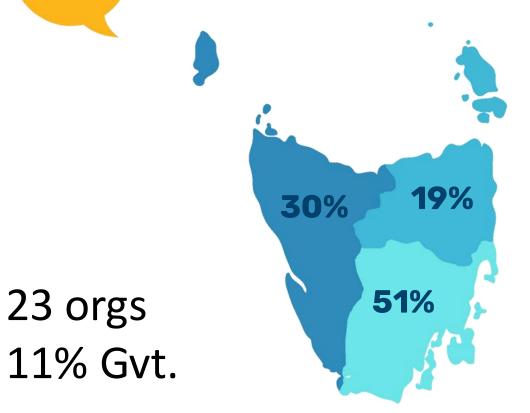




WORKFORCE



State	3% ewi :	de		
South			88%	
North	6	59%		
North West		75%		
N=16*				

Year	n
2023	217
2020	156
2018	152
2016	111
2014	235
2012	209

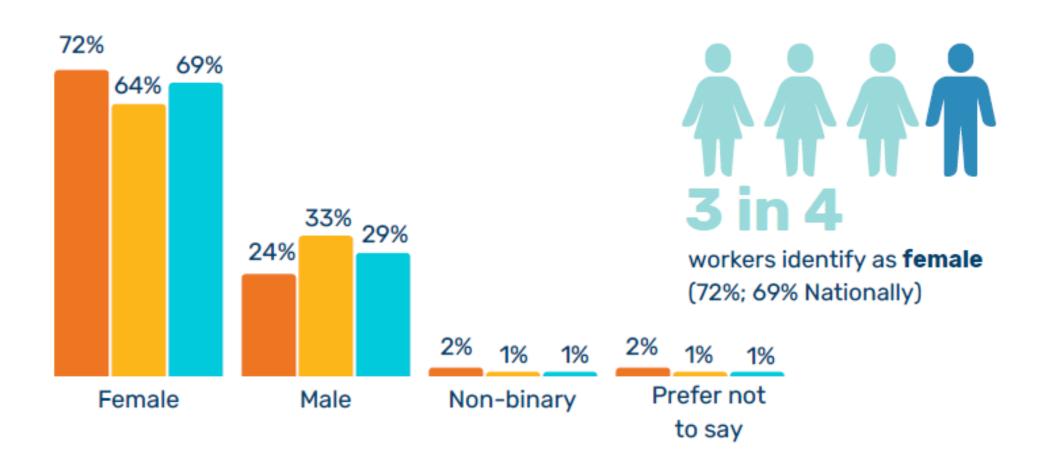
Questions:

National Centre for Education & Training on Addiction 2019/20 ATOD workforce survey (n=1506)

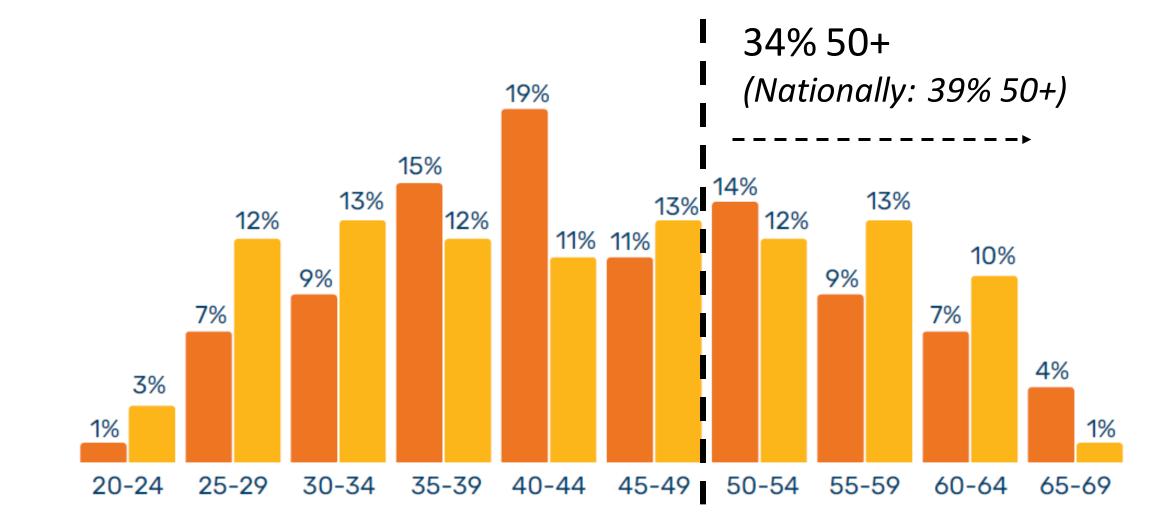
Victorian Alcohol and Drug Association Workforce Development Survey Alcohol, Tobacco & Other Drug Association ACT Workforce Profile Victoria Department of Health – Lived Experience Workforces Data Project Network of Alcohol and other Drugs Agencies (NSW) Tasmanian Lived Experience group

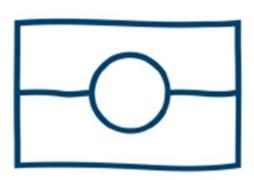
23 orgs











8% of workers identify as **Aboriginal** (6% Nationally), with...



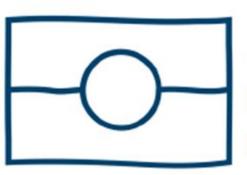
15% of workers identify as part of the LGBTIQA+ community (14% Nationally), with...



10% of workers identify as a person from a culturally and linguistically diverse background, and...



9% of workers identify as a person with a disability, with...



8% of workers identify as **Aboriginal** (6% Nationally), with...



94% of these workers (n=17) agree or strongly agree that **their workplace is inclusive** of them as an Aboriginal person.



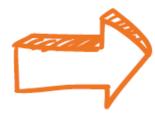
15% of workers identify as part of the LGBTIQA+ community (14% Nationally), with...



61% of these workers (n=31) agree or strongly agree that **their workplace is inclusive** of them as a person who identifies as part of the LGBTIQA+ community.



10% of workers identify as a person from a culturally and linguistically diverse background, and...



58% of these workers (n=17) agree or strongly agree that **their workplace is inclusive** of them as a person from a culturally and linguistically diverse background.

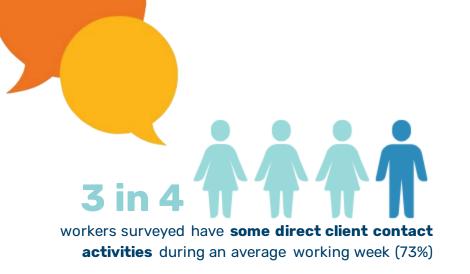




9% of workers identify as a person with a disability, with...



