

The Tasmanian Community Sector ATOD Workforce: Characteristics and Challenges

Results from the 2020 ATDC Workforce Survey

June 2021



No Harm, No Discrimination

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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 spheres of government and the community, the ATDC plays a vital role in leading, collaborating and advocating for increased investment in treatment services and population-based initiatives that reduce the harm 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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Acknowledgments

The ATDC wishes to thank all the people who took the time to respond to the survey. We also acknowledge the many volunteers in our sector and those with a lived experience. The ATDC also gratefully acknowledges the financial and other support provided by the Tasmanian Department of Health.

Executive Summary

Background

This report is based on the results of the *2020 ATDC Workforce Survey*, which provides a profile of the workforce in the Tasmanian community/not for profit (NFP) sector delivering alcohol, tobacco and other drug (ATOD) services and programs.

Undertaken biennially, the 2020 survey is the sixth of its kind since the first survey was conducted in 2010. The 2020 survey opened in October of that year and closed in November.

The ATDC Workforce Survey is comprised of two parts: the first examines the workforce and the second focuses on the organisational perspective. This report presents the results of the workforce survey.

Methodology

The survey sample was obtained through a non-probability convenience sampling approach. The survey was promoted directly to eligible staff of ATDC member organisations, with respondents self-selecting to answer.

There were 156 respondents, which is estimated to be more than half the workforce providing ATOD services in the Tasmanian community/NFP sector. Eighteen of the 20 eligible community/NFP organisations funded by government to provide ATOD services were represented.

It is important to note that, because respondents self-selected to complete the survey, the results may not be strictly representative of the entire ATOD workforce. However, the hypotheses developed from this work are considered a good basis for further investigation.

Results

Based on the 2020 survey results, the principal characteristics of the Tasmanian ATOD workforce are as follows:

- The average Tasmanian ATOD worker is female, working in a community/NFP organisation and employed under the Social, Community, Home Care and Disability Services (SCHADS) Award, generally at Levels 3 to 6.
- They have generally been working in the ATOD sector, and with their current organisation, for between one and five years.

- They belong to a range of age groups, with the Tasmanian workforce having an equal number of workers older and younger than 45 years.
- They are part of a diverse workforce that includes people of Aboriginal descent, people from culturally and linguistically diverse (CALD) backgrounds and people who identify as having a disability, at rates commensurate with those of the broader Tasmanian population.
- The most common workplace roles are “AOD worker/specialist”, “Support Worker”, “Counsellor” and “Manager”, with the most common primary tasks across all roles being counselling, support, management, case management and education. Other tasks reported by more than 50% of respondents were referrals, support, advocacy and brief intervention.
- The most common highest qualification attained by Tasmanian ATOD workers is either a Bachelor/Master of Social Work or a Diploma of Community Services. A narrow majority (52.8%) have a University qualification or above, while 43.5% have a TAFE qualification or less. Irrespective of the level of education attained, most are satisfied that their highest qualification prepared them moderately-to-extremely well to work in the ATOD sector.
- Most workers (92%) reported that they acquired their specific ATOD knowledge and skills on the job, followed by formal qualifications (32.6%), webinars (26.6%) and shorter courses (14.6%). About a quarter (24.4%) had an ATOD-specific qualification (e.g. Certificate 4 in Alcohol and Other Drugs or Graduate Certificate in Addiction Studies).
- Clinical supervision is likely to be a main form of professional support (69.3%), with membership of professional associations less common (18.6%).
- Nearly half the Tasmanian ATOD workforce identifies as having lived experience of issues associated with ATOD use (primarily through a family member or friend).
- The majority have a high level of job satisfaction, find their work “challenging and interesting”, and were drawn to the sector by the desire to help disadvantaged people.

Key findings

The survey results indicate that the profile of the Tasmanian ATOD sector is not dissimilar to ATOD workforces across Australia. While the Tasmanian sector is highly feminised, issues concerning ageing and casualisation do not appear to be impacting at this time. Additionally, in comparison to results of previous ATDC workforce surveys, the workforce is becoming increasingly professionalised, with more staff holding tertiary qualifications and having increased access to professional support such as clinical supervision. The ATDC considers these trends to be exceptionally positive.

In terms of issues facing the Tasmanian ATOD workforce, the survey identified five principal challenges:

- **Availability of “work-ready” staff**

The survey results supported anecdotal reports from the sector that finding “work ready” ATOD staff is a challenge. There is an opportunity for the ATDC to collaborate with training institutes to ensure that ATOD content is included in relevant “feeder” courses. Student placements are also a recognised route into the ATOD sector for new staff. The ATDC recommends increasing the capacity for organisations to provide and access these.

- **Access to appropriate and affordable ATOD-specific training**

Sourcing appropriate and affordable ATOD-specific training continues to be a challenge for sector employees. This survey showed that the majority of respondents are learning ATOD-specific skills on the job. There is an opportunity for the ATDC to support organisations to continue to provide on-the-job training, while also increasing and strengthening collaboration between training institutes and the ATOD sector.

- **Increasing client complexity—particularly in relation to trauma and mental health**

The survey showed that workers are assisting an increasing number of clients with complex needs, indicating that a focus on sector service system integration is required over the coming years in order to meet this challenge. This requirement echoes the call for improved service integration made in the *Reform Agenda for the Alcohol and other Drugs Sector in Tasmania*. The Reform Agenda identifies the opportunity for better coordination, collaboration and communication across the ATOD system and with other sectors such as mental health, housing, employment and justice.

- **Stress and burnout among front-line workers**

The survey, and other consultations, showed that addressing stress and burnout to improve employee well-being and retention is a critical issue for individual workers and their employers. There is an opportunity for the ATDC to assist organisations to implement strategies to monitor wellbeing and promote self-care, such as ensuring access to an Employee Assistance Program (EAP).

- **Access to stable funding**

The survey has shown that unstable funding (including short term or late renewals of funding) destabilises the workforce and has the potential to drive staff out of the sector. Government agencies providing funding for services and programs should be aware of the unintended consequences of current funding processes.

About the ATDC Workforce Survey

Why do we do the survey?

