



**“We want to make a
difference in people’s lives”**

**Who are the people and the community sector
organisations that work with Tasmanians with
alcohol and other drug problems?**

Results from the 2018 ATDC Workforce Survey

No Harm, No Discrimination

atdc
Alcohol, Tobacco and other
Drugs Council Tasmania



About the ATDC

The ATDC is the peak body representing and supporting community organisations, and the people they assist, to reduce alcohol, tobacco and other drug related harm for all Tasmanians.

Our vision is a Tasmania without alcohol, tobacco or other drug related harm or discrimination.

Problematic use of alcohol, tobacco and other drugs continues to be a major cause of harm in Tasmania, and is a significant driver of preventable death, disease and illness, psychological distress, unemployment, homelessness, police arrests and prison sentences.

As an independent not-for-profit organisation, the ATDC represents a broad range of alcohol, tobacco and other drug organisations. These organisations provide information and awareness, prevention and early intervention, harm reduction and specialised treatment and recovery services and programs.

Working with all levels of government and the community, the ATDC plays a vital role in leading, collaborating and advocating for increased investment into treatment services, and population-based initiatives that reduce the harms associated with problematic substance use across Tasmania.

The ATDC supports the sector by delivering training, networking and information sharing opportunities, as well as undertaking policy and advocacy projects with, and on behalf of our members. At all times, our work is underpinned by a commitment to evidence-based practices and policies, consumer participation, harm reduction, and partnerships and collaboration.

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Contents

| | |
|---|----|
| Advance Summary..... | 4 |
| Summary of Recommendations..... | 5 |
| About the Survey..... | 6 |
| Results..... | 8 |
| Survey One: Our People..... | 8 |
| Survey Two: Our Community Sector Organisations..... | 16 |
| Discussion: Key Points..... | 20 |
| Appendices..... | 24 |
| Appendix 1 - Reform Direction 8: Supporting and developing the workforce..... | 24 |
| Appendix 2 - Further information on the samples from each survey..... | 26 |



Advance Summary

Background

- The purpose of the ATDC Workforce Survey is to build a profile of the people who, and organisations that, work in the Tasmanian community sector delivering alcohol, tobacco and other drug (ATOD) services and programs.
- Undertaken biennially, the 2018 Survey is the fifth iteration since the first survey was undertaken in 2010.
- The ATDC Workforce Survey is comprised of two surveys, one examining the workforce and the other, the organisational perspective.
- Distributed to the ATDC's membership, the results of the 2018 Survey capture the majority of Tasmanian community sector organisations delivering ATOD services and programs with 16 responses to the organisational survey, and 152 responses to the workforce survey.

Results

- At the end of 2018, there were approximately 177 ATOD workers in the community sector (approximately 129 FTE).
- Two thirds were female, with just over half between 35 and 54 years of age.
- The proportion of workers who identify as Aboriginal or Torres Strait Islander, were culturally and linguistically diverse, and/or had a disability was in accordance with rates in the Tasmanian population.
- The majority (60%) of the ATOD workforce hold a Bachelor's Degree or higher.
- The vast majority (82%) of the workforce were employed in permanent positions, had access to additional benefits and were employed under the *Social, Community, Home Care and Disability Services Industry Award*.
- Over half had less than five (5) years' experience in the ATOD sector.
- The majority of workers had access to clinical supervision, with very few being members of a professional body/association.
- The key issues impacting on ATOD workers and their clients were access to mental health professionals, access to 'ATOD friendly' GPs and lack of investment in ATOD services. Housing was raised as an important issue for their clients, and the impact of stigma on ATOD service delivery.
- There is considerable diversity in the size of organisations in the ATOD community sector with the largest organisation having 908 employees, and the smallest organisation having three (3).
- ATOD services and programs are being delivered in each region close to major towns and urban centres from Smithton through to Cygnet (the west coast, south-east peninsula and our northern islands are exceptions).
- The vast majority of CEOs or managers did not regard workforce turnover in the ATOD community sector as problematic.
- Support Workers and ATOD workers (non-clinical) were the most common employment positions organisations had sought in the previous 12 months, and forecasted to be required in the next 12 months.
- Organisations funded to deliver ATOD services reported they require an additional 33 workers to meet demand.



Summary of Recommendations

1. Strengthening the Tasmanian ATOD Workforce

- 1.1 Support the development of a Tasmanian ATOD Workforce Development Strategy for the community sector and government ATOD specialist services
- 1.2 Develop workforce materials that promote the Tasmanian ATOD sector as a 'career of choice' and invest in initiatives that actively address the issues of worker wellbeing and stigma that are associated with working in the field
- 1.3 Support the establishment of a funded Tasmanian ATOD consumer representative organisation that can work with the community sector and government ATOD specialist services to increase the number of workers with 'lived experience' in the ATOD sector
- 1.4 Explore ways to increase membership to professional bodies and associations

2. Strengthening the Tasmanian ATOD Sector

- 2.1 Increase awareness of the Tasmanian ATOD sector across other community sectors (e.g. mental health and housing) to increase understanding of the services provided
- 2.2 Seek collaborative opportunities to increase the integration between the Tasmanian ATOD sector and other key community health service providers including mental health professionals, GPs and the housing sector

3. Strengthening future ATDC Workforce Surveys

- 3.1 Expand the Survey to include a stronger proportional representation of workers from both the community sector and government ATOD specialist services
- 3.2 Integrate the measurement of worker wellbeing into the Survey for community sector and government ATOD workers
- 3.3 Add a question to the Survey to determine the degree of, and attitude towards, lived experience in the workforce



About the Survey

Background and rationale for the Survey

The purpose of the ATDC Workforce Survey is to support the ATDC's aim of 'being the ATOD sector experts',¹ through building a profile of the people who, and organisations that, work in the community sector with Tasmanians who present with alcohol, tobacco and other drug (ATOD) issues. This is the fifth round of surveys, with this work being conducted every two years since 2010. Across a 10 year period these surveys have provided an evolving picture and identified workforce trends, requirements and training needs. The learnings from these surveys underpins the ATDC's core peak body function to provide leadership and representation for the Tasmanian ATOD sector.

