Victorian Alcohol and other Drugs Workforce Development Survey 2023

Report prepared by
Trezona Consulting Group
for the Victorian Alcohol
and Drug Association (VAADA)

vaada.org.au

The findings presented in this report provide important insights into current experiences and challenges for workers and agencies across Victoria's AOD sector, as well as opportunities to build workforce capacity and capability in the immediate future, and in the longer-term.

VAADA acknowledges the traditional owners of the land, the Wurundjeri People of the Kulin Nation and pay their respects to Aboriginal culture and Elders past and present.

VAADA also acknowledges and celebrates people and their family and supporters who have a lived and living experience of alcohol, medication and other drug use. We value your courage, wisdom and experience, and recognize the important contribution that you make to the AOD sector in Victoria.

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Victorian Alcohol & Drug Association

VAADA leads AOD policy, workforce development, and public discussion across membership,related sectors and the community to prevent and reduce AOD harms in Victoria.

Executive Summary

The Victorian Alcohol and other Drugs (AOD) Workforce Development Survey 2023 was conducted to inform an understanding of current experiences and challenges across the AOD sector. It also sought to identify opportunities to build workforce capacity and capability to ensure the sector is able to effectively meet the needs of service users now and into the future. This report presents a high-level summary of the survey findings based on the overall experiences and perspectives of people working in the AOD sector.

Method

The survey was informed by existing AOD Workforce Surveys and relevant capability frameworks. It contained 65 questions overall, and was divided into five main parts: i) workforce demographics; ii) workforce profile; iii) sector capacity and workforce support; iv) workforce capability; and v) workforce wellbeing and satisfaction. A total of 422 people completed the survey, of which 396 people met the eligibility criteria and were included in the sample.

Results

The majority of survey participants identified as women (65.7%), and less than one third identified as men. There was significant gender and sexuality diversity among survey participants, with 5 per cent identifying as trans, gender diverse or non-binary, and 24 per cent with a diverse sexual identity. However, there was a lack of cultural diversity, with only 1.28 per cent workers identifying as Aboriginal, and only a small proportion who were born overseas. A significant majority of workers (85%) reported having lived experience with alcohol or other drugs, including 39.6 per cent with past or present personal experience.

Workforce profile

The Victorian AOD sector is highly qualified, with the majority of workers (68%) holding an undergraduate degree or higher, nearly one quarter have a Master's degree, and more than 86 per cent have an AOD-specific qualification. The sector is also highly experienced, as indicated by the 31 per cent of workers with 10 or more years' experience, and 13 per cent who have been working in the sector for more than two decades.

The majority of workers reported being in a direct client service delivery role (79%), while more than a quarter are in management or administration roles. The four most common role types reported were AOD counsellor or clinician, outreach worker, harm reduction practitioner, and AOD intake/assessment worker. Participants also included a small proportion of AOD peer workers, youth AOD workers and Aboriginal AOD workers.

Sector capacity and workforce support

Employment security within the Victorian AOD sector is relatively high, with two thirds of workers in permanent roles, of which 38.7 per cent are in full-time, ongoing positions.

Recruitment of new staff to the AOD sector was reported as more challenging than retaining staff over the past 12 months. Participants suggested the main reasons people leave the AOD sector are: low salary and poor employment benefits, high stress and burnout, heavy workloads and lack of job security. On the other hand, the main reasons people stay in the AOD sector include its core values and philosophy, the support people receive from their agency, the complexity of the work, and the comradery among the workforce. A large proportion of people intend to stay in the AOD sector over the next two years, including 46.3 per cent who intend to stay in a clinical role and 28.7 per cent who intend to move into a leadership role.

The majority of workers (85%) have participated in an AOD-related professional development activity in the past three years, most agreed there are sufficient opportunities for professional development in the AOD sector, and nearly three quarters reported being personally supported to participate in AOD professional development activities by their organisation. Participants indicated that the most significant training and professional development gaps impacting the AOD workforce are responding to multiple and complex needs (54%) clinical skills for counselling, treatment or therapy (47.7%), and advanced clinical skills (41.8%).

The majority of workers (90%) have access to at least one form of supervision or practice support, however, less than half (42.5%) perceive they are provided with high quality clinical supervision within their organisation, and less than a third perceive they are provided with high quality supervision externally.

A significant majority (83.7%) of workers in the AOD sector perceive they have all the capabilities they need to perform their current role, with almost one in three people (30.1%) strongly agreeing this is the case. Self-assessed capability overall was high for the foundational knowledge and practice, screening and assessment, managing complexity and risk, and communication and information management domains, while access and equity and cultural safety were the two domains with the highest capability gaps. People in management roles also reported high levels of competence across all four capabilities for the leadership and management domain.

Workforce wellbeing and satisfaction

The majority of workers reported experiencing good quality of life, mental health, and physical health, but there is a considerable proportion (15-20%) who are currently experiencing poor health and wellbeing. There is also strong job satisfaction across the workforce, with 14.9 per cent of workers indicating they are completely satisfied with their job, and a further 63.5 per cent indicated they are satisfied.

Conclusion

The Victorian AOD sector has a highly experienced, qualified and capable workforce, which has remained relatively stable over time, and is well placed to meet the needs of diverse clients and the changing demands on the sector. However, there are several challenges and areas for improvement, including a need to increase cultural diversity across the sector, and improve engagement with Aboriginal people and organisations, as well as to attract workers to the sector early in their career. Workforce capability is strong, but there are opportunities to enhance it by tailoring and targeting training and professional development activities based on worker needs and level of experience, and there is a need to provide more training and development opportunities for people seeking career progression into leadership and management roles. There is also a need to address increasing workloads, levels of stress and burnout and to implement strategies to ensure the overall health, wellbeing and job satisfaction of workers is supported and improved.

Background

About VAADA

VAADA is the peak body representing publicly-funded AOD services in Victoria. They work to prevent and reduce AOD related harms in the Victorian community by ensuring the people experiencing those harms, and the organisations that support them, are well-represented in policy, program development and public discussion.

VAADA's vision is for a Victorian community in which AOD-related harms are reduced and wellbeing is promoted to support people to reach their potential. They seek to achieve this vision by leading AOD policy development and advocacy, supporting workforce planning and capability, and strengthening the AOD sector and system more broadly.

Survey Purpose

The purpose of the Victorian Alcohol and Drug Workforce Development Survey 2023 was to support Victoria's AOD sector to understand current challenges and opportunities to build workforce capacity and capability, in order to ensure it can effectively meet the needs of service users now and into the future, and prevent and reduce AOD harms in Victoria over the long-term. The objectives of the survey were to:

- Assess current sector capacity
- Assess workforce capability
- Identify workforce strengths and gaps, including training and resourcing needs
- Establish evidence on the workforce to inform sector advocacy
- Establish a baseline for monitoring changes in capacity and capability over time

The survey will be conducted bi-annually to continuously assess changes in sector capacity and workforce capability, and identify emerging challenges and opportunities to strengthen the AOD sector and system. This will be particularly important in the context of ongoing health and social system reform in Victoria, and the increasing complexity of the sector and the work it does.

Scope and limitations

While the survey was comprehensive in scope, and captured a broad range of information relating to workforce capacity and capability, including by demographics, job functions and roles, this report presents a high-level summary of the findings based on the experiences and perspectives of a sample of the AOD workforce[1]. While demographic information was collected to enable disaggregated analysis of the data, this report presents a high-level summary of worker experiences and perspectives overall, which may not be reflective of specific communities or people who experience additional barriers and challenges within the workforce.

In addition, while participation in the survey was relatively high, with a response rate of approximately 25 per cent of the Victorian AOD workforce, it was not a representative sample and therefore may not reflect the experiences of the workforce overall. Another key limitation is that many of the survey questions and responses rely on participant perceptions, and have not been verified using other data sources. This includes the data on workforce capability, which relies on self-assessed capability across various domains. However, self-assessment approaches are commonly used to measure professional competencies and capabilities, and can be a useful method of monitoring changes in workforce capability over time.

1 While only a sample of workers completed the survey, in some instances the discussion is generalised to the workforce overall.

Method

Survey development

The Victorian Alcohol and Drug Workforce Development Survey was developed by Trezona Consulting Group and VAADA, and was informed by the National Alcohol and other Drug Workforce Survey developed by the National Centre for Education and Training on Addiction (NCETA)[2], as well as the Network of Alcohol and other Drug Agencies (NADA) Workforce Capability Framework[3] and the Victorian Mental Health and Wellbeing Workforce Capability Framework[4].

The survey contained 65 questions overall, and was divided into five main parts: i) workforce demographics; ii) workforce profile; iii) sector capacity and workforce support; iv) workforce capability; and v) workforce wellbeing and satisfaction. The survey questions were comprised of a combination of multiple-choice, fixed-choice and open-text responses.

Recruitment and participants

All people working in the publicly funded Victorian AOD sector were eligible to participate in the survey, including those working in specialist AOD services, community health services, tertiary services and professionals in non-clinical roles.

The survey was promoted to the AOD sector via VAADA's existing communication channels, including directly to organisational CEOs and managers, the Elevate! training and professional development network, VAADA Member Newsletter, and VAADA Family Violence Community of Practice Newsletter. The survey is estimated to have reached a combined total of 2,500 people in the AOD and related sectors.

The survey was voluntary, and participants had the option to decline to answer questions and exit the survey at any time. Participants who completed the survey were offered an opportunity to enter into a prize draw to win one of five prizes.

Data collection and analysis

The survey was administered online using Survey Monkey, between 13 April and 12 May 2023. A total of 422 people initiated the survey, of which 396 people met the eligibility criteria and were included in the sample. Of the 396 people who completed the survey, the majority answered most questions (88.1 - 98.7% response rate overall).

Basic descriptive statistical analysis was undertaken for each survey question to assess overall sector capacity and workforce capability, based on the experiences and perspectives of the AOD workforce overall. However, some questions were disaggregated and analysed according to specific job functions and years of service to identify their specific needs and experiences, and subsequently inform sector planning and development activities.

2 Skinner, N., McEntee, A. & Roche, A. (2020). *Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020.* Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

3 Network of Alcohol and other Drugs Agencies (2020). *Workforce Capability Framework: Core Capabilities for the NSW Non Government Alcohol and Other Drugs Sector.* Sydney: NADA.

4 Department of Health (2021). *The Victorian Mental Health and Wellbeing Workforce Capability Framework*. Melbourne. Victorian Government.

Results

Workforce demographics

Gender identity

The majority of workers in the AOD sector identify as women (65.7%), less than one third identify as men (28.6%), and 5 per cent identify as trans, gender diverse or non-binary. A small proportion of people (2.3%) preferred not to disclose their gender identity.

Age

Overall, the AOD workforce is relatively evenly spread across age groups, with the largest age cohort being those aged 41-45 years. Just over three quarters (76.2%) of the workforce are in the mid to older age groups (36+ years), with a significant proportion aged over 45 years (45%), and a further 8.4 per cent aged 61 years or older. Only a small proportion of workers are aged 21-25 years (2.3%).

Sexual identity

The majority of workers identify as heterosexual or straight (69.8%), however there is significant sexual diversity within the AOD sector, with 24 per cent of people overall reporting a diverse sexual identity, including 4.1 per cent who identify as lesbian, 5.6 per cent as gay, 11 per cent as bisexual or pansexual, and 2.8 per cent as queer.

Cultural diversity

The survey included a number of questions about the cultural diversity of workers, including Aboriginal and Torres Strait Islander Identity, country of birth, and languages spoken. Overall, the results suggest there is a lack of cultural diversity across the AOD workforce.

Only 1.28 per cent of survey respondents identified as Aboriginal, and the majority of workers (78.1%) were born in Australia. Of the 21.9 per cent born overseas, more than half were from the UK, New Zealand or the United States. In addition, just under one fifth (19.2%) of workers speak a language other than English, and 4.2 per cent of all respondents reported speaking a second language as part of their role in the AOD sector.

Disability and caring responsibilities

Participants were asked whether they have a long-term health condition, impairment or disability that restricts their everyday activities, with 13.8 per cent of workers reporting this experience, and 3.8 per cent preferring not to disclose this information.

Participants were also asked whether they provide unpaid care to another person outside of work, with the majority reporting they had at least one caring responsibility (58%), including 38 per cent who care for children, 12.6 per cent who care for an older person, and 4.9 per cent who care for a person with a disability.

