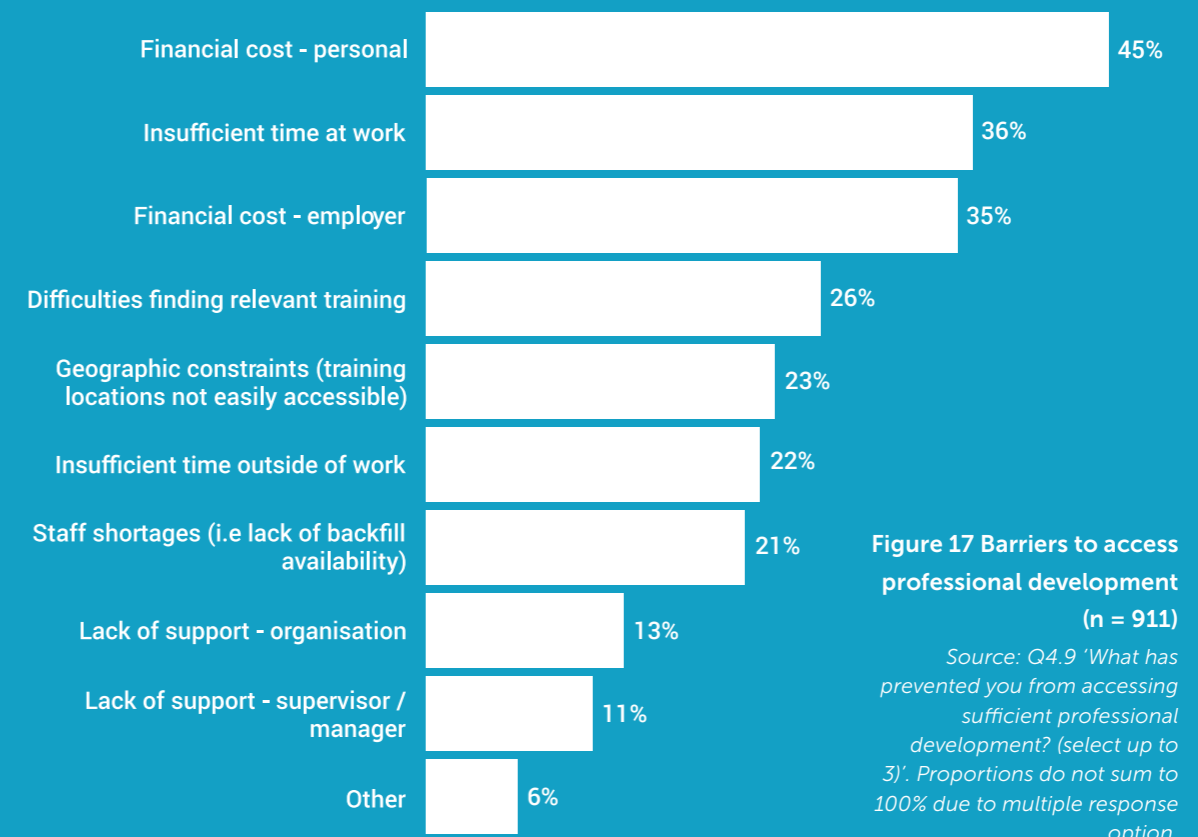


Figure 17 Barriers to access professional development (n = 911)

Source: Q4.9 'What has prevented you from accessing sufficient professional development? (select up to 3)'. Proportions do not sum to 100% due to multiple response option.

'AOD workers need to be upskilled in trauma informed care, domestic violence and mental health as clients that present with these issues fall through the cracks'

Training gaps

Workers identified a wide range of areas related to working with particular types of clients, and professional skills, in which they desired further development. Workers were most concerned with receiving training on working with clients who have experienced trauma (64%), have dual diagnoses/co-occurring mental health issues (62%) or who identify as Aboriginal and/or Torres Strait Islander (53%) (Table 5). With regard to professional skills, workers emphasised the need for upskilling in responding to clients with multiple and complex needs (55%), leadership and management capacities (48%) and delivering specific interventions or therapies (44%) (Table 6).

Table 5 Training gaps: Client group (n = 1071)

Client group	%
Clients with experiences of trauma	64
Clients with dual diagnoses/co-occurring mental health issues	62
Aboriginal and/or Torres Strait Islander clients	53
Clients with current/past experience of family violence	52
Children and families	51
Forensic AOD clients	50
Clients from culturally and linguistically diverse backgrounds	47
Acquired brain injury clients	46
Older clients	45
Clients with gambling problems	43
Lesbian/gay/bisexual/trans/intersex/queer clients	42
Other	5

Source: Q4.10 'Thinking about training/professional development on working with particular client groups. What are the training gaps for you personally? (select all that apply)'. Proportions do not sum to 100% due to multiple response option.

Table 6 Training gaps: Professional skills (n = 1031)

Professional skills	%
Responding to multiple and complex needs	55
Leadership and management skills	48
Specific interventions or therapies	44
Service delivery/administration skills	43
Clinical skills for counselling, treatment or therapy	42
Managing risky behaviours	42
Leadership skills	42
Advanced clinical skills	40
Providing clinical supervision to others	40
Skills or knowledge to support evidence-based practice	39
Management skills	38
Building and maintaining service partnerships	37
Training on alcohol or other drugs	35
Working with multi-disciplinary teams	33
Other	3

Source: Q4.11 'Thinking about training/professional development on particular areas of work practice. What are the training gaps for you personally? (select all that apply)'. Proportions do not sum to 100% due to multiple response option.

Clinical supervision

The majority of workers (87%) in client service roles accessed some type of clinical supervision or practice support. Most workers accessed support or supervision internally (within their organisation) on an individual basis (58%) or group basis (32%) (Table 7). Around one quarter of workers (24%) had access to external individual supervision.

Just over half (53%) of client service workers accessed clinical supervision or practice support on a monthly basis (Figure 18). A further 16% did so fortnightly or more frequently. A small proportion (9%) of client service workers only accessed clinical supervisor or practice support once a year or less.

Table 7 Access to clinical supervision/practice support (n = 1023 client service workers)

Clinical supervision/practice support	%
Internal individual	58
Internal group	32
External individual	24
External group	8
Other	4
No access	13

Source: Q3.16 'Do you have access to any of the following forms of clinical supervision and/or practice support? (select all that apply)'. Proportions do not sum to 100% due to multiple response option.

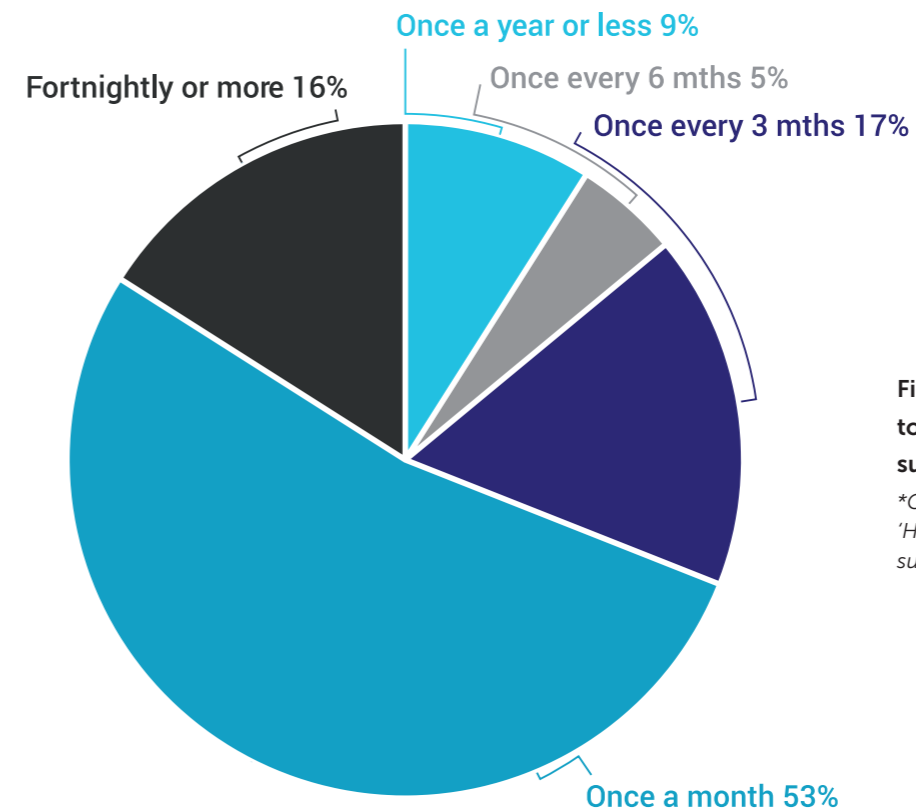


Figure 18 Frequency of access to clinical supervision/practice support (n = 835*)

*Client service workers. Source: Q3.17 'How frequently do you access clinical supervision/practice support?'. Proportions do not sum to 100% due to multiple response option.

Just over half of workers (53%) reported that clinical supervision or practice support considerably or completely met their needs, and a further 26% felt their needs were moderately met. Around one fifth (21%) of workers felt that their clinical supervision or practice support only slightly met or did not meet their needs (Figure 19).