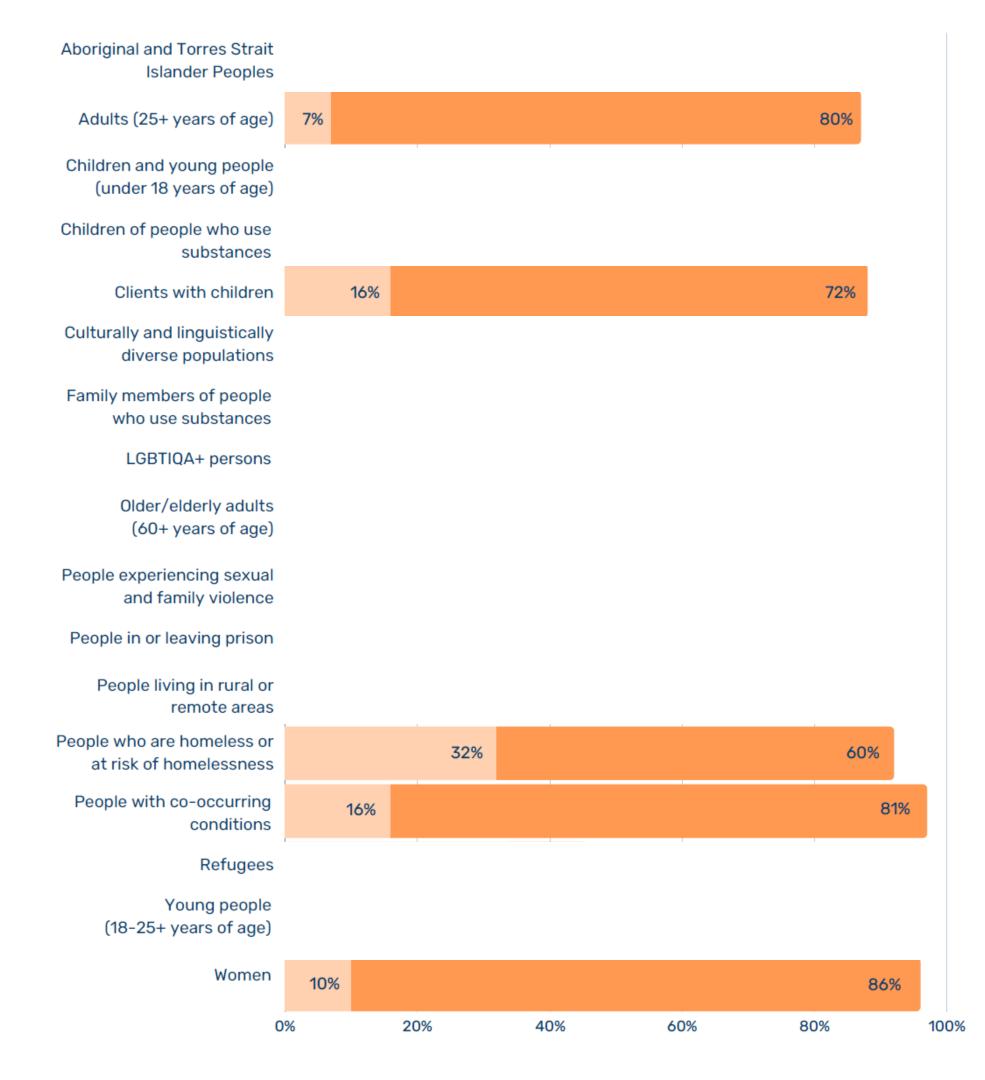
61% of these workers (n=16) agree or strongly agree that **their workplace is inclusive** of them as a person with a disability.

