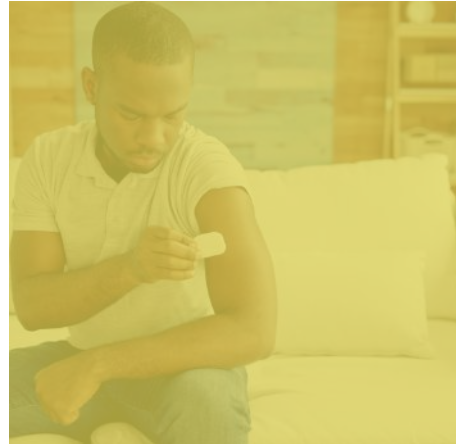




# APPENDICES



## 2025 ACT ATOD SECTOR WORKFORCE PROFILE

# Artist recognition

As part of its corporate identity in published content, ATODA is proud to feature artwork titled Unspoken History, Map of Pain (2020) by local artist Sharon. This work, unless explicitly stated otherwise, may not be reprinted, reproduced or published in any form without the permission of ATODA to ensure copyright ownership and agreement with the artist is upheld.

To learn more about the story behind the artwork, scan the QR code:



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Full report available on ATODA's website [www.atoda.org.au](http://www.atoda.org.au)



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**To access the ACT ATOD Workforce Profile 2025  
or to view appendices and additional material online,  
please scan the QR code below**



# Appendix A: Organisation Survey



**Q1 Name of person completing the survey\***

**Q2 Name of organisation\***

**Q3 Under what enterprise agreement/s does your organisation operate?\***

**Q4 What is considered a full-time working week in your organisation?\***

(In most organisations a full-time working week is between 35 and 40 hours)

**In your organisation, in a 12-month period, how many hours are spent on collating and reporting data for the Alcohol and Other Drug Treatment Services Minimum Data Set (AODTS-MDS)?\***

- None / not applicable
- 1 – 26 hours (i.e. the equivalent of up to half an hour a week, spread over a year)
- 27 – 52 hours (i.e. the equivalent of up to an hour a week, spread over a year)
- 53 – 104 hours (i.e. the equivalent of up to 2 hours a week, spread over a year)
- 105 – 208 hours (i.e. the equivalent of up to 4 hours a week, spread over a year)
- 209 – 416 hours (i.e. the equivalent of up to 8 hours a week, spread over a year)
- 415+ hours (i.e. the equivalent of over 8 hours a week, spread over a year)

**Q6 Following the commissioning process, what do you assess to be the key benefit to your organisation of the new deed of grant through the ACT Health Directorate?^**

**Q7 Following the commissioning process, what do you assess to be the key drawback to your organisation of the new deed of grant through the ACT Health Directorate?^**

**Q8 Still thinking about commissioning, has your organisation experienced (or do you anticipate experiencing in the next 6 months) any of the following as a direct result of the commissioning process?^**

- Cut staff hours
- Reduced number of positions
- Cut service hours
- Lost staff or delayed hiring
- Cut programs or services
- Overall reduced capacity to respond to service user needs and/or priorities
- Increased staff hours
- Gained positions
- Increased service hours
- Hired or gained new staff
- Introduced new programs or services
- Overall increased capacity to respond to service user needs and/or priorities
- Other, please specify

**Q9 How many staff (number of workers) does your organisation currently employ in the ACT?**



**Q10 How many full-time equivalent (FTE) staff does your organisation currently employ in the ACT?\***

**Q11 For each position, enter the number of staff members who are employed in this position as their primary role full-time (A) and primary role part-time (B)\***

- Addiction Medicine Specialist
- Administrator
- ATOD worker (e.g. ATOD Practitioner; Case Manager; Intake/Assessment Officer); please specify in the text box
- Clinical or Other Psychologist
- Counsellor
- Executive Officer
- General Practitioner or Other Medical Practitioner (please specify in the text box)
- Manager
- Nurse / Nurse Practitioner
- Peer Worker
- Psychiatrist
- Researcher / Policy Officer / Project Officer
- Social worker
- Youth Worker
- Other role (please specify in the text box, providing as much detail as possible)

**Q12 How many staff members (number of workers) provide direct client services (e.g. treatment, case management, etc), non-client services (e.g. management, professional support, administration) or both?**

- Direct client services
- Non-client services
- Both direct client services and non-client services

**Q13 How many staff members (number of workers) are employed in positions that are:**

- Permanent full-time
- Permanent part-time
- Fixed contract full-time
- Fixed contract part-time
- Casual
- Volunteer
- Other

**Q14 How many staff (number of workers) are in identified positions?**

- Aboriginal and Torres Strait Islander identified position
- Woman-specific position
- Peer- / lived experience-specific position
- Other identified position, please specify



**Q15 What is the current gender composition of your organisation (number of workers)?**

- Male
- Female
- Non-binary / third gender
- Prefer not to say

**Q16 Over the past 12 months, what method(s) has your organisation used to recruit staff and how effective have these methods been?**

Not effective at all; Slightly effective; Moderately effective; Very effective; Extremely effective;  
N/A (do not use this method)

- Online advertising
- Social media
- Employment agency
- Graduate programs
- Volunteer programs
- Student placement – Certificate IV AOD
- Student placement – Tertiary
- Word-of-mouth
- Other (please specify)

**Q17 Over the past 12 months how many student placements have you supported in the following professions / fields?**

Current/active; Completed in last 12 months but did not lead to employment at your organisation;  
Completed in last 12 months and led to employment at your organisation

- Certificate IV AOD
- Counselling
- Medicine
- Nursing
- Psychology
- Social Work
- Youth Work
- Other (please specify)

**Q18 How challenging is it for your organisation to recruit staff?**

- Not challenging at all
- Slightly challenging
- Moderately challenging
- Very challenging
- Extremely challenging



**Q19 What factors, if any, prevent you from achieving your desired recruitment outcomes?**

Please indicate how each of the following factors affect recruitment at your organisation.

No affect; Minor affect; Neutral; Moderate affect; Major affect; N/A

- Applicants have inadequate training and education
- Applicants do not have enough relevant ATOD / other experience
- Applicants are not strongly aligned with the organisation's values
- Insecure funding
- Insufficient applicants
- Competitive recruitment environment
- Uncertainty about future of program
- Other reason (please specify)

**Q20 If funding were not a consideration, how many additional staff would you need to meet anticipated demand in the next 12 months?**

- Addiction Medicine Specialist
- Administrator
- ATOD worker (e.g. ATOD Practitioner; Case Manager; Intake/Assessment Officer); please specify
- Clinical or Other Psychologist
- Counsellor
- Executive Officer
- General Practitioner or Other Medical Practitioner (please specify)
- Manager
- Nurse / Nurse Practitioner
- Peer Worker
- Psychiatrist
- Researcher / Policy Officer / Project Officer
- Social worker
- Youth Worker
- Other role (please specify, providing as much detail as possible)

**Q21 Over the past 12 months has your organisation attempted to recruit to an identified position?**

- No, not attempted
- Yes, but not successfully filled (please specify what identified positions, e.g. Aboriginal and Torres Strait Islander, Peer, Women)
- Yes, and successfully filled (please specify what identified positions, e.g. Aboriginal and Torres Strait Islander, Peer, Women) and the number of positions

**Q22 How challenging is it for your organisation to retain staff?**

- Not challenging at all
- Slightly challenging
- Moderately challenging
- Very challenging
- Extremely challenging

**Q23 What factors, if any, negatively impact retention at your organisation?**

Please indicate how each of the following factors affect retention at your organisation.