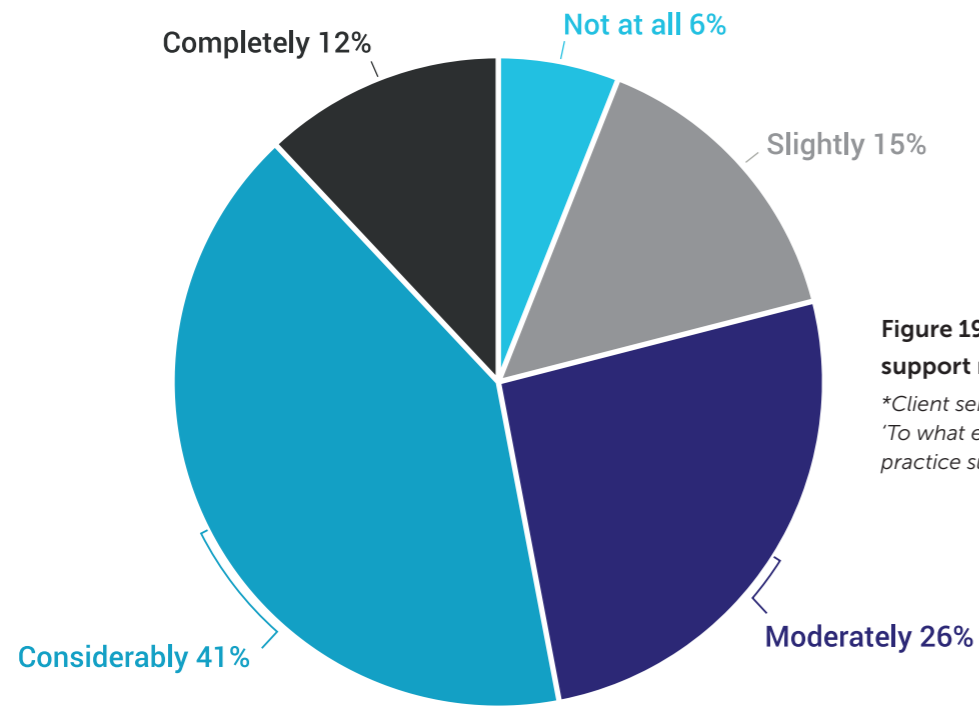


Figure 19 Clinical supervision/practice support meets needs (n = 832*)
 *Client service workers. Source: Q3.18 'To what extent does clinical supervision/practice support meet your needs?'

Employment conditions

Employment security

Three quarters (75%) of the AOD workforce had secure employment in the form of permanent contracts for full-time or part-time work (Table 8). Around one fifth (19%) of workers were employed on fixed term contracts, with 4% of the AOD workforce employed on casual contracts. The majority (62%) of workers were employed full-time.

'The AOD sector needs more secure funding and better pay rates to reflect the level of responsibility and service that is given to community'

Table 8 Employment status (n = 1382)

Employment contract	%
Permanent full-time	49
Permanent part-time	26
Fixed term full-time	12
Fixed term part-time	7
Casual full-time	1
Casual part-time	3
Unpaid position	1
Permanency	
Permanent	75
Fixed term	20
Casual	4
Full-time equivalency	
Full-time	62
Part-time	37

Most workers felt secure in their jobs. Only 10% thought that they would lose their jobs in the near future, with two thirds (66%) perceiving that their jobs were secure (Figure 21).

Source: Q3.13 'Which of the following best describes your employment contract?'

Line, peer and cultural supervision

In general, workers reported good access to line and peer supervision (Figure 20). One quarter (25%) of workers had access to regular line supervision fortnightly or more frequently, and around one third (31%) of workers received line supervision at least once a month. Peer supervision was also available to around one quarter (26%) of workers on a fortnightly or more regular basis and 22% of workers had access to peer supervision at least once a month. Cultural supervision was less common. The majority (60%) of workers reported that cultural supervision was not applicable to them. Around one quarter (23%) of workers accessed cultural supervision occasionally (once a year or less).

- Not applicable
- Once every 3 months
- Once a year or less
- Once a month
- Once every 6 months
- Fortnightly or more

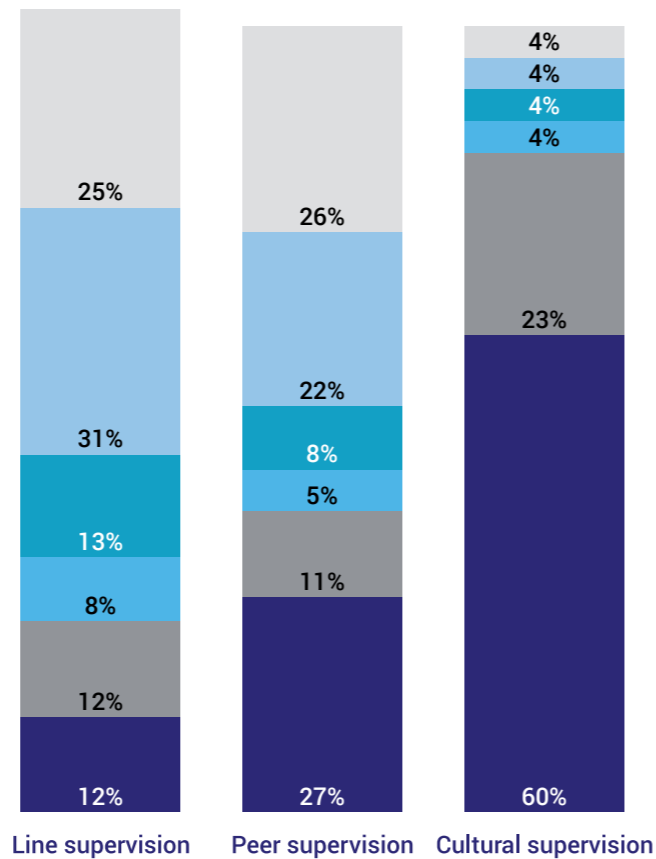


Figure 20 Frequency of line (n = 1345), peer (n = 1287) & cultural supervision (n = 1245)
 Source: Q3.19 'How frequently do you access the following types of supervision?'

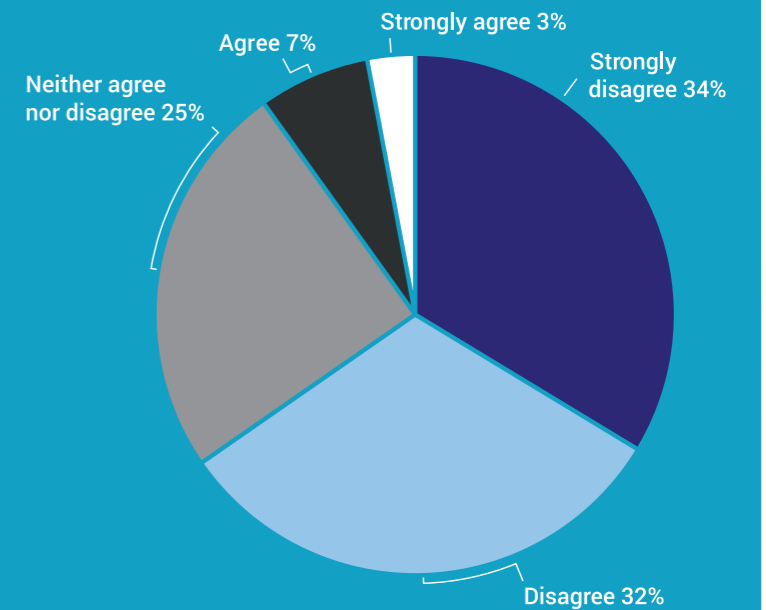


Figure 21 May lose job in near future (n = 1262)
 Source: Q5.3_10 'I think I might lose my job in the near future.'

Income

The Australian average weekly income in November 2019 was \$1257 for all employees and \$1,658 for full-time employees (ordinary time earnings) (ABS, 2020). Among all workers, one third earned the average Australian income (36%), one third earned above the average income (38%), and one fifth earned below the average income (18%). A small proportion of workers were unpaid volunteers or students on placement (1%). Among full-time workers, 42% earned below the average Australian income, one third earned the average income (34%), and one fifth earned above the average income (20%) (Figure 22). Just over half (56%) of workers were satisfied with their pay and 27% were unsatisfied (Figure 23). Eighteen percent of workers were ambivalent regarding their remuneration.

'Like all community and human services, the pay does not reflect the skill and knowledge of staff in this challenging sector'

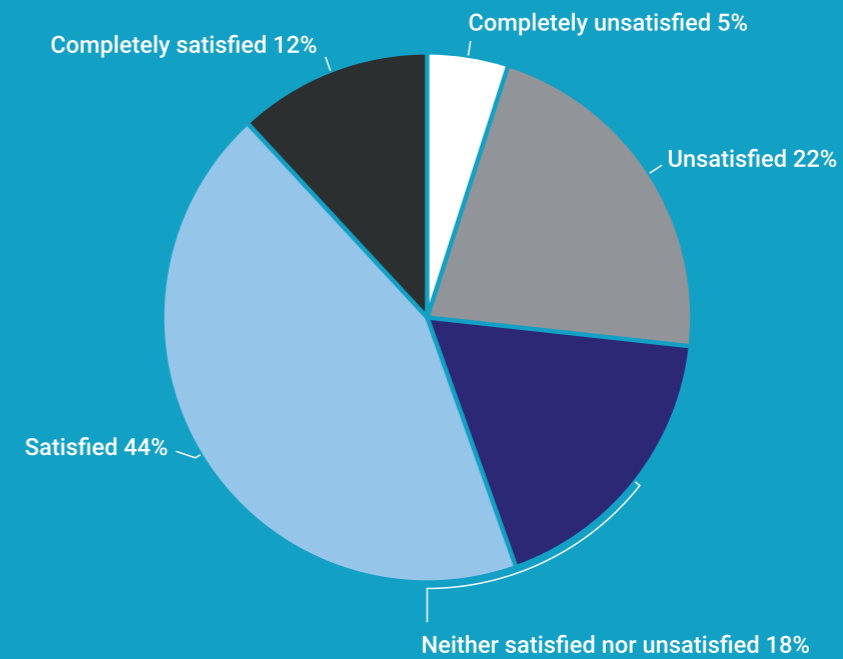


Figure 23 Satisfaction with pay (n = 1246)
Source: Q8.3_1 'Considering your skills and the effort you put into your work, how satisfied are you with your pay?'

Job quality

Resources and supports

Flexible working time

Most workers (63%) had access to flexible work time to meet their needs (Figure 24). One fifth (20%) of workers did not have access to this type of flexibility.