Survey approach

The ATDC has used the same approach every two (2) years since 2010 with each iteration of the ATDC Workforce Survey including two (2) discrete surveys:

- **Survey One: Our People** - completed by individuals who work in the sector to develop a workforce profile, gathering information including demographics, qualifications, employment status and remuneration. In this Survey, respondents can raise any issues they have experienced that impact them as professionals.
- **Survey Two: Our Community Sector Organisations** - completed by Chief Executive Officers (CEOs) or managers to develop a profile of organisations to better understand the context in which individuals work and in which ATOD services are delivered.

Data was collected exclusively through SurveyMonkey. The Survey was open from 1 November - 21 December 2018.

Number of responses

There were 152 responses received for Survey One. This is a comparable number of responses, considering the number received since 2010 has been between 110 and 220. There were 16 responses received for Survey Two, which represents the vast majority of Tasmanian community sector organisations that are specifically funded to deliver ATOD services.

A representative sample?

The number of respondents to Survey One is not a representative sample. Participation was via self-selection and the results are not necessarily a representative sample of the entire community sector workforce that deliver ATOD services. However, responses were received from workers from almost every community organisation that is funded by the Tasmanian and/or Australian Governments to provide ATOD services, meaning that the results are likely to be very indicative of reflecting the wider workforce. The vast majority of respondents would be considered ATOD 'specialists', with a small number of 'generalist' workers (n=27) responding.²

¹ This is one of the ATDC's strategic challenges as articulated in the 2019-2022 ATDC Strategic Plan.

² The ATOD workforce is commonly considered in terms of two (2) main components, specialists and generalists - National Alcohol and other Drug Workforce Development Strategy 2015-2018, accessed at



The number of respondents to Survey Two, is almost representative of all community sector organisations that are funded to provide ATOD services, with only a small number not completing the survey.

Differences between the samples in Survey One and Survey Two

- **Survey One: Our People:**
 - 72% of respondents were from ATOD funded community sector organisations.
 - 16% of respondents were from the Tasmanian Government Alcohol and Drug Service.³
- **Survey Two: Our Community Sector Organisations:**
 - The vast majority of ATOD funded community sector organisations were represented (n=16).

Context

The 2018 ATDC Workforce Survey occurred against a backdrop of:

- increased investment in residential rehabilitation services following the Tasmanian Government's 'Review of Drug Use and Service Responses in North West Tasmania' which occurred in 2014.⁴ Further investment was made in this area in 2017 following a lengthy external review process and the release of 'A Single Tasmanian Alcohol and other Drugs (ATOD) Service System Framework: Final Report'.⁵ This Report articulated the gap in demand for residential rehabilitation services (among many other aspects worthy of funding and attention) and the Government of the day responded by again increasing investment in residential rehabilitation beds. This substantial change to the sector has had noticeable impacts on some organisation's size and presence in the sector, staffing levels and capability
- an expectation of widespread reform to the ATOD sector. The latest Tasmanian Government document, 'Reform Agenda for Alcohol and Drug Services in Tasmania' (released in 2017), outlined the course for change to occur over the next decade which will have direct impact on our workers and organisations
- the ever changing contract durations. In the 2017/18 financial year, all ATOD community sector organisations were subject to one (1) year funding contracts. The 2018/19 year saw an increase to three (3) year contracts, and prior to 2017, many organisations had two (2) year contracts. These constant changes to the tenure of funding contracts create significant challenges for CEOs/managers of community sector organisations and programs, and have immense impact on business continuity as well as retention at the staff level.

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/C8000B21B6941A46CA257EAC001D266E/\\$File/National%20Alcohol%20and%20Other%20Drug%20Workforce%20Development%20Strategy%202015-2018.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/C8000B21B6941A46CA257EAC001D266E/$File/National%20Alcohol%20and%20Other%20Drug%20Workforce%20Development%20Strategy%202015-2018.pdf)

¹ When n=152 is mentioned, this is reporting against the entire sample, when a smaller number is mentioned this represents a proportion of the sample and is articulated in the text.

² Tasmanian Government, Review of Drug Use and Service Responses in North West Tasmania, November 2014, accessed at: https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0005/174848/Final_Report_Review_of_Drug_Use_in_NW_Tasmania.pdf

³ Siggins Miller, A Single Tasmanian Alcohol and other Drugs (ATOD) Service System Framework: Final Report, August 2017, accessed at: https://www.dhhs.tas.gov.au/_data/assets/pdf_file/0019/340129/Final_Report.pdf



Results

Survey One: Our People

QUICK STATS: Who is the Tasmanian ATOD workforce?⁶

- As at December 2018, there were approximately 177 ATOD staff employed in ATOD funded community sector organisations (129 FTE).
- Two thirds were female.
- Just over half (53%) were aged between 35 and 54.
- The number of workers who identified as Aboriginal or Torres Strait Islander, culturally and linguistically diverse and/or with a disability was comparable with rates in the Tasmanian population.
- The majority (60%) of the ATOD workforce held a Bachelor's Degree or higher, with a Bachelor of Social Work the most common qualification.
- The most common positions included: Manager/Team Leader, Counsellor, Support Worker, Community Educator/Health Promotion, Social Worker, Case Manager and Nurse.
- The vast majority (82%) of the workforce had permanent positions, with just under half (46%) working full time and over a third (36%) working part time. A small proportion were on fixed term contracts (8.5%), with a very small proportion casually employed (2.6%).
- Over half (58%) of the workforce had been working in the ATOD sector for five (5) years or less. Around a quarter (26%) had more than a decades' experience in the ATOD sector.
- Over half of the workforce had access to a range of employee benefits. These included, in order of access: professional development; fringe benefits tax exemption/salary packaging; flexible work hours; study/conference leave; TOIL or paid overtime; above award payments/annual indexation; flexible work hours, and, additional paid leave.
- Over half (58%) of the workforce were employed under the *Social, Community, Home Care and Disability Services Industry Award*. The most common award level being between levels 4 and 6, covering 42% of all respondents' salaries.
- The majority of the workforce (70%) accessed clinical supervision monthly or more, and a similar proportion (71%) were satisfied with the provision of it.
- Very low numbers (n=27) of the workforce were members of a professional body/association.
- When asked to nominate the reasons why they were attracted to ATOD work, the most popular response, chosen by over half was *"I wanted to be able to make a useful contribution to society or to help society's most disadvantaged people"*.