Building a profile of the community sector/NFP ATOD workforce allows us to understand who is in our workforce and the issues and challenges faced by ATOD workers. We use this information to inform our sector workforce strategies and advocacy activities when working with government and other stakeholders. The survey is conducted every two years to ensure that the information is current and to detect any changes that have occurred. We give this information back to the sector by publishing this report on the ATDC website and by providing it on request to ATOD organisations.

About the survey

This is the sixth iteration of the survey, which has been conducted every two years since 2010. As part of the preparation for this survey, staff met with most of ATDC's members in September 2020 to discuss general workforce issues and to canvas suggestions for survey topics and questions. The survey went live in the second week of October and closed in mid-November. Broadly, the survey gathered information on workforce demographics, qualifications, ATOD roles and tasks, and employment settings. Based on input from ATDC members, the 2020 survey included additional questions on job satisfaction, people with lived experience, and the peer workforce. The survey was promoted through established ATDC communication channels including the ATDC worker database, emails direct to CEOs/team leaders, and promotion via ATDC's electronic newsletters. As an incentive to participate, cash gift cards were offered in a random draw for those who provided their contact details.

How representative are the findings?

The findings are indicative of the Tasmanian ATOD workforce in the community/NFP sector. The sample was obtained through a non-probability convenience sampling approach. The survey was advertised directly to eligible staff and people self-selected to answer. Respondents selected their employer (one of ATDC's member organisations) to be eligible to complete the survey. Follow-up ensured broad representation across all eligible organisations. The goal was to achieve respondent numbers proportional to organisation size—that is, the larger the organisation, the more respondents (e.g. The Salvation Army with an ATOD workforce of around 50 staff provided 31 respondents, while Holyoake, with fewer than eight staff, provided four). We were also careful to ensure that all regions were represented, with respondents from the south, north and north-west of Tasmania.

Notwithstanding all efforts to achieve accurate representation, it is important to note that the respondent sample is not representative of all staff. Therefore, the conclusions drawn from the survey cannot be assumed to be representative of Tasmania’s entire ATOD workforce and are speculative rather than conclusive. However, a respondent rate of more than 50% of the workforce means that the hypotheses developed from this work are a good starting point for further investigation.

There were 156 respondents—estimated to be well over half of Tasmania’s community-based ATOD workforce—with responses received from 18 of the 20 the community organisations funded to provide ATOD services. A list of the respondent organisations and the number of individual respondents from each is shown at Table 1.

Table 1: Organisations represented in the survey (number of respondents)

Advocacy Tasmania (3)	Headspace (1)	South East Tasmanian Aboriginal Corporation (2)
Alcohol and Drug Foundation (4)	Holyoake (4)	TasCAHRD (2)
ATDC (7)	Launceston City Mission - Missiondale (18)	The Hobart Clinic (14)
Anglicare Tasmania (21)	Cancer Council Tasmania - Quit Tasmania (5)	The Link Youth Health Service (3)
Bethlehem House (3)	Relationships Australia - Tasmania (1)	The Salvation Army (31)
Circular Head Aboriginal Corporation (2)	RAW – Rural Alive and Well (1)	Pathways Tasmania - Velocity Transformations (6)
Drug Education Network (5)	Launceston City Mission - Serenity House (11)	Youth Family and Community Connections (YFCC) (10)

All community/NFP organisations funded to deliver ATOD services were represented with two exceptions: the Tasmanian Aboriginal Centre and Mental Health Family and Friends, the latter only having received funding for ATOD-specific activities in late 2020. Across the sample, the majority were based in the south (57.6%) of Tasmania, with roughly equivalent proportions from the north (20.5%) and north-west (21.8%).

It is likely that the survey respondents are the most engaged members of the workforce. Given the number of respondents and what is known about workforce size, there is likely to be a small-to-moderate proportion of the workforce not represented in this survey, with the other notable limitation being the low number of Aboriginal respondents.

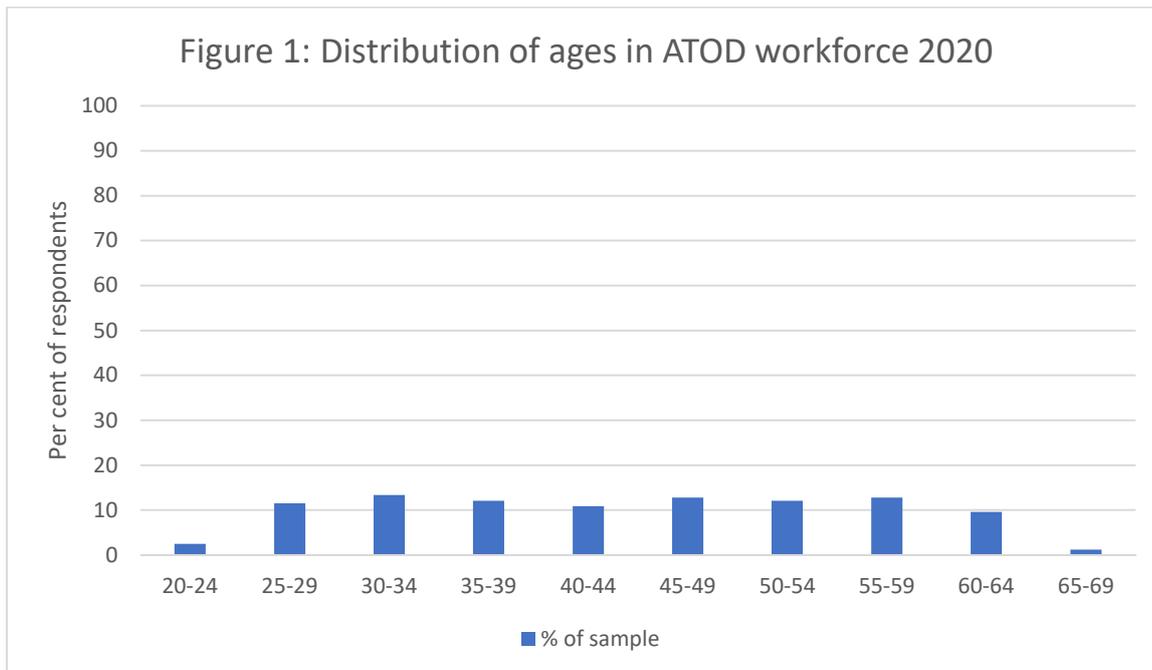
Survey Results

This section summarises the results of the survey and provides information on ATOD workforce demographics, employment settings, qualifications, ATOD roles and tasks, other supports and job satisfaction.