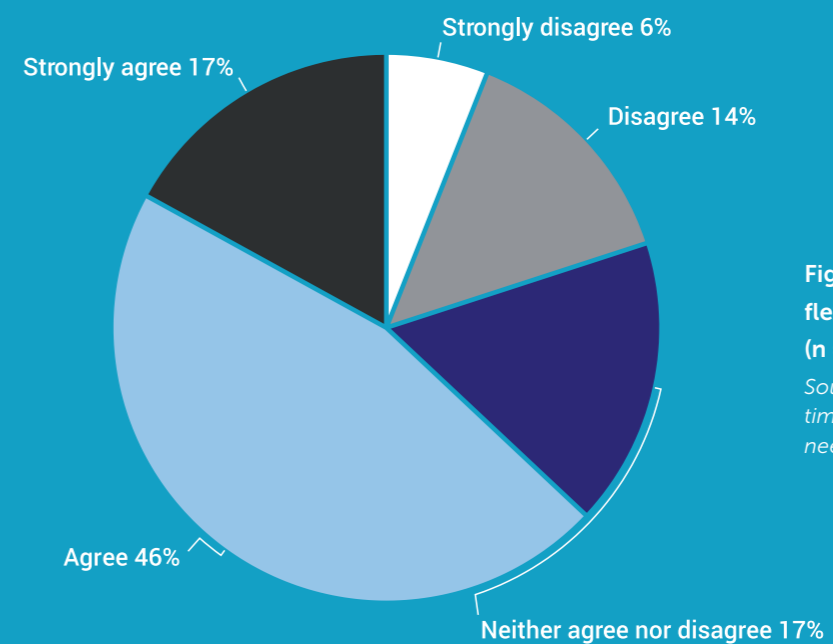


Figure 24 Work time can be flexible to meet needs (n = 1266)
Source: Q5.2_9 'My working times can be flexible to meet my needs.'

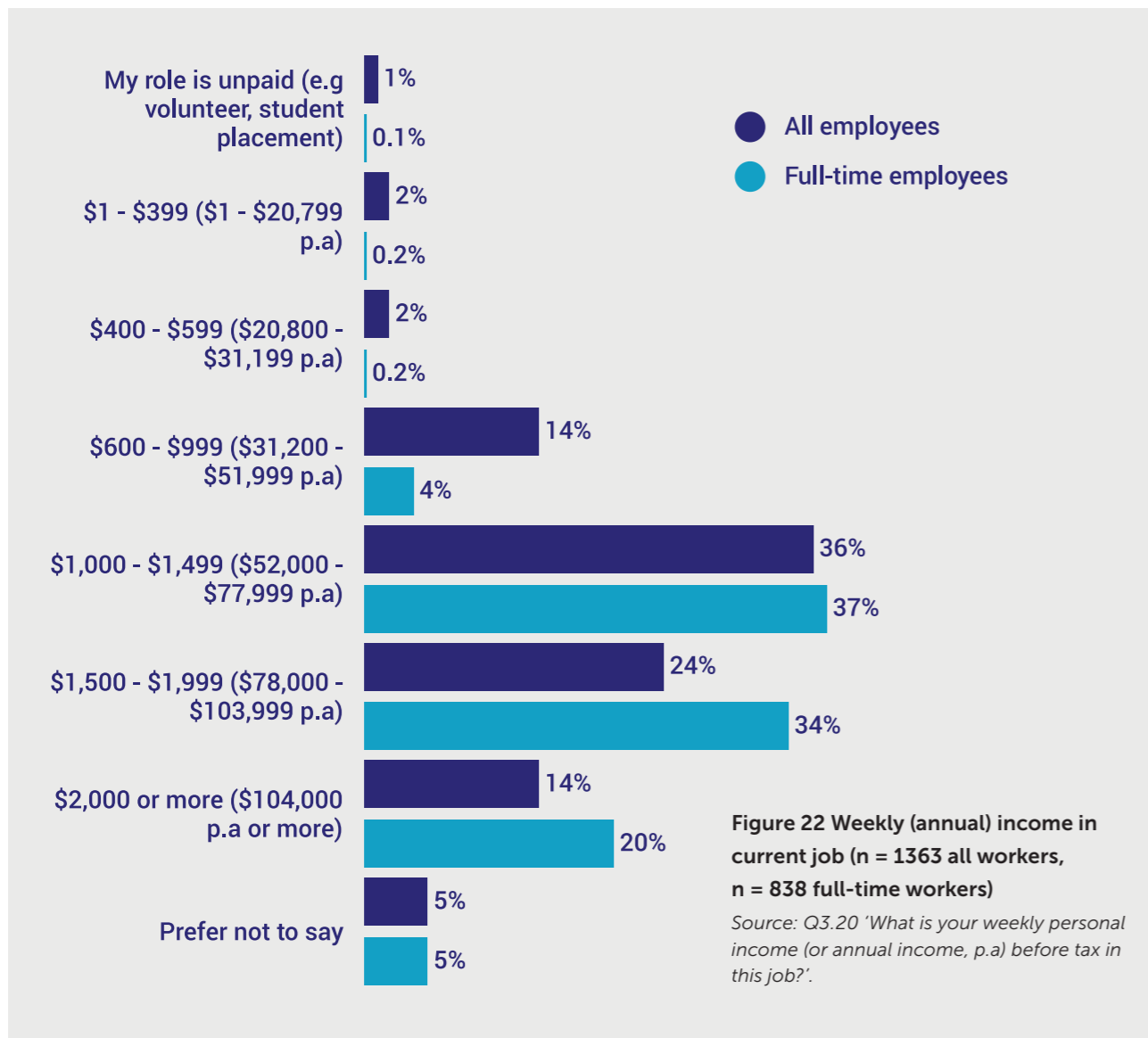


Figure 22 Weekly (annual) income in current job (n = 1363 all workers, n = 838 full-time workers)
Source: Q3.20 'What is your weekly personal income (or annual income, p.a) before tax in this job?'

Career opportunity and progress

The majority of workers (70%) were satisfied with the progress they had made in their organisation. There was less satisfaction with future opportunities, with only 44% of workers satisfied with their future chances for getting ahead in their organisation (Figure 25). Thirty per cent were ambivalent and around one quarter (26%) were unsatisfied with their future opportunities.

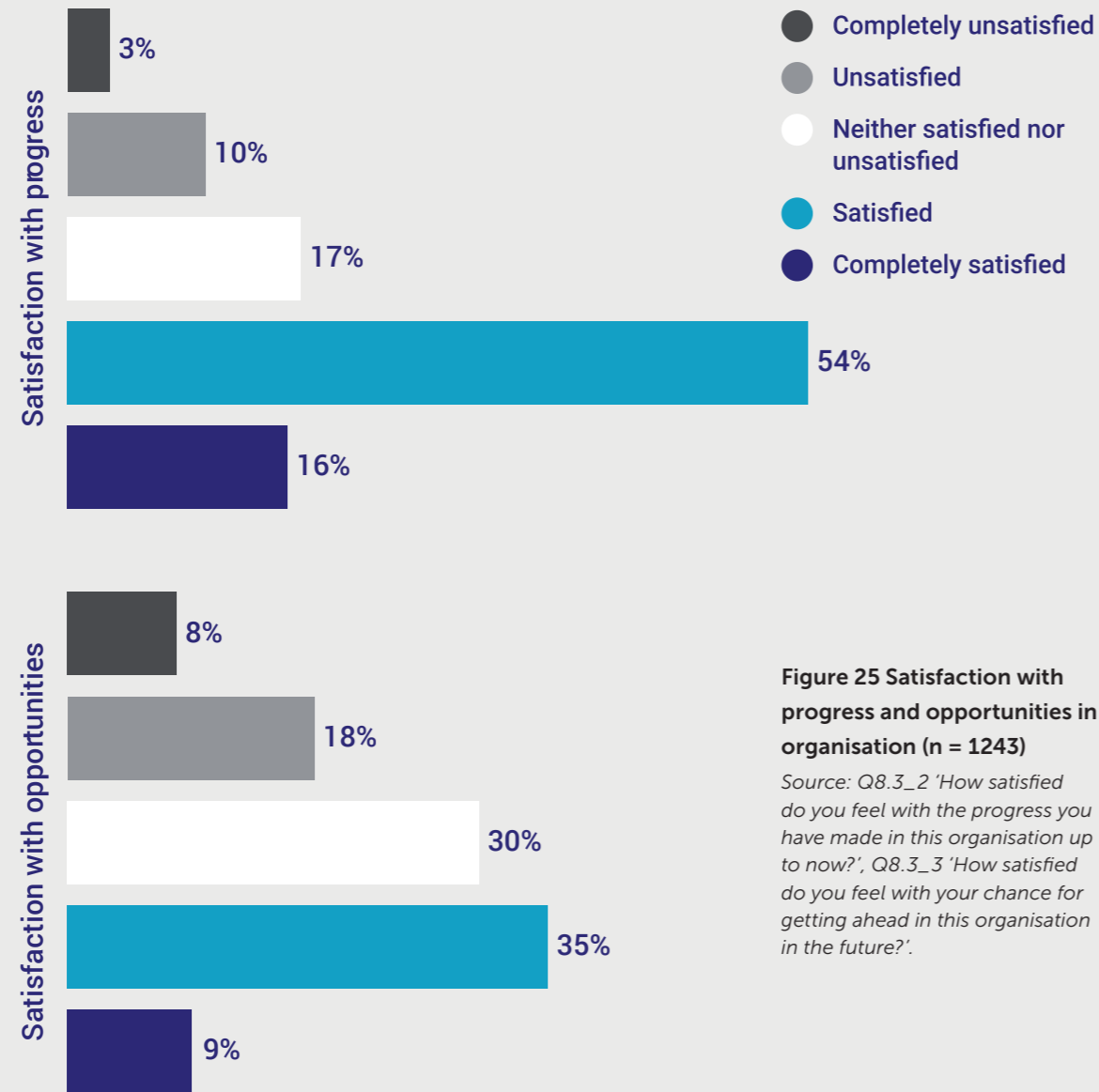


Figure 25 Satisfaction with progress and opportunities in organisation (n = 1243)

Source: Q8.3_2 'How satisfied do you feel with the progress you have made in this organisation up to now?', Q8.3_3 'How satisfied do you feel with your chance for getting ahead in this organisation in the future?'