⁶ Results are indicative of the entire sample (n=152) and in some case we have split results according to frontline worker status. Frontline workers have been defined as those who have direct contact (clinical or non-clinical) with clients facing substance use issues. This includes positions such as Counsellors, Support Workers, Case Managers and Youth Workers. A total of 86 frontline workers were identified in the 2018 Workforce Survey, the large number means that we could reach meaningful conclusions. Each time the results presented are limited to frontline workers, it is stated as such.



Number of workers

Managers and CEOs (as indicated in their responses in Survey Two) estimated that there were 177 ATOD workers. This equates to 128.8 FTE staff.

Demographics

Age and sex

Across the entire 2018 Survey sample (n=152), 67 per cent were female.

Table 1 shows that staff were relatively evenly distributed across all age groups, with most aged between 35 and 54 years. There was less than a quarter aged 34 and under, and approximately a quarter aged 55 and over.

| Table 1: Age range staff in 2018 (n=152) | | |
|---|--|---|
| Age | Proportion of all respondents ⁷ | Age groupings |
| 20-24 | 2% | Young workforce 20-34 ~22% (29% in 2016) |
| 25-29 | 10% | |
| 30-34 | 10% | |
| 35-39 | 11% | Middle aged workforce 35 -54 ~53% (65% in 2016) |
| 40-44 | 11% | |
| 45-49 | 14% | |
| 50-54 | 17% | |
| 55-59 | 8% | Senior workforce 55 and over ~24% (10% in 2016) |
| 60-64 | 13% | |
| 65-69 | 2% | |
| 70+ | 1% | |

The 2018 distribution of age groups was largely similar to 2016, with some exceptions. Table 1 provides a comparison, showing that the largest proportion of workers continues to be in the 50-54 age range with 21 per cent in 2016 and 17 per cent in 2018. There was an increase in the proportion of 60-64 year olds in 2018 (2% in 2016 compared with 13% in 2018). There was also an increase generally in the over 55s with this group comprising 10 per cent of the sample in 2016, whereas this rose to 24 per cent in 2018.

Diversity indicators

Aboriginal or Torres Strait Islander status

Almost 10 per cent of respondents identified as being either Aboriginal or Torres Strait Islander. This compares favourably with the proportion of Aboriginal or Torres Strait Islanders representation in the Tasmanian population which is almost five (5) per cent.⁸

⁷ Numbers have been rounded up or down, so may not add up to 100% exactly. Extra one per cent was from a respondent who preferred not to answer.

⁸ Australian Bureau of Statistics, 2017, 2016 Census, accessed at: <https://www.abs.gov.au/websitedbs/censushome.nsf/home/2016>



Culturally and linguistically diverse background status

Approximately six (6) per cent of respondents identified as someone from a culturally and linguistically diverse background (CALD). This compares favourably with the proportion of non-English speaking Tasmanian households which is reported to be at six (6) per cent.⁹

Disability status

Across the sample, almost five (5) per cent of respondents identified as a person with a disability. In the Tasmanian population it is estimated that around 23 per cent identify as having a disability. It is recognised that disability status is often unreported,¹⁰ therefore the figure may be higher than what has been reported in this sample, but it is unlikely that the proportion in the workforce would be equal to that which is reported in the population.

Qualifications

Chart 1 shows that from 124 respondents¹¹ who answered the question, 60 per cent had a university qualification or higher, with the remaining 40 per cent having a diploma level qualification or lower. Similarly, across the frontline workforce, just under two thirds (~64%) had a university qualification or higher, while the remaining third (~37%) had a diploma level or lower.