No affect; Minor affect; Neutral; Moderate affect; Major affect; N/A

- Staff experiences of stigma from broader community
- Lack of opportunities for career progression
- Low salary/poor benefits
- Experience of difficult clients
- Heavy workloads (e.g. excessive paperwork, large caseloads, long hours)
- Lack of workplace support
- Lack of clinical supervision
- High stress/burnout
- Lack of job security
- Short-term employment contracts
- Insecure funding for the organisation
- Other (please specify)

**Q24 Do you have a professional development budget for staff members?**

- Yes, as a percentage of wage per staff member
- Yes, as a fixed dollar amount per staff member
- Yes, as a lump sum for organisation
- Yes, allocated in another way (please specify)
- No
- Unsure

**Q25 Please indicate which of the following professional development opportunities your staff have accessed in the past 12-months**

- 360 Edge workshops through ATODA
- Other training through ATODA
- In-house training, please indicate what in-house training was accessed
- External training (not through ATODA), please indicate what external training was accessed
- Other (please specify)

**Q26 In your opinion, is the Certificate IV in Alcohol and Other Drugs an appropriate minimum qualification for workers providing direct client services in your organisation?**

- Yes, it is appropriate, please explain your response
- Yes, but my organisation would equally accept as a minimum qualification a Certificate IV in Community Services, Mental Health, Youth Work or other Certificate IV, please specify
- No (too high), please explain your response
- No (too low), please explain your response
- Other response, please explain

**Q27 Beyond the Qualifications Strategy training, what do you assess to have been the most valuable professional development opportunity accessed by staff in your organisation over the past 12 months?**

**Q28 Does your organisation provide access to ATOD practice supervision for staff?**

- Yes
- No

**Q29 How is ATOD practice supervision provided in your organisation?**

- By someone who is internal to our organisation
- By someone who is external organisation
- Both (i.e. internally and externally)

**Q30 What strategies do you use to engage ATOD practice supervision for your staff?** (e.g. engaging ATOD clinicians from other services; engaging ATOD clinicians interstate via videoconference)

**Q31 Do you experience any barriers or limitations in making ATOD practice supervision available for staff?**

- Yes, please explain what these barriers or limitations are
- No

**Q32 If your organisation does not currently offer ATOD practice supervision, what is the reason for this?**

- Practice supervision is not relevant
- Limited availability of ATOD practice supervisors locally
- The organisation cannot afford to pay for supervision
- Other (please specify)

**Q33 Please indicate how strongly you agree with the following statements about clinical supervision**

Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree; N/A don't know

- Available clinical supervisors have appropriate qualifications
- Available clinical supervisors have sufficient ATOD knowledge
- Available clinical supervisors are affordable
- Available clinical supervisors are able to see employees with sufficient regularity

**Q34 Over the past 12 months has your organisation engaged individuals with lived / living ATOD experience in any of the following roles** (please note: while much of your workforce may have lived / living experience, this question is intended to capture intentional engagement of lived / living experience expertise, for example in peer roles or as consumer representatives)

- Working with ATOD service users (e.g. as peer workers)
- Management roles
- Supervision
- Training (e.g. of other staff)
- Research
- Sitting on selection panel/s
- Co-design of projects or policy
- Contributing to public forums
- Document or policy review
- Advisory or steering role
- Other (please specify)

**Q35 Do you have specific supports or training in place for workers with lived / living experience?**

- Yes, please specify
- No



**Q36 Do you have any additional comments about your organisation's engagement with lived / living experience workers?**

**Q37 Thinking about your workforce, please indicate how strongly you agree with the following statements**

Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree

- Staff at my service have the knowledge and skills to work with and support the needs of service users who identify as Aboriginal and/or Torres Strait Islander
- Staff at my service have the knowledge and skills to work with and support the needs of service users who identify as culturally and linguistically diverse
- Staff at my service have the knowledge and skills to work with and support the needs of service users who have a disability
- Staff at my service have the knowledge and skills to work with and support the needs of service users who identify as LGBTQIA+
- Staff at my service know how to recognise and respond to overdose
- Staff at my service can recognise and respond to co-occurring mental health conditions
- Staff at my service have the skills to sensitively explore issues and needs relating to trauma (trauma informed practice)
- Staff at my service are equipped to identify issues of family violence and respond to these issues as they arise
- Staff at my service have an understanding of vicarious trauma and know how to access support for themselves or a colleague in the workplace
- Staff at my service have the knowledge and skills to provide information on smoking cessation treatments and their outcomes
- Staff at my service have the knowledge and skills to talk to service users about vaping and its effects

**Q38 What are the top wellbeing concerns or priorities for your workforce in the next 12-months?**

**Q39** Previous Workforce Profiles have found that workers in the ACT ATOD sector report relatively high workplace wellbeing. **What is one innovation that your organisation has implemented / offered in the past 12 months to support the wellbeing of the workforce?**

**Q40 Have you had to make any of the following service changes as a result of inflation, cost indexation gaps or increases in other costs in the past 12 months?**

- Holding back wage increases
- Cutting staff hours
- Reducing positions
- Cutting service hours
- Delayed hiring
- Lost staff
- Offered casual instead of fixed term
- Offered fixed term instead of ongoing
- Made cuts in non-service delivery areas
- Made cuts in professional development budgets
- Made cuts in other staff training costs
- Made cuts in supervision budgets
- Other changes or adjustments (please specify)



**Q41 Do you anticipate having to make any of the following service changes as a result of inflation, cost indexation gaps or increases in other costs in the next 12 months?**

- Holding back wage increases
- Cutting staff hours
- Reducing positions
- Cutting service hours
- Delayed hiring
- Lost staff
- Offered casual instead of fixed term
- Offered fixed term instead of ongoing
- Made cuts in non-service delivery areas
- Made cuts in professional development budgets
- Made cuts in other staff training costs
- Made cuts in supervision budgets
- Other changes or adjustments (please specify)

**Q42 What are the top three challenges that your organisation faces over the next 12 months?**

**Q43 In the next 12 months, ATODA will have the opportunity to provide training for the sector. What would you consider to be the most important area of professional development that ATODA could support the sector with, in terms of clinical skills?**

**Q44 In the next 12 months, ATODA will have the opportunity to provide training for the sector. What would you consider to be the most important area of professional development that ATODA could support the sector with, in terms of non-clinical skills?**

**Q45 What is a key sector/workforce development issue that you would like ATODA to advocate, or provide support to the sector for, in the next 12 months?**

# Appendix B: Workers' Survey



## Q1 Which organisation do you work for?

(Please mark one. If you work at more than one ACT alcohol, tobacco and other drug (ATOD) service, please complete this survey at the organisation that you consider to be your primary employer)

- Alcohol and Drug Services, Canberra Health Services (ADS, CHS)
- Canberra Alliance for Harm Minimisation and Advocacy (CAHMA)
- Directions Health Services (ACT-based programs only)
- Family Drug Support (FDS)
- Gugan Gulwan Youth Aboriginal Corporation (AOD programs only)
- Karralika Programs Inc. (ACT-based programs only)
- Marymead CatholicCare Canberra & Goulburn (ACT-based programs only)
- Ted Noffs Foundation (ACT-based programs only)
- The Salvation Army (CRS or CRH; ACT-based programs only)
- Toora Women Inc. (AOD programs only; ACT-based programs only)
- Winnunga Nimmityjah Aboriginal Health and Community Services (AOD programs only)

## Q2 In total, for how many years/months have you worked in your current organisation?

(e.g. if you have worked in your current organisation for 3 and a half years write Years - 3, Months - 6; if you have worked in your current organisation for 4 months write Years - 0, Months - 4)

## Q3 At this organisation, are you working

- Full time
- Part time

## Q4 At this organisation, on average, how many actual hours do you work in a fortnight?

(In most organisations a full-time working week is between 35 and 40 hours)

## Q5 At this organisation, what best describes your position?

- Permanent
- Fixed term contract
- Casual
- Volunteer
- Other (please specify)

## Q6 How often do you work extra hours or overtime?

(Extra hours or overtime refers to time worked beyond your ordinary contracted work hours)

- Every day or most days
- A few times a week
- A few times a month
- A few times a year
- Never or almost never



**Q8 Do you currently have another employer?**

(Please mark all that apply)

- No
- Yes, another employer in the alcohol, tobacco and other drug (ATOD) sector (please specify which organisation)
- Yes, another employer in a different sector (please specify which sector; e.g. hospitality)
- Yes, other employment circumstances not listed above (e.g. self-employed; please specify)

**Q9 Which of the following best describes the main role or capacity you are employed in?**

Please note that this is referring to your role, not necessarily to your qualifications, which may be different (you will be asked about your qualifications later in the survey)