Lived experience with alcohol or other drugs

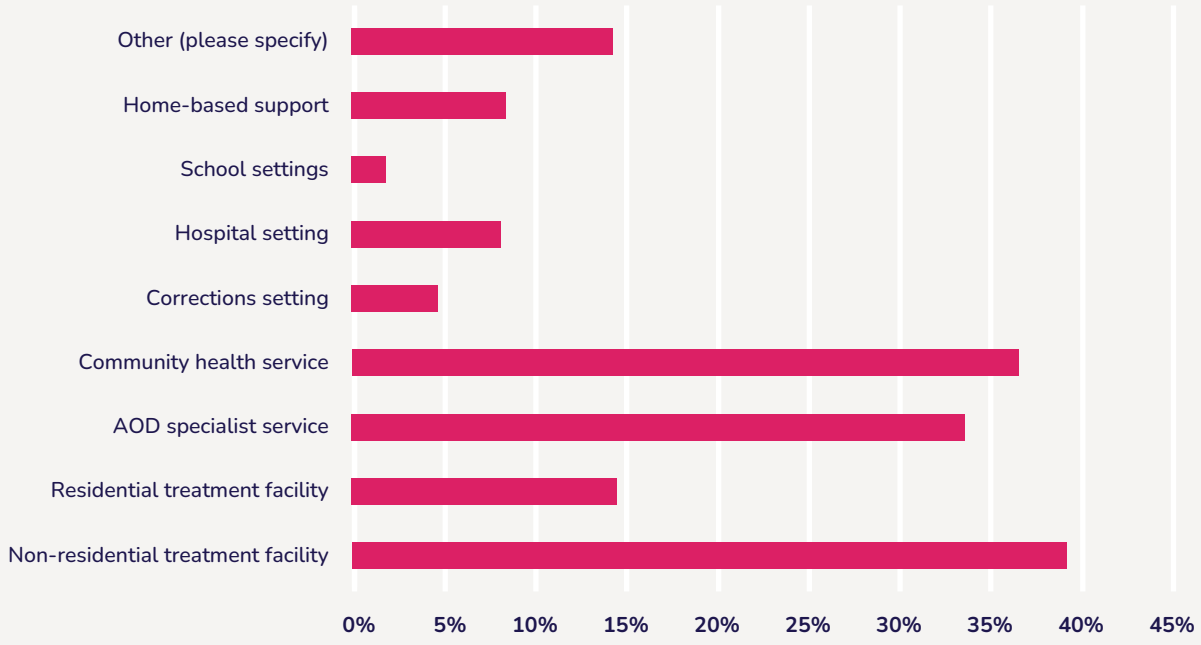
A significant majority (85%) of respondents reported having lived experience with alcohol or other drugs, including 39.6 per cent with past or present personal experience of alcohol or drug problems, and 45.5 per cent who have a family member or partner with a past or present experience with alcohol or drug problems.

Service locations and delivery settings

More than one third (37.7%) of the AOD workforce is based in a metropolitan location, with one quarter (25.6%) based in a rural or regional location, and 41 per cent of workers are employed by a statewide service (which may be located anywhere in Victoria).

The workforce is spread across a wide range of service delivery settings (Figure 1), with the largest number of workers based in non-residential treatment facilities (39.3%), followed by community health services (36.6%), AOD specialist services (33.7%) and residential treatment facilities (14.6%). More than 14 per cent of participants reported providing services in settings other than the eight fixed-response options provided. The majority of these reported outreach as the setting they mainly provided services in, but other common responses included online (via telehealth) and courts.

Figure 1: Service delivery settings

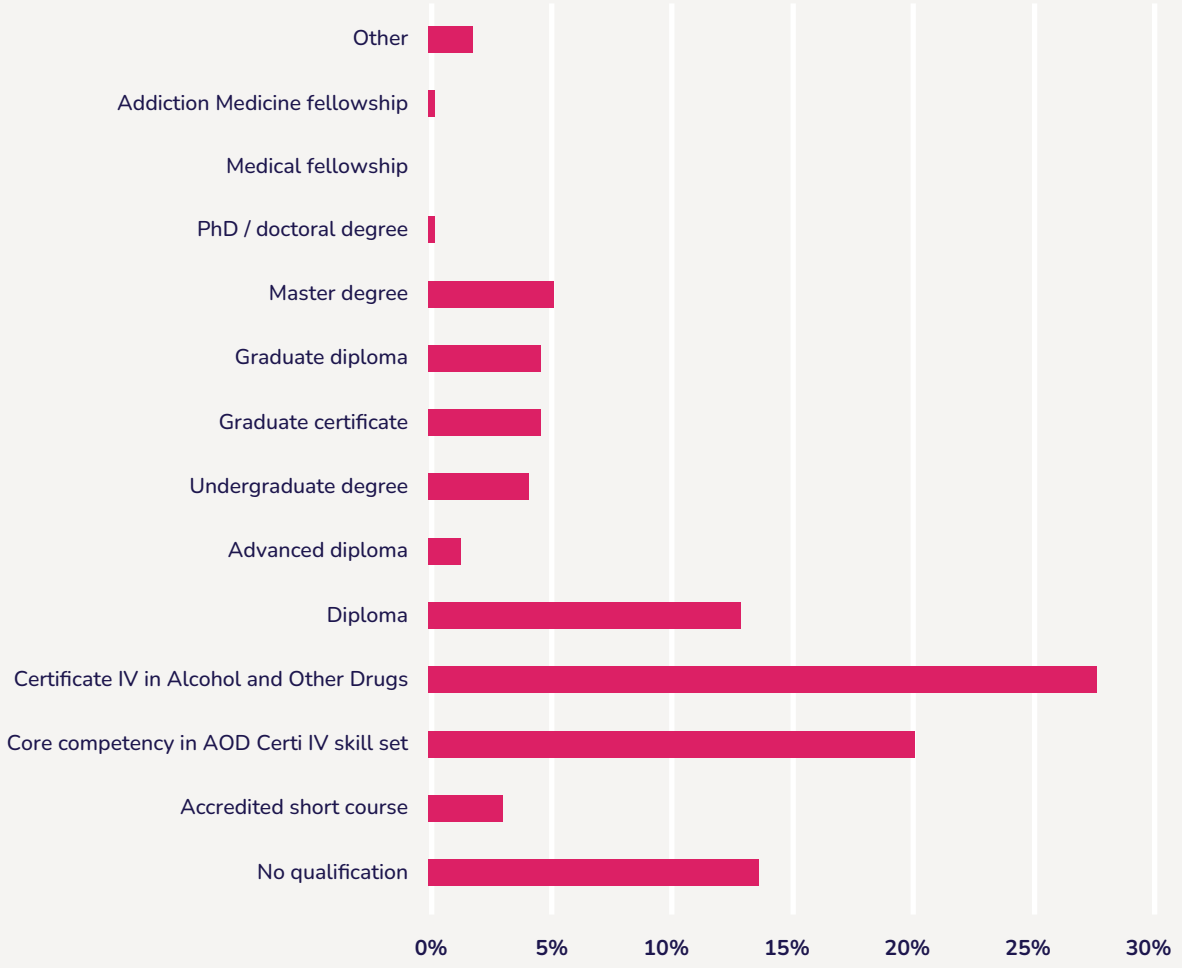


Qualifications and experience

The survey included a number of questions about qualifications and experience, with the results indicating that the Victorian AOD sector is both highly experienced and qualified. In terms of general qualifications, the majority of workers (68%) have an undergraduate degree or higher, while nearly one quarter (24%) have a Master's degree. More than 86 per cent of workers also have an AOD-specific qualification (Figure 2), including 61 per cent at the Certificate IV level or higher. In addition, 15.8 per cent of workers were enrolled in a formal qualification specialising in AOD or addiction studies at the time the survey was conducted.

The workforce also has significant experience working in the AOD sector, with 65 per cent of workers reporting they have had four years or more experience, 31 per cent have had 10 or more years' experience, and 13 per cent have been working in the sector for more than two decades. Just under 9 per cent of workers have been in the sector for less than one year, and a further 25.4 per cent for 1-3 years.

Figure 2: Highest AOD qualification



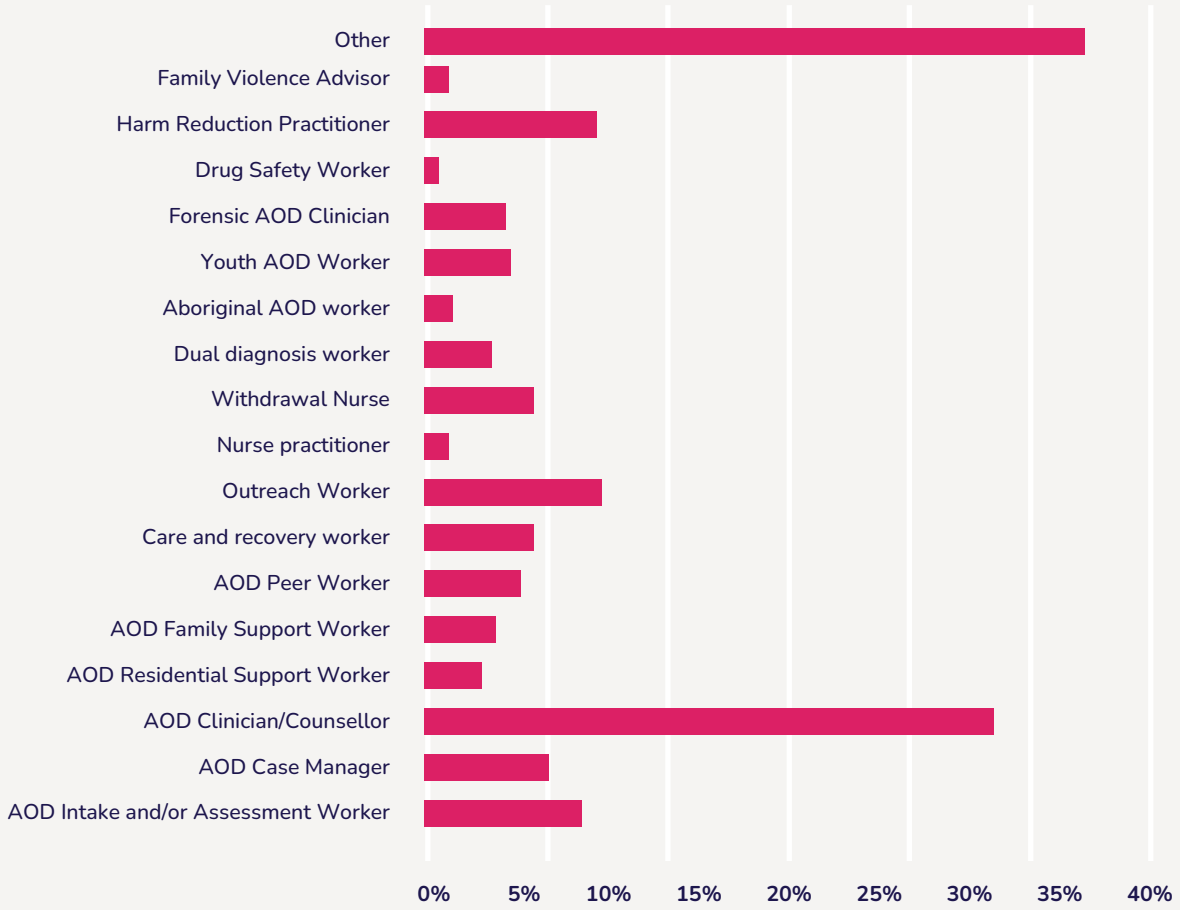
Roles and work functions

Participants were asked about their current role based on 17 common role types (Figure 3) across the Victorian AOD sector, and had the option to select all that apply or specify another role type. The four most common role types across the sector are AOD counsellor or clinician (31.6%), outreach worker (9.8%), harm reduction practitioner (9.5%) and AOD intake/assessment worker (8.7%).

The workforce also includes a small proportion of AOD peer workers (5.3%), youth AOD workers (4.8%) and Aboriginal AOD workers (1.6%). More than one third (36.6%) of participants reported being in a role type not specified in the fixed-response options, many of which specified a job title, or reported being in a management, team leader, administration, or specific clinical role. A full list of the other roles reported is provided at Appendix A.

The large majority of workers reported being in a direct client service delivery role (79%), while more than a quarter are in management roles (27.3%), and administration roles (25.7%). There is also a consideration proportion of AOD workers in project roles (17.8%), and a small proportion of workers in policy roles (7.7%) and research roles (7.2%).

Figure 3: AOD roles

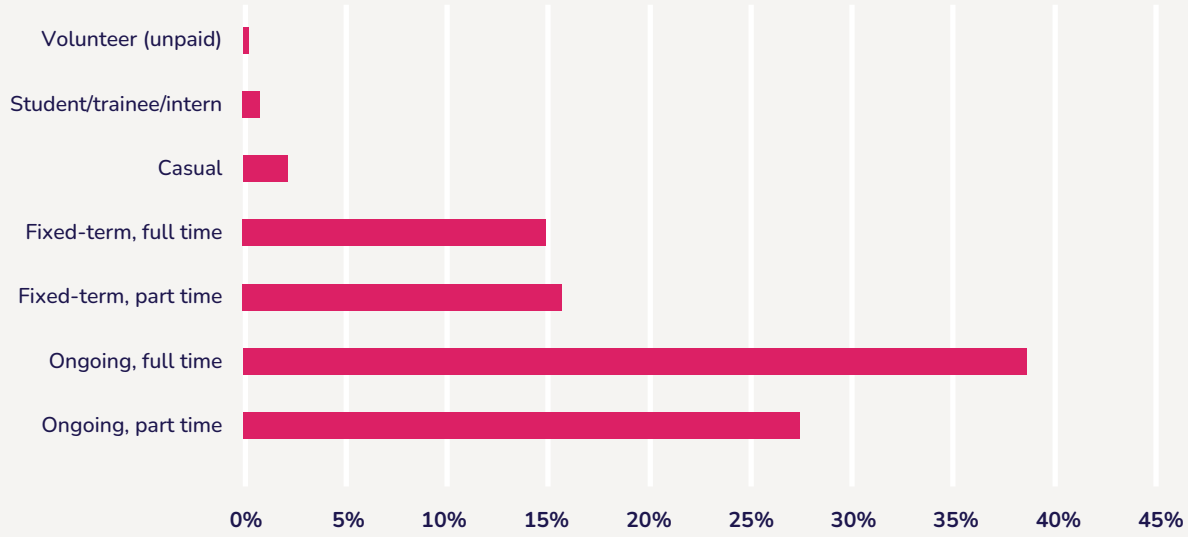


Sector capacity and workforce support

Employment conditions and income

As shown in Figure 4, employment security within the sector is relatively high, with two thirds (66.1%) of the sampled workforce in permanent roles, of which 38.7 per cent are in full-time, ongoing positions and 27.5 per cent are in part-time positions. Just over 30 per cent of workers are in fixed-term contracts, with a relatively even split across part-time and full-time positions, and a very small proportion are in casual positions (2.1%).