Tasmanian ATOD community sector worker characteristics

Demographic characteristics

Most respondents identified as being female (64%), with a third male (33%), and a small proportion as non-binary or gender fluid (1.2%). The workforce had a wide range of ages, which is shown in Figure 1. The median age of the sample was 45 years, with equal proportions (50%) of respondents aged less than, or more than, 45.



Diversity

One in 10 respondents identified as Aboriginal, but this is likely to be an underestimation of the entire ATOD workforce, as there were few respondents from the state's largest Aboriginal organisation, the Tasmanian Aboriginal Centre. A small proportion of respondents (5%) identified as having a culturally and linguistically diverse (CALD) background, while 5% identified as a person living with a disability.

Lived experience

For the first time, respondents were asked if they had lived experience (past or present) of alcohol and other drug use, be it personal or through a family member or friend. Almost a third (29%) identified as having a personal experience of ATODs, and almost half (49%) identified as having a close family member or friend who had experienced problems with ATOD use. Almost half (47%) had disclosed this in their workplace.

Table 2 shows that most respondents expressed a favourable attitude towards the benefit of incorporating designated peer workers and lived experience into service planning and processes.

	% who chose 'strongly agree' or 'agree'
I understand the benefit and value of engaging people with lived experience to input into service planning and process	91.6%
I understand the benefit and value of having designated peer worker positions in service delivery	83.8%

Employment characteristics

Permanency

Employees receive different employment entitlements depending on their employment agreement.

A full-time employee works an average of 38 hours each week. The worker is employed on a permanent or fixed-term contract basis, is entitled to paid leave and is entitled to written notification if their employer terminates their employment.

Part-time employees get the same minimum entitlements (such as sick leave and annual leave) as a full-time employee, but on a pro-rata basis.

Full-time and part-time employees have an advance commitment to ongoing employment. They can expect to work regular hours each week. For more detailed information, see the Fair Work website.¹

A casual employee works for an employer with no firm commitment to a specific number or pattern of work hours, or any guarantee of ongoing work. The roster of a casual employee may change each week to suit their employer's needs, and they can refuse or swap shifts.

Table 3 shows that most respondents (78%) in Tasmania's ATOD sector have permanency in their employment arrangements, with 45% of respondents being permanent, full time employees and 33% employed on a permanent, part-time basis.

Employment arrangement	Proportion of the sample
Permanent, full time	45%
Permanent, part time	33%
Fixed term, full time	11%
Fixed term, part time	5%
Casual	3%
Volunteer	1%

Two thirds (66%) of respondents are employed under the SCHADS Award. Of those, 61% are employed at SCHADS Levels 3 to 6.

¹ Australian Government, Fair Work Ombudsman, *Types of Employees*, <https://www.fairwork.gov.au/employee-entitlements/types-of-employees>

Employee benefits

Employee benefits² are non-wage entitlements provided to employees in addition to their salaries. Such benefits make an organisation attractive to potential employees and enhance retention. Some employee benefits, such as provision of a vehicle or additional superannuation payments, are financial, while others, such as flexible hours, relate to conditions of work. Offering employees a choice of benefits allows them to customise their workplace conditions, which can be highly valued.

The range of benefits available to employees across Tasmania's ATOD sector, and the rates of uptake and awareness, are shown in Table 4.

Table 4: Benefits offered by ATOD employers (n=151)

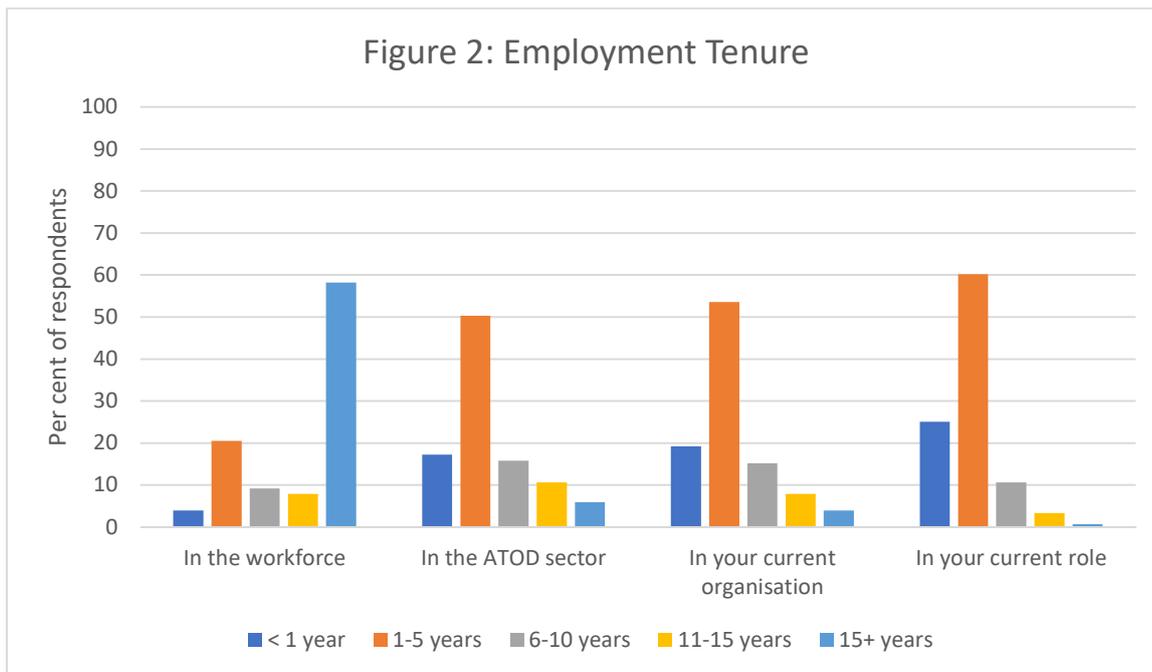
	Yes, and I participate	Yes, but I don't participate	No	Don't know
Access to professional development	88%	3.9%	3.9%	3.9%
Study leave/conference leave	41.2%	21.9%	11.92%	21.1%
Employee assistance program (EAP)	47%	37.7%	2.6%	12.5%
Debriefing and support	79.4%	11.9%	4.6%	3.9%
Fringe benefits exemption/salary sacrificing	81.4%	15.2%	1.3%	1.9%
Flexible work hours	60.2%	16.5%	19.8%	3.31%
Private use of work vehicle/'phone/laptop	32.4%	9.2%	45%	13.2%
Above award payments/indexation (CPI/annual salary increments)	42.3%	1.3%	22.5%	33.7%
Salary sacrifice to superannuation/ superannuation matching	38.4%	14.5%	10.6%	36.4%
TOIL or paid overtime	54.3%	18.5%	16.5%	10.6%
Additional paid leave (e.g. between Xmas and new year)	40%	6.6%	33.1%	19.8%