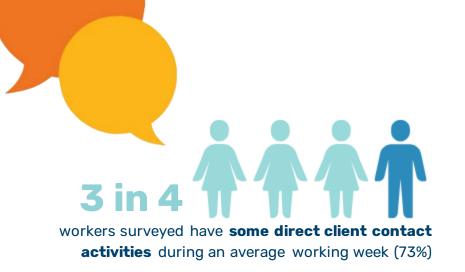


Sometimes

Often

Priority demographic groups from numerous Tas policy statements

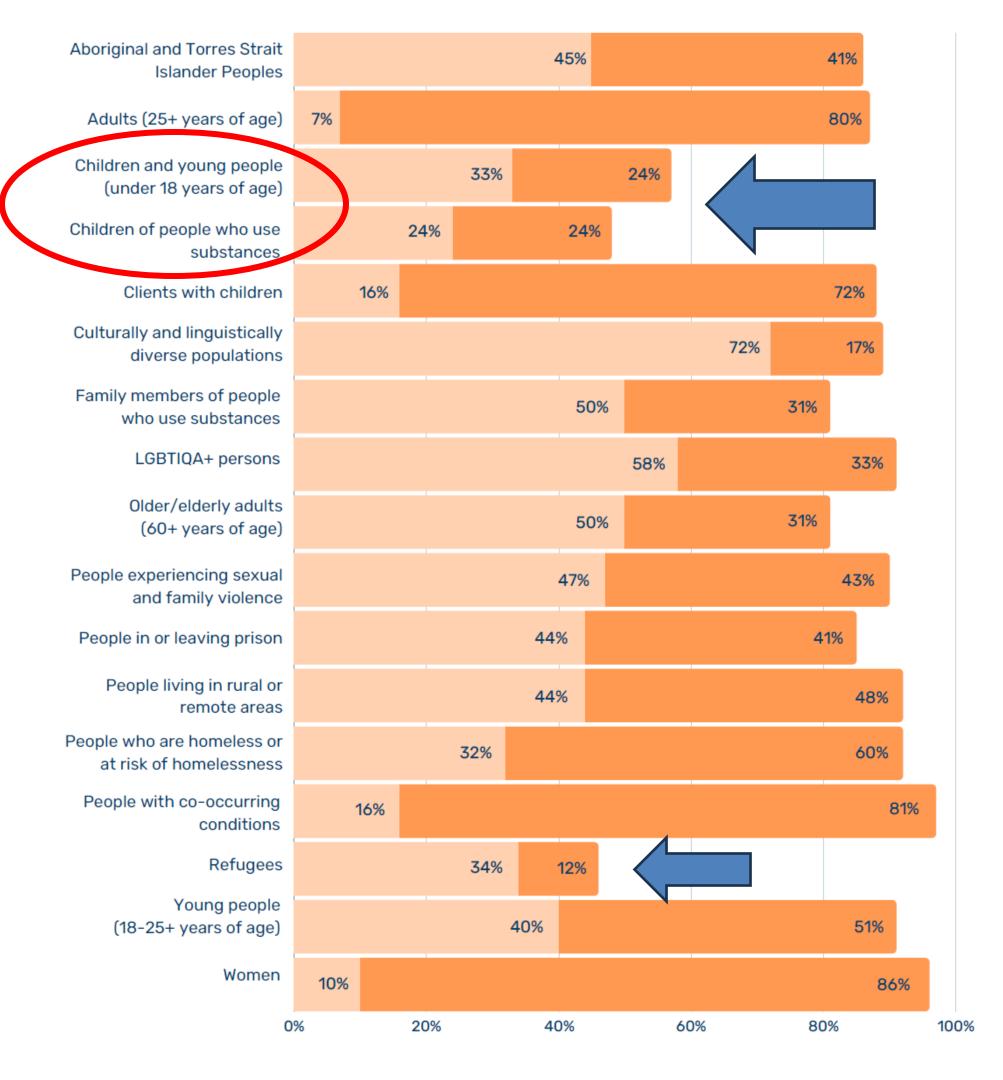




Sometimes

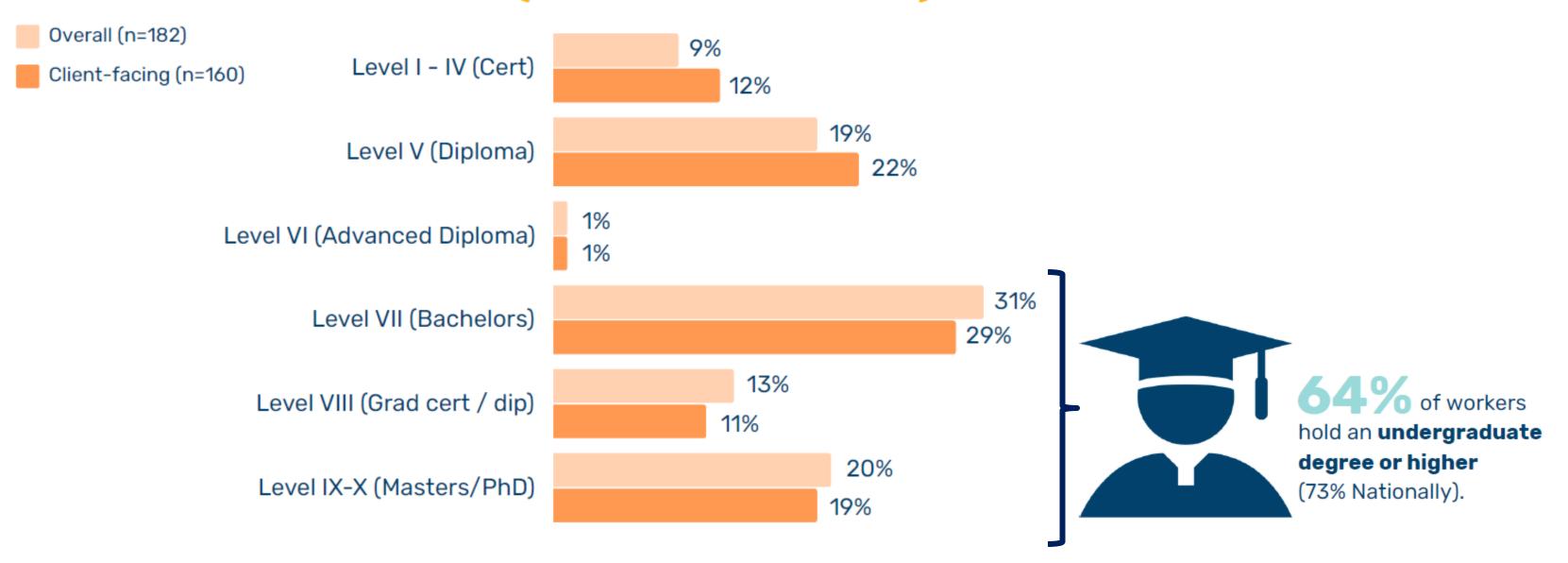
Often

Priority demographic groups from numerous Tas policy statements





HIGHEST PROFESSIONAL QUALIFICATIONS (OF ANY TYPE)





AOD SPECIFIC QUALIFICATIONS



54% had completed at least the vocational AoD qualifications (AoD Skillset or greater)

Note: client-facing roles

Vic, ACT – minimum standard is Cert IV AOD Skillset units (even with a health, social or behavioural science tertiary qualification)

https://www.health.vic.gov.au/alcohol-and-other-drug-workforce/alcohol-and-other-drug-workforce-minimum-qualification-strategy https://www.atoda.org.au/training/act-alcohol-and-other-drug-qualifications-strategy/



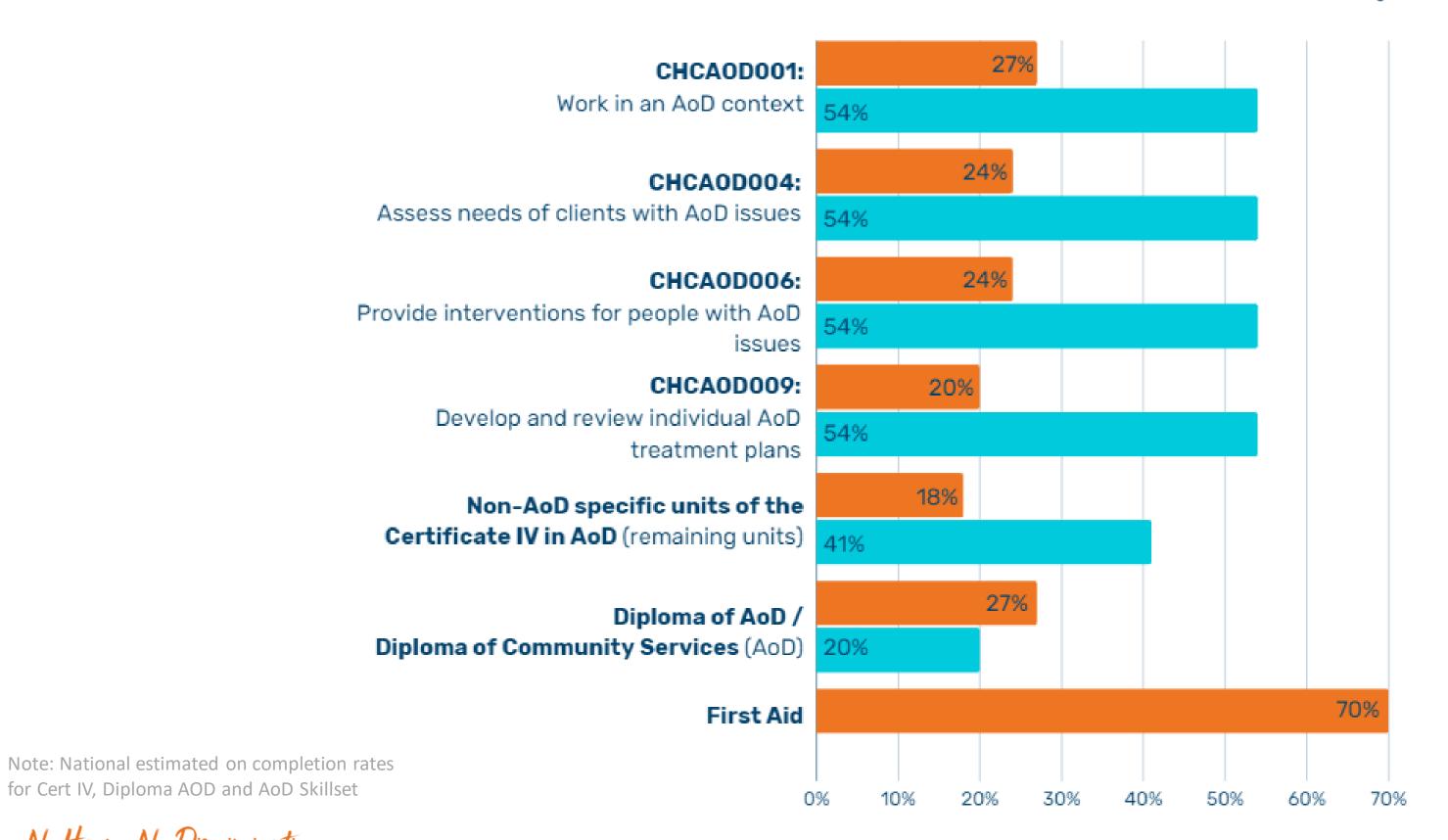


CERTIFICATE IV & RELATED TRAINING COMPLETION



National 2020 Survey (n=961)

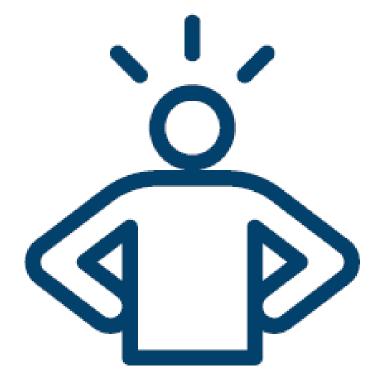
Completed by those in client-facing roles



No Harm, No Discrimination



ORKFORCE



98%

of workers agree or strongly agree that they are **confident in their ability** to do their job (93% Nationally).



96%

of workers agree or strongly agree that they feel confident in their capability to respond to client need (92% Nationally).



Competencies from VAADA workforce development survey (2023)

N=109 with direct client contact

SCREENING & ASSESSMENT

Understanding of policies, sharing info Using screening tools Risk and mental health assessments

CULTURAL SAFETY

Ability to work with ATSI, CALD, LGBTIQA+ communities & people with disabilities

MANAGING COMPLEXITY & RISK

Managing complex behaviours, de-escalation, responding to family violence and developing safety plans

OUNDATIONAL KNOWLEDGE & PRACTICE

Knowledge: about drugs, mental health conditions

Interventions: brief interventions, care plans, relapse prevention, harm reduction, trauma-informed practices

ACCESS & EQUITY

Culturally appropriate communication
Calling out discrimination
Working with interpreters and people with lived experience

COMMUNICATION & INFORMATION MANAGEMENT

Balancing empathy and ethical boundaries

SERVICE COORDINATION & SYSTEM NAVIGATION

Referrals, working in collaboration, self care and support for team





Competencies from VAADA workforce development survey (2023)

N=109 with direct client contact

75%+ agree/strongly agree except...