- Addiction Medicine Specialist
- Administrator
- AOD worker (e.g. AOD Practitioner; Case Manager; Intake/Assessment Officer); please specify
- Clinical or Other Psychologist
- Counsellor
- Executive Officer
- General Practitioner or Other Medical Practitioner (please specify)
- Manager
- Nurse / Nurse Practitioner
- Peer Worker
- Psychiatrist
- Researcher / Policy Officer / Project Officer
- Social worker
- Youth Worker
- Other role (please specify, providing as much detail as possible)

**Q10 Please indicate any other roles you are currently employed in at the same organisation**

(Please mark all that apply)

- Addiction Medicine Specialist
- Administrator
- AOD worker (e.g. AOD Practitioner; Case Manager; Intake/Assessment Officer); please specify
- Clinical or Other Psychologist
- Counsellor
- Executive Officer
- General Practitioner or Other Medical Practitioner (please specify)
- Manager
- Nurse / Nurse Practitioner
- Peer Worker
- Psychiatrist
- Researcher / Policy Officer / Project Officer
- Social worker
- Youth Worker
- Other role (please specify, providing as much detail as possible)

**Q11 Are you employed as an ATOD peer in an ATOD peer-specific role?**

- Yes
- No



**Q12 In total, for how many years/months have you worked in your current position?**

(e.g. if you have worked in your current position for 3 months write Years - 0 Months - 3; if you have worked in your current position for 18 months write Years - 1 Months - 6)

**Q13 Most people employed in the alcohol, tobacco and other drug (ATOD) sector undertake a mix of different activities including direct client contact and non-client contact activities. Please indicate how much of an average working week is spent on direct client contact activities.**

- All or almost all
- Most (approximately three-quarters of an average working week is spent on direct client contact activities)
- About half
- Some (approximately one-quarter of an average working week is spent on direct client contact activities)
- None or almost none

**Q14 What tasks do you spend most of your work time on?**

(Select up to five, please scroll to see all 25 options)

- Advocacy
- Assessment
- Brief intervention
- Case management / case work
- Compilation of data for reporting
- Counselling / intensive therapy
- Crisis support
- Data entry
- Family work
- Group work
- Health promotion and community development projects
- Information and education
- Leadership and/or staff management
- Meeting attendance
- Peer education and support
- Reception duties
- Referrals
- Relapse prevention
- Research and/or policy
- Screening
- Treatment planning
- Undertaking your own professional development
- Administration tasks
- Intake
- Other (please specify)

**Q15 Do you manage / supervise any staff in your organisation?**

- No [skip to Q20]
- Yes, 1 – 3 staff members
- Yes, 4 – 10 staff members
- Yes 11+ staff members

**Q16 Do you receive alcohol, tobacco and other drug (ATOD) practice supervision (clinical supervision) in your current role?**

- No
- Yes, from someone inside my organisation
- Yes, from someone outside my organisation
- Yes, from someone inside and someone outside my organisation (mixed)

*Skip To: Q20 If Do you receive alcohol, tobacco and other drug (ATOD) practice supervision (clinical supervision)...*  
= No

**Q17 How often do you receive alcohol, tobacco and other drug (ATOD) practice supervision?**

- Fortnightly or more
- Once a month
- Once every 3 months
- Once every 6 months
- Once a year or less

**Q18 To what extent does your alcohol, tobacco and other drug (ATOD) practice supervision meet your needs**

Not at all; Slightly; Moderately; Considerably; Completely

- in terms of quality?
- in terms of quantity? (How often you receive supervision)

**Q19 How do you think your alcohol, tobacco and other drug (ATOD) practice supervision could be improved?**

**Q20 Do you provide alcohol, tobacco and other drug (ATOD) practice supervision (clinical supervision) to others?**

- No
- Yes, inside my organisation only
- Yes, outside my organisation only
- Yes, both inside and outside my organisation

**Q21 Is your current position the first role you've had in the alcohol, tobacco and other drug (ATOD) sector?**

- Yes
- No

**Q22 In total, for how many years/months have you cumulatively worked in the alcohol, tobacco and other drug (ATOD) sector?**

(i.e. include time in your current organisation and in any other ATOD organisation – including work outside Australia in the ATOD sector if relevant)



**Q23 Immediately prior to your current role, were you**

- Working in the same organisation *skip to Q25*
- Working within the alcohol, tobacco and other drug (ATOD) sector in another organisation (skip to Q25)
- Working outside the alcohol, tobacco and other drug (ATOD) sector (3)
- Not working (skip to Q25)
- Other (please specify)

**Q24 Immediately prior to your current role, in which sector did you work?**

- Aged care
- Childcare
- Child protection
- Disability
- Education
- Family services
- Health
- Hospitality / Retail
- Housing / Homelessness
- Justice / Corrective services
- Mental health
- Youth
- Not applicable
- Other, (please specify)

**Q25 In what other sector(s) have you ever worked?**

(Please mark all that apply)

- Aged care
- Childcare
- Child protection
- Disability
- Education
- Family services
- Health
- Hospitality / Retail
- Housing / Homelessness
- Justice / Corrective services
- Mental health
- Youth
- Not applicable
- Other, (please specify)

**Q26 What most attracted you to work in the alcohol, tobacco and other drug (ATOD) sector?**

(Please choose up to three responses)

- Availability of work
- I have relevant qualifications
- I have skills appropriate to the job
- I have lived/living experience of substance use (self or family/friend)
- I wanted to help people
- The job provided a good work/life balance
- The organisation had a good reputation
- The work is challenging and interesting
- The organisation provides good employee benefits (e.g. salary packaging, flexible work)
- Good wages
- Other (please specify)

**Q27 What qualifications have you completed in the following areas of study?**

(Please mark all qualifications that you have completed. Where relevant, please also provide the name of the qualification)

- Year 10 / School certificate
- Year 12 / College certificate
- AOD Skillset
- Certificate I – III (please specify by providing the name of your certificate/s e.g. Certificate II in Community Services)
- Certificate IV (please specify by providing the name of your certificate/s e.g. Certificate IV in AOD)
- Diploma (please specify by providing the name of your diploma/s e.g. Diploma of Nursing)
- Advanced diploma / Associate degree (please specify by providing the name of your diploma/s or degree/s e.g. Advanced Diploma of Management, Associate Degree in Social Science)
- Bachelor degree (please specify by providing the name of your degree/s e.g. Bachelor of Social Work)
- Graduate certificate / Graduate diploma / Bachelor degree with honours (please specify by providing the name of your Graduate certificate/s, diploma/s or degree/s)
- Masters degree (please specify by providing the name of your Masters Degree/s e.g. Masters of Social Work)
- Doctoral degree (PhD) (please specify by indicating the discipline you completed your PhD in)
- Other, (please specify)

**Q28 Are you currently studying?**

- Yes (name of qualification)
- No
- I prefer not to say

**Q29 Do you think a Certificate IV is an appropriate minimum level of qualification for the alcohol, tobacco and other drug (ATOD) workforce in the ACT?**

Please provide the reason for your answer

- Yes
- No – minimum level of qualification should be above the Certificate IV (e.g. a Bachelor degree)
- No – minimum level of qualification should be below the Certificate IV (e.g. a Certificate III)
- I don't know
- Other (please specify)



**Q30 I have a current First Aid Certificate**

- Yes
- No, but I intend to work towards obtaining a First Aid Certificate within the next 12 months
- No, and I do not intend to work towards obtaining a First Aid Certificate within the next 12 months

**Q31 I have completed the following units of the AOD Skillset**

(Please mark all that apply)

- CHCAOD001: Work in an AOD context
- CHCAOD04: Assess the needs of clients with AOD issues
- CHCAOD006: Provide interventions for people with AOD issues
- CHCAOD009: Develop and review individual AOD treatment plans
- None of the above units of the skillset
- I intend to work towards obtaining the AOD Skillset (or any incomplete units of the Skillset) within the next 12 months