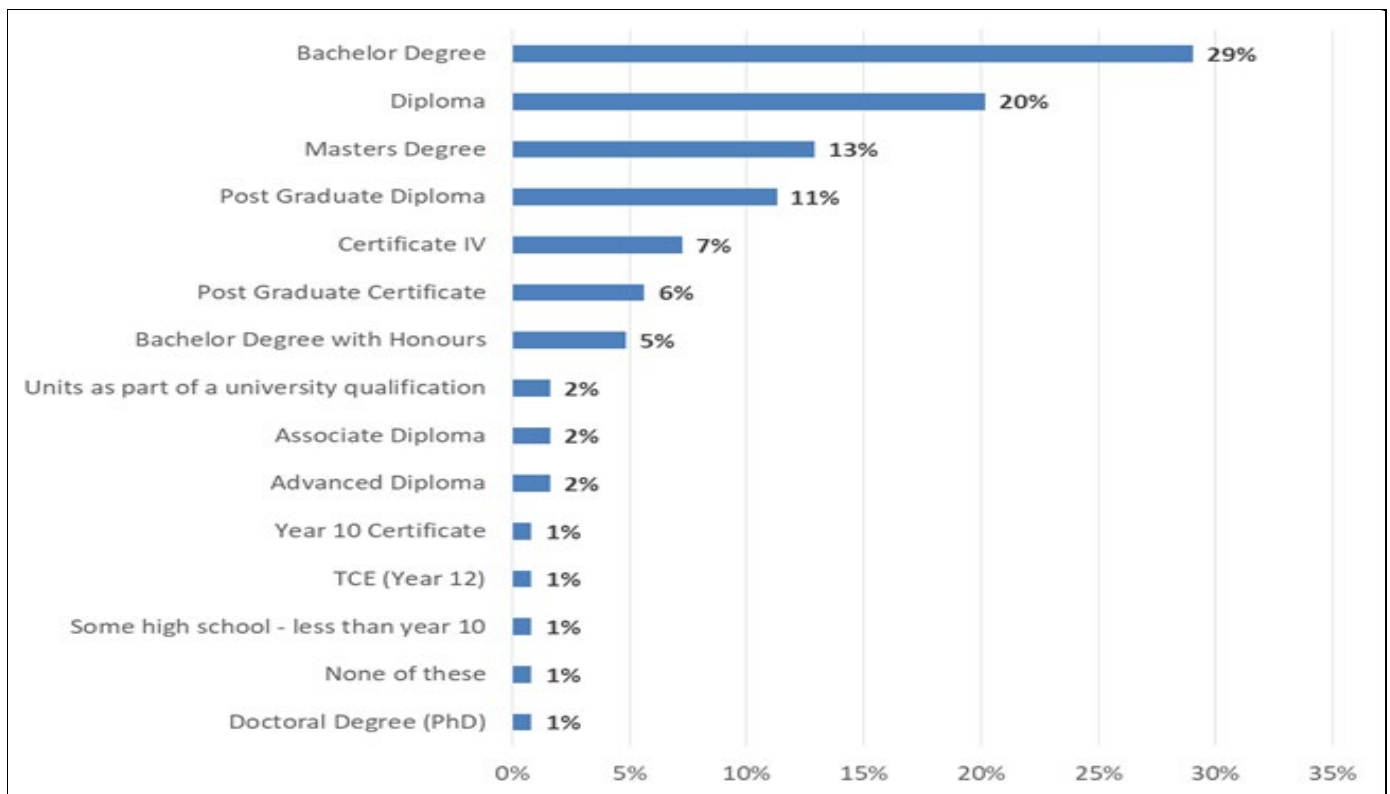


Chart 1: Qualifications of the Tasmania ATOD workforce (n=124)

⁹ Australian Bureau of Statistics, 2017, 2016 Census, accessed at:

https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/6?opendocument#cultural

¹⁰ Tasmanian Government, 2012, Disability Framework for Action 2013-2017, accessed at:

http://www.dpac.tas.gov.au/_data/assets/pdf_file/0005/181598/Disability_Framework_for_Action_2016.pdf

¹¹ There were 28 respondents who skipped this question.



The majority (84%) of respondents stated that their highest qualification had prepared them for their current role, with around a third (31%) choosing 'extremely prepared' and over a half (53%) choosing 'moderately prepared'. Among frontline workers¹² (n=86), 67 per cent identified that their highest qualification was in a non-ATOD, health or behavioural sciences field (e.g. psychology) with only 14 per cent indicating their qualification was ATOD specific. Among the qualifications identified by frontline workers, a Bachelor of Social Work was most commonly noted.

Employment

Position titles

The most commonly identified positions across the ATOD workforce were:

- Manager/Team Leader (n= 26)
- Counsellor (18)
- Support Worker (12)
- Community Educator/Health Promotion (12)
- Social Worker (10)
- Case Manager (8)
- Nurse (7)

There were over 25 discrete position titles identified reflecting the variety in service delivery models (e.g. management, policy, frontline and administration being four (4) broad categories). This diversity is reflective of differences in organisation size and shape and the different services provided (e.g. residential rehabilitation, health promotion and outpatient counselling as just three (3) examples).

There were no respondents who identified as being a 'Peer Worker'. While there may be people with lived experience working in the sector, there weren't any position titles nominated which explicitly captured this.

Employment status

The vast majority (82%) of all respondents had permanent positions, with just under half (46%) working full time and over a third (36%) working part time. A small proportion were on fixed term contracts (8.5%), and a very small proportion casually employed (2.6%).

Experience working in the ATOD sector

Table 2 (below) shows that over half (58%) of the workforce have been working in the ATOD sector for five (5) years or less and around a quarter (26%) reported more than a decades' experience in the ATOD sector.

¹² Frontline workers have been defined as those who have direct contact (clinical or non-clinical) with clients who have substance use issues. This includes positions such as Counsellors, Support Workers, Case Managers and Youth Workers. A total of 86 frontline workers were identified in the 2018 Workforce Survey.



Table 2: How many years have you worked in the ATOD sector? (n= 130)

| Years | Proportion of respondents |
|------------------|---------------------------|
| Less than 1 year | 22% |
| 1-5 years | 36% |
| 6-10 years | 16% |
| 11-15 years | 13% |
| 15+ years | 13% |

Additional benefits

Table 3 shows that most respondents had access to a range of additional benefits. These included, in order of access and use: professional development; fringe benefits tax exemption/salary packaging; flexible work hours; study/conference leave; TOIL or paid overtime; above award payments/annual indexation; flexible work hours, and additional paid leave.

Table 3: Access to, and use of, additional benefits (n=137)

| | Yes and I participate | Yes but I don't participate | No | Don't know |
|--|-----------------------|-----------------------------|-----|------------|
| Access to professional development | 93% | 3% | 3% | 1% |
| Above award payments/indexation, annual increments | 58% | 0% | 21% | 20% |
| Additional paid leave (e.g. between Xmas and New year) | 52% | 7% | 31% | 9% |
| Employee Assistance Program | 46% | 28% | 9% | 17% |
| Fringe benefits tax exemption/salary packaging | 83% | 9% | 4% | 4% |
| Flexible work hours | 63% | 8% | 24% | 5% |
| Study leave/conference leave | 61% | 16% | 10% | 12% |
| Private use of work vehicle/phone/laptop | 30% | 9% | 52% | 8% |
| Salary sacrifice to superannuation/superannuation matching | 38% | 27% | 13% | 22% |
| TOIL or paid overtime | 61% | 12% | 17% | 9% |



Employment Awards

The most common employment award used by the ATOD sector (58%) was the *Social, Community, Home Care and Disability Services Industry Award and Social and Community Services Award*.¹³ There was considerable variation in the proportions of people employed at each award level. The most common award level for the ATOD sector was between levels 4 and 6 with 42 per cent of respondents falling between those levels. Table 4 provides a full breakdown and variation across levels.

| Table 4: Award levels of ATOD staff (n=137) | | |
|--|------------------|--|
| Award level | % of respondents | Most common award |
| SCHADS 1 | 1% | 58% of respondents were subject to the SCHADS award, with 42% remunerated at levels 4, 5 and 6 |
| SCHADS 2 | 2% | |
| SCHADS 3 | 1% | |
| SCHADS 4 | 9% | |
| SCHADS 5 | 21% | |
| SCHADS 6 | 12% | |
| SCHADS 7 | 3% | |
| SCHADS 8 | 8% | |
| Don't know | 18% | |
| Prefer not to say | 7% | |
| Other | 16% | |

Professional organisation membership

A small number (n=27) of respondents were members of a professional body/association. The most common professional body/association subscribed to was the Australian Association of Social Workers (AASW) (n = 5), with very low numbers having membership with the following: Australasian Professional Society on Alcohol and Drugs (APSAD), Australian Psychological Association (APA), Australian Health Practitioner Regulation Agency (AHPRA), Pharmaceutical Society of Australia (PSA), Australian Nursing and Midwifery Federation (ANMF), National Aboriginal and Torres Strait Islander Health Worker Association (NATSIHWA) and the Drug and Alcohol Nurses Association (DANA).