SCREENING & ASSESSMENT

52% I know the different classification systems and diagnostic criteria for AOD-related health conditions

61% I am confident performing a mental health examination with my clients

CULTURAL SAFETY

I have good working relationship with local Aboriginal Community Controlled Health agencies (ACCHOs)

MANAGING COMPLEXITY & RISK

58%

I have the capabilities to identify whether a client is experiencing family violence

FOUNDATIONAL KNOWLEDGE & PRACTICE

59 %	related health conditions
63 %	I work in partnership with clients and their families / carers to provide care
64%	I understand how to engage family members or carers as part of my client's assessment and/or plan

I have strong knowledge of medications used to treat AOD-

ACCESS & EQUITY

	I am competent using interpreters to facilitate
	accessible, timely and effective communication

I consult with Lived and Living Experience workers to inform and strengthen my practice

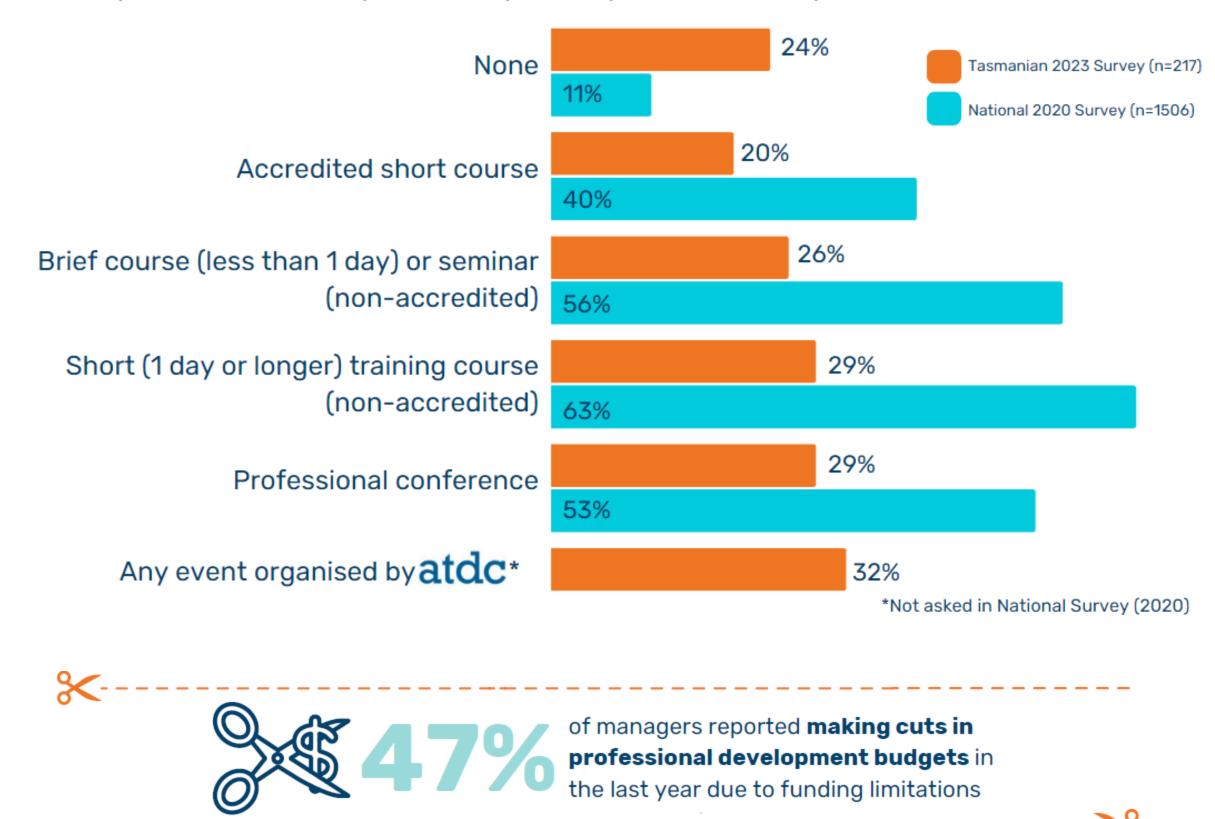
COMMUNICATION & INFORMATION MANAGEMENT

SERVICE COORDINATION & SYSTEM NAVIGATION



BEYOND FORMAL QUALIFICATIONS

AoD-related professional development completed by workers in the past 12 months:







workers that had at least some client-facing role (N=117) felt that clinical supervision was relevant to their role

with the clinical supervision they

4 in 5 were satisfied or very satisfied received (81%)

88% of those client-facing workers that felt clinical supervision was relevant had access to clinical supervision or practice support



CLINICAL **SUPERVISORS**

Mangers (n=12) were asked how much they agree with the following statements. The following include the responses that were agree or strongly agree to the statement:

Available supervisors...



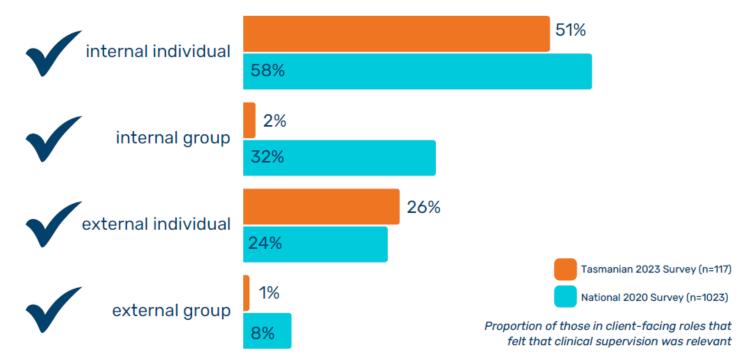
...have appropriate qualifications (n=9)



...have sufficient ATOD knowledge (n=9)

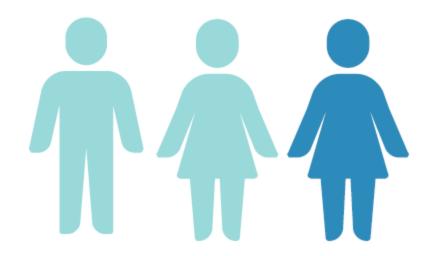


..are affordable (n=8)