The survey demonstrates high rates of participation in professional development, fringe benefits/ salary sacrificing, debriefing and support, and flexible work hours. The vast majority (84.7%) reported that they had access to an EAP.

² Jones, H., 'The most desirable employee benefits', *Harvard Business Review*, 2017, <https://hbr.org/2017/02/the-most-desirable-employee-benefits>

Tenure

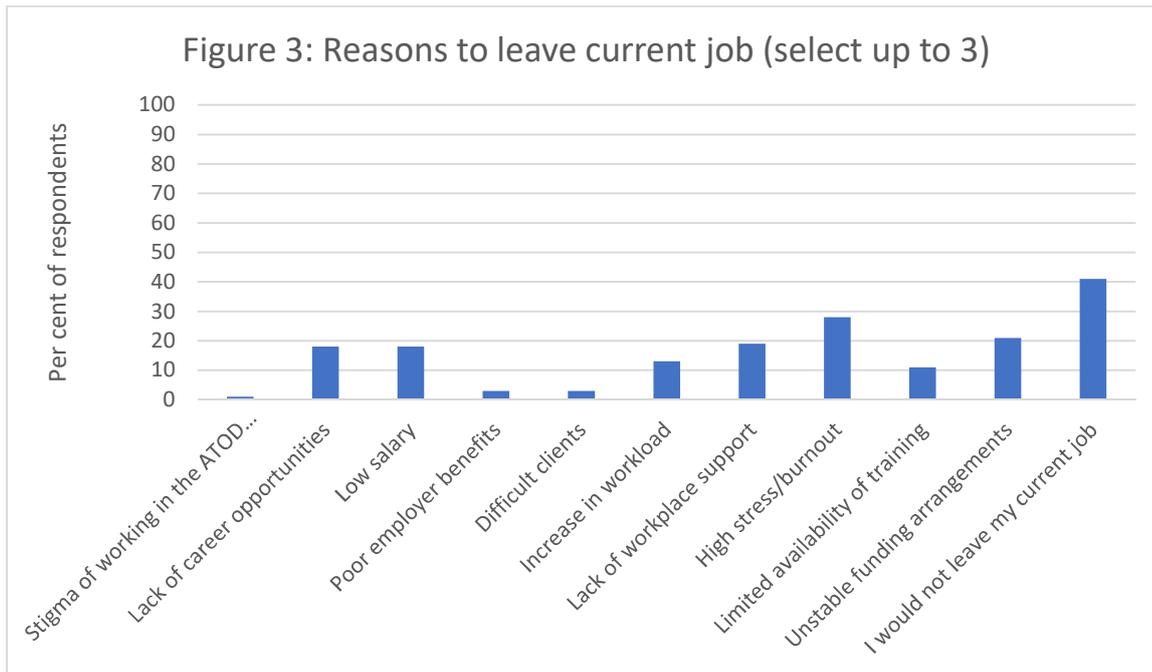
Figure 2 shows the number of years spent by ATOD workers in the general workforce, in the ATOD sector, and in their current organisations and roles.



More than half of the survey respondents have been in the workforce for longer than 15 years (66%). This is reflected the age distribution of the workforce (Figure 1), which shows that more than 50% of all respondents are aged over 45. Just over 50% of respondents have been in the ATOD sector for one to five years, with a similar proportion having worked in their current organisation for that time, and around 60% having worked in a similar role. This data suggests that the majority of the ATOD workforce is relatively young in respect of their employment in the ATOD sector, having tenure of between one and five years. Fewer workers remain in the sector past the five-year mark.

Workforce mobility

When asked why they would consider leaving their current job, almost 30% of respondents cited high stress levels and burnout as the main reason, while just over a fifth (21.2%) nominated unstable funding arrangements. Survey responses to this question are presented in Figure 3.



When asked 'Over the next two years, do you anticipate any changes to your working arrangements?', 53% responded that they expected to remain in their current role, 18% anticipated a change in role with the same employer, while 13% believed that they would be in a similar role with a different employer. A small proportion expected to leave the ATOD sector and a smaller number were retiring. It is notable that almost a third (27%) said that anticipated changes would be dependent upon contract arrangements and/or duration of funding.

Qualifications

ATOD work is a specialist field requiring specific skills and competencies. Roles in the ATOD sector include frontline work such as counselling and case management, and community capacity-building functions such as education and prevention, and policy and research. Underpinning all of these are leadership, management and administrative roles. Targeted training in sector-specific competencies is required to fulfil these roles.