**Q32 I have a Certificate IV (or I am currently completing a Certificate IV) in**

- Alcohol and Other Drugs
- Community Services
- Mental Health
- Youth Work
- I do not have a Certificate IV in the above
- I intend to enrol in a Certificate IV in one of the above in the next 12 months (please specify)

**Q33 I have, or I am currently completing, a Bachelor degree or higher in a health, social, or behavioural science related discipline**

- Yes
- No, but I intend to enrol in a Bachelor Degree or higher in a health, social, or behavioural science related discipline in the next 12 months
- No, and I do not intend to enrol in a Bachelor Degree or higher in a health, social, or behavioural science related discipline in the next 12 months

**Q34 Please answer the following questions about smoking and vaping cessation support.** For this question, tobacco product refers to tobacco cigarettes, 'roll-your-own' tobacco, cigars, pipes or other tobacco products that are smoked

*Only asked of those who indicated that they are in direct client contact roles at Q13*

Never; Sometimes; About half the time; Most of the time; Always; n/a

- I ask service users if they use a tobacco product
- I ask service users if they use vapes (electronic cigarettes)
- If a service user says they use tobacco products, I offer them some kind of smoking cessation advice
- If a service user says they use vapes, I offer information about vaping and, if appropriate, cessation support

**Q35 Do you identify as having lived/living experience in relation to alcohol and/or drug use?**

(Please mark all answers that apply to your situation)

- I have personal experience of impacts from my own alcohol and/or drug use
- I have personal experience of engaging with a treatment or harm reduction service for my own alcohol and/or drug use
- I am a family member or close friend of someone who has experienced impacts from alcohol and/or drug use
- I have other past or present lived experience of alcohol and/or drug use not listed above (please specify)
- I do not identify as having lived experience of alcohol and/or drug use *Skip to Q46*
- I prefer not to say

**Q36 How often do you use your lived/living experience in alcohol, tobacco and other drug (ATOD) to support your work practice?**

- Never or rarely
- Occasionally – once or twice a year
- Sometimes – once or twice a month
- Frequently – once or twice a week
- All the time – every day

**Q37 If you would like to, could you please tell us about how your lived experience with alcohol, tobacco and other drug (ATOD) has influenced your work in the ATOD sector.**

**Q38 Have you disclosed your lived experience in your current workplace to a supervisor or colleague?**

- No *Skip to Q43*
- Yes
- Partially (please specify)

**Q39 Was your experience of disclosing your lived experience in your current workplace**

- Wholly negative
- Somewhat negative
- Neutral – neither negative nor positive *Skip to Q42*
- Somewhat positive *Skip to Q41*
- Wholly positive *Skip to Q41*

**Q40 What made this a negative experience? *Skip to Q42***

**Q41 What made this a positive experience?**

**Q42 Would you like to provide further feedback on your experience of disclosing lived experience in the workplace?**



Answer this question only if Q38 Have you disclosed your lived experience in your current workplace to a supervisor or colleague? = No Or Have you disclosed your lived experience in your current workplace to a supervisor or colleague? = Partially (please specify)

**Q43 Why did you not disclose (or partially disclose) your lived experience in your current workplace?**  
(Please mark all that apply)

- My workplace discourages or disallows me from doing so
- I expect to be judged
- My experiences of stigma and discrimination have made me cautious of disclosing
- I don't think it is relevant to do so
- I have not had the opportunity to do so
- Another reason (please specify)

Answer this question only if Q38 Have you disclosed your lived experience in your current workplace to a supervisor or colleague? = Yes Or Have you disclosed your lived experience in your current workplace to a supervisor or colleague? = Partially (please specify)

**Q44 Why did you disclose (or partially disclose) your lived experience in your current workplace?**  
(Please mark all that apply)

- I am employed in a lived-experience or peer role
- I want to support the visibility of lived experience workers
- Non-disclosure was difficult/impossible to maintain in my workplace
- I want to challenge stigma and discrimination
- I felt like it was the right thing to do
- Another reason (please specify)

**Q45 Please indicate how strongly you agree with the following statements about your lived experience in the workplace**

Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree

- My workplace is supportive of me as a person with lived experience of alcohol, tobacco and other drug (ATOD) harms
- I am encouraged to use my lived experience in my work practice
- If my lived experience is impacting my work, I can comfortably discuss this at work and/or get the support of my workplace
- My lived experience makes it harder for me to achieve a good work-life balance
- I have more restrictions in my work role compared to other workers without lived experience who are doing a similar job
- Over the past year I have observed stigmatisation or discrimination towards service users at the service where I work

**Q46 Please indicate how strongly you agree with the following statements about peer work / lived experience**

Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree

- Lived experience is a form of expertise in the alcohol, tobacco and other drug (ATOD) sector
- Peer workers are a vital part of a thriving ATOD sector
- I am personally comfortable with colleagues disclosing their lived experience of ATOD use with me
- A person's lived experience of ATOD use should not be disclosed in a professional workplace
- People who regularly and/or consistently use drugs are not reliable employees in the ATOD sector

**Q47** For this question, tobacco products refers to tobacco cigarettes, ‘roll-your-own’ tobacco, cigars, pipes and other tobacco products that are smoked. **Would you say you are**

- Someone who currently uses tobacco products on a daily basis (a current daily smoker)
- Someone who occasionally uses tobacco products (an occasional smoker)
- Someone who used to but no longer uses tobacco products – and has not done so for more than 1 month (an ex-smoker)
- Someone who has never used tobacco products, or has never used tobacco products regularly (a non-smoker)
- Other tobacco use / smoking status (please specify)

**Q48** How often, if at all, do you use electronic cigarettes/vapes?

- Daily
- At least weekly (but not daily)
- At least monthly (but not weekly)
- Less than monthly
- I used to use them, but no longer use
- I have only tried them once or twice
- I have never used them

For Q49-Q60 we asked respondents who indicated at Q13 that they had direct client contact, to tell us the extent to which they agree with a series of statements: Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree; n/a

**Q49 Clinical knowledge**

- I have a strong understanding of the properties and effects of commonly used drugs and their interactions
- I know how to recognise and respond to overdose
- I know how to provide a brief intervention, when appropriate to do so
- I know the different classification systems and diagnostic criteria for ATOD-related health conditions (e.g. DSM-5 criteria for SUD, AUDIT, DUDIT)

**Q50 Recognising and responding to service user needs**

- I can recognise and respond appropriately to service users who are under the influence of alcohol, tobacco and/or other drugs (ATOD), ensuring their immediate risks and safety needs are addressed
- I can recognise and respond to co-occurring mental health conditions
- I know how to support service users to develop strategies to support and manage relapse
- I know how to support a service user to identify and develop strategies to reduce ATOD-related harm

**Q51 Strategies and skills**

- I have the skills to sensitively explore issues and needs relating to trauma (trauma informed practice)
- I use a range of evidence-based tools and strategies in my practice (e.g. MI, CBT etc)
- I have strong knowledge of medications used to treat alcohol, tobacco and/or other drugs (ATOD)-related health conditions
- I incorporate strategies to enable behaviour change as part of my practice



### **Q52 Screening and assessment**

- I am confident using standardised screening and assessment tools to gather relevant service user information
- I am familiar with the range of possible concerns and needs that people with co-occurring alcohol, tobacco and/or other drugs (ATOD) and mental health concerns are likely to experience
- I am confident that I can identify issues of family violence and respond appropriately
- I know how to screen for gambling harms

### **Q53 Access and equity**

- I am confident using culturally appropriate communication to create a welcoming, safe and supportive environment for service users
- I know how to access interpreters to facilitate accessible, timely and effective communication
- I consult with lived and living experience workers to inform and strengthen my practice
- I am confident in my ability to call out discriminatory or stigmatising behaviour when I see it within my service

### **Q54 Cultural safety**

- I feel confident that I can work effectively with service users from Aboriginal and Torres Strait Islander communities
- I feel confident that I can work effectively with service users from culturally and linguistically diverse communities
- I feel confident that I can work effectively with LGBTIQ+ service users
- I feel confident that I can work effectively with service users living with disabilities