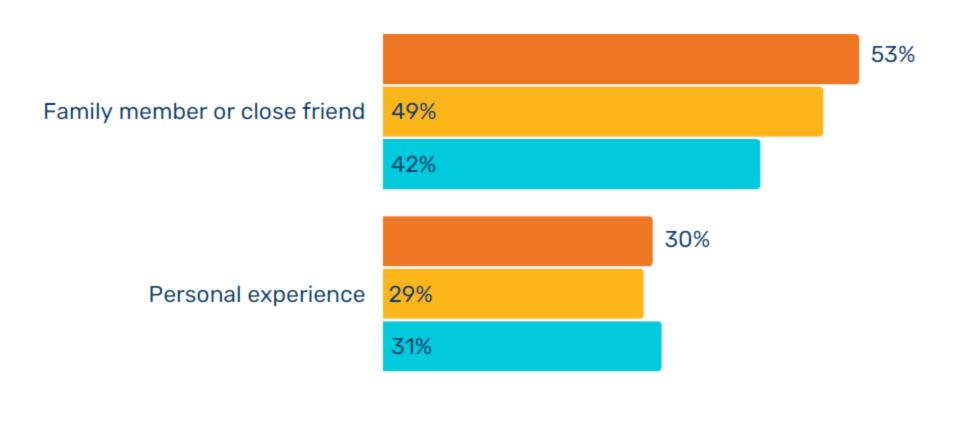


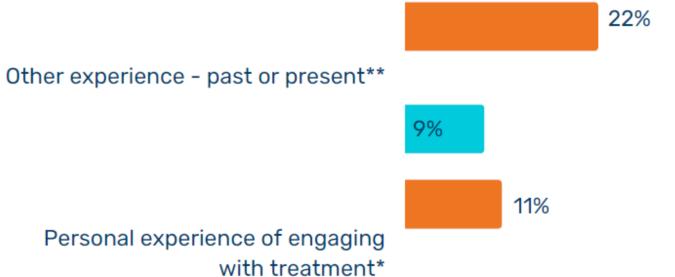
No Harm. No Discrimination

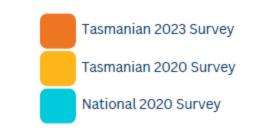




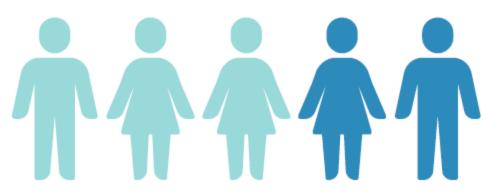
2 in 3 workers reported that they had **some lived experience** of alcohol or other drug use (66%; 65% TAS 2020; 62% Nationally)









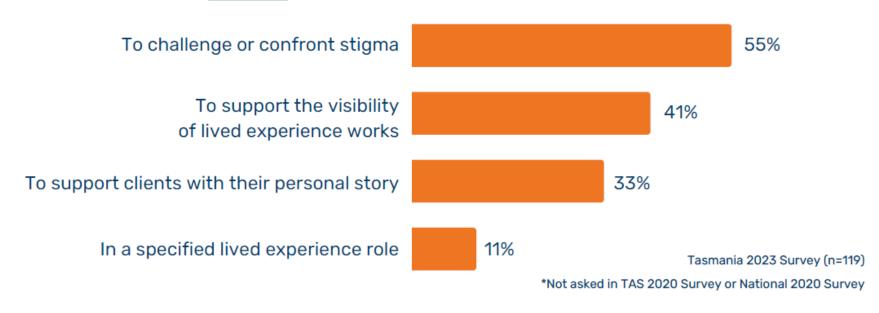


of workers with a lived experience reported having disclosed their lived experience to their work place (n=139, 62%; 65% TAS 2020; 63% Nationally)

REASONS FOR <u>Not</u> disclosing



REASONS FOR DISCLOSING*







"Having a voice and making change can be two different things, I still feel NGO services are undervalued, and government services are listened to and valued more"

Advocates get really strong feedback for their contribution to our work/events. They really manage to cut through. Members of parliament often comment on what they have learned from their interactions."

LIVED EXPERIENCE WORKERS (N=21)

MANAGERS (N=13)

Task contributed to:	% in last year	I felt my contribution was valued (average score, range 0-10)	This was a positive experience for me (average score, range 0-10)	n organisations engaging peers in the last year (n=13)	How valuable was this contribution (average score, range 0-10)	n org with concrete plans to engage peer workers in the next year (of the 13 surveyed)
Co-design of projects and/or policy	29	9.0	9.0	10	8.7	8
Contributing to public forums	43	8.0	8.6	7	8.7	7
Discussion on service delivery or possible improvements to services	67	8.5	8.7	10	9.2	9
Providing training (e.g. to other staff or lived experience workers)	33	7.0	<u>7.3</u>	7	9.0	6
Document or policy review	48	<mark>7.4</mark>	<u>7.7</u>	6	9.0	8
Partnering in working groups to influence policy	19	9.0	8.8	6	9.5	9
Research	24	8.3	8.8	2	9.5	3
To sit on a selection panel	38	9.1	9.1	4	<mark>7.0</mark>	4
Working with AoD clients (i.e. as a peer worker)	67	<u>7.6</u>	<u>7.8</u>	4	9.0	5

"Did some group work, **when funded it was fantastic**. Lack
of funding made it hard to
progress with group work."

"Excellent for the clients, but the lived experience workers at times are not given the respect as far as the importance or understanding of the role from clinicians."



LIVED EXPERIENCE WORKERS EXPERIENCES IN THESE ROLES (N=21)

The following include the responses that were **agree** or **strongly agree** to the statement:



55%

...felt recognised by their organisation for their **unique contribution** as a lived and living experience worker.



53%
...have observed stigmatisation or

over the last year, towards consumers/service users and/or family carers that their service supports

60%

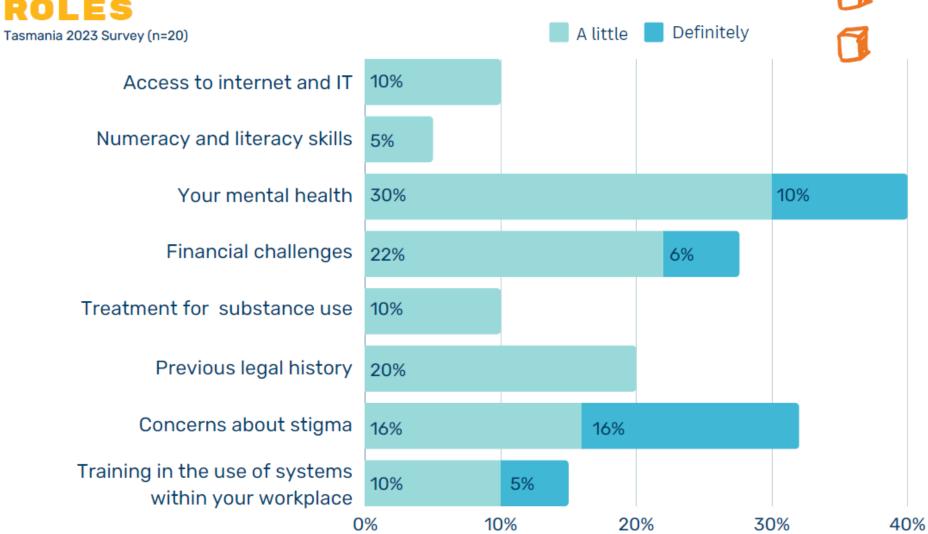
...think their organisation actively seeks to address stigma and discrimination experienced by lived and living experience workers.



22%

...feel they have more restrictions in their work role compared to other workers without lived experience that are doing a similar job.