Support and respect at work

Most workers felt respected and supported in their work. The majority (70%) received adequate support in difficult situations (Figure 26). Around three quarters (73%) felt respected by their superior or supervisor (Figure 27). The majority of workers (61%) also felt they received the respect and prestige at work commensurate with their efforts and abilities (Figure 27). Around one quarter (26%) of workers were ambivalent on whether they received respect at work equal to their efforts and abilities.

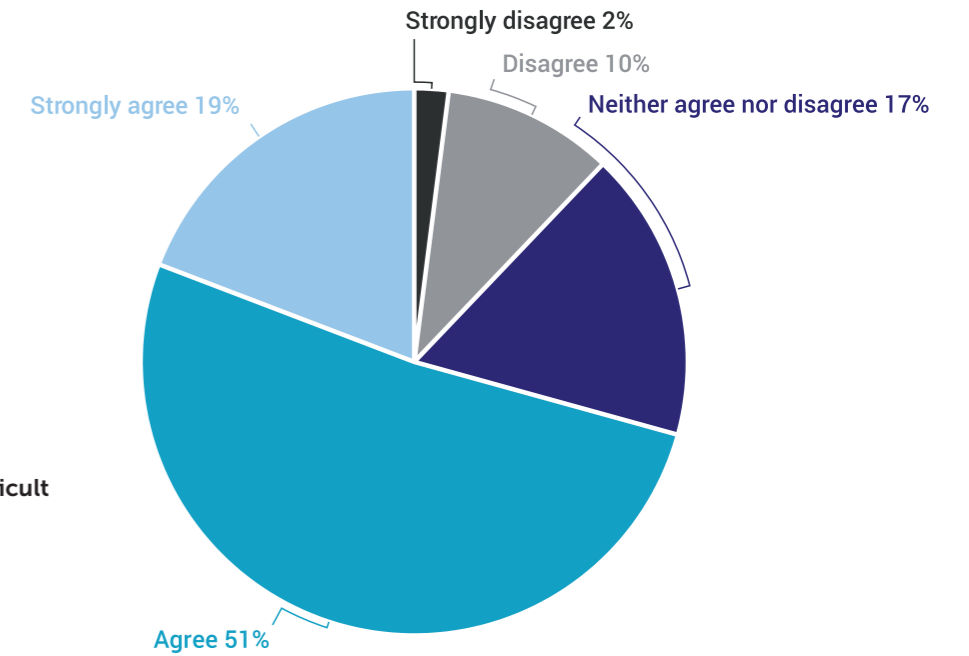


Figure 26 Adequate support in difficult situations (n = 1262)

Source: Q5.3_2 'I experience adequate support in difficult situations.'

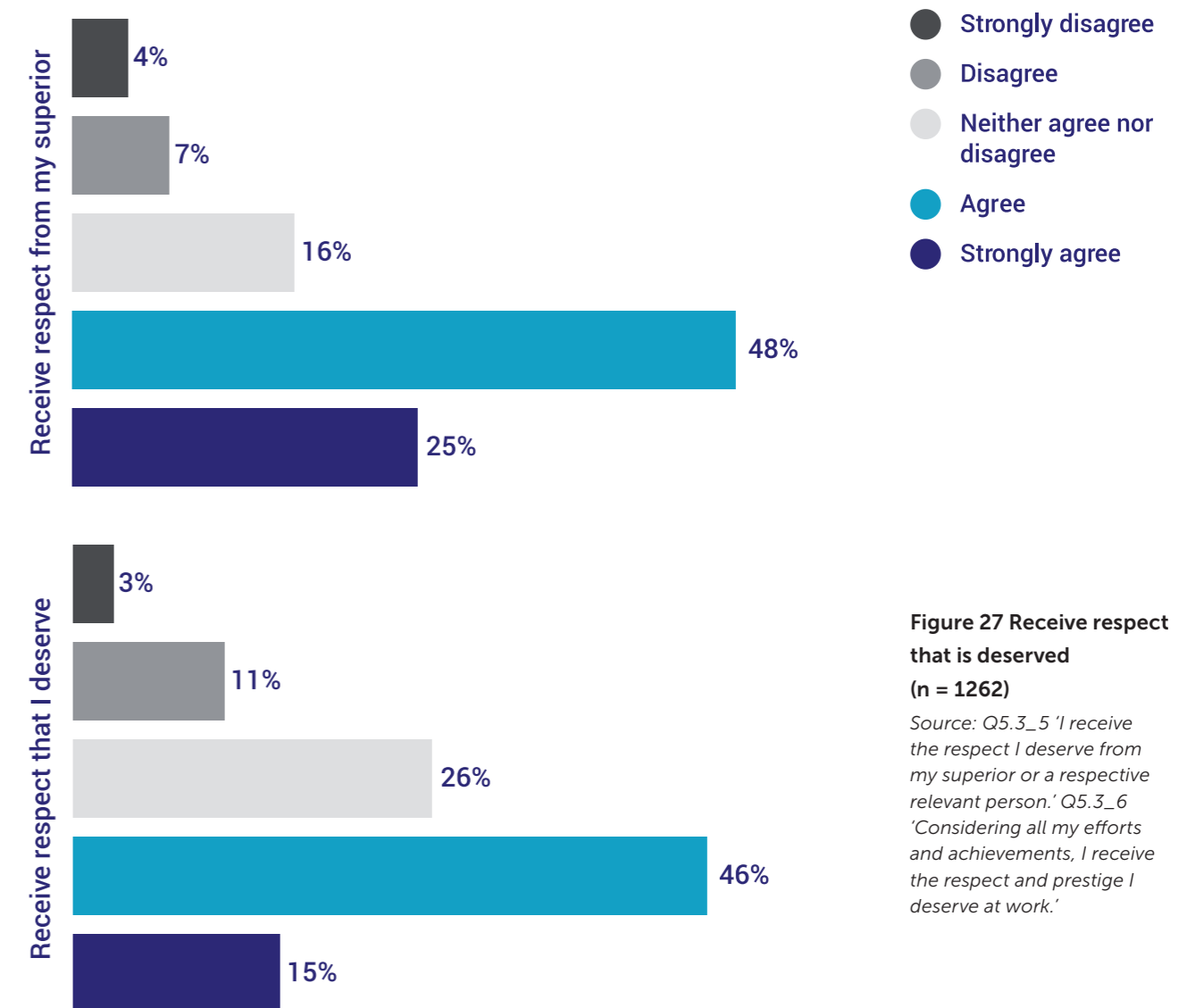


Figure 27 Receive respect that is deserved (n = 1262)

Source: Q5.3_5 'I receive the respect I deserve from my superior or a respective relevant person.' Q5.3_6 'Considering all my efforts and achievements, I receive the respect and prestige I deserve at work.'

Support for innovation

Just over half (55%) of workers viewed their organisation as open to new and different ideas, whereas 18% of workers felt that their organisation did not encourage innovation in this way (Figure 28).

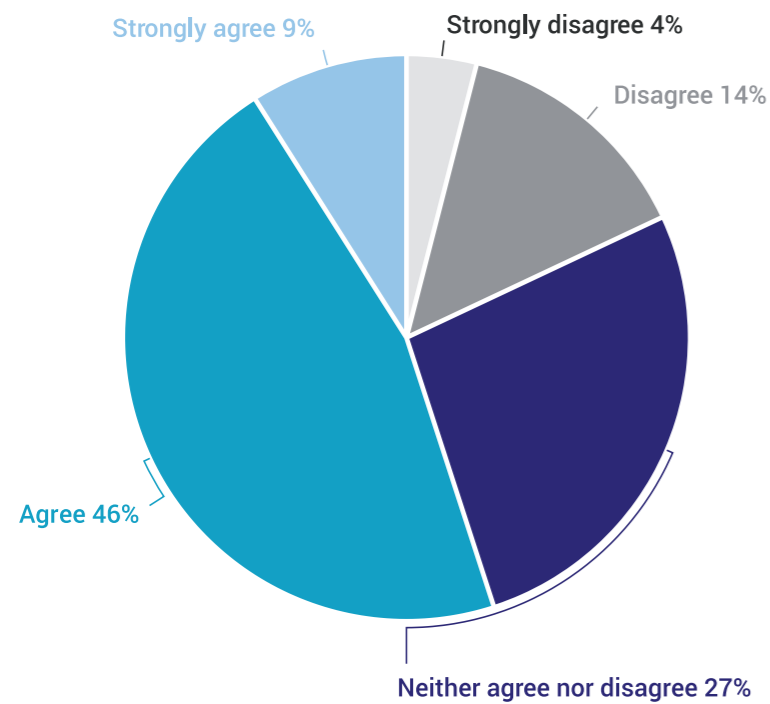


Figure 28 Organisation encourages staff to try new and different ideas (n = 1260)
 Source: Q6.6_5 'In your organisation you are encouraged to try new and different ideas'.

Work demands

Heavy workload

The experience of demanding work was common. Most workers (58%) felt constant time pressure due to a heavy workload (Figure 29). It is notable that only 17% of workers did not feel constant work pressure.