### **Q55 Managing complexity and risk**

- I know how to apply strategies to work effectively with service users with complex behaviours
- I am confident in my ability to de-escalate conflict that arises with an aggressive or violent service user
- I can manage the risks associated with co-occurring substance use and mental health problems
- I know how to perform appropriate risk assessments with service users and develop safety plans

### **Q56 System navigation**

- I am confident working cooperatively and collaboratively with other service providers to support service users
- I know the appropriate referral pathways I can use with a service user if they have other treatment needs or co-occurring issues
- I understand how to engage family members or carers as part of an assessment and/or care plan
- I have a good grasp of the alcohol, tobacco and other drugs (ATOD) policies, strategies and legislative frameworks that guide my work

### **Q57 Promoting wellbeing**

- I actively engage in self-care strategies
- I provide support for other workers in my organisation to care for their health and wellbeing
- I have an understanding of vicarious trauma and how to access support in the workplace
- I am able to maintain appropriate boundaries between work and home



### **Q58 Smoking support**

- I have knowledge and understanding of the harms and risks of tobacco use
- I feel confident talking to service users about smoking and its effects
- I feel confident providing information on smoking cessation treatments and their outcomes
- I feel confident providing a brief intervention for smoking
- I know where to refer people for additional support around smoking cessation
- I feel confident providing information about vaping as an alternative to smoking and understand where it is appropriate to do so

### **Q59 Vaping support**

- I have knowledge and understanding of the harms and risks of vaping
- I feel confident talking to service users about vaping and its effects
- I feel confident providing information on vaping cessation treatments and their outcomes
- I feel confident providing a brief intervention for vaping
- I know where to refer people for additional support around vaping cessation
- I feel confident that I understand current vaping legislation and how it impacts users at my service

### **Q60 Leadership and management** (asked of those who indicated at Q15 that they manage or supervise one or more staff)

- I have the capabilities to provide supportive and effective professional supervision
- I know how to respond effectively to critical incidents in the workplace
- I have the skills to manage conflict in the workplace and have difficult conversations
- I am confident in my capabilities to lead and manage staff

### **Q61** For the following three questions, please think about your life in the past four weeks (0 = the worst you have ever felt; 10 = average; and 20 = the best you have ever felt)

- **How would you rate your psychological health in the past 4 weeks?**
- **How would you rate your physical health in the past 4 weeks?**
- **How would you rate your overall quality of life in the past 4 weeks?**

### **Q62 Thinking about your experience of work, to what degree do you feel burnt out because of your work?**

to a very low degree

to a low degree

somewhat

to a high degree

to a very high degree

**Q63 Thinking about your experience of work, how often**

- **are you exhausted in the morning at the thought of another day at work?**

- Never/almost never
- Seldom
- Sometimes
- Often
- Always

- **do you feel enthusiastic about your job?**

- Never/almost never
- Seldom
- Sometimes
- Often
- Always

**Q64 The following statements describe various aspects of work. To what extent do you agree or disagree with regard to your work.**

Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree

- The work I do is meaningful to me
- I have constant time pressure due to a heavy workload
- I am confident in my ability to do my job well
- I experience adequate support in difficult situations
- I receive the respect I deserve from my superior or a respective relevant person
- Considering all my efforts and achievements, I receive the respect and prestige I deserve at work
- I think I might lose my job in the near future
- In my organisation I am encouraged to try new and different ideas

**Q65 The following statements relate to your current employer. Please indicate to what extent you agree with these statements**

Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree

- I frequently think about leaving my current job
- I am exploring career opportunities outside my current job
- It is likely that I will leave my current job in the next year

**Q66 The following statements relate to the alcohol, tobacco and other drugs (ATOD) sector as a whole. Please indicate to what extent you agree**

Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree

- I frequently think about leaving the ATOD sector
- I am exploring career opportunities outside the ATOD sector
- It is likely that I will leave the ATOD sector in the next year



**Q67 Please indicate how strongly you agree with the following statements**

Strongly disagree; Disagree; Neither agree nor disagree; Agree; Strongly agree

- I feel stigmatised by other health professionals because I work in the alcohol, tobacco and/or other drugs (ATOD) sector
- I feel stigmatised by the general public because I work in the ATOD sector
- Other health professionals look down on me because I work in the ATOD sector
- The general public looks down on me because I work in the ATOD sector
- The ATOD sector is seen as less important than other medical fields or social services
- People think I should advance my career by moving out of the ATOD sector
- I have experienced discrimination from other health professionals because I work in the ATOD sector
- If a close friend or relative is in treatment for ATOD use I would advise them not to tell anyone else about it

**Q68 Thinking about your current work all in all, how satisfied are you with your job?**

- Completely unsatisfied
- Unsatisfied
- Neither satisfied nor unsatisfied
- Satisfied
- Completely satisfied

**And now for some questions about you...**

**Q69 What's your age?**

**Q70 How do you describe your gender?**

- Man
- Woman
- Non-binary
- I use a different term (please specify)
- I prefer not to say

**Q71 Do you identify as being of Aboriginal and/or Torres Strait Islander origin?**

- No *Skip to Q73*
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander
- I prefer not to say *Skip to Q73*

**Q72 My workplace is culturally safe for me as an Aboriginal and/or Torres Strait Islander person**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to say



**Q73 Do you identify as a person from a culturally and linguistically diverse background?**

- No *Skip to Q75*
- Yes
- I have another response (please specify)
- I prefer not to say *Skip to Q75*

**Q74 My workplace is inclusive of me as a person from a culturally and linguistically diverse background**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to say

**Q75 Do you speak a language other than English at home?**

- No, never
- Yes, but almost never (please specify)
- Yes, on occasion (please specify)
- Yes, on a regular basis (please specify)

**Q75 For work, do you speak a language other than English?**

- No, never
- Yes, but almost never (please specify)
- Yes, on occasion (please specify)
- Yes, on a regular basis (please specify)

**Q77 How do you describe your sexual orientation?**

- Heterosexual/straight *Skip to Q79*
- Lesbian
- Gay
- Bisexual
- Queer
- I prefer not to say
- I use a different term (please specify) *Skip to Q79*

**Q78 My workplace is inclusive of me as a person who identifies as lesbian/gay/bisexual/queer or using a different term**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to say



**Q79 Do you identify as a person with a disability**

- No
- Yes
- I prefer not to say

*Display this question: If Do you identify as a person with a disability = Yes*

**Q80 My workplace makes necessary accommodations to ensure a safe and inclusive environment for me, as a person with a disability**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- I prefer not to say

**Q81 Outside of work I provide unpaid care to another (Please mark all that apply)**

- No
- Child/children
- Older person
- Person with a disability
- Other (please specify)

**Q82** To help me accomplish great things in my work, my workplace should STOP

**Q83** To help me accomplish great things in my work, my workplace should CONTINUE

**Q84** To help me accomplish great things in my work, my workplace should START

# Appendix C: Methods



## C.1 Development and distribution of the 2025 Workforce Profile

As in previous years dating back to 2014, the 2025 Workforce Profile included two survey instruments:

1. An *Organisation Survey* (Appendix A), comprised of:

- 45 multiple choice and short answer questions relating to:
  - organisation and staff profiles - including workforce demographics, employment status and job roles (14 questions);
  - recruitment and retention (8 questions);
  - professional development and minimum qualifications (6 questions);
  - supervision (6 questions);
  - the lived and living experience workforce (3 questions);
  - workforce competencies (1 question);
  - wellbeing (2 questions); and
  - sector funding (5 questions).

2. A *Workers' Survey* (Appendix B) comprised of:

- 84 questions\* relating to:
  - employment status and job role (13 questions);
  - management and supervision (7 questions)
  - employment history (6 questions);
  - training and qualifications (7 questions);
  - smoking and vaping (5 questions)
  - lived and living experience and the peer workforce (14 questions)
  - workplace competencies (8 questions)
  - wellbeing and job satisfaction (12 questions)
  - demographics (12 questions)

In November 2024, executives or a delegate were invited to respond to an online survey about their organisation, delivered via Qualtrics. The bulk of responses for the **Organisation Survey** were collected between December 2024 and January 2025 - with follow-up contact initiated where clarification was required. Due to internal processes, one organisation was not in a position to complete the survey until mid-2025 and accessed a PDF version of the survey, resulting in a slightly different format of questions. Data was entered into Excel spreadsheets and final analysis was completed in September 2025.