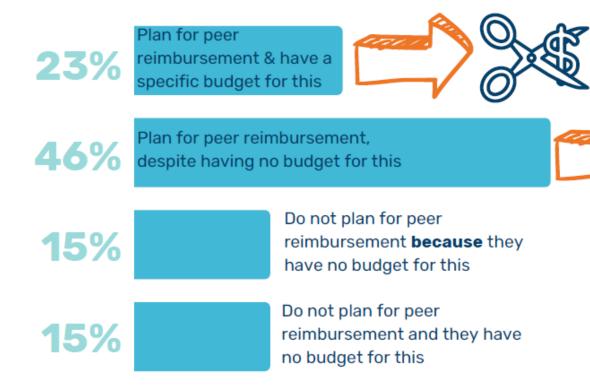
WHAT HAVE BEEN THE BARRIERS TO TAKING PART IN LIVED EXPERIENCE





VULNERABILITY OF LIVED EXPERIENCE FOCUS TO FUNDING CONSTRAINTS

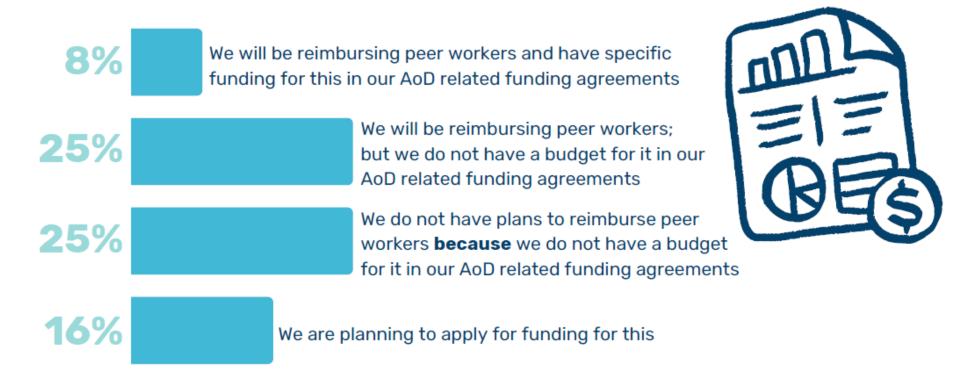
Thinking about your budgets for the next 12 months (n=13), for **reimbursing lived experience advocates** participating in your organisation (not for direct client work), which statement best matches your situation:



of these will not continue without a specific budget two thirds

of these **will not continue** or will only be somewhat likely to continue without dedicated funding

Thinking about your budgets for the next 12 months (n=12), for **reimbursing peer workers doing direct client work** in your organisation, which statement best matches your situation:





"Changing organisational culture to ensure AOD peer workers are safe and well supported and recognised for their knowledge and capability."

WHAT BARRIERS DO YOU EXPERIENCE WITH EMPLOYING LIVED EXPERIENCE WORKERS



Perspectives from n=13 managers

"The other challenge is the significant investment in time and effort by the community sector to support and grow advocates and peers only to see them employed by the government sector for higher money...immensely frustrating to see the opportunity lost to our sector." "Funding and availability."

"Educational pathways for people with lived experience and funding for such activities."

"The ability to get a working with vulnerable people's card."

"There needs to be a big educational piece around not just AOD workers but MH lived experience workers in organisations and challenging the current organisational cultures around peer workers."

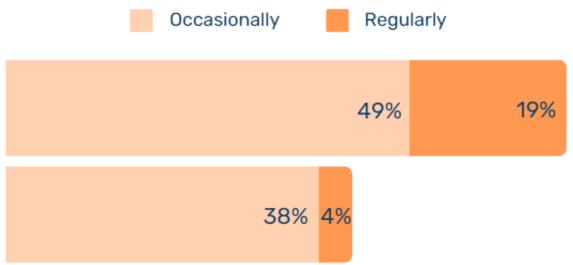
"A lack of consistent policies and procedures to ensure our lived experience workers are supported in the workplace."



In the last year, have you experienced....?

Stigmatising responses to people who use drugs from services **outside** the AoD field

Stigmatising responses to people who use drugs from services **within** the AoD field



86%

of workers feel optimistic that their team / organisation can promote and display **positive attitudes and behaviours** towards people who experience harm related to AoD.

of workers are unlikely or extremely unlikely to advise a close friend or relative who has been treated for AoD to not tell anyone else about it.

85% of workers hold positive or very positive overall attitudes towards those who experience harm related to their use of AoD.

88% of workers feel a sense of responsibility to reflect on their attitudes, beliefs and behaviours towards people who experience harm related to their AOD use.



48% have completed anti stigma training



POSITIVE AND NEGATIVE CLIENT EXPERIENCES

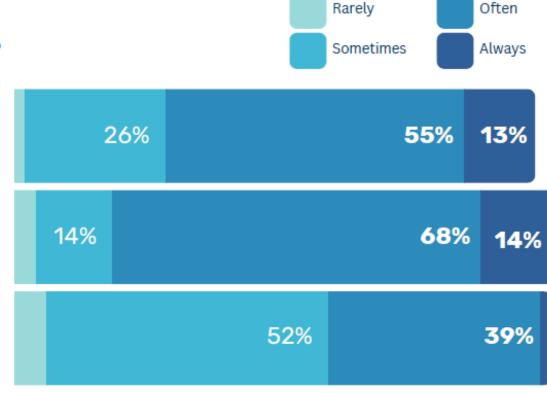
How frequently do you experience...?

(+)

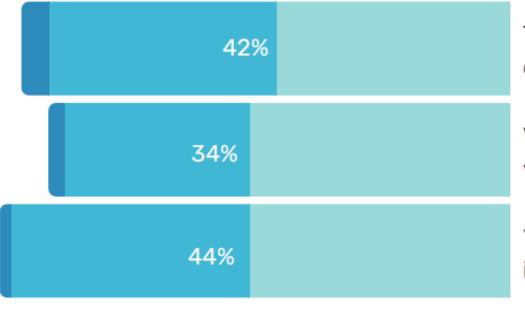
Patients engaging as active participants in their care

Expressing appreciation for the support provided

Consistently following through on an agreed treatment plan



How frequently are you concerned that...?