What is attractive about ATOD work?

Respondents were asked to nominate the top three (3) reasons why they were attracted to ATOD work. The most popular response, chosen by half, was "I wanted to be able to make a useful contribution to society or to help society's most disadvantaged people". Around a third of respondents chose "I have the relevant skills and qualifications for the job" and "The work is challenging".

¹³ Found here: https://www.fwc.gov.au/documents/documents/modern_awards/award/ma000100/default.htm



Workforce development issues identified by workers

The final section of Survey One asked respondents to nominate any other issues that impacted on their organisation and their work with clients.

Top three (3) most important workforce development issues for your organisation? (n=121)

The three (3) most important workforce development issues rated by respondents were:

- More funding for learning and development opportunities (42%)
- A positive workplace culture (41%)
- Staff to backfill positions (35%)

Any broader workforce issues that impact on your clients? (n=118)

There were many responses to this open ended question, with the following five (5) theme areas identified:

- **Access to mental health professionals (n=33)**

Respondents were concerned about the lack of suitable and affordable mental health services to refer complex clients to. They also spoke of a fragmented health system, reporting:

"Very limited help and support for young people with ATOD and mental health concerns"

"Lack of available and affordable psychiatrists for assessments"

"Mental health and (general) health system is fragmented and broken"

"Reluctance of MH sector to address ATOD issues"

- **Access to General Practitioners (n=19)**

Respondents identified a lack of suitable GPs to refer clients to. There was also concern about judgmental attitudes towards ATOD clients. Respondents reported:

"Lack of affordable ATOD friendly GPs with no judgement"

"Too many judgmental GPs, lack of GPs in rural areas"

"Lack of knowledge/understanding of medications by GPs"

"ATOD issues are not sufficiently embedded into the current curriculum in medical training for doctors and nurses"

"I think it would be great to have GPs and pharmacists who engage with our sector more. They are pivotal in many of our clients' lives but it's often hard to engage with them"

- **Lack of investment in ATOD services (n=13)**

Respondents identified waitlists and a shortage of staff for the demand on ATOD services. Responses included:

"Lack of ATOD specific qualified workers"

"Overloaded system means that there are long waits for referral to ATOD specialist services"

"Lack of workers to manage the caseloads we experience"



"Not enough room in our program to meet the growing community needs"

"There is a lack of mental health facilities and a lack of ATOD facilities suitable for clients who have both disorders"

"Lack of transport to get to appointments. Broad geographical region for the small number of workers"

"The demand is greater than resources available for ongoing care of clients"

- **Housing as an important issue (n=7)**

Housing affordability generally was identified as a key driver of concerns/issues respondents saw in their clients.

- **Stigma and how it impacts on service delivery (n=6)**

Misinformation, stereotypes and judgmental attitudes towards ATOD clients and workers was identified as an issue which impacts on service delivery. Additionally, ATOD work was seen as being stigmatised by others outside of the sector with some ATOD workers not wanting to work in the sector because of it.

Respondents reported the following concerns:

"Stigma towards ATOD clients in emergency departments, police, and child safety services..."

"Lack of health professionals willing to work in this area"

"Bias towards ATOD clients from other services, especially the hospital staff, which affects the client's treatment and at times is dangerous"

"Societal stigma around drug use and mental health"

"Judgmental workers, language used and processes that stigmatises individuals"

"Stigma and discrimination from GPs and hospital staff - there is a lack of understanding of ATOD treatment"

The above five (5) points represent significant issues impacting the day to day work of a frontline ATOD worker and their managers. These system-wide issues step in between, and mitigate, the success of ATOD treatment and support. In turn, they add increasing challenges when coordinating client cases. For example, the efforts of ATOD workers may be compromised if they are assisting clients with serious mental health issues (e.g. bipolar disorder) who may also be experiencing homelessness, if they are not able to find assistance for that person for the non-ATOD issues.



Survey Two: Our Community Sector Organisations

The organisations that responded to Survey Two are listed in Table 5 below.

| | |
|--|---|
| Advocacy Tasmania | Mission Australia* |
| Alcohol, Tobacco and other Drugs Council | Pathways Tasmania (Velocity Transformations) |
| Anglicare Tasmania | QUIT Tasmania |
| Alcohol and Drug Foundation | Rural, Alive and Well* |
| Bethlehem House* | South East Tasmanian Aboriginal Corporation (SETAC) |
| Drug Education Network | Tasmanian Council on AIDS, Hepatitis and Related Diseases |
| Holyoake Tasmania | The Link Youth Health Service |
| Launceston City Mission | The Salvation Army Bridge Treatment and Recovery Centre |

The vast majority of community sector organisations that are specifically funded by the Tasmanian and/or Australian Governments to deliver ATOD services in Tasmania are represented in Survey Two.

The three (3) organisations marked in Table 5 above with an asterisk (*) are not funded specifically to provide ATOD services, and represent under a quarter of the sample. It is recognised that ATOD issues impact the clients who these organisations work with and their results are included as they are deemed to be relevant to describing organisations in the ATOD sector. There are many other organisations in Tasmania that work with clients who have ATOD issues but are not funded to do so. With these factors in mind, please read the results below accordingly.