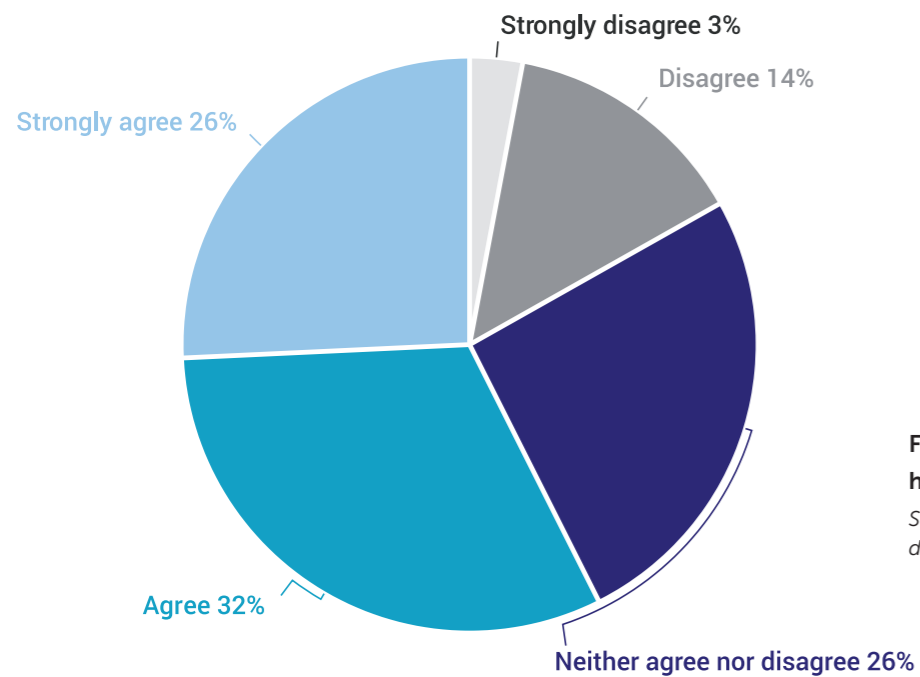


Figure 29 Constant time pressure due to heavy workload (n = 1263)
 Source: Q5.2_4 'I have constant time pressure due to a heavy workload'.

Overtime or extra hours

Working extra or overtime hours was common in the AOD workforce; 41% of workers did so from a few times a week to daily (Figure 30). Around one fifth (22%) of workers never or rarely worked overtime or extra hours. Only a small proportion of workers (14%) were financially compensated for working extra hours (Figure 31). The majority (65%) received time-in-lieu or another time-related benefit. Nearly one quarter of workers (23%) did not receive any form of compensation for working extra hours.

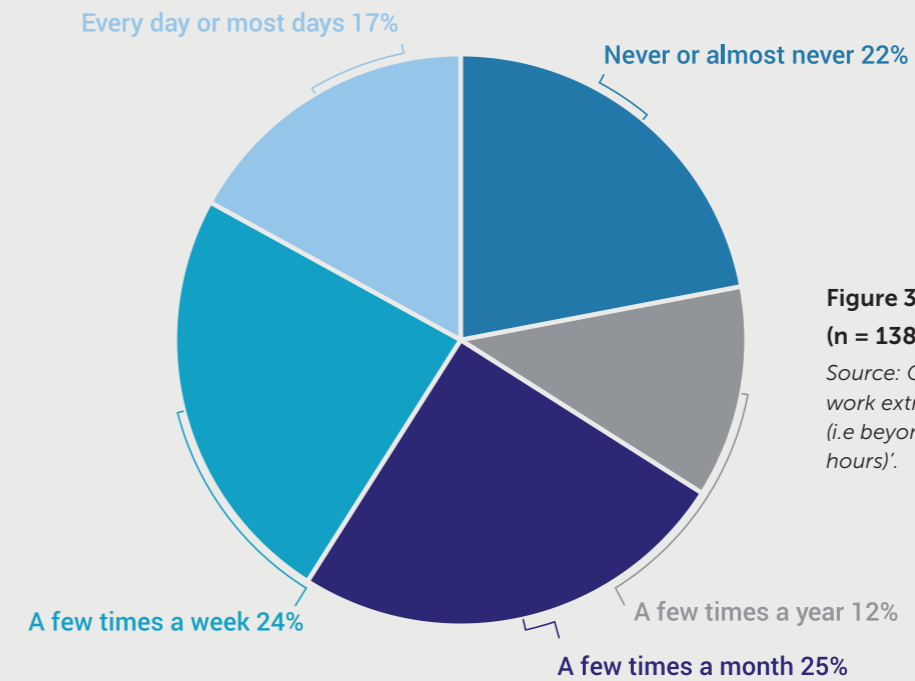


Figure 30 Frequency of overtime (n = 1382)
 Source: Q3.14 'How often do you work extra hours or overtime? (i.e. beyond your contracted work hours)'.

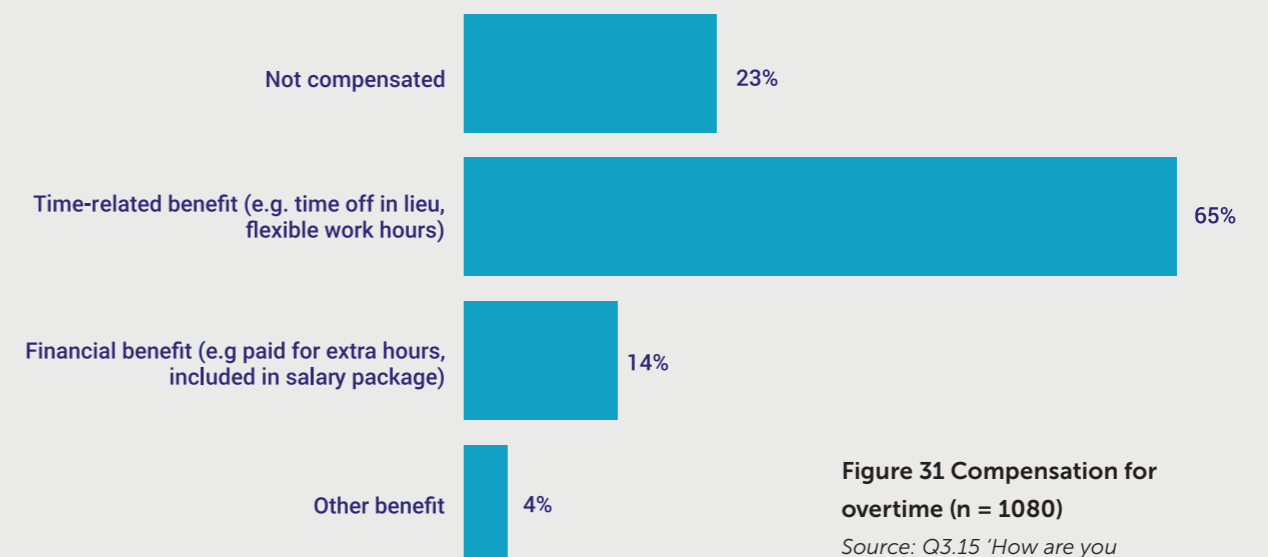


Figure 31 Compensation for overtime (n = 1080)
 Source: Q3.15 'How are you compensated for working extra hours or overtime? (select up to 3)'
 Proportions do not sum to 100% due to multiple response option.

'A fantastic area to work but so very hard to recruit, find suitable staff'

Recruitment and retention

Recruitment of new workers was viewed as much more challenging than retention of existing workers. Overall, 43% of workers viewed recruitment as challenging and 26% perceived retention as challenging (Figure 32). A similar perspective was held by those in management positions; 50% viewed recruitment as challenging with only 23% reporting staff retention as a challenge.

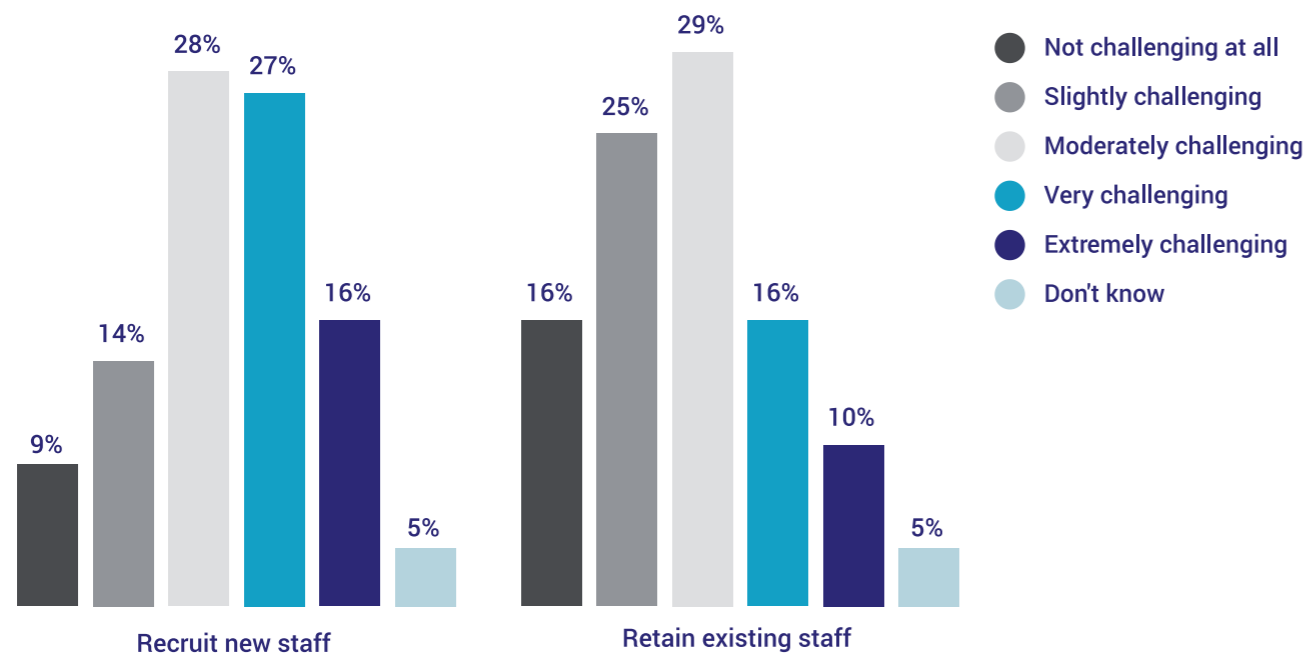


Figure 32 How challenging to recruit and retain staff? (n = 1248)

Source: Q7.7_1 'How challenging is it in your organisation to recruit new staff?', Q7.7_2 'How challenging is it in your organisation to retain existing staff?'