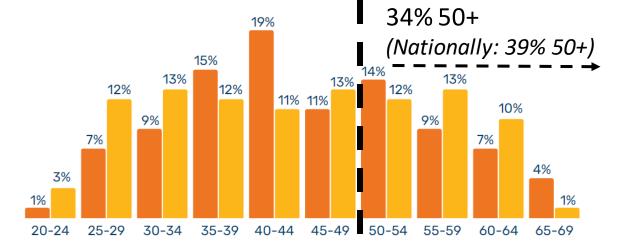


The person may be unpredictable during your interaction

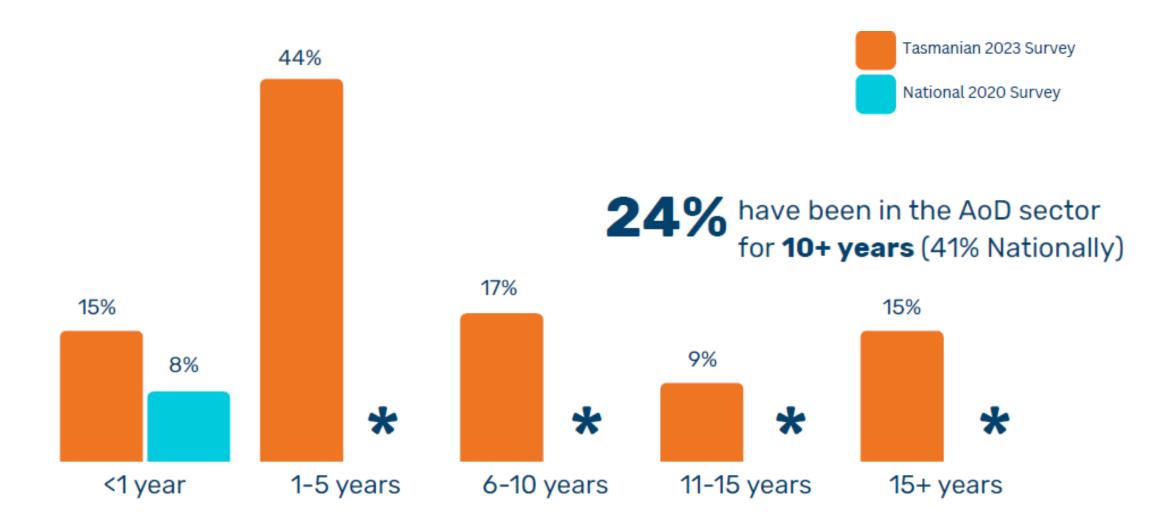
Verbal abuse towards you or colleagues

You may be emotionally impacted by the interaction





YEARS OF EXPERIENCE

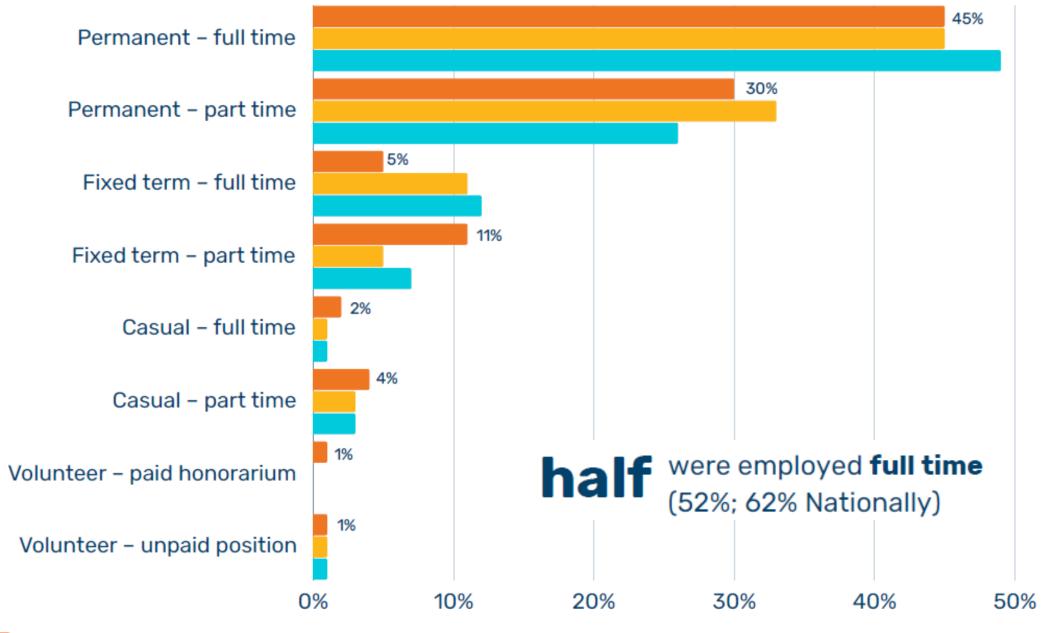


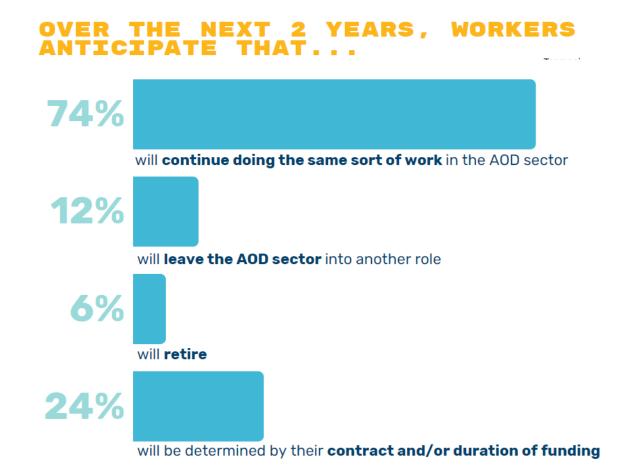
are **new** to the AoD sector (<1 year; 8% Nationally)



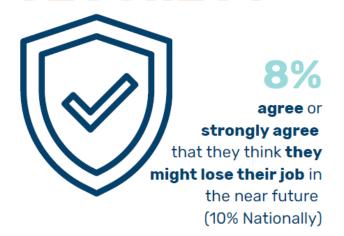
CURRENT EMPLOYMENT STATUS







JOB SECURITY





RETAINING & EXPANDING THE



73%

of managers reported that it was slightly challenging or moderately challenging to retain staff in ATOD positions



40%

of managers reported that it was very challenging or extremely challenging to recruit new staff to ATOD positions

RECRUITMENT

13% On average,
managers
reported they
needed to fill
of their ATOD roles in the
past year to cover vacant
positions

In the next 12 months, managers anticipate needing

25% to fill of their current ATOD positions

On average... 11%
of ATOD roles
were currently vacant



If funding was no issue, on average services would like to expand their services by of their current size to meet demand

"Funding agreements that reflect the true cost of employing staff in an environment where minimum wage increases, increases to superannuation as well as cost pressures on operational budgets - means in real terms reductions to staff/FTE."





of managers (n=13) reported that inflation, cost indexation gaps or increases in other **costs impacted their organisation** in the last 12 months.

WHAT HAS BEEN IMPACTED IN THE LAST YEAR



of managers reported delayed hiring

"It is causing us to interrogate our long term feasibility. The potential loss of additional project funds would put enormous stress on core funding to prop up operational costs.".

"The current costs associated with inadequate indexation and assurances re this means that staffing numbers or operating hours across programs will have to decrease which will result in fewer clients and fewer client outcomes being met."

of managers reported making cuts in non-service delivery areas

47%
of managers reported
making cuts in
professional
development budgets





40%

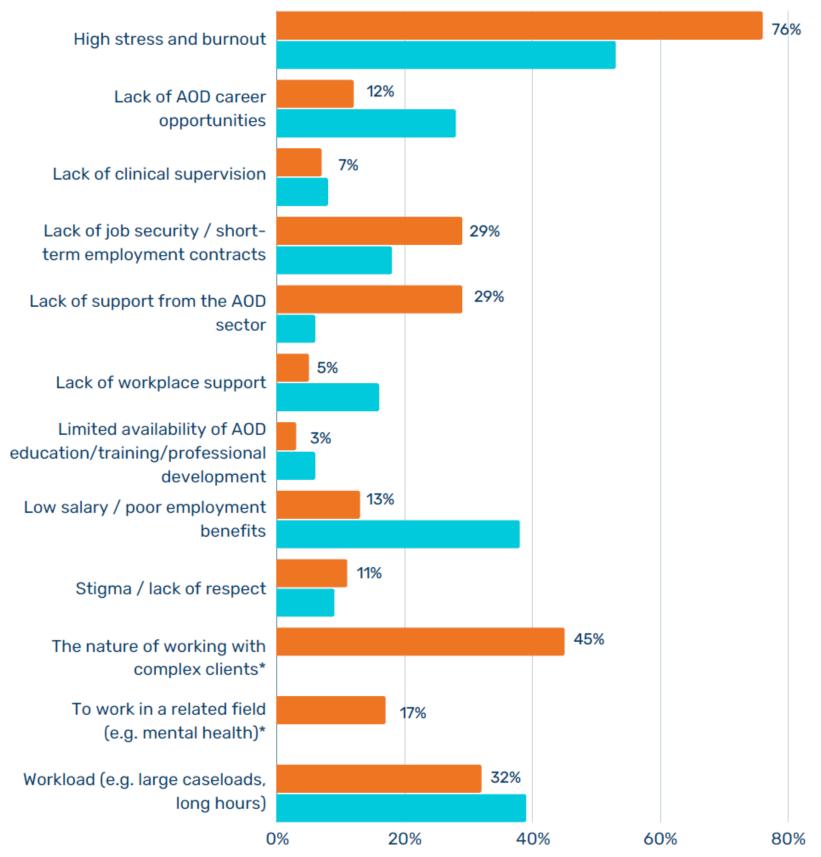
of managers reported making cuts in other staff training costs

"...if base payments don't increase next year, there will be cuts. We have 2 positions in vacancy control and 1 that we are delaying but the impact is really being felt. Very hard to find clinicians who will work for the wages we can offer."

"The short-term contracts at all levels of government and the delays to contracting is causing significant organisational impact to both operations and good organisational governance."