Figure 4: Employment security



More than half of all workers indicated they are required to work overtime or extra hours, including 9.3 per cent who work extra hours every day or most days, and a further 15.5 per cent who do so multiple times per week (Table 1). Participants who are working overtime reported working between 1 and 20 extra hours per week, with the average hours of extra time worked being approximately four hours per week.

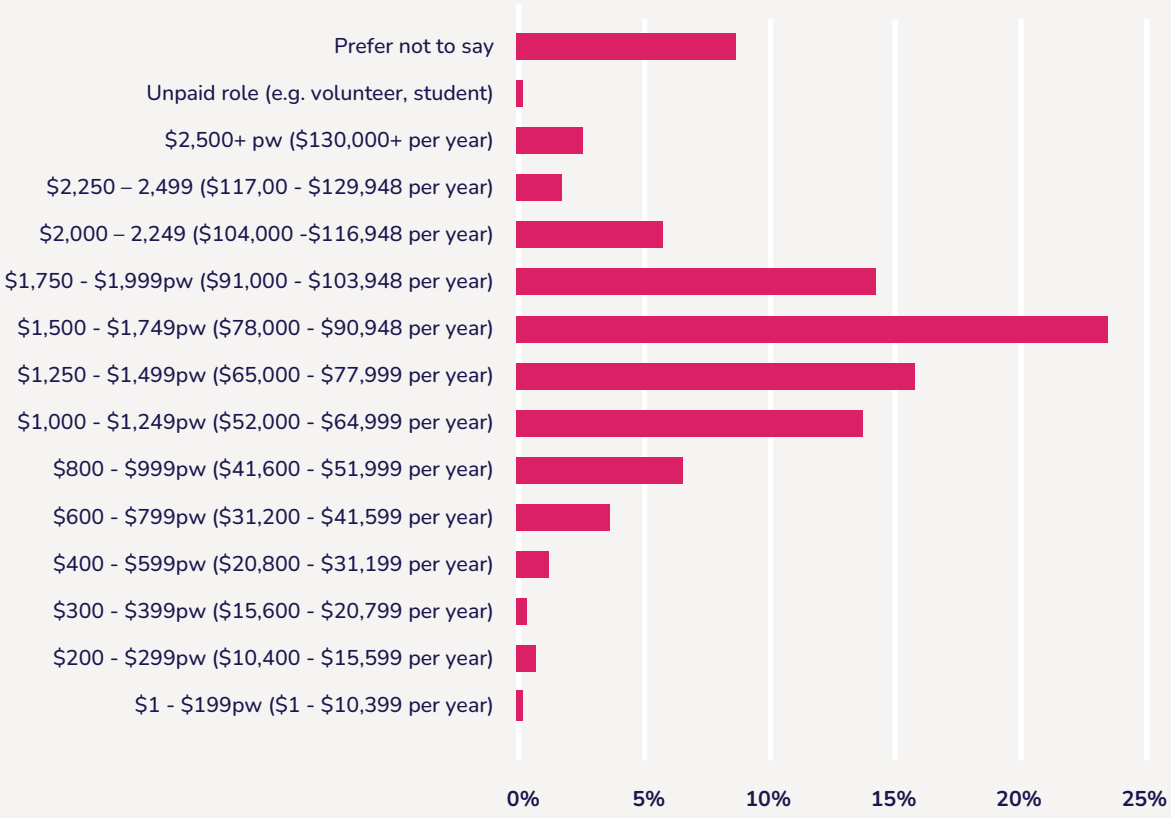
Almost one quarter (23.7%) of workers indicated they are not compensated in any way for working extra hours, while 53.9% are compensated with time in-lieu, 5.3 per cent are paid standard rates, and 7.7 per cent are paid over-time rates. These figures should be interpreted with caution, as the question was not limited to people who reported working overtime or extra hours. Therefore, while these figures may be indicative of overtime policies and practices across the AOD sector, participants may have reported not being compensated for working extra hours due to not working overtime.

Table 1: Overtime and extra hours (n=375)

Frequency	%	N
Every day, or most days	9.3	35
A few times per week	15.5	58
A few times per month	32.3	121
Never or almost never	42.9	161

The average weekly incomes of participants is shown in Figure 5. Just under one quarter (23.6%) of workers earn between $1,500 and $1,749 per week (or $78,000-$90,948 per year), with a further 16 per cent earning between $1,250 and 1,499 per week. A sizeable proportion (8.7%) of participants preferred not to disclose their income.

Figure 5: Average weekly income



Recruitment and retention

In order to understand trends in workforce recruitment and retention, participants were asked to share their perceptions about how challenging it has been for their organisation to recruit and retain AOD staff in the past 12 months (Table 2). More than half (55.6%) of all respondents reported that it had been either challenging or very challenging to recruit staff in the past 12 months, with fewer people (38.6%) indicating that it had been challenging to retain staff, and around one in six people reporting that it had not been challenging at all to retain staff.

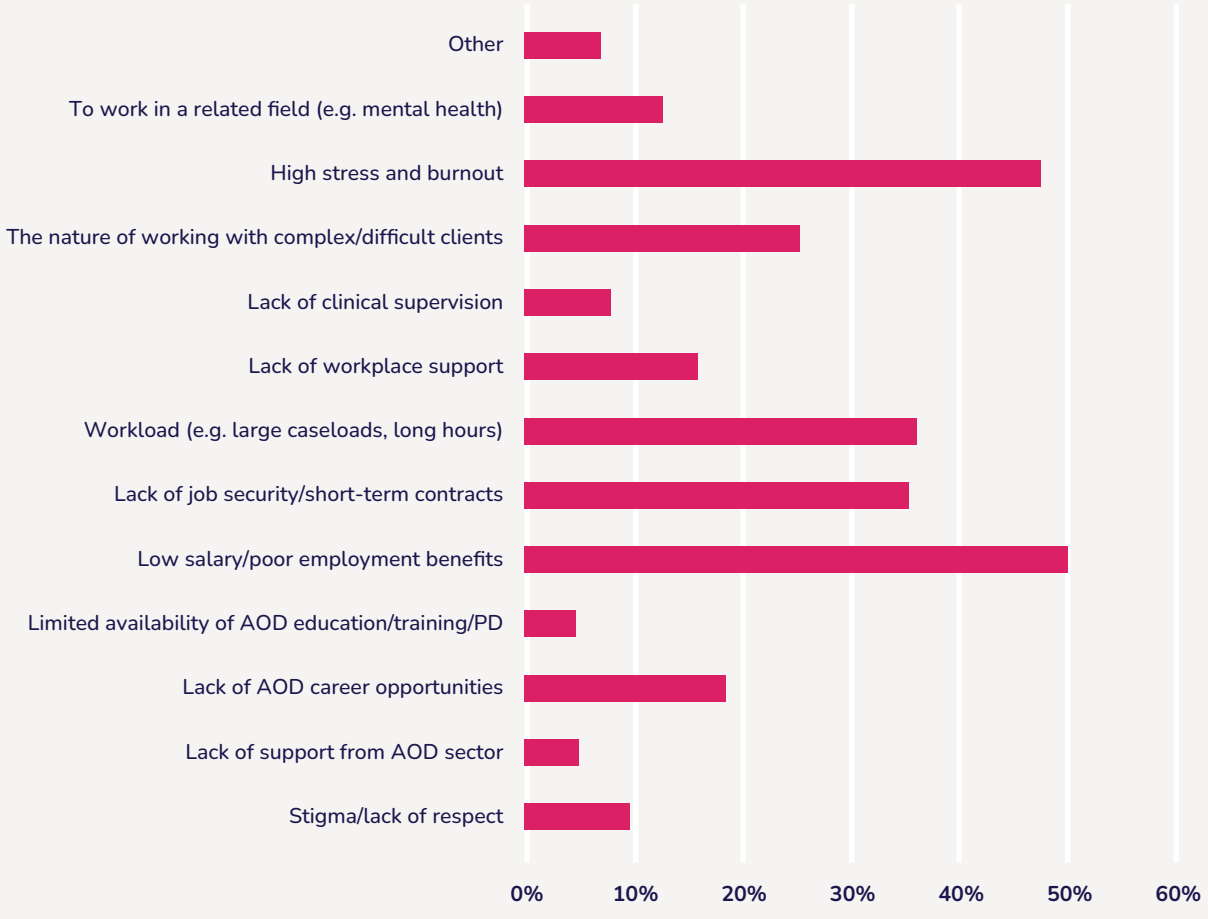
Table 2: Challenges with recruitment and retention (n=361)

	Not at all	Somewhat	Very	Extremely
Recruiting staff	7.89%	19.01%	35.38%	20.18%
Retaining staff	14.20%	27.84%	26.70%	11.93%

Note: Question asked on five-point Likert scale, including an 'unsure' option

Participants were also asked to share their perceptions about why AOD professionals leave the AOD workforce or sector (Figure 6). Half (50.1%) of respondents reported that low salary and poor employment benefits was one of the main reasons AOD professionals leave the sector, followed by high stress and burnout (47.7%). More than a third also reported that workloads (36.3%) and lack of job-security are significant reasons why people leave the sector. While not one of the most commonly reported reasons, nearly one fifth of workers believe that people leave the workforce due to a lack of career opportunities in the AOD sector.

Figure: 6 Reasons for leaving the AOD sector

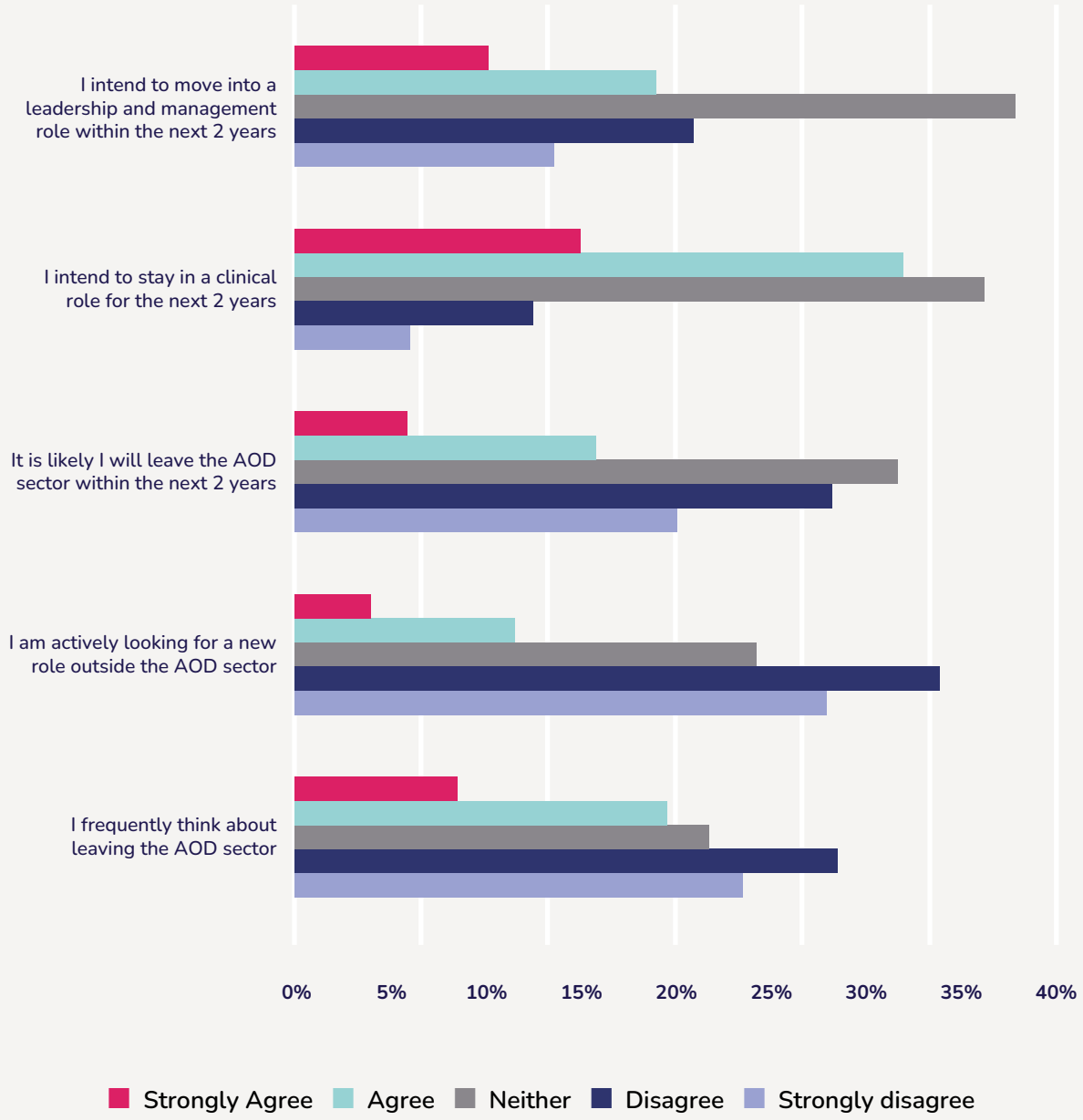


In order to understand the motivations of working in the AOD sector, participants were asked about their own personal reasons for remaining in the AOD workforce (Figure 7). The majority of workers (69.8%) reported the main reason they continue working in the AOD sector is due to working with clients. A significant proportion (44.6%) also indicated that it is the core values and philosophy of the AOD sector that motivates them to stay. Other significant reasons include the support they receive from their agency (35.5%), the complexity of the work (34.4%), and comradery within the sector (29.4%).