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\*Due to drop-down questions and survey flow no individual was expected to respond to all 84 questions

In December 2024, permanent, contract and casual staff across all ACT alcohol, tobacco and other drug (ATOD) services were invited to participate in an online survey, delivered via Qualtrics with paper-based versions available on request. ATODA liaised with a designated contact person at each organisation and all organisations were invited to have ATODA representatives attend to support staff with completion of the survey and/or to encourage uptake. Where ATODA attended onsite to support staff, a morning or afternoon tea was provided .



## C.2 Changes to the 2025 Organisation Survey and Workers' Survey

The nature of surveys and ongoing changes to the sector, mean that the Workforce Profile is inherently iterative, with each subsequent survey being adapted to the specific needs of the sector and refined to ensure the best possible data can be collected in the most efficient way.

Some key formatting changes to the 2025 surveys include:

- demographic questions moved to the end of the Workers' Survey, in an effort to reduce response attrition;
- the inclusion of drop-down questions in the Workers' Survey, visible depending on previous answers, facilitated by shift to (almost entirely) online surveys;
- splitting up questions about length of time in role, organisation and sector to fit with surrounding questions and improve clarity;
- inclusion of more multiple choice and guided response questions in both the Organisation Survey and Workers' Survey, to improve clarity.

Some key content changes to the 2025 **Organisation Survey** include:

- inclusion of questions about funding and program sustainability, following on from a discrete pre-commissioning survey;
- removal of FTE calculation by role, to improve clarity and reduce response errors;
- inclusion of a question about additional staff needs to calculate staffing shortfall for advocacy
- inclusion of questions about engagement with and support of lived / living experience workforce;
- inclusion of checklist of workplace (staff) competencies;
- streamlining of wellbeing provision question to one wellbeing innovation; and
- a question about ATODA's advocacy priorities for the sector.



Some key content changes to the 2025 Workers' Survey include:

- inclusion of questions about funding and program sustainability, following on from a discrete pre-commissioning survey;
- improvement to questions that identify non-/adherence to the Qualifications Strategy;
- inclusion of questions about provision of smoking and vaping cessation support;
- inclusion of questions about experience of disclosure of and workplace responses to lived experience
- inclusion of questions about perceptions of lived experience and peer work;
- inclusion of question about e-cigarette use, to reflect changes in nicotine products;
- inclusion of workplace competency questions in place of previous survey questions about training needs;
- inclusion of gambling competency question;
- changes to wellbeing questions;
- inclusion of drop down questions to explore wellbeing of and workplace support for specific population groups;
- removal of COVID-19-related questions;
- removal of question about why workers leave the sector; and
- inclusion of short answer questions about what workplace should stop, continue or start.



### C.3 Survey analysis and data reporting

The output of data from the Workers' Survey was exported from Qualtrics into IBM SPSS (Statistical Package for the Social Sciences) or, in the case of paper-based surveys, entered manually. A total of eighteen of the initial 208 survey responses were removed from analysis. Fourteen incomplete surveys were removed where the surveys had not been started or where less than 5 percent of the survey had been completed. A further two surveys were removed where insufficient demographic data precluded comparative analysis. Finally, two incomplete surveys were identified as doubles of completed surveys (through identical matching of unchanging identifier items). The output from the Organisation Survey was exported into and analysed through Microsoft Excel.

For both the Workers' and Organisation Surveys, qualitative data (open-ended written responses) were analysed using coded thematic analysis. Descriptive statistics were used in the analysis of quantitative data from both surveys. Statistics used include: the Pearson product-moment correlation coefficient ( $r$ ); two-sample  $t$ -tests ( $t$ ); and the  $F$  statistic used in one-way analyses of variance (ANOVA), in which cases the mean ( $M$ ) and the standard deviation ( $SD$ ) have also been reported. Where appropriate, the related 'p' values have been reported. These indicate the probability of the observed relationships between variables having occurred by chance—p values of less than .05 are considered to be statistically significant. Cohen's guidelines have been used to interpret the strength of correlations whereby a small correlation is assessed at  $r = .10$  to  $.29$  or  $g = 0.2$ , a medium correlation at  $r = .30$  to  $.49$  or  $g = 0.5$  and a large correlation  $r = .50$  to  $1.0$  or  $g = 0.8$ .<sup>38</sup>

Proportions have been calculated using the number of valid responses to each question. Some participants in the Workers' Survey chose not to answer particular questions and/or only completed a portion of the survey, so for most questions the responses are fewer than the total number of returned surveys. Results from the 2025 surveys are also compared to data from previous surveys where relevant. Comparisons, where appropriate were drawn with SUSOSE<sup>5</sup> or general population data (e.g. ABS data). Some Workforce Profile data should be interpreted with caution, owing to small numbers of participants at some services and outliers within the data.

It should be noted that to preserve anonymity of workers participating in the survey, this report does not show response frequencies where this could affect anonymity due to small numbers. In some cases, response categories have been collapsed together in order to preserve anonymity where response numbers are low.



## C.4 Survey response rates

As shown in Table 4.1(c), a total of eleven organisations participated in the Workforce Profile and 190 Workers' Surveys from nine organisations were utilised in analysis. A key change in the 2025 Workforce Profile relates to who was invited to participate. Family Drug Support commenced operation of a local ACT support service in 2023 and was considered in scope for the Organisation Survey. They did not, however, participate in the Workers' Survey due to low staff numbers meaning that anonymity could not be achieved. For the first time since 2014, ATODA was not included as a participating organisation.

Organisation	Staff #	Workers' Survey	Response rate 2021	Response rate 2025
ADS	89	27	32.9%	<b>30.3%</b>
CAHMA	25	20	68.4%	<b>80.0%</b>
CRS	21	12	77.3%	<b>57.1%</b>
Directions	101	46	50.0%	<b>45.5%</b>
FDS	2	-	-	-
Gugan	14	-	-	-
Karralika	62	29	55.7%	<b>46.7%</b>
MCCG	14	10	66.7%	<b>71.4%</b>
Ted Noffs	27	18	89.7%	<b>66.7%</b>
Toora	34*	22	81.8%	<b>55.0%*</b>
Winnunga	11**	6	-	<b>54.5%</b>
<b>Total</b>	<b>400</b>	<b>190</b>	<b>57.0%</b>	<b>47.5%</b>

Table 4.1(c) Survey responses by organisation

\*This figure may include some staff employed by Toora in administrative roles and work primarily in support of Toora's DFSV or homelessness services \*\*Estimate only



## C.5 How representative is the Workers' Survey

Given that the Workers' Survey was completed by an estimated 47.5 percent of the sector, it is important to understand how representative the sample is. Table 5.1(c) compares key characteristics of the workforce as reported in the Organisation Survey with responses from the Workers' Survey.

	2025 Organisation Survey (n=400)	2025 Workers' Survey
Identify gender as woman	71.0%	75.2% n=157
Full time employment status	47.0%	59.6% n=188
Have direct client contact	78.9%	82.6% n=178
Main role is AOD worker	36.0%	43.2% n=185
Main role is Nurse/Nurse practitioner	14.0%	5.9% n=185
Main role is Counsellor	4.3%	8.1% n=185
Main role is Administrator	3.5%	7.6% n=185
Main role is Manager	11.8%	11.9% n=185

Table 5.1(c) Comparison of key characteristics - 2025 Organisation Survey and 2025 Workers' Survey



## C.6 Measuring wellbeing

On advice from the Executives Group and Workers Group, the 2017 Workforce Profile incorporated questions to ascertain the level of wellbeing in the ACT AOD workforce and to examine how wellbeing is related to various other employment factors. The Workers' Survey includes validated scales to assess a number of wellbeing measures as shown in the table below (Table 6.1c). Where validated, single item measures were used in 2025 to reduce the length and complexity of the survey. Understanding issues impacting the wellbeing of the workforce can help ATODA to provide support and advocate for a more sustainable sector.