Diversity in organisational size

Table 6 below provides an overview of the size of responding organisations.

| Total number of all employees¹⁴ | Number of organisations |
|---|--------------------------------|
| Micro (under 5 paid employees) | 2 |
| Medium (6 to 30 paid employees) | 7 |
| Large (30 to 55 paid employees) | 3 |
| Very large (55 and over) | 4 |

¹⁴ Includes all staff across the entire organisation, not just the ATOD staff.



The largest organisation had a total of 908 employees and the smallest had a total of three (3) employees. There were three (3) other very large organisations with total employee numbers of 270, 205 and 150 respectively. If we remove the largest organisation (908), the average number of paid employees per organisation was 59.

ATOD sector services: supply and demand

To determine the level of demand for ATOD workers, organisations were asked to identify the number of roles they had sought to recruit during the previous 12 months.

Due to very low response numbers, the results are indicative only, and are outlined in Table 7 below.

| Table 7: Recruitment efforts in last 12 months (n=16) | | |
|--|--|---|
| Position title | Number of positions recruited for | Average time to recruit (weeks)¹⁵ |
| Support Worker | 14 | 4 |
| ATOD Worker (non-clinical) | 10 | 4 |
| Social Worker | 2 | 15 |
| Nurse | 4 | 9 |
| Psychologist | 4 | 7 |
| Counsellor | 3 | 6 |
| Outreach Worker | 3 | 3 |
| ATOD Worker (clinical) | 2 | 2 |
| Youth Worker | 2 | 3 |

The vast majority of respondents (88%) did not consider staff turnover to be a significant issue for their organisations. However, when asked to reflect on their recruitment processes in the last 12 months, around a third suggested that insufficient qualifications (n=6) and inexperience (n=5) were the two (2) main issues impacting their recruitment attempts.

¹⁵ Please keep in mind the response rates to this question were very low. For example, only 1 organisation responded to recruit time for Social Workers. Therefore please see the above as purely descriptive of small sample sizes and thus indicative only.



Table 8 below shows the number and positions that ATOD organisations forecasted they would need to recruit to in the next 12 months with Support Workers and ATOD Workers (non-clinical) identified as the most common.

| Table 8: Forecasting future staff demand (n=16) | |
|--|-----|
| Support Worker | 10 |
| ATOD Worker (non- clinical) | 8 |
| Social Worker | 4 |
| Counsellor | 3.5 |
| Outreach Worker | 3 |
| Youth Worker | 2 |
| ATOD Worker (clinical) | 1 |
| Psychologist | 1 |

To help gauge the level of demand for ATOD services in Tasmania, organisations were asked to identify how many additional ATOD workers they believed they needed to meet demand (outside the restrictions of current funding levels). The results are outlined in Table 9 below.

| Table 9: How many additional staff would you need to meet demand? (n=16) | | |
|---|-------------------------|--|
| Role | Number required (all) | Number required (funded ATOD organisations only) |
| ATOD Worker (non-clinical) | 30 | 5 |
| Outreach Worker | 23 | 2 |
| Support Worker | 18 | 0 |
| Social Worker | 13 | 3 |
| Counsellor | 8 | 8 |
| ATOD Worker (clinical) | 4 | 4 |
| Peer Worker | 4 | 4 |
| Youth Worker | 4 | 4 |
| Psychologist | 3 | 3 |
| Total required: | 107¹⁶ | 33 |

Four (4) organisations responded that they did not require any additional staff to meet demand.

¹⁶ - Number heavily inflated by organisations responding that are currently not funded to provide ATOD services.



It is important to note that the number of ATOD Workers (non-clinical), Outreach, Support and Social Workers (top four (4) roles identified) are heavily inflated by responding organisations that are not currently funded to provide ATOD services. These organisations identified an extra 25 ATOD Workers (non-clinical), 21 Outreach Workers, 18 Support Workers and 10 Social Workers were needed to meet demand. This suggests that there may be other community sector organisations that have a large number of clients who require ATOD service support, yet they are not funded to provide that support.

If the results are restricted to ATOD funded organisations only, the number of additional workers needed to meet demand is reduced to 33.



Discussion: Key Points

This section draws together the results from the 2018 Workforce Survey and information from other research and consultations with the Tasmanian ATOD sector, including the National Alcohol and other Drug Workforce Strategy 2015-2018¹⁷ and the Reform Agenda for the Alcohol and Drug Sector in Tasmania.¹⁸

Developing a Tasmanian ATOD Workforce Development Strategy

The results of the 2018 Workforce Survey confirm that there continues to be a range of factors supporting the need for a dedicated ATOD Workforce Development Strategy. This includes the impact of an ageing workforce, the introduction of younger workers into the sector and an average workforce tenure of five (5) years or less. Combined with increasing client complexity and the diversity of professional specialisations, there is a requirement for a coordinated approach across the community and government ATOD sectors to ensure that the Tasmanian ATOD workforce is appropriately supported and maintained.

The necessity for a coordinated approach is also highlighted by confirmation of the several academic disciplines and professional specialisations that are engaged across the Tasmanian ATOD sector.

The ATOD field involves a diverse range of roles, requiring differing levels of knowledge and skills. To date, these roles have not been differentiated and fully or uniformly described on a national basis, nor have the sets of capabilities required to undertake them been explicitly identified.¹⁹

While many positions in the ATOD sector now require a Bachelor's Degree, qualifications in behavioural sciences do not prepare workers with specific ATOD knowledge (e.g. understanding pharmacology, cognitive and behavioural interventions applied to people who use drugs, harm reduction, health promotion and prevention). It is possible to complete a Degree (such as psychology, social work or a postgraduate counselling qualification) without undertaking any units specifically related to alcohol and other drugs. As a result, many workers can come into the sector, highly qualified, but without an understanding of ATOD work and/or seeing it as transitory in their career as they advance to 'something more important'. This often means that workers operate from their professional base and in the absence of a shared framework for ATOD work.