Recruitment pathways

Almost all workers (95%) had been employed in another sector prior to joining the AOD workforce (Figure 33). The most common pathways into the AOD sector were from the health and community sectors such as primary health care (18%) and mental health (11%) (clinical and community services).

Retention

Retention within the AOD sector was sound; only 14% of workers intended to leave the sector within the next year. In contrast, almost one quarter (23%) of workers intended to leave their current job within the year (Figure 34).

'Clear career pathways would benefit the sector greatly, and greater access to educational opportunities for rural practitioners'

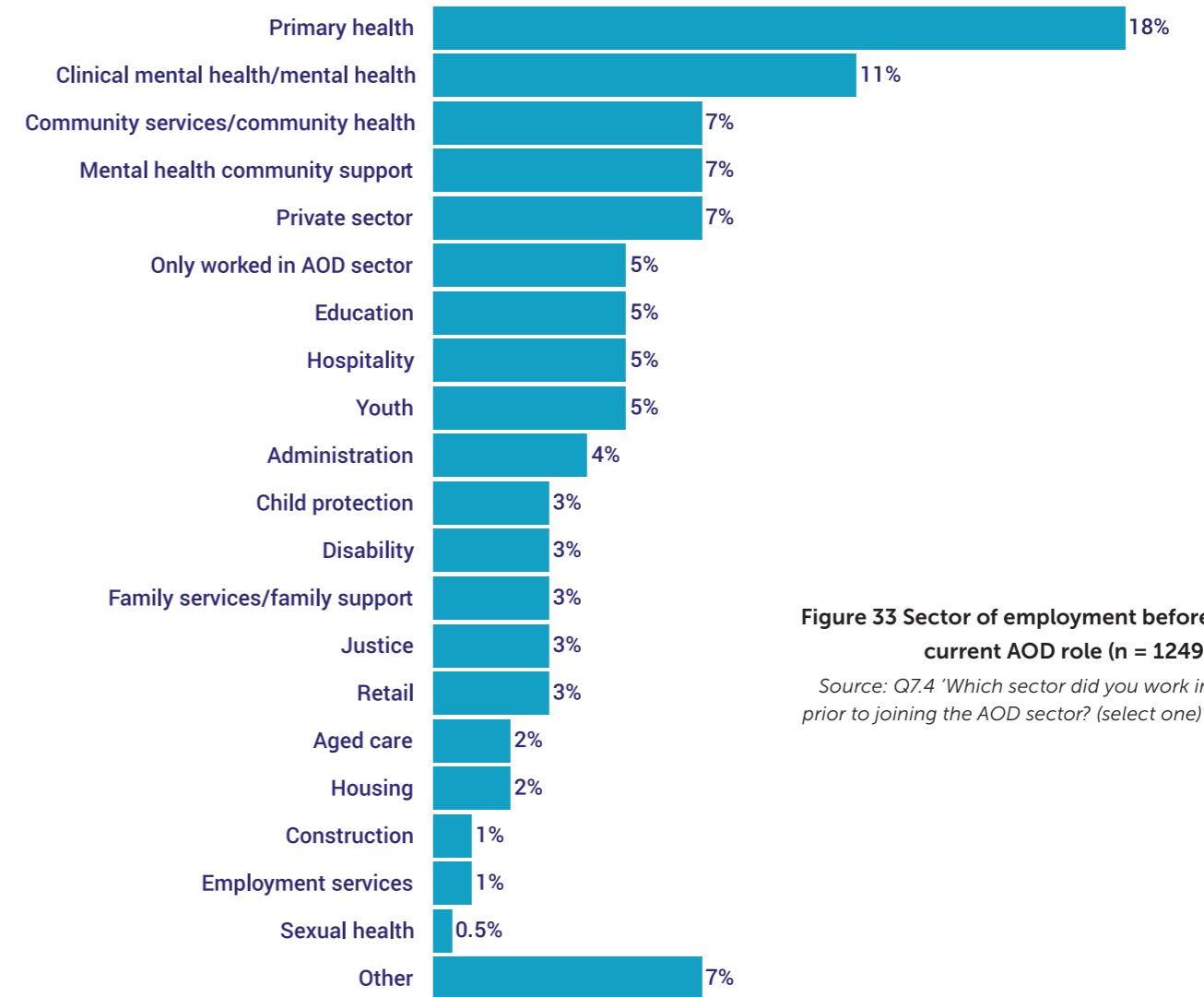


Figure 33 Sector of employment before current AOD role (n = 1249)

Source: Q7.4 'Which sector did you work in prior to joining the AOD sector? (select one)'.

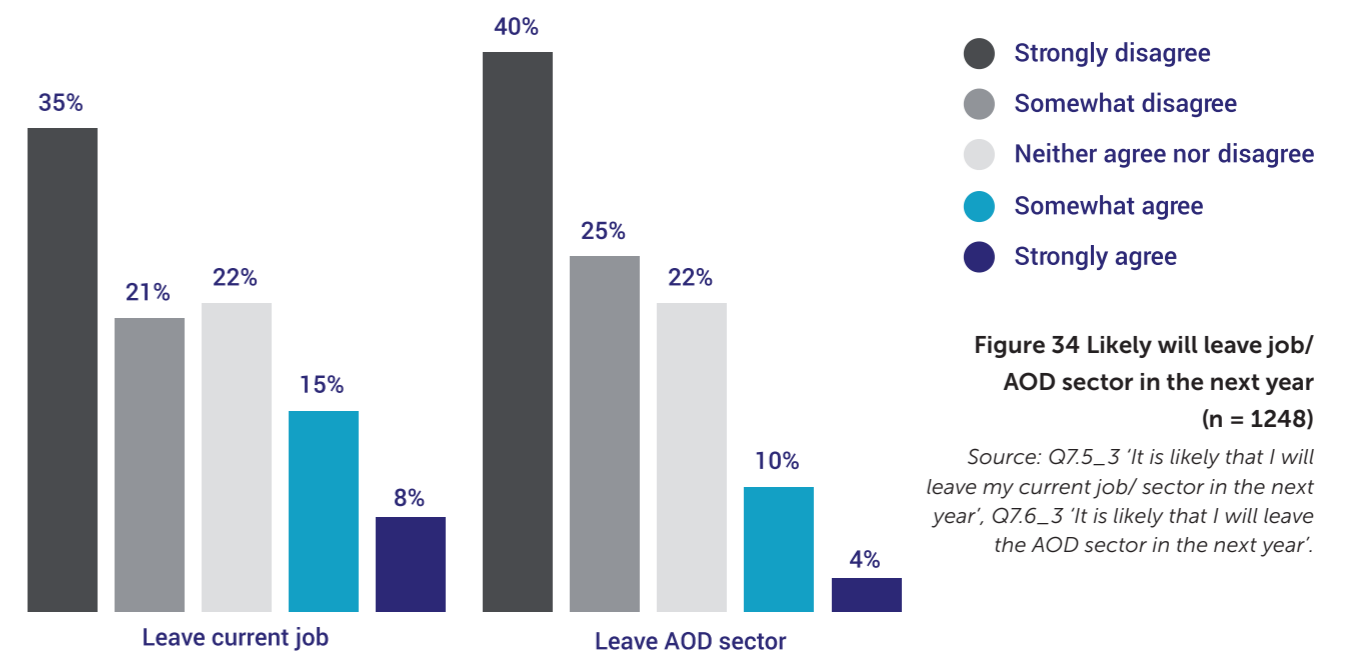


Figure 34 Likely will leave job/ AOD sector in the next year (n = 1248)

Source: Q7.5_3 'It is likely that I will leave my current job/ sector in the next year', Q7.6_3 'It is likely that I will leave the AOD sector in the next year'.

A range of reasons were identified for why workers leave the AOD sector, with the majority related to work pressures such as stress and burnout (53%) and high workloads (39%), or poor conditions such as low salary and poor benefits (38%). Lack of career opportunities was also identified as a common cause of sector turnover (28%) (Figure 35).

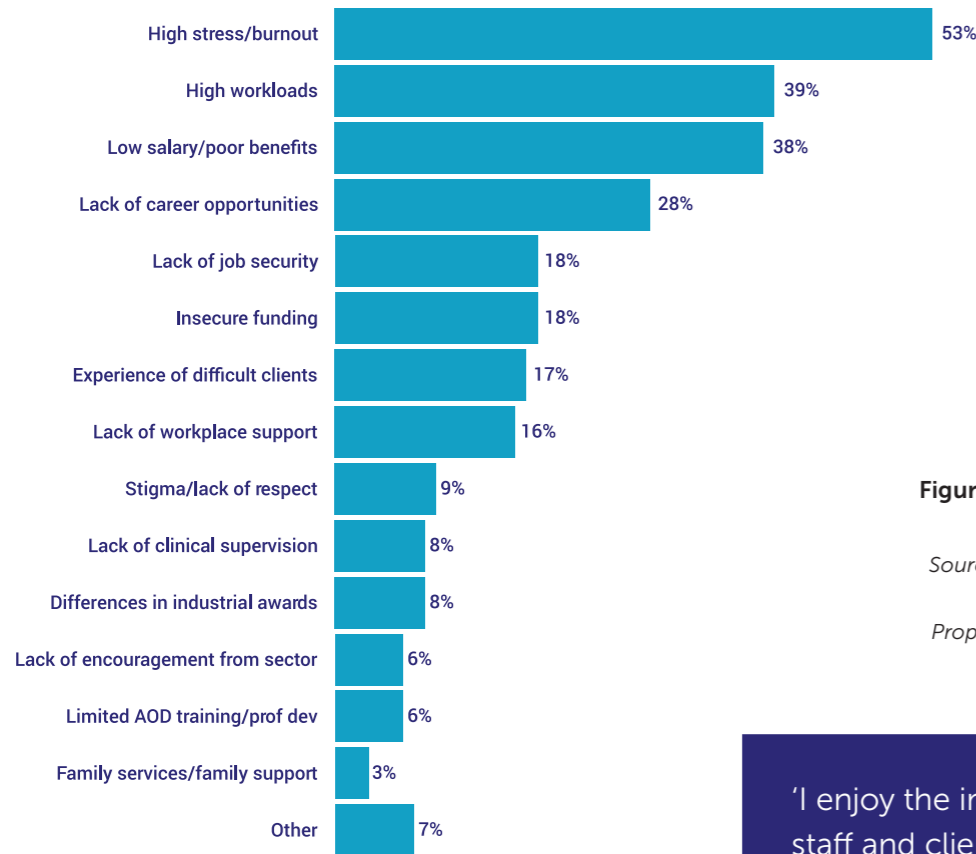


Figure 35 Why do workers leave the sector? (n = 1237)

Source: Q7.8 'Why do workers leave the AOD sector? (select up to 3)'. Proportions do not sum to 100% due to multiple response option.