Figure 7: Reasons for staying in the AOD sector

Participants were also asked to indicate their career intentions over the next two years, based on a set of fixed-response options (Figure 8). A significant proportion of workers were neutral about their career intentions, but broadly speaking, there is also a large proportion of people who intend to stay in the AOD sector over the next two years, including 46.3 per cent who intend to stay in a clinical role and 28.7 per cent who intend to move into a leadership role.

Figure 8: Career intentions

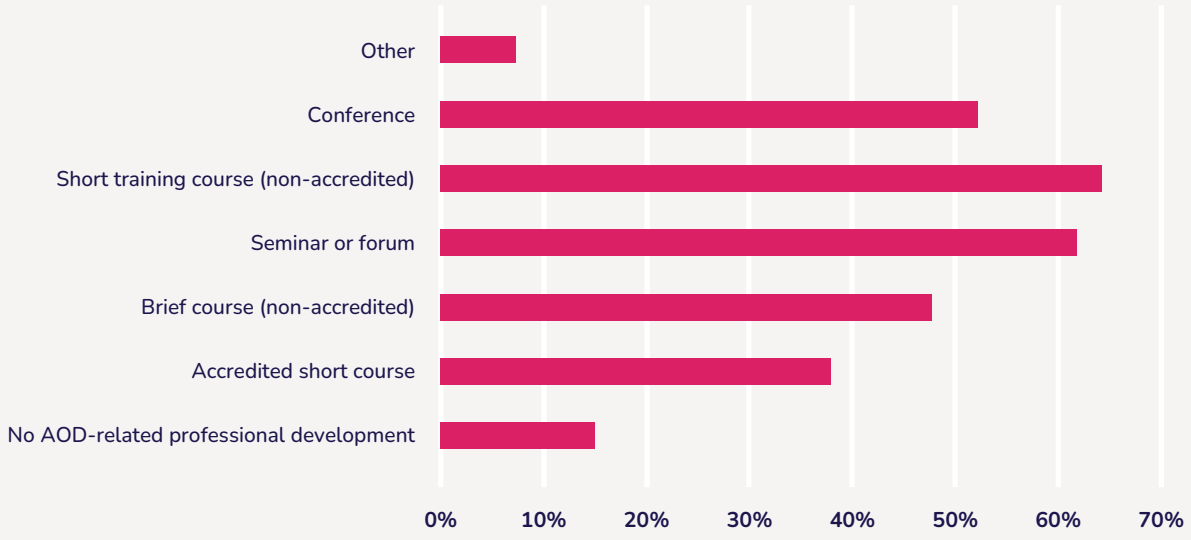


Training and professional development

The survey included a number of questions relating to training and professional development, including workforce participation in professional development activities, the opportunities available and barriers to accessing it, and the training and professional development gaps impacting the AOD workforce.

As shown in Figure 9, the majority (85%) of the sampled workforce has participated in an AOD-related professional development activity in the past three years, the most common being non-accredited short training courses (64.3%) and seminars or forums (61.9%). More than one third (37.9%) have participated in an accredited short course in the past three years.

Figure 9: Participation in AOD-related professional development activities



Most participants (61.3%) agreed that there are sufficient opportunities for professional development in the AOD sector, and nearly three quarters (72.5%) reported that they are personally supported o participate in AOD professional development activities by their organisation. However, a significant proportion (34.6%) of workers indicated they have experienced challenges of barriers accessing AOD professional development activities. The main barriers to accessing AOD professional development were:

- Insufficient time during work hours **(29.3%)**
- Financial costs to them personally **(19.7%)**
- Financial costs to their employer **(13.1%)**
- Difficulties finding relevant training **(8.8%)**

With regard to the training and professional development gaps impacting the AOD workforce (Table 3), more than half of all respondents (54%) indicated that responding to multiple and complex needs is a significant gap for the sector, followed by clinical skills for counselling, treatment or therapy (47.7%), and advanced clinical skills (41.8%). A significant proportion of workers (41%) also reported that there is a lack of training to support the development of leadership and management skills.

Table 3: Perceived training and professional development gaps (n=361)

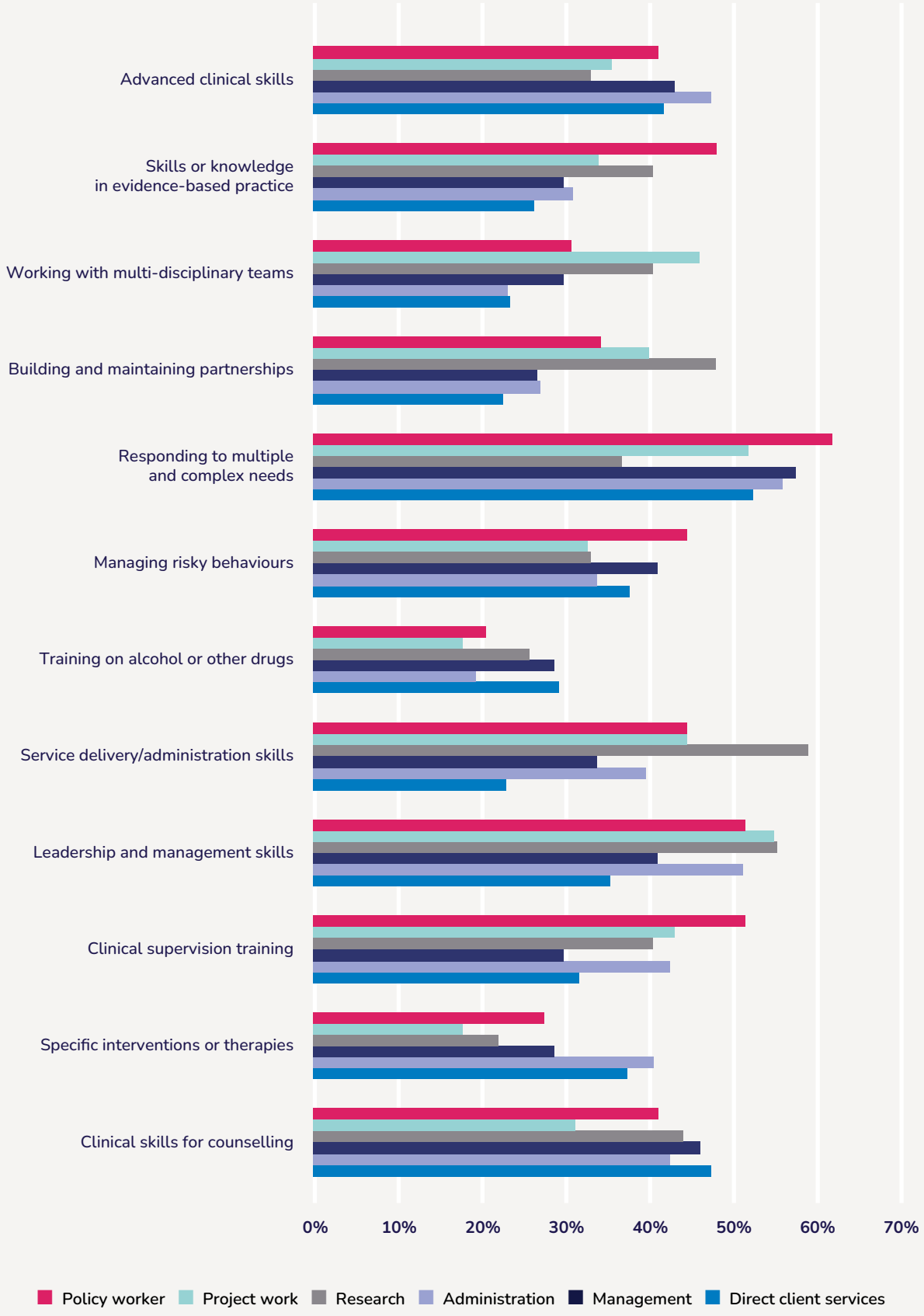
Gaps	%	N
Clinical skills for counselling, treatment or therapy	47.7	172
Specific interventions or therapies	38.8	140
Clinical supervision training	34.6	125
Leadership and management skills	41.0	148
Service delivery/administration skills	27.4	99
Training on alcohol or other drugs	28.3	102
Managing risky behaviours (e.g. aggression, suicide, self-harm)	39.3	142
Responding to multiple/complex needs (e.g. dual diagnosis, trauma, family violence.)	54.0	195
Building and maintaining service partnerships	26.0	94
Working with multi-disciplinary teams	26.0	94
Skills or knowledge to support evidence-based practice	28.5	103
Advanced clinical skills	41.8	151
Other	9.7	35

Training and professional development gaps were also analysed according to work functions (Figure 10), which showed that perceived gaps are similar for workers in service delivery, management and administration roles. For all three categories, responding to multiple and complex needs was reported as the most significant gap, with 52.7 per cent, 56.3 per cent and 57.7 per cent of service providers, managers and administration workers reporting this respectively. Responding to multiple and complex needs was perceived as the largest gap in training and development regardless of length of service, with between 42.9% and 61.7% of workers across almost all length of service categories.

Other significant gaps reported by service providers included clinical skills for counselling, treatment or therapy (47.7%) and advanced clinical skills (42%). For workers in administration roles, training for clinical skills was also seen as a gap (46.4%), as was training in leadership and management skills 41.2%) and managing risky behaviours (41.2%). Workers in management roles reported similar gaps, with 51.5 per cent indicating that leadership and management skills training is a gap, followed by advanced clinical skills (47.6%) and clinical supervision training (42.7%)

There was also a relationship between length of service and perceived training gaps in leadership and management skills, with 53.5 per cent of those who have been working in the sector for 10-19 years reporting this as the biggest gap for the sector, and around half of those who have been in the sector for 7-9 years and 20 years or more reporting this as a gap. People who were relatively new to the sector were more likely to report clinical and therapeutic training and professional development as the biggest gap, but these were also seen as gaps by more experienced workers (10+ years).

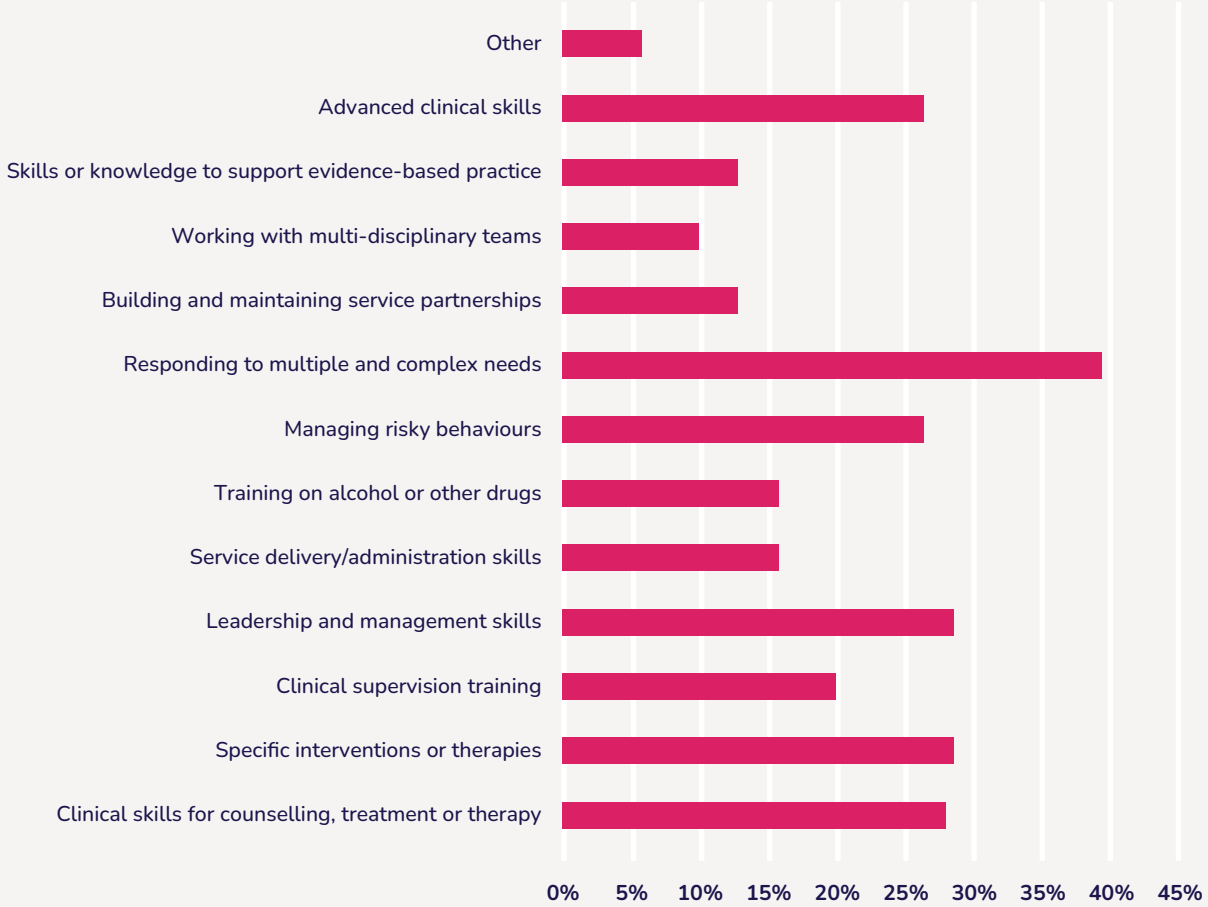
Figure 10: Perceived training and professional development gaps by work function



When asked about the training and professional development activities they would like to personally participate in (Figure 11), the preferences of participants broadly correlated with the perceived gaps in training and development opportunities available. More than one in three (39.3%) workers reported wanting more training on responding to multiple and complex needs, 28.5 per cent want more training on specific interventions or therapies, and 28 per cent want to further develop clinical skills for counselling, treatment or therapy. More than a quarter (28.5%) of workers also indicated they would like more training and development relating to leadership and management skills.