Stakeholders across Tasmania have been calling for a coordinated approach across the community and government sector and the ATOD Workforce Development Strategy should be developed in alignment with the workforce objectives of the Reform Agenda for the Alcohol and Drug Sector in Tasmania and with consideration to the National Alcohol and other Drug Workforce Strategy 2015-2018, including:

- addressing recruitment and retention issues across the Tasmanian ATOD sector (despite results from this Survey indicating that it is not an issue)
- determining minimum staffing key competencies and requirements across all community sector and government ATOD specialist programs and services

¹⁷ National Alcohol and other Drug Workforce Development Strategy 2015-2018, accessed at:

[http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/C8000B21B6941A46CA257EAC001D266E/\\$File/National%20Alcohol%20and%20Other%20Drug%20Workforce%20Development%20Strategy%202015-2018.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/C8000B21B6941A46CA257EAC001D266E/$File/National%20Alcohol%20and%20Other%20Drug%20Workforce%20Development%20Strategy%202015-2018.pdf)

¹⁸ At the time of writing, the Reform Agenda was in its final stages of development.

¹⁹ National Alcohol and other Drug Workforce Development Strategy 2015-2018, as above.



- enhancing worker career pathways to enable movement to different positions within organisations and also across the Tasmanian ATOD sector
- developing a set of shared understandings and protocols. The outlining of work levels and functions across the sector, matching roles with capabilities, clear expectations around skill levels and knowledge required for each level as well as provision of comparison and self-assessment tools, all have the capacity to improve consistency and communication across the sector.²⁰ In turn, it also assists employees with career planning, helps managers provide advice to staff on career progression, assists in identifying capability requirements and gaps across the workforce and informs the development of training and strategic initiatives
- increasing opportunities for workforce placements in ATOD settings during vocational, undergraduate and post-graduate education
- a coordinated change management approach that strikes a balance between supporting the existing Tasmanian ATOD workforce to feel valued, and moving them alongside the sector towards greater integration and service delivery improvements.

Recommendation 1.1

Support the development of a Tasmanian ATOD Workforce Development Strategy for community sector and government ATOD specialist services

Dealing with the negative stereotypes, stigma and worker wellbeing

While there is a high level of employment security, job satisfaction, and professionalism (including educational qualifications) in the sector, feedback from the Tasmanian ATOD workforce highlighting ongoing issues of worker wellbeing and the stigma associated with working in this field continues to be a concern.

It is clear that a commitment to social justice values underpins why people choose to work with people who can sometimes be deemed 'unworthy' of help by others. Those working in the Tasmanian ATOD sector are very skilled, genuine and committed people who are working in a tough field, often for little recognition.

In regular consultations with the community sector, ATOD workers share the stigma they experience as workers. Some have reported that they do not want to tell people where they work and the type of clients they work with, opting to say that they work in the general community sector. Stigma associated with ATOD use is well documented, but stigma towards workers in the ATOD field is less so. Such stigma has implications for recruitment and retention, worker satisfaction, and collaboration across other sectors.

It is often said that the ATOD sector is the "very poor cousin of the mental health sector" and "we sit at the kids table at the wedding". While this is often delivered in jest, the effect is real for those within the ATOD sector attempting to work across other sectors. Keeping in mind that two thirds of client presentations are comorbid ATOD and mental health issues, this impacts on case coordination roles for those who have regular interactions with other sectors, such as mental health. There is also the knock-on effect of workers feeling disempowered to get outcomes for clients due to a lack of system supports such as access to mental health professionals.

²⁰ As echoed in the National Alcohol and Other Drug Workforce Strategy 2015-2018.



Add to this, the mortality statistics of ATOD clients which can lead to vicarious trauma for the workers. Raising the capacity of individuals and organisations to enact self-care activities may mitigate the instances of burnout, compassion fatigue and vicarious trauma, and improve retention rates.

To respond to these issues of concern, it is recommended that:

- workforce materials are developed for the use of both community sector and government ATOD specialist providers to promote the positive aspects Tasmanian ATOD workers report about working in this field (including the flexible hours and employee benefits). These materials should also profile 'worker success stories', which purposefully address the stigma associated with working in the sector, and highlight the value Tasmanian ATOD workers place on their contribution to the Tasmanian community.
- continued investment be made into training and professional development initiatives to enhance worker wellbeing and address worker stress (e.g. compassion fatigue, burnout and vicarious trauma).
- strategies are developed and implemented to reduce the stigma associated with working in the ATOD sector.

Recommendation 1.2

Develop workforce materials that promote the Tasmanian ATOD sector as a 'career of choice' and invest in initiatives that actively address the issues of worker wellbeing and stigma that are associated with working in the field

The potential absence of lived experience across the workforce

The lack of responses from individuals identifying as working in 'Peer Worker' roles or as individuals with lived experience, suggests a potential absence of roles targeting those with lived experience within the Tasmanian ATOD sector. The employment of Peer Workers is one strategy to achieve this. To ensure that the lived experience voice is integrated into the planning and delivery of Tasmanian ATOD services, the ATDC supports the establishment of a funded ATOD consumer representative organisation that can assist to develop, implement and support workforce strategies to achieve this.

Recommendation 1.3

Support the establishment of a funded Tasmanian ATOD consumer representative organisation that can work with the community sector and government ATOD specialist services to increase the number of Peer Workers and those with 'lived experience' employed in the ATOD sector

Encouraging professional affiliations

The results of the 2018 Workforce Survey indicate that membership to professional bodies and associations is low across the Tasmanian ATOD sector. The reasons are unclear, but should be explored due to membership and participation in professional bodies and associations being an effective approach to maintaining professional qualifications and development.

Recommendation 1.4

Explore ways to increase membership to professional bodies and associations



Increasing cross sector awareness and service integration

The 2018 Workforce Survey confirmed that there continues to be concerns surrounding the awareness of ATOD services provided, and the low numbers of 'ATOD friendly' GPs and mental health professionals, and the need for increased connections to improve service delivery (e.g. referral pathways).

Given the increasing complexity of clients, the struggles in the environment in which ATOD work is performed and the significant emotional, social and psychological toll ATOD work can have, the quality, expertise and professionalism of staff is critically important.