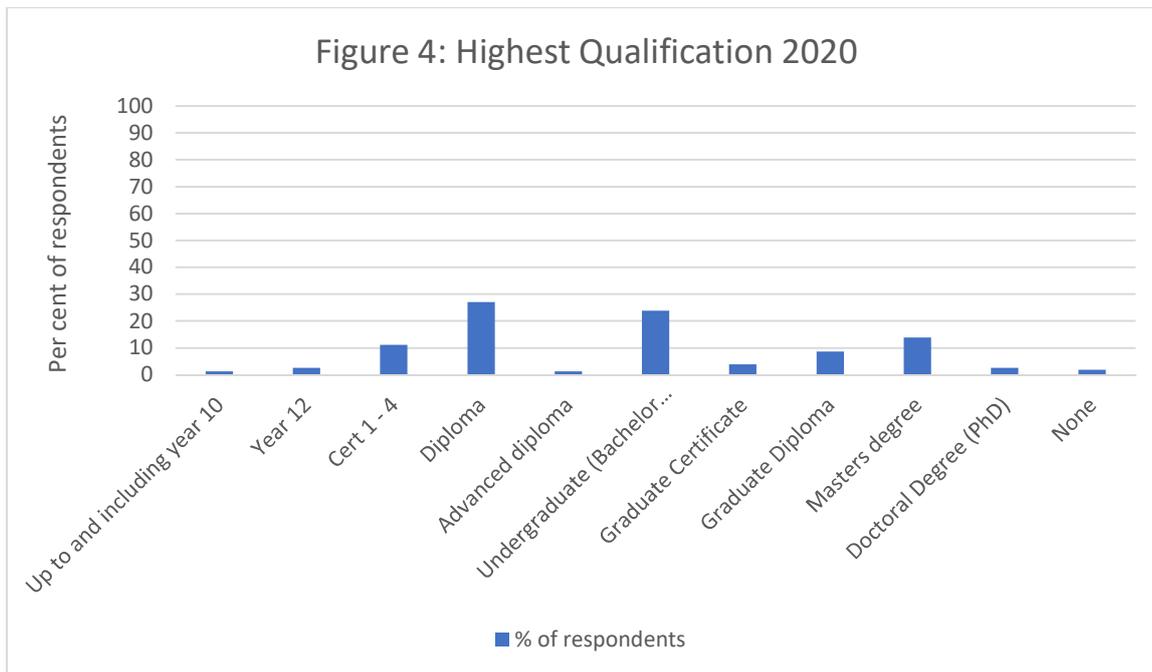


Figure 4 shows the highest level of the educational qualification attained by survey respondents. Just over a quarter (27%) of respondents reported a Technical or Further Education (TAFE) diploma as their highest qualification. This was followed by an undergraduate (Bachelor) degree, with just under a quarter (23.8%) reporting this as their highest qualification. Across the sample, 43.5% of respondents have a TAFE or below qualification while 52.8% have a Bachelor degree or above. The most prevalent highest qualifications are shown in Figure 5.

Figure 5 : Highest Qualification in Any Area of Study



Figure 5 shows that the qualifications most commonly held by survey respondents were a Master or Bachelor of Social Work, nominated by 25 respondents. The second most common qualification was the Diploma of Community Services, nominated by 17 respondents. Overall, respondents held a wide variety of qualifications, with Certificates 3 and 4 featuring alongside Master of Clinical Psychology, Bachelor of Social Science, Graduate Diploma of Counselling and similar. A full list of qualifications is appended to this report. When asked about the extent to which their highest qualification supported work in the ATOD sector, nearly three quarters (73.5%) responded either “extremely well” or “moderately well”.

Around a quarter (24.4%) of respondents had an ATOD-specific qualification such as a Certificate 4 in Alcohol and Other Drugs or Graduate Certificate in Addiction Studies. An overwhelming majority of respondents (92%) identified on-the-job experience as their principal source of ATOD-specific training, followed by formal qualifications (32.6%), webinars (26.6%) and shorter courses (14.6%).

ATOD work: roles and tasks

The purpose of these questions was to identify the most common role titles of ATOD workers, and tasks performed. These results show the nature of ATOD work across the sector.

The most common role titles across Tasmania's community/NFP ATOD sector are "AOD worker" or "AOD specialist", followed by "Support Worker" and "Counsellor". These three categories comprise almost 40% of the role titles nominated by the 147 respondents who answered this question. Only 7% of respondents held a dedicated management/leadership role, with 19% having both management and client contact/other responsibilities. The top 10 most common roles and respondent percentages are shown in Table 5.

Table 5: Role title	
AOD worker/specialist	17.6%
Support worker	11.5%
Counsellor	10.8%
Manager	10.2%
Clerical, administration or office support	7.4%
Case manager	6.8%
Team Leader/Coordinator	5.4%
Practitioner	4.7%
Psychologist	4%
Education/health promotion	4%

Counselling, support, management and case management were the primary tasks of 58.3% of respondents in Tasmania's ATOD sector. The top ten most common tasks, and percentage of respondents, are shown in Table 6.

Table 6: Primary task	
Counselling	15.6%
Support	14.9%
Management	14.2%
Case management	13.6%
Education	5.4%
Brief intervention	5.4%
Health promotion	4%
Casework	3.4%
Group work	3.4%
Advocacy	2.7%

The most common secondary/other tasks, performed by more than half of respondents, were referrals, support, advocacy and education. Life skills education, intake processing, crisis support, health promotion and casework were performed by more than 40% of respondents. The top ten secondary/other tasks performed by respondents are shown in Table 7.

Table 7: Other tasks	
Referrals	59.8%
Support	53%
Advocacy	53%
Brief intervention	53%
Education	50.3%
Life skills	46%
Intake	44.2%
Crisis support	43.5%
Health promotion	43.5%
Casework	42%

Other supports

Professional associations

Professional associations are organisations that act as a peak body or umbrella for professionals working in the same or similar fields. These associations can define the profession and assist members to further the profession through ongoing learning, quality control and research. They also seek to maintain standards within a profession, provide ongoing professional development to members, and represent the interests of their members to the government and community.³ Professional Associations help their members to remain up-to-date with developments in their field and to network with peers.

Just under a fifth of the 2020 workforce survey respondents (18.6%) were members of a professional association. The most common associations were the Australian Psychological Society and Australian Association of Social Workers. The full list of professional associations and respondent membership is shown in Table 8.

Australian Psychological Society	5
Law Society of Tasmania	2
Australian Community Workers Association	2
Psychotherapy and Counselling Federation of Australia	2
Australian Counselling Association	2
Australian Health Practitioner Regulation Agency	
Royal Australasian College of General Practitioners	
Mental Health Professionals Network	
Australian Association of Cognitive Behavioural Therapy	
Australian Institute of Company Directors	
Australasian Professional Society of Alcohol and Drugs	

³ <https://www.sydney.edu.au/careers/students/career-advice-and-development/professional-associations.html>

Clinical supervision

Clinical supervision is considered essential for frontline ATOD workers. It is defined as a formal professional relationship between two or more people in designated roles, which facilitates reflective practice, explores ethical issues, and develops skills.⁴ Clinical supervision is about the clinician, their work and learning needs. It is always clinician-focussed and led according to individual goals, and not managerially led according to organisational goals.⁵

Clinical supervision is distinct from professional or line supervision, however both work in concert as good managerial supervision creates an environment that can maximise the benefit and outcomes of clinical supervision.