'I enjoy the interesting people both staff and clients. AOD work with complex people is very satisfying as my workplace has a holistic approach that makes the workplace caring and effective'

Worker wellbeing

Job satisfaction and meaning

Job satisfaction was high in the AOD workforce (Figure 36). Most workers were satisfied with their jobs (81%) and with their employment in the AOD sector (74%). Similarly, the majority of workers (93%) found their work meaningful (Figure 37).

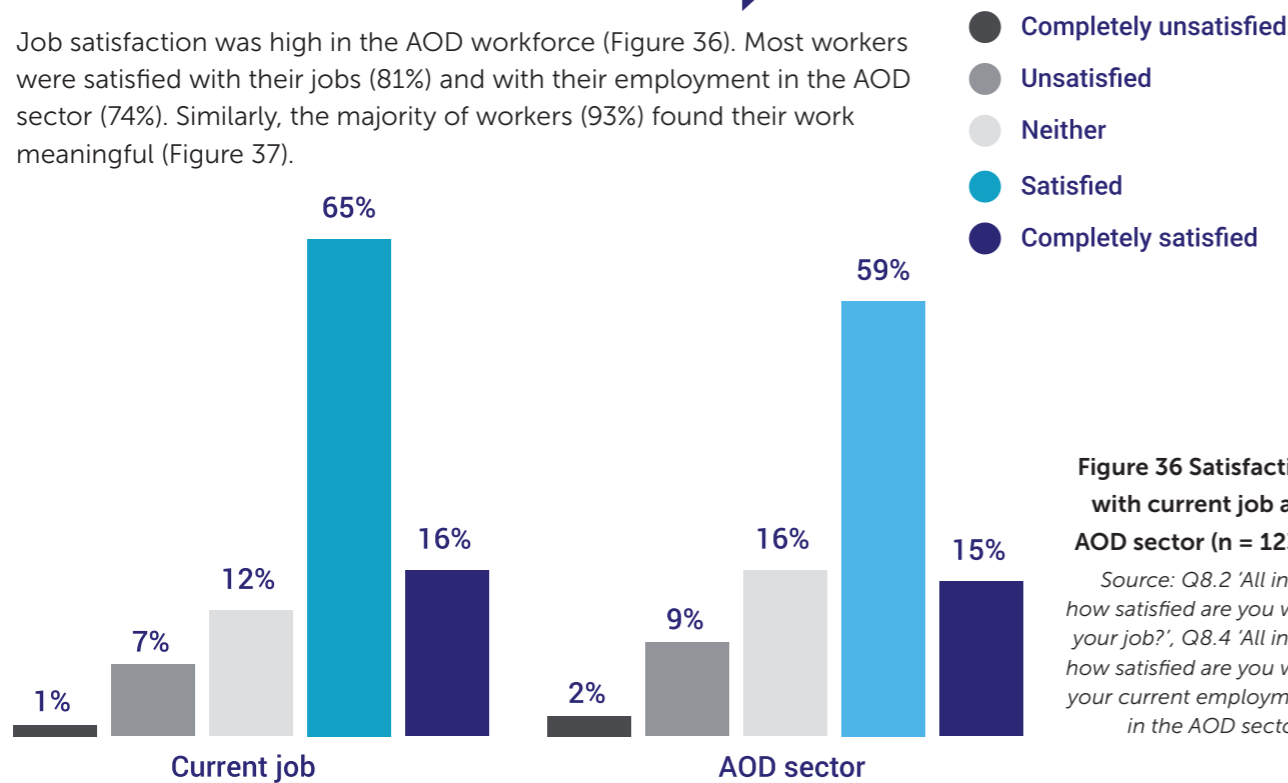


Figure 36 Satisfaction with current job and AOD sector (n = 1238)

Source: Q8.2 'All in all, how satisfied are you with your job?', Q8.4 'All in all, how satisfied are you with your current employment in the AOD sector?'

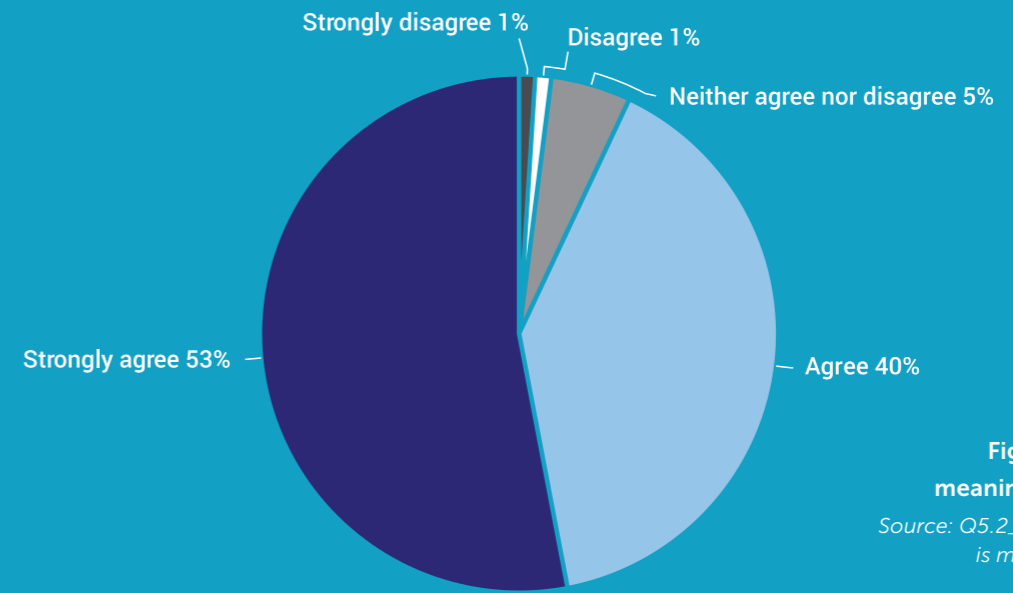


Figure 37 Work is meaningful (n = 1259)

Source: Q5.2_3 'The work I do is meaningful to me'.

Engagement and burnout

In general, workers reported good levels of mental health in the workplace. Around three quarters of workers (74%) were enthusiastic about their job (Figure 38), with only 13% reporting a high degree of burnout (Figure 39). It is worth noting that around one fifth (21%) of workers commonly experienced feelings of exhaustion (Figure 40), with almost one quarter (26%) only sometimes or seldom feeling enthusiastic about their job (Figure 38).

'Sometimes we burn out not because of our clients, but because of atmosphere at work low payments, overloaded staff, and increased clients' complexities are constant challenges it is high risk environment'

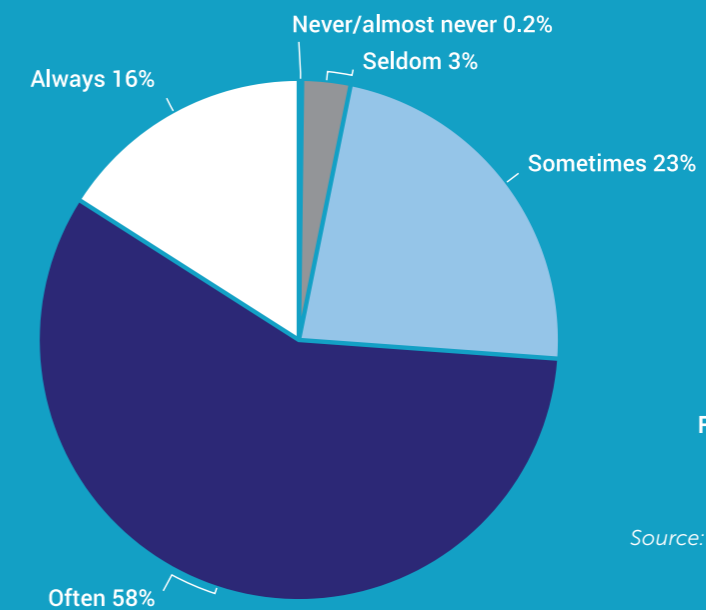


Figure 38 Engagement: Enthusiastic about job (n = 1244)

Source: Q8.7_2 'I am enthusiastic about my job'.