Other reported training preferences included: valuing lived experience, nurse-specific AOD training, burnout and vicarious trauma, advanced forensic skills, note taking, cultural competency and working with child protection.

Figure 11: Training and development preferences



Training preferences were also analysed according to work function, which again highlighted some overlap in preferences for workers in service delivery, management and administration roles. The highest preferences for training and development for service providers were responding to multiple and complex needs (41.3%), clinical skills for counselling, treatment or therapy (30.2%), specific interventions or therapies (29.9%) and advanced clinical skills (28.2%).

For those in management roles, the highest preferences were leadership and management skills (49.5%) advanced clinical skills (30.1%) responding to multiple and complex needs (28.2%) and clinical supervision training (26.2%). Workers in administration roles expressed a preference for training in responding to multiple and complex needs (38.1%), leadership and management skills (36.1%) and managing risky behaviours (27.8%).

Supervision and practice support

Table 4 provides an overview of the supervision and practice support available to AOD workers. A significant majority of the sampled workforce (90%) have access to at least one form of supervision or practice support, the most common of which is practice support within their own organisation, such as mentoring or reflective practice (44.9%). More than a third of workers also have access to group clinical supervision within their organisation (34.6%), and operational supervision (38.8%).

Table 4: Supervision and practice support (n=361)

Support type	%	N
No - I do not have access to any support	10.0	36
Internal group clinical supervision	34.6	125
Internal practice support (i.e. mentoring and reflective practice)	44.9	162
External individual clinical supervision	23.6	85
External group clinical supervision	11.1	40
External practice support (i.e. mentoring and reflective practice)	5.0	18
Cultural supervision	3.3	12
Operational supervision	38.8	140
Reflective practice group	17.7	64
Other	8.0	29

With regard to frequency of support (Table 5), just over half (51.8%) of the sampled workforce receives clinical supervision or practice support monthly, while 12.5 per cent have access to fortnightly support, and 4.7 per cent have weekly support. A significant proportion of workers reported that they do not currently have access to clinical supervision or practice support. Less than half (42.5%) perceive they are provided with high quality clinical supervision within their organisation, and less than a third perceive they are provided with high quality external supervision.

Table 5: Frequency of supervision and practice support (n=361)

Frequency	%	N
Weekly	4.7	17
Fortnightly	12.5	45
Once a month	51.8	187
Once every 3 months	8.9	32
Once every 6 months	1.7	6
Once a year or less	3.9	14
I currently don't have access to clinical supervision/practice support	16.6	60

Workforce capability

A significant majority (83.7%) of workers in the AOD sector perceive they have all the capabilities they need to perform their current role, with almost one in three people (30.1%) strongly agreeing this is the case. The findings also indicated there is a relationship between perceived capability and the provision of quality clinical supervision. Of those who reported they are provided with high quality clinical supervision internally, 54.2 per cent agreed they had all the capabilities they need to perform their role, while 32.6 per cent strongly agreed.

Participants were also asked to self-assess their capabilities across seven capability domains relevant to the Victorian AOD sector, and those in management roles were asked to self-assess their leadership and management capabilities. A summary of overall self-assessed capability, as well as key strengths and capability gaps for each domain is presented below. For each capability reported on, the strengths are reported as the total proportion of workers who either agreed or strongly agreed with a particular statement, and gaps are reported as the total proportion of workers who either disagreed or strongly disagreed.

Foundational knowledge and practice

Workers perceived their capabilities relating to foundational knowledge and practice to be strong overall (Table 6). For eight of the 16 capabilities under this domain, more than 80 per cent of workers either agreed or strongly agreed they had the relevant knowledge, understanding or skill (shown in pink).

The key strengths for this domain were:

- Knowing how to support a client to identify and develop strategies to reduce AOD-related harm **(90.5%)**
- Being able to recognise and respond appropriately to clients who are under the influence of AOD **(88.6%)**
- Knowing how to provide a brief intervention, when appropriate to do so **(87.7%)**

The largest capability gaps for this domain (shown in grey) were:

- Working in partnership with clients and families to provide care (**16.7%)**
- Knowledge of medications used to treat AOD-related health conditions **(16%)**
- Knowledge of the different classification systems and diagnostic criteria for AOD-related health conditions, such as the DSM5 criteria for substance use disorders **(13.5%)**
- Understanding how to engage family members/carer in a client's assessment and/or care plan **(13.3%)**

Table 6: Foundational knowledge and practice capabilities (n=357)

Capabilities	SD %	D %	Neither %	A %	SA %
I have a strong understanding of the properties and effects of commonly used drugs and their interactions	0.8	3.9	11.8	**50.1**	**33.3**
I can recognise and respond appropriately to clients who are under the influence of AOD, ensuring their immediate risks and safety needs are addressed	0.8	2.0	8.7	**52.7**	**35.9**
I can recognise and respond to mental health conditions that may co-exist with AOD-related health conditions	0.9	2.5	9.6	**55.5**	**31.6**
I have strong knowledge of medications used to treat AOD-related health conditions	1.7	14.3	21.1	42.1	20.8
I incorporate strategies to enable client behaviour change as part of my practice	1.7	2.0	9.0	**54.5**	**32.9**
I know how to support a client to identify and develop strategies to reduce AOD-related harm	1.1	2.0	6.4	**50.4**	**40.1**
I know how to provide a brief intervention, when appropriate to do so	1.1	3.1	8.2	**49.2**	**38.5**
I have the skills to sensitively explore issues and needs relating to trauma (trauma-informed practice)	1.1	6.2	14.6	51.4	26.7
I understand what is required to develop an individualised care plan for my clients	1.4	3.4	10.1	**53.7**	**31.5**
I use a range of evidence-based tools and strategies in my practice to facilitate engagement and positive change	2.3	5.1	14.7	51.3	26.8
I know how to support my client to develop strategies to prevent and manage relapse	1.1	4.5	12.1	**49.9**	**32.4**
I work in partnership with clients and their families/ carers to provide care	**3.4**	**13.3**	20.6	41.2	21.5
I understand how to engage family members or carers as part of my client's assessment and/or care plan	**3.7**	**9.6**	20.8	43.5	22.5
I know the different classification systems and diagnostic criteria for AOD-related health conditions (i.e. DSM5 criteria for substance use disorders; AUDIT; DUDIT)	**2.0**	**11.5**	14.6	47.2	24.7
I understand the AOD policies, strategies and legislative frameworks that guide my work	0.3	6.7	16.3	55.3	21.4
If a client is identified as an adult using family violence, I understand my responsibilities under MARAM	2.0	5.9	14.1	52.1	25.9

SD = Strongly disagree; D = Disagree; A = Agree; SA = Strongly disagree

Screening and assessment

Participants reported high levels of screening and assessment capability overall (Figure 12). For six of the 11 capabilities under this domain, more than 80 per cent of workers either agreed or strongly agreed they had the relevant knowledge or skills to perform their role in this area.

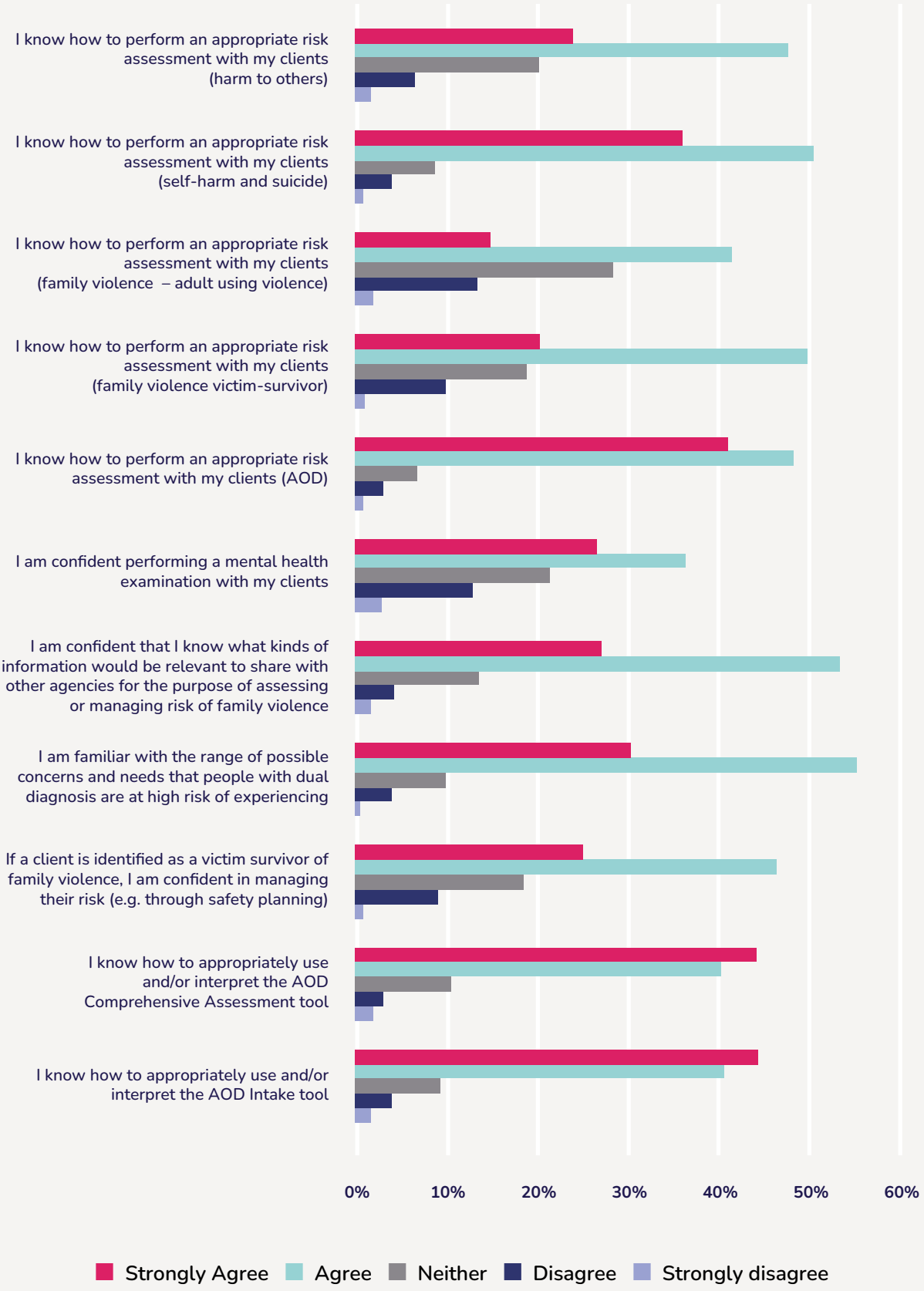
The key strengths for this domain were:

- Familiarity with the range of possible concerns and needs of people with dual diagnosis **(85.4%)**
- Knowing how to use and interpret the AOD intake tool **(84.9%)**
- Knowing how to use and interpret the Comprehensive Assessment Tool **(84.4%)**

The largest capability gaps for this domain were:

- Confidence performing mental health examination with clients **(15.8%)**
- Managing risk of family violence for victim-survivors **(10%)**
- Performing risk assessments for people experiencing family violence **(11.1%)**
- Performing risk assessments for adults using family violence **(15.4%)**