<p>Q61 For the following three questions, please think about your life in the past four weeks (0 = the worst you have ever felt; 10 = average; and 20 = the best you have ever felt)</p> <ul style="list-style-type: none"> <li>• How would you rate your psychological health in the past 4 weeks?</li> <li>• How would you rate your physical health in the past 4 weeks?</li> <li>• How would you rate your overall quality of life in the past 4 weeks?</li> </ul>	
<p>Item: Overall wellbeing</p>	<p>Subscales:</p> <ul style="list-style-type: none"> <li>• <i>Psychological health</i></li> <li>• <i>Physical health</i></li> <li>• <i>Overall quality of life</i></li> </ul>
<p>Scale:</p> <ul style="list-style-type: none"> <li>• Health and Social Functioning section of the Treatment Outcomes Profile (Public Health England)<sup>39</sup></li> </ul>	
<p>Justification: Previous ATODA Workforce Profiles from 2017 onward</p>	
<p>Q62 Thinking about your experience of work, to what degree do you feel burnt out because of your work?</p>	
<p>Item: Feeling burnt out</p>	
<p>Scale:</p> <ul style="list-style-type: none"> <li>• The Copenhagen Burnout Inventory<sup>40</sup></li> </ul>	
<p>Justification:</p> <ul style="list-style-type: none"> <li>• Used in Australia's Alcohol and Other Drug National Workforce Survey, 2019-2020 (NCETA)<sup>41</sup></li> <li>• Validated as single-item measure</li> </ul>	



<p>Q63 Thinking about your experience of work, how often</p> <ul style="list-style-type: none"> <li>• are you exhausted in the morning at the thought of another day at work? (1)</li> <li>• do you feel enthusiastic about your job? (2)</li> </ul>				
Item 1: Feeling exhausted		Item 2: Feeling enthusiastic		
<ul style="list-style-type: none"> <li>• The Copenhagen Burnout Inventory<sup>40</sup></li> </ul>		<ul style="list-style-type: none"> <li>• Vigor sub-scale of the UWES-3 validation<sup>42</sup></li> </ul>		
<p>Justification:</p> <ul style="list-style-type: none"> <li>• Used in Australia's Alcohol and Other Drug National Workforce Survey, 2019-2020 (NCETA)<sup>41</sup></li> <li>• Validated as a single-item measure</li> </ul>				
<p>Q64 The following statements describe various aspects of work. To what extent do you agree or disagree with regard to your work.</p> <ul style="list-style-type: none"> <li>• The work I do is meaningful to me (1)</li> <li>• I have constant time pressure due to a heavy workload (2)</li> <li>• I am confident in my ability to do my job well (3)</li> <li>• I experience adequate support in difficult situations (4a)</li> <li>• I receive the respect I deserve from my superior or a respective relevant person (4a)</li> <li>• Considering all my efforts and achievements, I receive the respect and prestige I deserve at work (4a)</li> <li>• I think I might lose my job in the near future (4b)</li> <li>• In my organisation I am encouraged to try new and different ideas (5)</li> </ul>				
Item 1: Work meaning	Item 2: Time pressure	Item 3: Confident	Item 4: Work esteem	Item 5: Innovation
Meaning subscale <sup>43</sup>	Effort subscale. <sup>44</sup>	Competence subscale. <sup>44</sup>	a) Esteem subscale. <sup>44</sup> b) Job Insecurity Scale. <sup>45</sup>	Organizational responsiveness to change subscale <sup>46</sup>
<p>Justification:</p> <ul style="list-style-type: none"> <li>• Used in Australia's Alcohol and Other Drug National Workforce Survey, 2019-2020 (NCETA)<sup>41</sup></li> <li>• Validated as single-item measures</li> </ul>				



<p>Q65 The following statements relate to your current employer. Please indicate to what extent you agree with these statements</p> <ul style="list-style-type: none"> <li>• I frequently think about leaving my current job</li> <li>• I am exploring career opportunities outside my current job</li> <li>• It is likely that I will leave my current job in the next year</li> </ul>
Item: Intention to leave organisation
<p>Scale:</p> <ul style="list-style-type: none"> <li>• Occupational turnover intention (OcTI) in substance abuse treatment.<sup>47</sup></li> </ul>
<p>Justification:</p> <ul style="list-style-type: none"> <li>• Used in Australia’s Alcohol and Other Drug National Workforce Survey, 2019-2020 (NCETA)<sup>41</sup></li> </ul>
<p>Q66 The following statements relate to the alcohol, tobacco and other drugs (ATOD) sector as a whole. Please indicate to what extent you agree</p> <ul style="list-style-type: none"> <li>• I frequently think about leaving the ATOD sector</li> <li>• I am exploring career opportunities outside the ATOD sector</li> <li>• It is likely that I will leave the ATOD sector in the next year</li> </ul>
Item: Intention to leave sector
<p>Scale:</p> <ul style="list-style-type: none"> <li>• Occupational turnover intention (OcTI) in substance abuse treatment.<sup>47</sup></li> </ul>
<p>Justification:</p> <ul style="list-style-type: none"> <li>• Used in Australia’s Alcohol and Other Drug National Workforce Survey, 2019-2020 (NCETA)<sup>41</sup></li> </ul>
<p>Q67 Please indicate how strongly you agree with the following statements</p> <ul style="list-style-type: none"> <li>• I feel stigmatised by other health professionals because I work in the ATOD sector</li> <li>• I feel stigmatised by the general public because I work in the ATOD sector</li> <li>• Other health professionals look down on me because I work in the ATOD sector</li> <li>• The general public looks down on me because I work in the ATOD sector</li> <li>• The ATOD sector is seen as less important than other medical fields or social services</li> <li>• People think I should advance my career by moving out of the ATOD sector</li> <li>• I have experienced discrimination from other health professionals because I work in the ATOD sector</li> <li>• <i>If a close friend or relative is in treatment for ATOD use I would advise them not to tell anyone else about it (not part of scale)</i></li> </ul>
Item: Stigma by association
Scale: Stigma by association <sup>31</sup>
Justification: Used in Australia’s Alcohol and Other Drug National Workforce Survey, 2019-2020 (NCETA) <sup>41</sup>

Table 6.1(c) Wellbeing and satisfaction questions

Wellbeing measures tend to capture overall wellbeing and issues that impact the wellbeing of the entire workforce, while overlooking issues that may impact relatively small subsections of the survey sample. ATODA used the 2025 survey to begin exploring how workplaces support or fail to support the needs of a diverse workforce. This helps ATODA understand if there are specific issues that may be impacting some workers, while not necessarily being reflected in sector-wide responses.

Question	Item	Justification
Q72 My workplace is culturally safe for me as an Aboriginal and/or Torres Strait Islander person	Cultural safety - First Nations	Used in the 2023 ATDC Workforce Survey <sup>48</sup>
Q74 My workplace is inclusive of me as a person from a culturally and linguistically diverse background	Cultural safety - CALD	Adapted from the 2023 ATDC Workforce Survey <sup>48</sup>
Q78 My workplace is inclusive of me as a person who identifies as lesbian/gay/bisexual/queer or using a different term	Cultural safety - LGBTIQ+	Adapted from the 2023 ATDC Workforce Survey <sup>48</sup>
Q80 My workplace makes necessary accommodations to ensure a safe and inclusive environment for me, as a person with a disability	Workplace accommodation - Disability	Adapted from 2023 ATDC Workforce Survey <sup>48</sup>

Table 6.2(c) Dropdown workplace safety and accommodation questions

# Appendix D: Data tables



## D.1 Data tables for Section 1

Table 1.1(d) Receive practice supervision (p.7)

	Frequency	%	Valid %	Cumulative %
No	70	36.8	38.9	38.9
Yes	110	57.9	61.1	100
Total	180	94.7	100	
Missing	10	5.3		

Table 1.2(d) Practice supervision frequency (p.7)

	Frequency	%	Valid %	Cumulative %
Fortnightly or more	12	6.3	11	11
Once a month	65	34.2	59.6	70.6
Once every 3 months	20	10.5	18.3	89
Once every 6 months	8	4.2	7.3	96.3
Once a year or less	4	2.1	3.7	100
Total	109	57.4	100	
Missing	81	42.6		