The level of access and types of supervision available to respondents in Tasmania's ATOD sector are shown in Table 9.

Yes, I have access to internal individual clinical supervision	35.7%
Yes I have access to internal group clinical supervision	9.2%
Yes I have access to external individual clinical supervision	22.5%
Yes I have access to external group clinical supervision	1.9%
No I do not have access to internal or external clinical supervision	5.9%
No – I'm not in a clinical role, this is not relevant to me	37.7%

Just over two thirds of respondents (69.3%) had access to internal or external, individual or group clinical supervision. Of those respondents to whom clinical supervision was relevant, more than a third (35.7%) accessed individual clinical supervision, with 9.2% accessing this within their organisations and just over a fifth (22.5%) accessing supervision externally from another organisation or private practice. Only a very small proportion (5.9%) of respondents did not have access to clinical supervision, noting that a substantial portion (37.7%) did not require it.

⁴ <http://clinicalsupervision.org.au/clinical-supervision/>

⁵ Ibid.

Job satisfaction

Whilst there are many definitions of “job satisfaction”, it is essentially the way an employee feels about their work. Positive or negative feelings about the workplace affect an individual’s wellbeing, motivation, productivity and, ultimately, work outcomes. Table 6 shows why respondents to the 2020 workforce survey were attracted to ATOD work.

Table 10: What attracted you to work in the AOD sector? (Please select no more than 3 options)	
I wanted to help disadvantaged/vulnerable people	62.3%
The work is challenging and interesting	57.3%
I had the relevant qualifications and/or skills for the job	43.1%
The organisation had a good reputation as a good place to work	21.2%
The role would provide good work/life balance	17.1%
Career advancement opportunities	10.2%
Good employee benefits (e.g.: salary packaging, flexibility in working hours)	6.8%
Calibre of co-workers	5.4%
Access to professional development	4.1%
Good wages	3.4%

Survey results show that most people were attracted to ATOD work to help disadvantaged people, and because the work is challenging and interesting.

When it came to job satisfaction, respondents were asked: ‘All in all, how satisfied are you with your job?’. A very high proportion of the sample (90%) responded positively, selecting either “completely satisfied” or “satisfied”. This result was supported by responses to the question ‘How do you feel about your job?’, as shown in Table 11

Table 11: How do you feel about your job?	
	% 'strongly agree' or 'agree'
The work I do is meaningful to me	94%
I am confident in my ability to do my job	94%
I experience adequate support in difficult situations	87%
I have constant time pressure due to a heavy workload	44%
Over the past few years, my job has become more and more demanding	51%
	% 'to a high degree' or 'to a very high degree'
Is your work emotionally exhausting	23%
Does your work frustrate you?	8%
Do you feel burnt out because of your work?	7%
	% 'often' or 'very often' or 'always'
At my work I am full of energy	67%
I am enthusiastic about my job	87%
I am immersed in my work	85%

Table 11 presents a positive picture of Tasmania's ATOD workforce. The vast majority of respondents find their work meaningful, are enthusiastic and immersed in their work, and are confident in their ability to do it. Notably, and despite this, half stated that their work has become more demanding in the last few years and just under half reported a heavy workload.

Discussion: towards a strategic approach

As the workforce involved in preventing and minimising AOD harm is diverse, ‘Strategy is critical to developing a skilled, effective and adaptable alcohol and other drug (AOD) workforce...’.⁶

The workforce profile outlined in this report provides a detailed understanding of the sector that will facilitate effective representation. Using that information, this section of the report identifies opportunities for strategic development of the ATOD workforce to meet current and emerging challenges.

Based on survey results and extensive consultation with member organisations, the ATDC has identified the following as key challenges currently facing the sector:

- Availability of ‘work-ready’ staff
- Access to appropriate and affordable ATOD-specific training
- Increasing client complexity—particularly in relation to trauma and mental health
- Stress and burnout among front-line workers
- Access to stable funding

Recent consultation with people with lived experience suggest that the COVID-19 pandemic is continuing to have an impact on Tasmanians who use ATODs. Ongoing impacts include changes in consumption habits, particularly of alcohol, which is the main drug for which Tasmanians seek treatment.

This discussion addresses each of the challenges identified above, using the 2020 workforce profile information together with other literature, such the most recent national *AOD Workforce Survey*⁷ and the *National Alcohol and Other Drug Workforce Development Strategy 2015-2018*.⁸

⁶ National Centre for Training and Education on Addiction, *AOD Workforce Profile: Australia’s Alcohol and Other Drug (AOD) Workforce Survey 2019 - 2020*, https://nceta.flinders.edu.au/application/files/1216/0748/4622/AOD-infographics-Profile_20200709.pdf

⁷ ib id

⁸ Australian Government, Department of Health, *National Alcohol and Other Drug Workforce Development Strategy 2015 - 2018*, <https://www.health.gov.au/resources/publications/national-alcohol-and-other-drug-workforce-development-strategy-2015-2018>

Availability of ‘work-ready’ staff

Both the workforce survey and consultation with ATDC members have shown that organisations are finding it increasingly difficult to recruit “work-ready” staff. In some cases, organisations have recruited staff from interstate or internationally (e.g. from New Zealand) to address local shortfall. In addition to increasingly complex client presentations, ATDC members are reporting an increasing need for ATOD services related to the COVID-19 pandemic. If more funding is made available for ATOD services to address demand, this will necessitate the recruitment of more ATOD staff. It is currently uncertain how and where these professionals will be sourced. Recruitment is likewise a focus of *Australia’s National Alcohol and Drug Workforce Development Strategy*⁹, which concludes that if strategies to address recruitment are not prioritised, workforce shortages may occur as existing workers approach retirement.