Figure 12: Screening and assessment capabilities



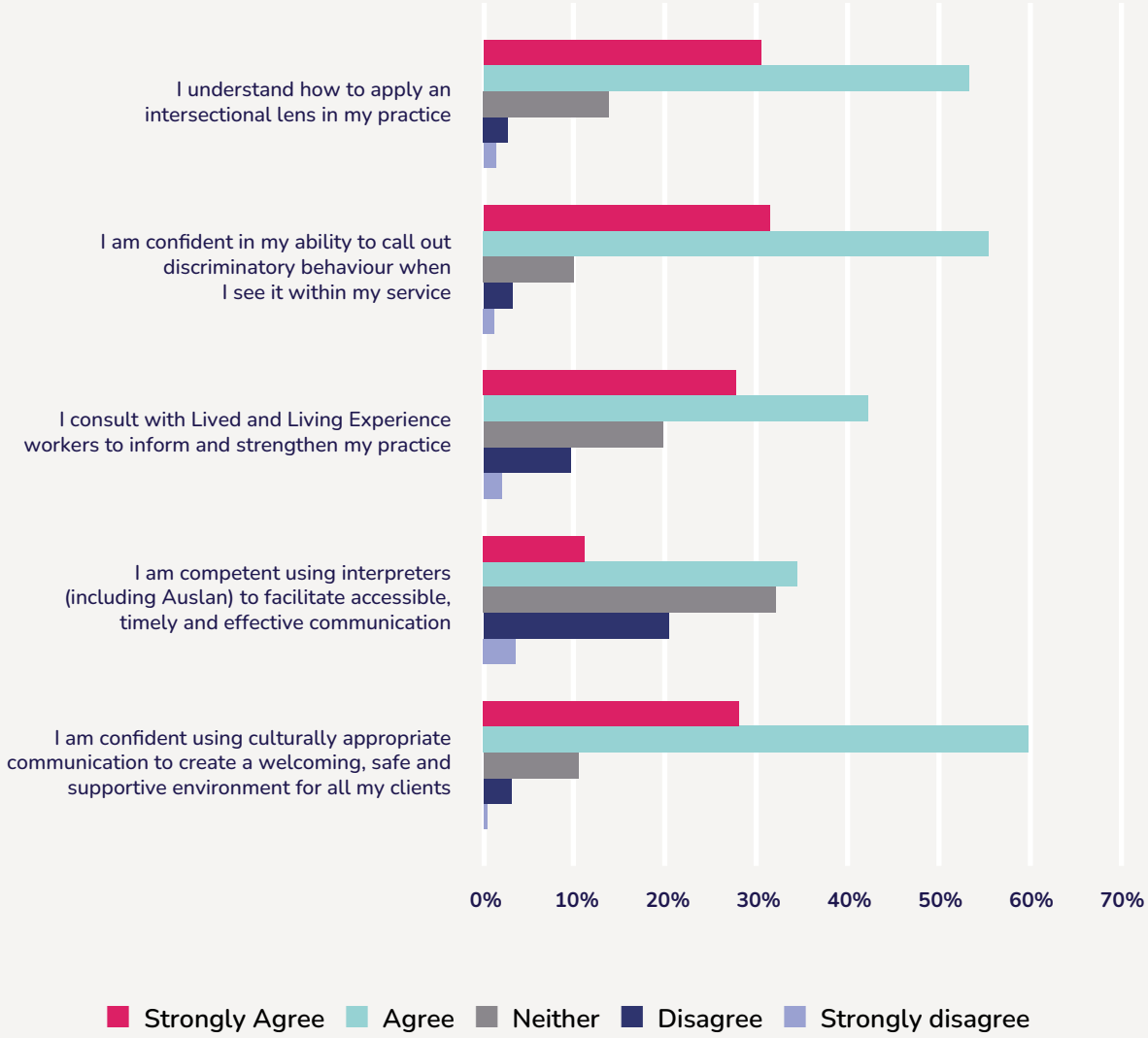
Access and equity

Overall, self-reported capability for the access and equity domain (Figure 13) was slightly lower than others, with less than half (45%) of workers agreeing or strongly agreeing that they are competent using interpreters, and 69 per cent agreeing or strongly agreeing that they consult with lived or living experience workers to inform their practice.

The key strengths for this domain were:

- The use of culturally appropriate communication **(86.6%)**
- The ability to call out discriminatory behaviour **(86%)**
- Understanding how to apply an intersectional lens in practice **(82.8%)**.

Figure 13: Access and equity capabilities



Cultural safety

Overall self-assessed capability in relation to cultural safety (Figure 14) was lower than most other capability domains, with only three of the seven capabilities being assessed as competent by more than 80 per cent of workers. These were understanding the impact of colonisation on Aboriginal and Torres Strait Islander people (89.7%); capability to work with clients from LGBTIQA+ communities (89.7%); and capabilities to work effectively with clients living with disabilities (81.1%).

The largest capability gaps relate to:

- Working with Aboriginal people, with only **40.6 per cent** of workers agreeing they have good working relationships with Aboriginal Community Controlled Organisations (ACCHOs), and **48.8 per cent** indicating they consult with Aboriginal workers to inform and strengthen their practice.
- Around **one quarte**r of workers either disagreed or strongly disagreed that they have good working relationships with ACCHOs, and one fifth consult with Aboriginal workers.

Figure 14: Cultural safety capabilities

Managing complexity and risk

Workers perceived their capabilities to manage complexity and risk to be strong overall (Figure 15), with a significant majority of participants either agreeing or strongly agreeing they have all four capabilities under this domain, and only a small proportion disagreeing.

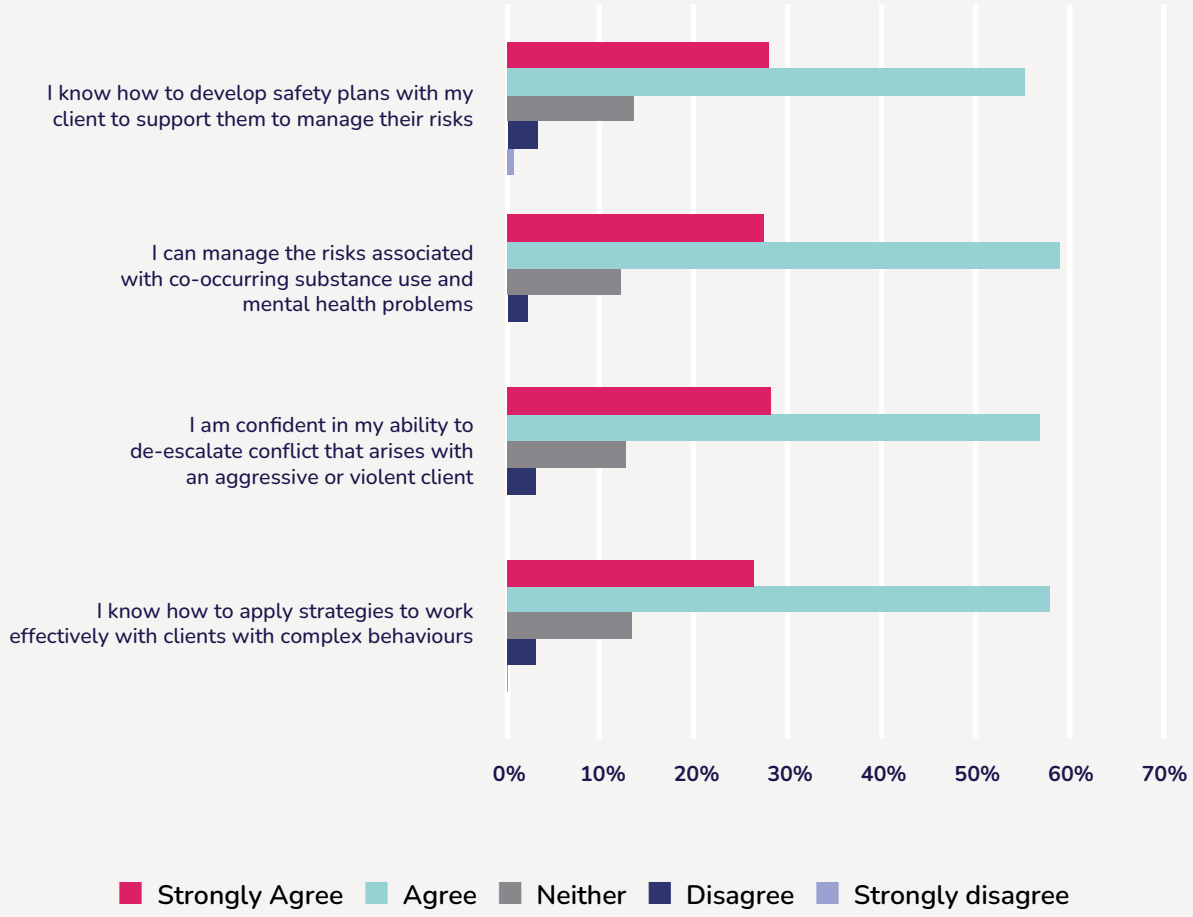
The highest rated capability was:

- The ability to manage the risks associated with co-occurring substance use and mental health problems
- **85.9 per cent agreeing** or strongly agreeing they are capable in this area,
- Only **two per cent disagreeing.**

The lowest rated capability was:

- Knowing how to develop safety plans with clients to support them to manage their risks, with **82.8 per cent agreeing** or strongly agreeing, and **3.8 per cent disagreeing** or strongly disagreeing.

Figure 15: Capabilities for managing complexity and risk

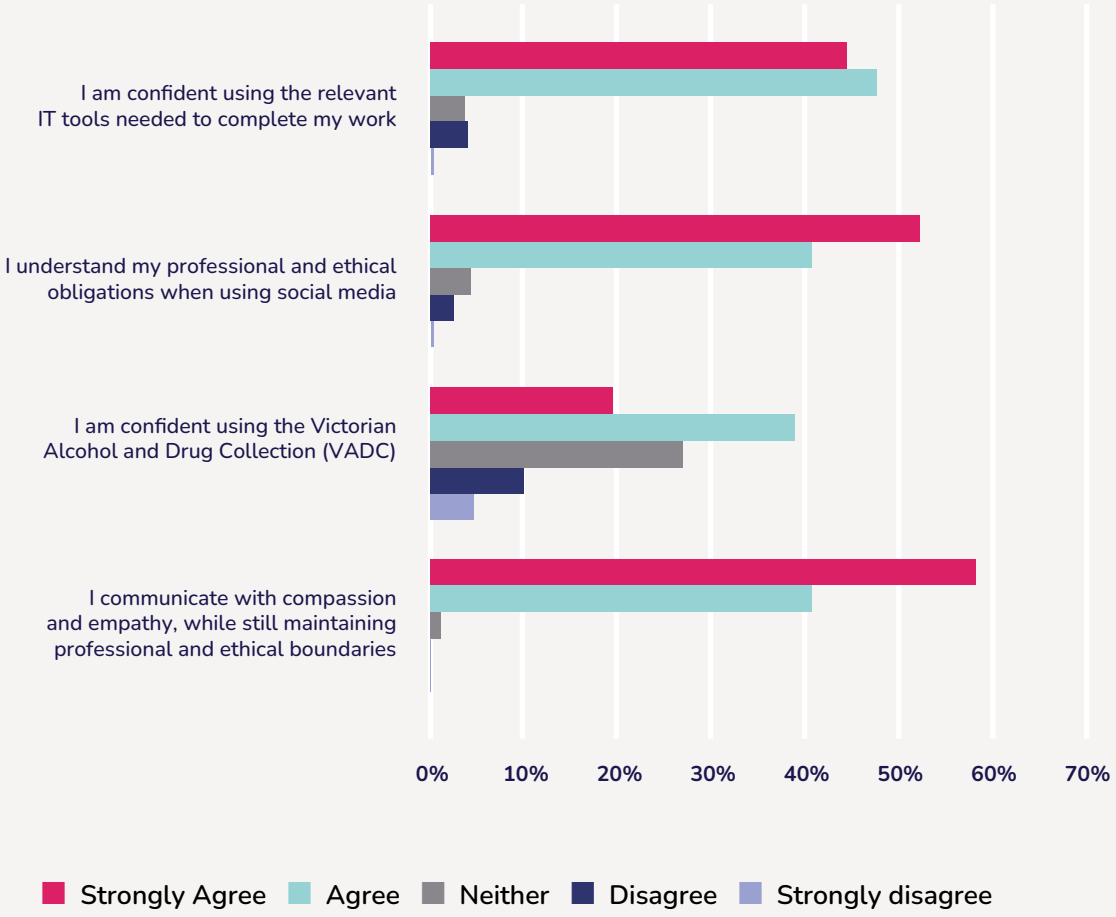


Communication and information management

The communication and information domain had the highest levels of self-assessed capability overall (Figure 16), with more than 90 per cent of workers agreeing or strongly agreeing they have three of the four capabilities, which was rated particularly high in relation to communicating with compassion and empathy, with 98.9 per cent agreeing or strongly agreeing they are able to do this.

The most significant capability gap reported for this domain was confidence using the Victorian Alcohol and Drug Collection (VADC), with only **58.5 per cent** agreeing or strongly agreeing they are confident in this area, and **14.6 per cent** either disagreeing or strongly disagreeing.