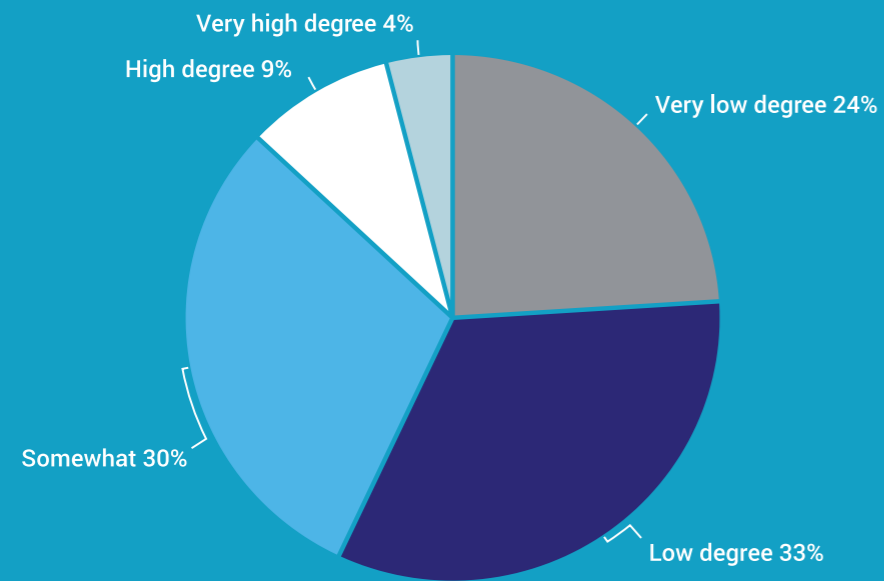


Figure 39 Burnout: Feel burnt out because of work (n = 1238)

Source: Q8.6_3 'To what degree do you feel burnt out because of your work?'

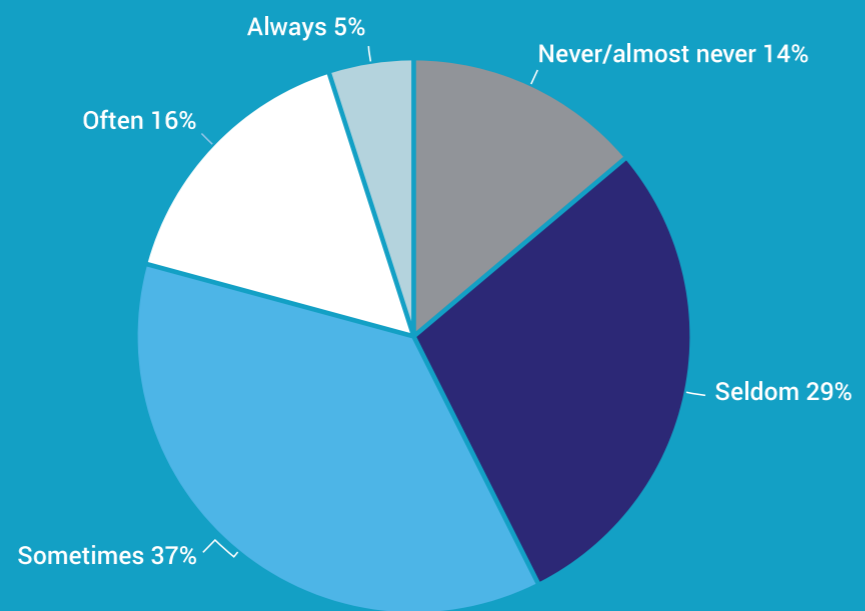


Figure 40 Burnout: Exhausted in morning at thought of work day (n = 1240)

Source: Q8.5_2 'How often are you exhausted in the morning at the thought of another day at work?'

General health and wellbeing

Workers also reported good levels of general health and wellbeing. The majority (82%) reported good, very good or excellent physical health (Figure 41) and a good or very good quality of life (81%) (Figure 42).

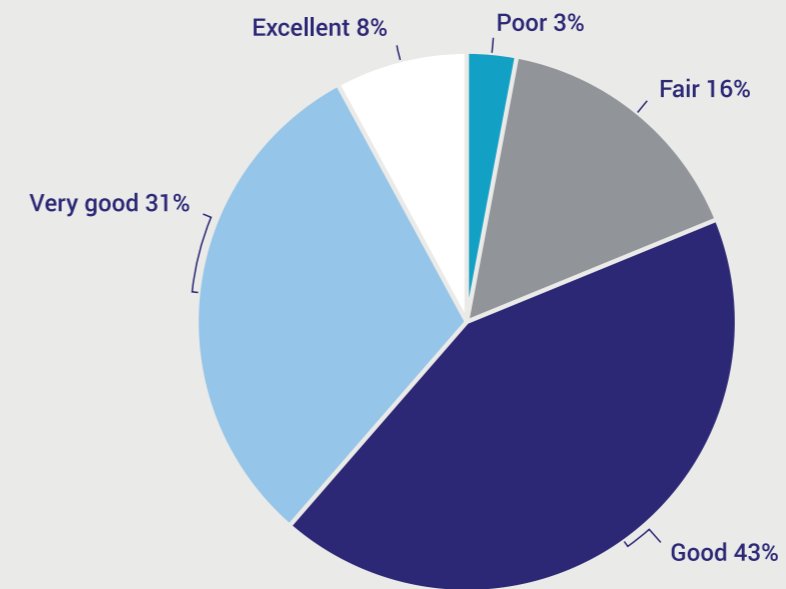


Figure 41 Self-reported health (n = 1245)

Source: Q8.8 'In general, would you say your health is?'

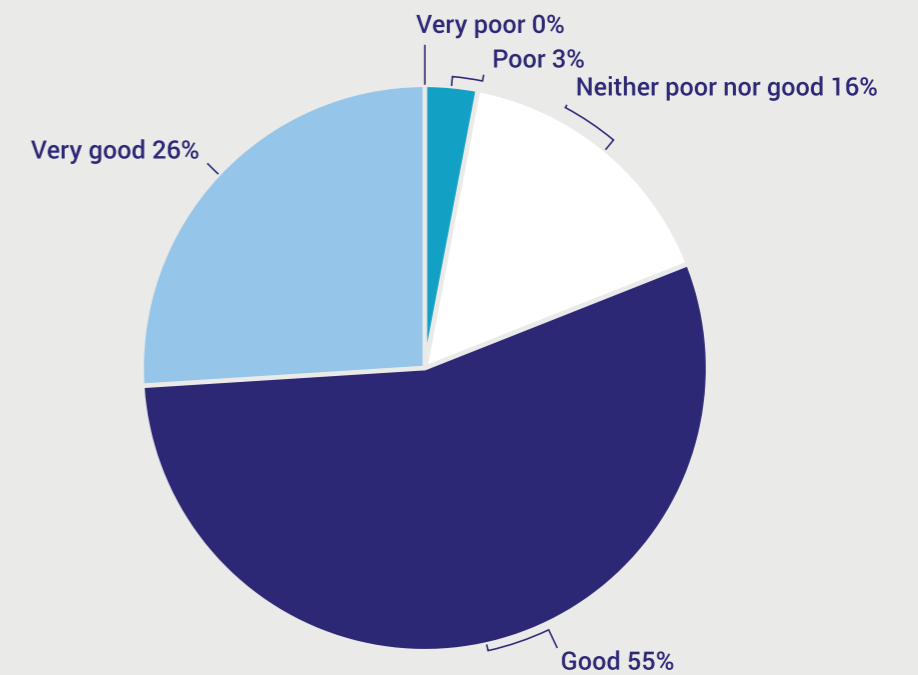


Figure 42 Self-reported quality of life (n = 1246)

Source: Q8.9 'How would you rate your quality of life?'

Conclusion

This report describes key findings from the first national survey of the Australian AOD workforce since 2005. The survey was funded by the Australian Government Department of Health to examine the AOD service delivery system with a specific focus on workforce development issues.

The 2019–2020 Australian AOD workforce comprised workers from a range of occupations and a variety of work roles. The largest occupational cohort was drug and alcohol counsellors. As is typical of human services workforces in general, the majority of workers were women in the mid-age range.

The majority of the AOD workforce held a vocational or tertiary qualification. Two thirds (67%) of client service workers held AOD-related qualifications at a vocational or tertiary level.

Most workers also had access to good quality clinical supervision and practice support that met their needs. Confidence in work roles and capacities was high, as was job satisfaction. Workers also reported good levels of health and wellbeing. It is important to acknowledge that workers' free text responses indicated significant discontent with broader systems-level issues in the sector, beyond their immediate working environment.

The national AOD workforce included a substantial cohort of workers new to the sector, with almost half of the workforce in their first AOD role. Ensuring regular access to high quality clinical supervision/ practice support and professional development is a high priority to ensure effective and safe service provision. Supporting regional AOD workers should be a particular priority, given the significant cohort of new workers to the AOD sector in regional locations. Respondents' free text responses all highlighted the need for further support for regional workers, including funding and professional development.

In sum, the national AOD workforce comprised a diverse occupational cohort. Most client service workers held AOD-related qualifications at a vocational or tertiary level and accessed regular clinical supervision or practice support. The workforce reported high levels of job satisfaction, and most workers were confident and engaged with a commitment to remaining in the AOD sector over the next few years.

Priorities for workforce development include strategies to enhance recruitment given the older age profile of the workforce, tailored professional development and other supports for both new and very experienced workers and enhanced career opportunities within AOD organisations and the sector. That one third of workers in direct client service roles did not have AOD-related qualifications at the vocational or tertiary level is also a concern that should be addressed at national and jurisdictional levels. Strategies to address and prevent chronic stress and burnout should also be considered a priority, to ensure a sustainable and health workforce.

References

Australian Bureau of Statistics (ABS). (2017). *Census of Population and Housing: General Community Profile, Australia, 2016, Cat No. 2001.0*. Canberra: ABS.

Australian Bureau of Statistics (ABS). (2019). *Australian & New Zealand Standard Classification of Occupations version 1.2 Cat. No. 1220.0*. Canberra: ABS.

Australia Bureau of Statistics (ABS). (2020). *Average Weekly Earnings Australia Nov 2019 Cat. No. 6302.0*. Canberra: ABS.

Duraisingam, V., Pidd, K., Roche, A.M. & O'Connor, J. (2006). *Stress, Satisfaction and Retention Among Alcohol and Other Drug Workers in Australia*. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA).

Duraisingam, V., Pidd, K. & Roche, A.M. (2009). The impact of work stress and job satisfaction on turnover intentions: A study of Australian specialist alcohol and other drug workers. *Drugs; Education, Prevention and Policy*. 16(3), 217-231.

Skinner, N., McEntee, A. & Roche, A.M. (2019). *Victorian Alcohol and Other Drug Worker Survey*. Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA).