Student placements from feeder courses are a recognised way to acquaint students with ATOD work settings and are also a source of new staff. Creating and fostering increased connection between identified training providers and the ATOD sector could enhance this process, promote the sector as a rewarding career choice, and ensure that training responds to current local workforce challenges.

Identifying and supporting organisations through the development of a core competency framework could further support recruitment and provide direction for training providers in relation to the specific skills and knowledge required in the ATOD sector.

The ATDC therefore recommends increasing collaboration between the ATOD sector and training institutions to ensure that ATOD content is present in relevant “feeder” courses, and enhancing the capacity of training institutions and ATOD organisations to participate in student placement arrangements.

Access to appropriate and affordable ATOD-specific training

With only a quarter of 2020 survey respondents possessing ATOD-specific qualifications, the responsibility to upskill new workers rests primarily with employer organisations, the vast majority of which are not registered training providers. While many organisations are competent and experienced in providing on-the-job mentoring—by promoting professional webinars and providing debriefing and support—others lack the confidence and/or capability. Sourcing appropriate and accredited ATOD-specific training was frequently identified as a challenge during consultation with ATDC member organisations.

⁹ National Centre for Training and Education on Addiction, *Australia’s National Alcohol and Drug Workforce Development Strategy*, <https://nceta.flinders.edu.au/general/news/australias-national-alcohol-and-drug-workforce-development-s>

The diverse range of qualifications held by those in the ATOD workforce presents a challenge when designing training or capacity-building initiatives, as one size definitely does not fit all. However, it is evident from the workforce profile data that there are a number of common “feeder” qualifications, including:

- Diploma of Community Services (Certificate 3 and 4): a qualification “designed for people who are usually involved in service delivery roles – either in direct client work and/or health promotion and community development projects. This course will prepare you for a wide range of roles within the Community Services sector, including case management and the management, coordination and/or delivery of person-centred services to individuals, groups and communities.”¹⁰
- Bachelor/Master of Social Work: professional training for social workers, who ‘...aim to enhance individual and community wellbeing by addressing structural challenges that are harmful to people, such as discrimination, inequality, violence and other forms of oppression—focusing on social justice and human rights. Social Work can assist in generating sustainable change by engaging in interpersonal practice, groupwork, advocacy, community work and social action to address both personal difficulties and public issues. Through their advocacy, Social Workers utilise skills in research, social policy development, administration, management, consultancy, education, training, supervision and evaluation to affect positive social change.’¹¹
- Master of Psychology: a professional degree training program ‘...which will prepare you for professional work as a psychologist by developing professional knowledge and skills, along with advanced theoretical and empirical knowledge, in line with the scientist-practitioner model.’¹²
- Graduate Diploma in Counselling: a course that ‘...equips students with fundamental knowledge and skills in counselling, together with an understanding of the ethical, legal and professional issues in relation to the practice of counselling required for employment in a range of counselling roles.’¹³

¹⁰ TasTAFE Diploma of Community Services, <https://www.tastafe.tas.edu.au/courses/course/chc52015>

¹¹ University of Tasmania, Social Work Program, <https://www.utas.edu.au/social-sciences/social-work>

¹² University of Tasmania, Master of Psychology (Clinical), <https://www.utas.edu.au/courses/chm/courses/m7l-master-of-psychology-clinical>

¹³ University of Tasmania, Graduate Diploma in Counselling, <https://www.utas.edu.au/courses/chm/courses/m6i-graduate-diploma-in-counselling>

The generalist nature of these courses, however, means that they have little or no ATOD-specific content. Several of ATDC's member organisations have reported that while such courses produce good staff, most require additional training in ATOD-specific skills. The ATDC *Minimum Qualifications Strategy* (2013) identified four skills-sets delivered through TAFE or an ATOD-specific postgraduate qualification, which provide the necessary competencies. The *Victorian Minimum Qualifications Strategy* also takes this approach.¹⁴

Survey results showed that sourcing appropriate, affordable and accessible ATOD-specific training is a challenge for ATDC member organisations, with the majority of respondents learning ATOD-specific skills on the job. There is an opportunity to support organisations to continue to do this, while also increasing connections and strengthening collaboration between training institutions and the ATOD sector.

Increasing client complexity – particularly in relation to trauma and mental health

The ATDC's *COVID-19 Impact on ATOD Services Report #2*, December 2020 outlined that: 'The complexity of client presentations has continued to be an issue with clients presenting with multiple traumas and co-occurring mental health complexities. These complexities have increased as a result of COVID-19 and there was concern that their services and treatment are not necessarily best placed to offer the support these clients need.'¹⁵

This statement is supported by subsequent consultations and by the results of the ATDC's 2021 training needs survey in which trauma and co-occurring mental health/AOD training were identified as the top two training requirements. This is a long-standing issue, having been highlighted in previous ATDC training needs surveys.

Referrals and provision of sector pathways are critical to working with co-occurring and complex clients, who often require a coordinated approach. Almost 60% of survey respondents nominated 'referrals' as their main workplace task, indicating a need to focus on how referrals are conducted and identify areas that could be improved, such as strengthening connections between ATOD and mental health service providers, and encompassing all levels to enhance pathways.

¹⁴ State Government of Victoria, health.vic, *Alcohol and other drug workforce Minimum Qualification Strategy*, <https://www2.health.vic.gov.au/alcohol-and-drugs/alcohol-and-other-drug-workforce/aod-workforce-minimum-qualification-strategy>

¹⁵ ATDC, *COVID-19 Impact on ATOD Services Report #2*, December 2020, <https://www.atdc.org.au/covid-19-impact-on-atod-services-report-2-december-2020/>

The survey showed that increasing service system integration will be an important focus for the sector over the coming years, in order to meet the challenge of increasing client complexity. This result echoes the call for improved integration made in the *Reform Agenda for the Alcohol and Other Drugs Sector in Tasmania*, which identifies the opportunity for better coordination, collaboration and communication across the ATOD system and across other sectors such as mental health, housing, employment and justice.

Stress and burnout among frontline workers

The workforce profile data showed that “stress and burnout” is the primary reason for a worker to leave the ATOD sector, being nominated by a third of respondents. This result is supported by consultation undertaken in December 2020, which revealed that ‘...staff wellbeing is of significant concern as stress levels and signs of fatigue continue to be prevalent.’¹⁶

Addressing stress and burnout is vital to support the workforce, enhance retention and capitalise on investment. Replacing burnt-out staff is costly, especially considering the investment required to upskill staff in ATOD-specific knowledge and skills.