Figure 16: Communication and information management capabilities



Service coordination and system navigation

Overall, participants reported strong capability relating to service coordination and system navigation (Table 7), with the large majority of workers agreeing or strongly agreeing they are confident working cooperatively and collaboratively with other service providers **(89.4%),** and that they know the appropriate referral pathways available to clients **(86.5%)**.

Table 7: Service coordination and system navigation capabilities (n=349)

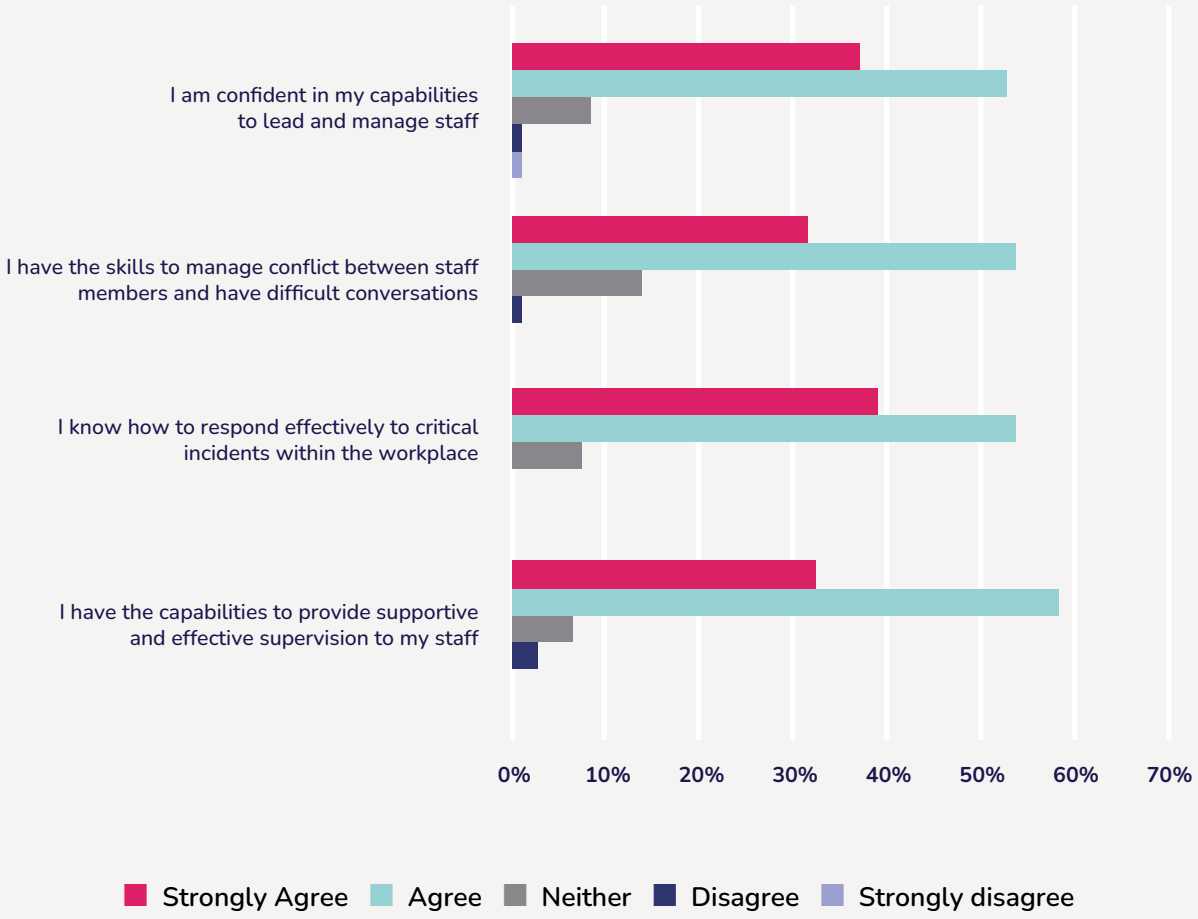
Capabilities	SD %	D %	Neither %	A %	SA %
I am confident working cooperatively and collaboratively with other service providers to support my clients	**0.3**	**1.2**	**9.2**	**49.3**	**40.1**
I know the appropriate referral pathways I can use with my client if they have other treatment needs	**0.9**	**2.9**	**9.8**	**54.6**	**31.9**

SD = Strongly disagree; D = Disagree; A = Agree; SA = Strongly disagree

Leadership and management

Participants who reported being in a management role were asked to self-assess their leadership and management capabilities. There were 108 participants who reported being in a management role, with the large majority of managers reporting high levels of competence across all four capabilities for this domain. This included 90.7 per cent who either agreed or strongly agreed they are confident in their capabilities to lead and manage staff, and 89.9 per cent who agreed or strongly agreed they have the capabilities to provide supportive and effective supervision to their staff.

Figure 17: Leadership capabilities



Workforce wellbeing and satisfaction

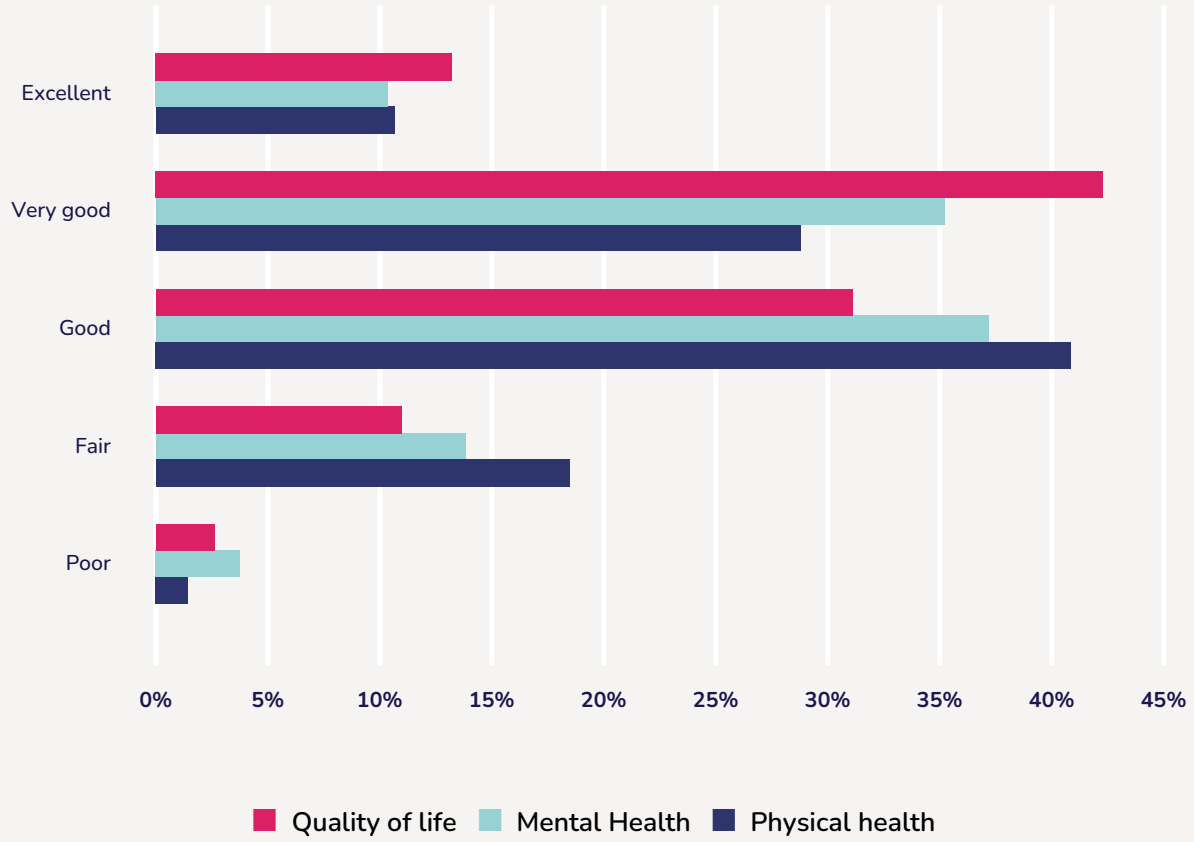
Health and quality of life

In order to understand the overall wellbeing of the AOD workforce, participants were asked to rate their general physical health, mental health and quality of life. Overall, the majority of workers (86.5%) experience good quality of life, with the majority reporting it as either good, very good or excellent. A similar proportion of workers (825%) also reported experiencing good to excellent mental health, while 80 per cent experience good to excellent physical health. While these results suggest the AOD workforce experiences good health and wellbeing overall, there is a considerable proportion (15-20%) of workers who are currently experiencing poor health and wellbeing.

People in management were significantly more likely to report excellent mental health (13.6%), with a significant proportion also reporting very good mental health (35.9%) and good mental health (35.9%). While workers in direct service delivery roles were the second most likely to report excellent mental health (8.1%), they were also the most likely to report poor mental health (4.4%), with a significant proportion also reporting their mental health as fair (13.4%).

Regarding the relationship between good mental health and provision of high-quality supervision – people were more likely to report good, very good or excellent mental health if they were provided with high quality clinical supervision internally. Of those who reported good, very good or excellent mental health, 42.7 per cent either agreed or strongly agreed they were provided with high quality supervision internally.

Figure 18: Workforce Wellbeing

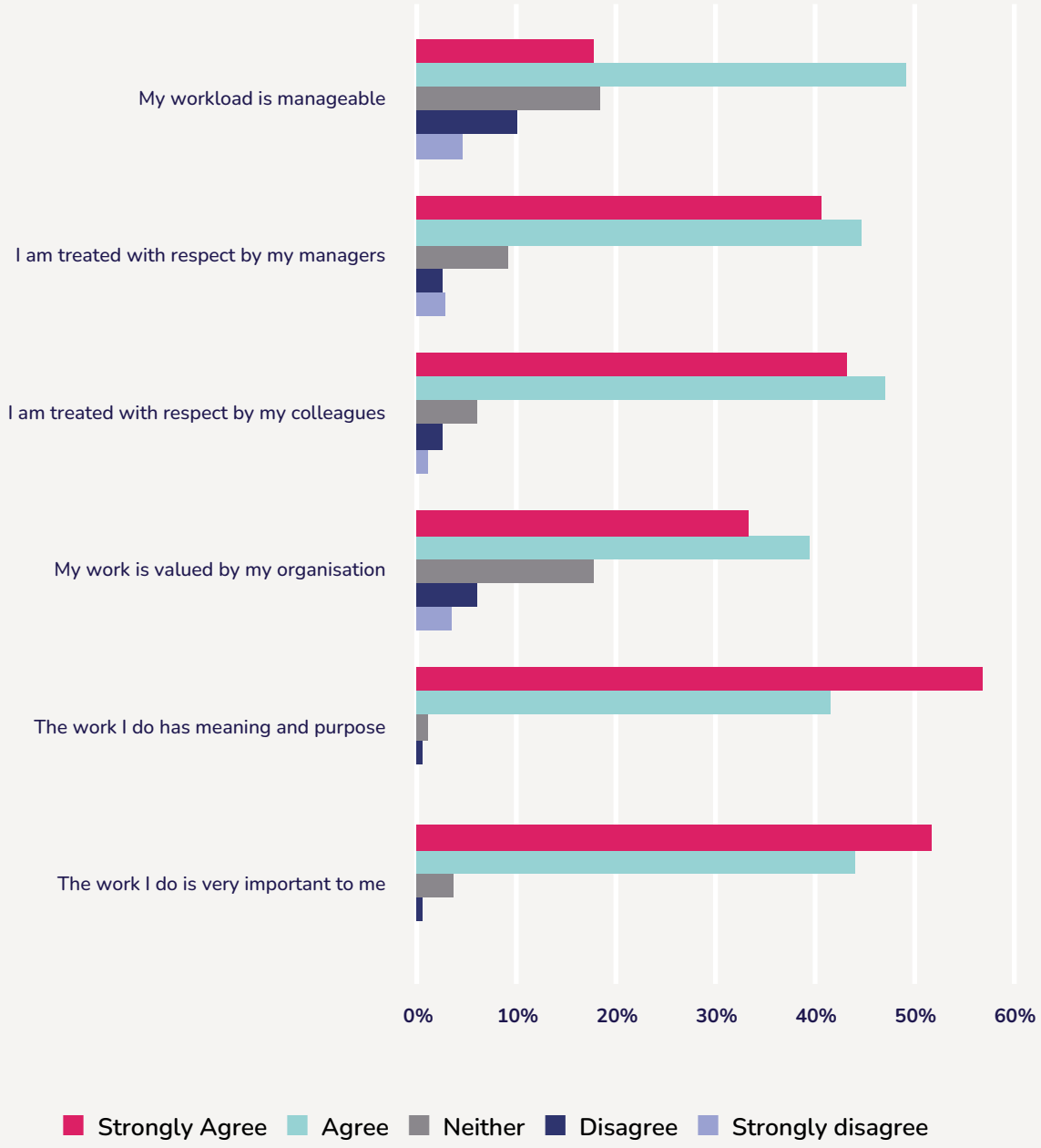


Work environment and satisfaction

Overall, there is strong job satisfaction across the AOD workforce, with 14.9 per cent of workers indicating they are completely satisfied with their job, and a further 63.5 per cent indicated they are satisfied. People in research roles and direct service roles were the most likely to report being completely satisfied with their job, at 14.8 per cent and 14.4 per cent respectively. Policy workers and project workers had the highest levels of dissatisfaction with their job, with 13.8 per cent of policy workers and 11.8 per cent of project workers reporting they were either unsatisfied or completely unsatisfied with their jobs. Years of service in the AOD sector did not appear to influence levels of satisfaction in the workplace, although workers who had been in the sector for 7-9 years had the highest levels of dissatisfaction at 14.9 per cent (dissatisfied and completely dissatisfied combined).

