



Regional workforce snapshot

In 2023 VAADA received nearly 400 responses in its biennial Victorian Alcohol and other Drugs Workforce Development survey. A detailed report was produced exploring high-level findings and offering recommendations on workforce capacity, capability and wellbeing. This document forms part of a series of snapshots which focus exclusively on a segment of that data. All references to the AOD 'workforce' are based on the sample and findings from this survey.

Demographics

- **100 survey participants** identified as being part of an organisation that worked in **regional/rural services**. This represented about 25% of the total workforce.
- The regional/rural workforce was **less likely to speak any other language other than English**. Only 11% said they spoke another language, compared with 22% of the broader workforce.
- The regional/rural workforce were **more likely to work with:**
 - **Aboriginal and Torres Strait Islander communities,**
 - **older people,**
 - people with an **acquired brain injury (ABI)**
 - people experiencing **mental health issues**
- The regional/rural workforce were **less likely to work with:**
 - **migrants and/or refugees**
 - people from **culturally and linguistically diverse (CALD) communities**

Capacity

- When asked which activities they wanted **further training** in, regional/rural workers were more likely to endorse **"clinical skills for counselling, treatment or therapy."** 35% chose this response, compared with only 22% of the broader workforce.
- When asked **what keeps you working in the sector**, the regional/rural workforce was more likely to choose **"working with clients"** as one of their top three answers. 74% chose this answer, compared with 61% of the broader workforce.
- The **regional/rural workforce** was **more likely** to claim that **AOD workers might leave the workforce due to a lack of clinical supervision**. 15% chose this response as one of their top three reasons, compared to less than 5% of the broader workforce. However, no differences were observed when examining mean scores on whether workers were provided with high quality clinical supervision, both internally and/or externally.
- Results showed that the **regional/rural workforce** had **less intention to move into a leadership or management role within the next two years** when compared to the broader workforce. 45% disagreed or strongly disagreed that they had this intention, compared to 36% of the broader workforce.

Capability

- Scores measuring **workforce capability**, where workers self-assessed their capabilities, showed that the regional/rural workforces had **higher mean scores** on:
 - "working in **partnership with clients and their families/carers** to provide care"
 - "**consulting with Aboriginal workers** to inform and strengthen practice"
- However, they also presented comparably lower mean scores on:
 - "**using interpreters** (including Auslan) to facilitate accessible, timely and effective communication"
 - "confident in my ability to **call out discriminatory behaviour** when I see it within my service."

Wellbeing

- **No differences** were observed between the regional/rural workforce and the broader workforce on the three measures of wellbeing; **physical health, mental health or quality of life**.