Recommendation 2.1

Increase awareness of the Tasmanian ATOD sector across other community sectors (e.g. mental health and housing) to increase understanding of the services provided

Recommendation 2.2

Seek collaborative opportunities to increase the integration between the Tasmanian ATOD sector and other key community health service providers including mental health professionals, GPs and the housing sector

Strengthening future ATDC Workforce Surveys

To strengthen the insights provided by future ATDC Workforce Surveys, there will be a need to focus on including government ATOD workers.

Due to the ongoing concerns raised regarding worker wellbeing, consideration should also be given to how future iterations of the Survey can include individual wellbeing measurements. Future surveys should also explore the role of Peer Workers and value of lived experience in the workforce.

Recommendation 3.1

Expand the Survey to include a stronger proportional representation of workers from both the community sector and government ATOD specialist services

Recommendation 3.2

Integrate the measurement of worker wellbeing into the Survey for community sector and government ATOD workers

Recommendation 3.3

Add a question to the Survey to determine the degree of, and attitude towards, lived experience in the workforce



Appendices

Appendix 1 - Reform Direction 8: Supporting and developing the workforce

Rationale:

The ATOD workforce includes workers whose primary role involves reducing ATOD-related harm as well as those whose primary work focus is on other issues but, nevertheless, play an important role in reducing ATOD harm (National Alcohol and other Drug Workforce Development Strategy 2015-2018).

Workforce development (WFD) in the ATOD field aims to build the capacity of organisations and individuals to prevent and respond to ATOD-related problems and to promote evidence-based practice. It goes beyond the provision of education and training to include issues such as recruitment and retention, workforce planning, professional and career development and worker wellbeing. As such, WFD can be defined as:

...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug-related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers (Roche, 2002a).

Tasmania has long experienced difficulties in recruiting and retaining a suitably qualified and skilled ATOD workforce, for a variety of reasons which may include:

- Stigma and discrimination associated with working within the ATOD sector;
- Lack of specialists with ATOD skills, knowledge and experience;
- Salary and remuneration;
- Employment of qualified staff, e.g. allied health, medical, nursing who come with qualifications but not necessarily with practical ATOD experience or skills; and
- Lack of mentoring opportunities and difficulties in accessing clinical supervision

There are a range of emerging issues which have ongoing significant impacts for the ATOD workforce, including:

- Ageing workforce;
- Ageing client group;
- New and emerging substances;
- New evidence, research and treatments/interventions;
- Increased consumer engagement;
- ATOD use occurring at earlier ages; and
- Multiple comorbidities.



Reform Goals:

- Develop the workforce to support the implementation of the Reform Agenda
- To have a highly skilled and appropriately qualified workforce working across all government and non-government ATOD programs and services
- Lift the profile of the ATOD sector and its workforce, linked to reducing stigma and discrimination under reform direction 6

Key Actions:

- 8.1 Determine minimum staffing key competencies and requirements across all government and non-government ATOD specialist programs and services
- 8.2 Develop a Tasmanian ATOD Workforce Development Strategy for government and non-government ATOD specialist services including a focus on strategies to address recruitment and retention issues
- 8.3 Support primary health care through education and training, including in PPEI activities



Appendix 2 - Further information on the samples from each survey

Table 1 provides a list of the organisations from which respondents from Survey One were drawn from.

| Table 1: Organisations from which respondents in Survey One were drawn from | |
|--|---|
| Advocacy Tasmania | Pathways Tasmania (velocity Transformations) |
| Alcohol and Drug Services (G) | Quit Tasmania |
| Alcohol and Drug Foundation | Relationships Australia Tasmania |
| Alcohol, Tobacco and other Drugs Council Tasmania | Rural Alive and Well |
| Anglicare Tasmania | South East Tasmanian Aboriginal Corporation |
| Bethlehem House Tasmania | St Helens Private Hospital (P) |
| Circular Head Aboriginal Corporation | Tasmanian Aboriginal Centre |
| Department of Justice (G) | Tasmanian Council on AIDS, Hepatitis & Related Diseases |
| Drug Education Network | Teen Challenge Tasmania |
| Holyoake Tasmania | The Link Youth Health Service |
| Island Health Learning | The Salvation Army |
| Launceston City Mission | Wyndarra Centre |
| Mission Australia | Youth, Family & Community Connections |

The vast majority of community organisations that are funded to provide ATOD services in Tasmania were represented in Survey One. As well as community sector workers, 24 workers from the Alcohol and Drug Service answered the survey, equating to 16% of the sample. Additionally, there were four (4) responses from the Department of Justice, most likely ATOD workers from the Tasmanian Prison Service. One (1) respondent from a private provider (P), St Helens Private Hospital, also completed the survey. Therefore, the vast majority (84%) of respondents from Survey One were from the community sector.²¹

This Survey is limited to largely describing community sector and government providers, thus there are 13 responses from workers who are arguably not part of the ATOD specialist service system.²²

Out of the 152 responses to Survey One, 139 responses were from workers employed in organisations that are funded to provide specialist ATOD services, encompassing government (Alcohol and Drug Service, n=24) and community sector providers (n=115).

Defining the scope and boundaries of the ATOD sector is often challenging with many arguing against the idea that ATOD work operates in a silo. While this can often be the case in how services are delivered, it is also often the case that ATOD work naturally intersects with other areas such as mental health, housing, welfare and justice areas. For the purposes of reporting results in this report, we will include the 13 responses from those organisations that do not fit the label of 'ATOD specialists'. It still stands however that the vast majority of responses to this survey are from individuals that work in organisations that are funded to provide ATOD services.

²¹ Within the community sector agencies there were 10 respondents who were not from funded ATOD community sector organisations (e.g.: Mission Australia, Bethlehem House, Teen Challenge, Wyndarra, Island Health). This is not to say that these workers are any less valuable than funded ATOD workers, however there are many workers in the wider community sector who would fit this category. These individuals have been included in the analyses that follow, the distinction is made here so to enable transparency in method and caution when interpreting results. Within the 152 respondents, there were 118 (78%) that were from funded ATOD organisations.

²² The ATDC acknowledges that the definition of the specialist ATOD service system differs, however in this Survey it is seen as those people that are funded to provide ATOD services in Tasmania.