To better understand worker satisfaction, participants were also asked about their work environment and experiences in the workplace. Almost all workers reported that their work is important to them, and that their work has meaning and purpose. The majority **(72.7%)** also agreed that their work is valued by their organisation, and that they are treated with respect by their colleagues **(90.2%)**, and their managers **(85.3%)**. However, almost 15 per cent of workers perceive their workload to be unmanageable.

Figure 19: Work environment and experiences



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The findings presented in this report provide important insights into current experiences and challenges for workers and agencies across Victoria's AOD sector, as well as opportunities to build workforce capacity and capability in the immediate future, and in the longer-term.

Discussion and implications

The survey was completed by 396 professionals working in the AOD sector, which based on the estimated number of people working in the Victorian Government funded AOD sector, represents just over 25 per cent of the workforce.

This is considerably lower than the response rate to the Victorian AOD Workforce Survey conducted in 2017[5], which was estimated at 40 per cent, but consistent with the number of Victorian workers that participated in the National AOD Workforce Survey conducted in 2020.[6]

Workforce characteristics

The Victorian AOD workforce is made up predominantly of women (65.7%). However, the proportion of women in the workforce has decreased since 2017 (from 73%), and is slightly lower than the national rate in 2020 (69%). The workforce is also gender and sexually diverse, with 5 per cent identifying as trans, gender diverse or non-binary, and 24 per cent reporting a diverse sexual identity.

Overall, the survey findings suggest there is a lack of cultural diversity across the Victorian AOD workforce, with only 1.28 per cent workers identifying as Aboriginal, and just under 22 per cent who were born overseas. This represents a slight decrease in the number of Aboriginal people and people born overseas since 2017.

The Victorian workforce has significant participation by people with lived experienced, with 85 per cent of workers reporting lived experience with alcohol or other drugs, including 39.6 per cent with past or present personal experience, and 45.5 per cent who have a family member or partner with a past or present experience with alcohol or drug issues. This is significantly higher than the proportion of workers with lived experience across the national AOD workforce (63% overall).

While the AOD workforce is relatively evenly distributed across age groups, a large proportion is aged over 45 years (45%), and more than 8 per cent who are within five years of retirement age. There has also been a shift towards older age groups since the 2017 survey, with a smaller proportion of workers aged under 25 years, and an 11 per cent increase in the proportion of workers aged 26-54 years. While this suggests the AOD workforce has increasing career experience, there appears to be fewer people entering the AOD sector in the early stages of their career.

5 Ludowyk Evaluation (2017). *AOD Workforce Surveys Final Report.* Melbourne. Department of Human Services.

6 Skinner, N., McEntee, A. & Roche, A. (2020). *Australia's Alcohol and Other Drug Workforce: National Survey Results 2019-2020.* Adelaide, South Australia: National Centre for Education and Training on Addiction (NCETA), Flinders University.

Workforce profile

The workforce is spread across metropolitan and regional/rural locations, with just over 40 per cent of workers based within a statewide service. The workforce is also spread across a range of service delivery settings, but predominantly in non-residential treatment facilities, community health services, and AOD specialist services. The majority of workers are in a clinical role, the largest proportion of which are in AOD counsellor or clinician roles. While there is only a small proportion of workers in AOD peer worker and youth worker roles, these numbers have increased slightly since 2017, and are higher than across the National AOD sector.

The Victorian AOD sector is highly qualified, with the majority of workers (68%) holding an undergraduate degree or higher, nearly one quarter have a Master's degree, and more than 86 per cent have an AOD-specific qualification. This represents a significant increase in the proportion of workers with an AOD-specific qualification since 2017 (from 71%).

The sector is also highly experienced, with 31 per cent of workers with 10 or more years' experience, and 13 per cent who have been working in the sector for more than two decades. However, there is a significant proportion of workers who are new to the AOD sector, with 34.5 per cent of the workforce with less than 3 years' experience. Length of experience appears to have remained stable since 2017, and is relatively consistent with years of experience across the National AOD sector.

Sector capacity

Employment security across the sector is relatively high, with 66.1 per cent of workers in permanent roles, which has remained stable since 2017. However, the proportion of people in fixed term positions has almost doubled since 2017, from 16 per cent to 30 per cent. Employment security is also considerably lower in Victoria than across the National AOD sector, with 75 per cent of its workers in a permanent position, and 19 per cent in fixed-term positions.

In terms of work demands, just under a quarter (24.8%) of workers report being required to work over time or extra hours at least a few times per week, and more frequently in some cases. While the number of extra hours was not formally quantified as part of the survey, those who currently work overtime reported working between 1 and 20 extra hours per week. While this suggests there are some capacity issues or workforce shortages across parts of the Victorian AOD sector, rates of overtime are significantly lower than across the National AOD sector (41% work overtime daily to a few times a week).

Overall, recruitment of new staff has been more challenging than retaining staff across the AOD sector over the past 12 months, which is consistent with trends across the National AOD sector in 2020. The majority of workers intend to stay in the sector over the next two years, including 46.3 per cent who intend to stay in a clinical role and 28.7 per cent who intend to move into a leadership role. Reported career intentions, together with the proportion of workers who have sustained a career in the sector over the long term suggests that the Victorian AOD sector has a stable workforce overall, and is likely to maintain similar levels of capacity as previous years.

However, the findings highlighted a number of sector and workforce challenges that may negatively impact the ongoing stability and capacity of the workforce in coming years. For example, while the majority of workers report high levels of satisfaction with their work and good health and wellbeing overall, a considerable proportion of the workforce are currently experiencing poor health and wellbeing and report low levels of satisfaction with their work, and 15 per cent of workers reported that their workload is not manageable. In addition, workers reported that the main reasons people leave the AOD sector are low salaries and poor employment benefits, high stress and burnout, heavy workloads and lack of job security.

Workforce capability

In addition to being experienced and qualified, the Victorian AOD workforce is also highly skilled and knowledgeable in relation to alcohol and other drug use. Most workers in the sector perceive they have all the capabilities they need to perform their job. Broadly speaking, the workforce is most capable in relation to foundational knowledge and practice, screening and assessment, managing complexity and risk, and communication and information management. Workers consistently reported having confidence in their knowledge, understanding, skills specifically relating to alcohol and other drugs, including clinical care for AOD specific needs and issues.

The biggest capability gaps were reported across the access and equity and cultural safety domains, including in relation to working with interpreters, consulting with lived experience workers, working with Aboriginal people and engaging with Aboriginal Community Controlled Health Organisations. Workers also perceived themselves to be less confident and capable in relation to co-occurring issues and interfacing work with other service systems, including mental health and family violence.

Those in management roles perceived their leadership and management capabilities to be strong overall, but there is room to improve in relation to providing supportive and effective supervision.

Sector development needs

Most workers agreed there are sufficient opportunities for professional development in the AOD sector, and that they are personally supported to participate in professional development activities by their organisation. The majority of workers had also participated in an AOD-related professional development activity in the past three years.

According to workers, the most significant training and professional development gaps impacting the AOD sector are responding to multiple and complex needs, clinical skills for counselling, treatment or therapy, and advanced clinical skills. Importantly, responding to multiple and complex needs was reported as the most significant development gap and training preference, regardless of work function or level of experience in the sector. This is likely indicative of the increasing complexity of the service system and health reform environment in Victoria, and the increasing role of AOD workers across these systems.

There was also a relationship between perceived training and development gaps and needs and job functions, experience and career intentions. There was a strong demand for more clinical and therapeutic skills training for workers in service delivery roles regardless of years of experience, but those who had been working in the sector over the medium to longer term were more likely to report a need for more advanced clinical skills training, as were people in management roles. A significant proportion of workers overall indicated there is a lack of training to support the development of leadership and management skills, but managers and people in administration roles were more likely to report this as a gap, indicating a need for more development opportunities for people seeking career progression and those who have already transitioned into leadership roles.

The majority of workers have access to at least one form of supervision or practice support, however, less than half perceive they are provided with high quality clinical supervision within their organisation, and less than a third perceive they are provided with high quality supervision externally. Notably, the proportion of workers who perceived the quality of their supervision to be inadequate has increased since 2017, and his higher than the proportion of workers who perceived their supervision to be inadequate across the National AOD sector. Worker perceptions about the quality of their supervision they receive also contrasts significantly with manager perceptions of the supervision they provide, with most managers reporting they have the capabilities to provide supportive and effective supervision, although this was acknowledged by some managers as a capability gap.

Opportunities

The 2023 VAADA Workforce Development Survey points to a number of workforce capacity improvement opportunities, including:

- Increase cultural diversity across the workforce, including through recruitment practices and initiatives
- Improve engagement and relationships with Aboriginal people and organisations, including increasing recruitment of and support for Aboriginal workers, and strengthening partnerships with Aboriginal Community Controlled Organisations
- Develop and implement strategies to attract new graduates to work in the AOD sector, including increased collaboration with tertiary and vocational education institutions
- Develop and implement strategies to enhance worker wellbeing, and reduce stress and burnout
- Strengthen supervision policies and practices across agencies
- Regularly undertake this survey to track and respond to changing sector and workforce capacity needs and challenges

The survey also highlights opportunities to enhance workforce capability by tailoring and targeting training and professional development activities based on needs and experience, including:

- Sector-wide training on responding to multiple and complex needs
- Clinical and therapeutic skills training for early career workers
- Advanced clinical skills training for mid-to-late career workers
- Leadership and management training for workers in management roles, and those seeking career progression into management roles
- Clinical supervision training for workers in supervisory roles

Appendix A: Other Roles Reported

Roles and Titles	Number
Access and Referral Point	
Acting Director	
Addiction Medicine Clinical Nurse Consultant	
Addiction Medicine Specialist	
Addiction Psychiatry Registrar	
Addiction researcher	
Administration	
AOD & MH Program Lead	
AOD & Trauma Aware Yoga Instructor	
AOD and Mental Health Peer Navigator	
AOD Family Reunification Clinician & AOD Family Services T/L	
AOD Family Reunification Order (FRO) Clinician	
AOD Forensic Day Rehabilitation Team Leader	
AOD Group Facilitator	
AOD Harm Reduction Worker	
AOD Lived/Living Experience Workforce Development Coordinator	
AOD Management	2
AOD Peer Support Worker	2
AOD Senior Social Worker	
AOD Support Worker	
AOD Team leader	4
AOD Trainee	3
AOD Trainer	2
Behaviour Change Facilitator	
Brief Intervention	

Roles and Titles	Number
Care Coordinator	
CEO Operations Manager	
Client Advocate and Liaison	
Clinical Advisor	
Clinical Coordinator	2
Clinical Nurse Consultant	2
Clinical Nurse Coordinator	
Community Development Worker	
Consumer Advocacy	2
Consumer Peer Support Worker - Hospital Outreach Post-Suicidal Engagement (HOPE) program	
Coordinator	
Data Analyst	
Education Officer	
Equity and Inclusion Manager	
Group Facilitator	3
Harm Reduction Clinician	
Harm Reduction Coordinator	
Health Services Planner	
Housing Support Worker	
HR	
Legal AOD Peer	
LGBTQIA+ AOD Clinician	
Lived Experience Lead	
Lived Experience Workforce Capacity Building and Support	

Appendix A: Other Roles Reported continued

Roles and Titles	Number
Management/Manager	12
Manager of AOD Clinical services	
Manager of AOD program	
Manager of AOD services	
Mental Health	
Mental Health & Trauma Counsellor	
Mental Health Reform	
Mentoring Coordinator	
MSRS Clinician	
Non-Residential Withdrawal Nurse	2
Non-Residential Day Program Facilitator	
NSP	
NSP Community Development Worker	
Nurse/Therapist	
Outreach Coordinator	
Outreach nurse	
Overdose Prevention & Response Educator and Project Coordinator	
Peer Project Worker	
Peer Support Online Community Manager	
Peer Worker - Volunteer	
Peer Workforce Development Coordinator	
Pharmacist/Pharmacotherapy Network	
Pharmacotherapy Clinic Nurse	
Pharmacotherapy, AOD Nurse	
Policy	

Roles and Titles	Number
Policy Advocacy Workforce Development	
Program Manager	5
Project Worker/Officer	5
Psychologist	
Quality & Accreditation Coordinator	
Quality Risk and Safety	
Research	
Residential Rehab Service manager	
Senior AOD Clinician	
Senior AOD Outreach Clinician	
Senior AOD Practitioner	
Senior Clinical Psychologist - Drug and Alcohol Service	
Senior Leader	
Senior Project Officer	
Senior Receptionist and Care Coordinator	
Social Emotional Wellbeing Worker	
Support Coordination	
Team Leader	9
Unit Manager in Harm Reduction Centre	
Workforce Development	2
Workforce Educator	
Youth AOD Team Leader	

Appendix B: Figures and Tables

Figures

Tables

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