The survey and consultation showed that addressing stress and burnout in ATOD workers is critical to both worker wellbeing and retention. There is a role for organisations to monitor wellbeing and promote self-care, as well as to ensure that EAP programs are available. As this is a sector-wide issue, there is an opportunity for the ATDC to assist organisations and to provide opportunities to enhance worker wellbeing.

Access to stable funding

Workforce profile data identified “unstable funding arrangements” as another reason for workers to leave the sector. This was substantiated when respondents were asked to forecast any changes that could occur in the next two years, with almost a third stating that “contract arrangements and/or duration of funding” would have a significant impact on their current employment arrangements.

The survey showed that unstable funding (including short-term or late renewal of funding) destabilises the workforce and has the potential to drive workers out of the sector.

¹⁶ ATDC, *COVID-19 Impact on ATOD Services Report #2*, December 2020, <https://www.atdc.org.au/covid-19-impact-on-atod-services-report-2-december-2020/>

Appendix One: Full list of highest qualifications of ATOD workers

Associate Diploma in Fine Arts
Bachelor of Science (Hons) Psychology
Bachelor of Arts
Bachelor of Arts
Bachelor
Bachelor of Applied Science, Graduate Certificate in Business
Bachelor of Applied Social Science
Bachelor of Applied Social Science (Counselling)
Bachelor of Arts (Psychology)
Bachelor of Behavioural Science
Bachelor of Business Administration
Bachelor of Business Administration (Accounting/CPA)
Bachelor of Commerce
Bachelor of Commerce (Honours)
Bachelor of Commerce and Graduate Diploma in Counselling
Bachelor of Counselling (Coaching)
Bachelor of Counselling (Coaching)
Bachelor of Criminology and Criminal Justice
Bachelor of Design/Diploma of Mental Health
Bachelor of Fine Arts, commenced graduate certificate in Addiction Science with the School of Nursing and Midwifery
Bachelor of Human Services
Bachelor of Laws
Bachelor of Science
Bachelor of Science
Bachelor of Science and Bachelor of Arts
Bachelor of Social Work
Bachelor of Social Science
Bachelor of Social Science
Bachelor of Social Science (Counselling)
Bachelor of Social Work
Bachelor of Social Work
Bachelor of Social Work
Bachelor of Social Work

Bachelor of Social Work
Bachelor of Social Work
Bachelor of Social Work
Bachelor of Social Work
Bachelor of Social Work
Bachelor of Social work
Bachelor of Social Work
Bachelor of Social Work
Bachelor of Social Work with professional honours
Business
Certificate 3 (Community Services)
Certificate 3 (Community services)
Certificate 4
Certificate 4 (Telephone Counselling)
Certificate 4 (Telephone Counselling)
Certificate 3 (Community Services)
Certificate 4 (Alcohol and Other Drugs)
Certificate 4 (multiple: Alcohol and Other Drugs, Mental Health, Youth Work and Mental Health Peer Work)
Certificate 3 (Business)
Certificate 4 (Community Services)
Certificate 4 (Business Administration)
Certificate 4 (Community Services)
Certificate 4 (Community Services)
Certificate 4 (Accounting)
Certificate 4 (Alcohol and Other Drugs)
Certificate 4 (Live Theatre and Events)
Community Services
Community Services
Community Services Work
Counselling
Diploma of Community Services
Diploma of Drugs and Alcohol
Diploma of Business and Contracts
Diploma
Diploma of Community Services (Mental Health)
Diploma of Community Services

Diploma of Community Services
Diploma of Community Services
Diploma of Community Services and Youth Work
Diploma of Community Services Work
Diploma of Community Welfare Work
Diploma of Disability
Diploma in Alcohol and Other Drugs
Diploma in Alcohol and Other Drugs work
Diploma in Community Services
Diploma in Community Services Coordination
Diploma in Management, Business, Alcohol and Other Drugs and Community Services
Diploma in Mental Health and Alcohol and Other Drugs also Diploma in community Services
Management
Diploma in Mental Health
Diploma Mental Health Community Services
Diploma of Alcohol and Other Drugs and Community Welfare
Diploma of Business
Diploma of Business
Diploma of Business Programming, Diploma of Ministry
Diploma of Community Services
Diploma of Community Services (Comorbidity, Alcohol and Other Drugs & Mental Health)
Diploma of Counselling
Diploma of Government
Diploma of Justice
Diploma of Management and Leadership
Diploma of Mental Health
Diploma of Practice Management
Diploma of Social Services
Doctor of Philosophy
Doctor of Philosophy (Medicine)
Doctor of Philosophy (Psychology)
Doctor of Psychology (Clinical)
Event Management

Executive Master of Business Administration
Financial Services
Fellowship of the Royal Australian College of General Practitioners
Graduate Certificate in Commerce
Graduate Diploma of Gestalt Psychotherapy
Graduate Human Services, Diploma of Alcohol and Other Drugs & Mental Health
Grade 10
Graduate Certificate in Mental Health Counselling
Graduate Diploma in Counselling
Graduate Diploma in Nursing
Graduate Diploma of Applied Science
Graduate Diploma of Counselling
Graduate Diploma of Counselling
Graduate Diploma of Legal Practice
Graduate Diploma of Nursing
Honours
Law
Master of Arts
Master of Business Administration
Master of Psychology
Master of Social Research, Master of Ministry
Master of Social Work
Master of Clinical Psychology
Master HIV, STIs and Sexual Health Counselling
Master of Clinical Psychology
Master of Counselling
Master of Counselling and Psychotherapy
Master of Science (Leadership), Master of International Business
Master of Social Work
Master of Social Work
Master of Social Work
Mental Health/Psychiatric Nurse

Not Applicable

Not Applicable

Policing

Postgraduate Diploma - Anaesthetic and Recovery Nursing

Qualified Tradesman

Tasmanian Certificate of Education (year 12)

Tasmanian Certificate of Education (year 12)

Tasmanian Certificate of Education (year 12)

Year 10 School Certificate