No Harm, No Discrimination

REASONS AOD WORKERS BELIEVE AOD PROFESSIONALS LEAVE THE SECTOR.



TOP 3

76%
high stress
and burnout
(53% Nationally)

45 45

nature of complex clients*

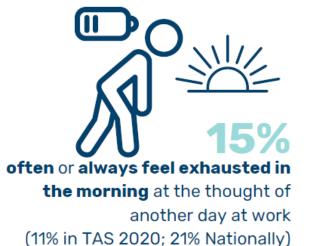
workload

(39% Nationally)

"Staff work in very demanding roles, they are faced regularly with client trauma, client sickness or death and due to the nature of the work sometimes find it hard to see changes in clients AoD usage."



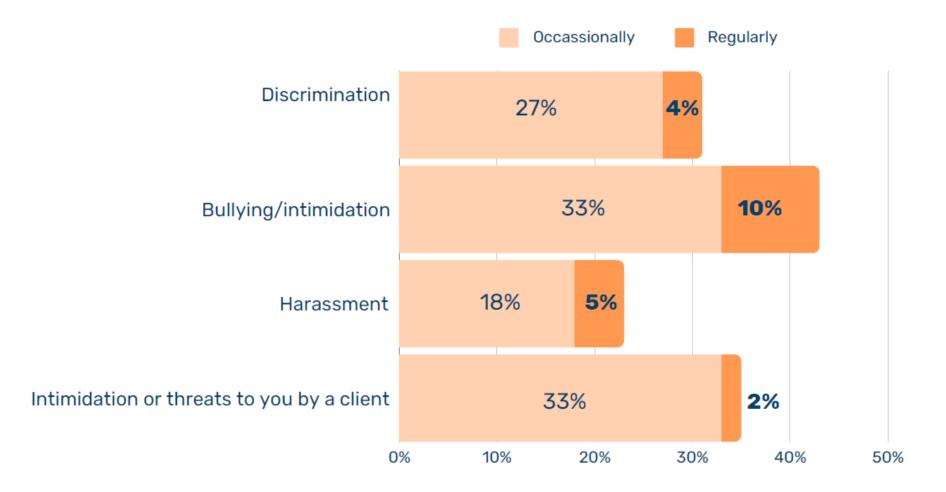
BURNOUT





feel **burnt out** because of their work to a **high** or **very high degree** (8% Tas 2020; 13% Nationally)

IN THE PAST 12 MONTHS, Workers have experienced..



WORK INTENSITY

2 in 5

agree or strongly agree that they have constant time pressure due to a heavy workload (42%; 58% Nationally)



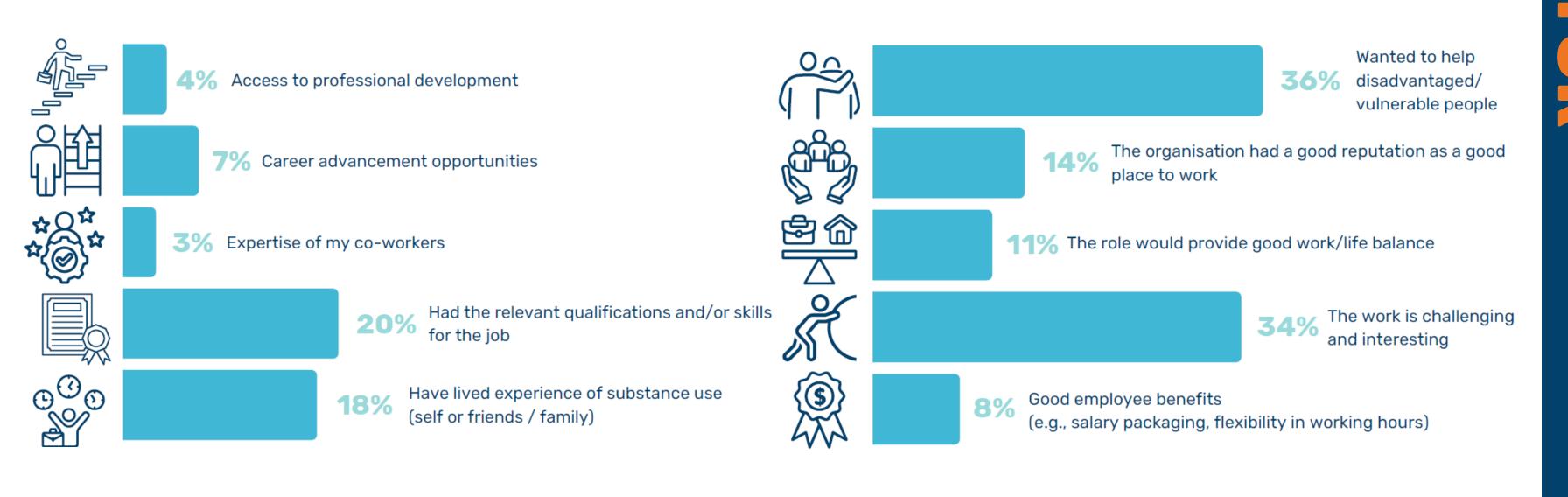
"More needs to be done to celebrate the workers in this sector, to promote improved selfcare strategies and to encourage and promote team building activities."



feel they experience adequate support in difficult situations (70% Nationally)



WHAT ATTRACTS STAFF TO THE SECTOR





JOB SATISFACTION



are satisfied or completely satisfied with their job (81% Nationally)

WORK MEANING



agree or strongly agree that the work they do is meaningful to them (93% Nationally)

75%

agree or strongly agree that their working times can be flexible to meet their needs (63% Nationally)



88%

reported their **health** as **good**, **very good** or **excellent** (82% Nationally)

WORK ESTEEM: Respect & Support

90%

agree or strongly agree
that they receive the
respect they deserve from
their superior or a
respective relevant person
(73% Nationally)

77%

(61% Nationally)

agree or strongly agree
that they receive the
respect and prestige they
deserve considering their
efforts and achievements

93% rated their quality of life as good or very good (81% Nationally)







WORKERS

WHAT SHOULD ORGANISATIONS DO TO BETTER SUPPORT YOUR WORK?

REDUCTION OF REDUNDANCY & INEFFICIENCIES, PARTICULARLY IN RELATION TO ADMINISTRATIVE & COMPLIANCE TASKS

Reduce meetings & mandatory training on basic skills, streamline processes and upgrade technology

ENHANCED PROFESSIONAL DEVELOPMENT

More opportunities for growth & learning More support for new employees and when working with new complex demographics

IMPROVING WORKPLACE CULTURE & COMMUNICATION

Better recognition for the valuable work being done to support & motivate Increased focus on respectful workplace environment and less tolerance for discrimination, favouritism, bullying and burnt out staff

MANAGEMENT & DECISION-MAKING

Need for more inclusive and transparent approaches

ENHANCING EMPLOYEE SUPPORT & BENEFITS

More mental health support, flexible work to improve work/life balance

COLLABORATION & COMMUNITY ENGAGEMENT

Need for more collaboration within and between organisations to enhance service delivery

MANAGERS

BIGGEST CHALLENGES FOR THE SECTOR?

FUNDING & RESOURCES ALLOCATION

Sustainability, funding that reflects real costs

STAFF CHALLENGES

Retention & managing burnout / challenging work

PLANNING & STRATEGY CONSTRAINTS

Short term funding hampers planning

TRAINING & PROFESSIONAL DEVELOPMENT

Need for increased availability (at right price) Need to increase self-care / support for staff

STIGMA

Need for increased education to improve decisions & increased role for lived experience voices

ACCESSIBILITY & EQUITY OF SERVICES

Need for integration and new collaborative models to improve accessibility

SYSTEM IMPROVEMENT & INNOVATION

Benchmarked service costs, developing new service frameworks, investment in evidence based approaches