Table 1.3(d) Practice Supervision needs met: quality (p.7)

	Frequency	%	Valid %	Cumulative %
Not at all	3	1.6	2.8	2.8
Slightly	13	6.8	12	14.8
Moderately	10	5.3	9.3	24.1
Considerably	57	30	52.8	76.9
Completely	25	13.2	23.1	100
Total	108	13.2	100	
Missing	82	13.2		

Table 1.4(d) Practice Supervision needs met: quantity (p.7)

	Frequency	%	Valid %	Cumulative %
Not at all	3	1.6	2.8	2.8
Slightly	11	5.8	10.4	13.2
Moderately	27	14.2	25.5	38.7
Considerably	38	20	35.8	74.5
Completely	27	14.2	25.5	100
Total	106	55.8	100	
Missing	84	44.2		



Table 1.5(d) Direct client contact (p.8)

	Frequency	%	Valid %	Cumulative %
No	38	20	21.1	21.1
Yes	142	74.7	78.9	100
Total	180	94.7	100	
Missing	10	5.3		

Table 1.6(d) Proportion direct client contact activities (p.8)

	Frequency	%	Valid %	Cumulative %
All or almost all	57	30	32	32
Most (approx ¾ of week)	39	20.5	21.9	53.9
About half	29	15.3	16.3	70.2
Some (approx ¼ of week)	22	11.6	12.4	82.6
None or almost none	31	16.3	17.4	100
Total	178	93.7	100	
Missing	12	6.3		



Table 1.7(d) Age (p.9)	
N	152
Missing	38
Mean	42.88
Median	43
Std. Deviation	12.254

Table 1.8(d) Gender (p.9)				
	Frequency	%	Valid %	Cumulative %
Man	39	20.5	24.8	24.8
Woman	118	62.1	75.2	100
Total	157	82.6	100	
Missing	33	17.4		
*Numbers for non-binary or I use another term too low to report				

Table 1.9(d) First Nations (p.10)				
	Frequency	%	Valid %	Cumulative %
No	145	76.3	92.4	92.4
Yes	12	6.3	7.6	100
Total	157	82.6	100	
Missing	33	17.4		



Table 1.10(d) CALD (p.10)

	Frequency	%	Valid %	Cumulative %
No	121	63.7	78.1	78.1
Yes	34	17.9	21.9	100
Total	155	81.6	100	
Missing	35	18.4		

Table 1.11(d) LOTE at home (p.10)

	Frequency	%	Valid %	Cumulative %
No, never	132	69.5	80.5	80.5
Yes, but almost never	7	3.7	4.3	84.8
Yes, on occasion	6	3.2	3.7	88.4
Yes, on a regular basis	19	10	11.6	100
Total	164	86.3	100	
Missing	26	13.7		

Table 1.12(d) LOTE at work (p.10)

	Frequency	%	Valid %	Cumulative %
No, never	150	78.9	92	92
Yes, but almost never	5	2.6	3.1	95.1
Yes, on occasion	7	3.7	4.3	99.4
Yes, on a regular basis	1	0.5	0.6	100
Total	163	85.8	100	
Missing	27	14.2		



	Frequency	%	Valid %	Cumulative %
No	120	63.2	78.9	78.9
Yes	32	16.8	21.1	100
Total	152	80	100	
Missing	38	20		
	190	100		

	Frequency	%	Valid %	Cumulative %
No	137	72.1	84.6	84.6
Yes	25	13.2	15.4	100
Total	162	85.3	100	
Missing	28	14.7		
	190	100		

	Frequency	%	Valid %	Cumulative %
No	88	46.3	54.3	54.3
Yes	74	38.9	45.7	100
Total	162	85.3	100	
Missing	28	14.7		
	190	100		



Table 1.16(d) Full time status (p.12)

	Frequency	%	Valid %	Cumulative %
No	76	40	40.4	40.4
Yes	112	58.9	59.6	100
Total	188	98.9	100	
Missing	2	1.1		

Table 1.17(d) Position status (p.12)

	Frequency	%	Valid %	Cumulative %
Permanent	151	79.5	80.3	80.3
Fixed term contract	15	7.9	8	88.3
Casual	22	11.6	11.7	100
Total	188	99.5	100	
Missing	2	0.5		

Table 1.18(d) Overtime frequency (p.13)

	Frequency	%	Valid %	Cumulative %
Every day - few times a week	61	32.1	33	33
A few times a month	54	28.4	29.2	62.2
A few times a year - never	70	36.8	37.8	100
Total	185	97.4	100	
Missing	5	2.6		



Table 1.19(d) Weekly income (p.13)

	Frequency	%	Valid %	Cumulative %
\$1 - \$199	4	2.1	2.2	2.2
\$200 - \$299	1	0.5	0.5	2.7
\$300 - \$399	6	3.2	3.2	5.9
\$400 - \$599	5	2.6	2.7	8.6
\$600 - \$799	6	3.2	3.2	11.9
\$800 - \$999	9	4.7	4.9	16.8
\$1,000 - \$1,249	18	9.5	9.7	26.5
\$1,250 - \$1,499	20	10.5	10.8	37.3
\$1,500 - \$1,999	47	24.7	25.4	62.7
\$2,000 or more	50	26.3	27	89.7
Prefer not to say	19	10	10.3	100
Total	185	97.4	100	
Missing	5	2.6		

Table 1.20(d) Months in sector, organisation or position (p.14; p.22)

	Total months in sector	Total months in org	Total months in position
Valid	167	188	178
Missing	23	2	12
Mean	79.48	52.68	38.04
Median	48	30	20.5
std. deviation	86.708	65.266	58.57



Table 1.21(d) Main role in organisation (p.15)

	Frequency	%	Valid %	Cumulative %
Administrator	14	7.4	7.6	7.6
AOD Worker	67	35.3	36.2	43.8
Clinical or Other Psychologist	2	1.1	1.1	44.9
Counsellor	15	7.9	8.1	53
Executive Officer	9	4.7	4.9	57.8
GP or other Medical Practitioner	2	1.1	1.1	58.9
Manager	22	11.6	11.9	70.8
Nurse/Nurse Practitioner	11	5.8	5.9	76.8
Peer Worker	10	5.3	5.4	82.2
Researcher/Policy Officer/Project Officer	2	1.1	1.1	83.2
Social worker	11	5.8	5.9	89.2
Youth worker	4	2.1	2.2	91.4
Other role	16	8.4	8.6	100
Total	185	97.4	100	
Missing	5	2.6		



Table 1.22(d) Immediate prior role (p.15)

	Frequency	%	Valid %	Cumulative %
Working in the same organisation	41	21.6	23	23
Working in a different organisation in the ATOD sector	34	17.9	19.1	42.1
Working outside the ATOD sector	73	38.4	41	83.1
Not working	12	6.3	6.7	89.9
Other	18	9.5	10.1	100
Total	178	93.7	100	
Missing	12	6.3		



Table 1.23(d) Highest educational qualification (p.16)

	Frequency	%	Valid %	Cumulative %
Year 10	2	1.1	1.1	1.1
Year 12	7	3.7	4	5.1
AOD Skillset	6	3.2	3.4	8.6
Certificate I-III	3	1.6	1.7	10.3
Certificate IV	25	13.2	14.3	24.6
Diploma	29	15.3	16.6	41.1
Advanced Diploma	4	2.1	2.3	43.4
Bachelor Degree	30	15.8	17.1	60.6
Graduate Certificate	21	11.1	12	72.6
Masters degree	41	21.6	23.4	96
Doctoral degree	3	1.6	1.7	97.7
Other-Fellow,GP	2	1.1	1.1	98.9
No formal	2	1.1	1.1	100
Total	175	92.1	100	
Missing	15	7.9		



Table 1.24(d) Lived experience categories (p.17; p.32)

	Frequency	%	Valid %	Cumulative %
personal	11	5.8	7.1	6.5
personal; treatment	8	4.2	5.1	12.2
personal; family/other	19	10	12.2	24.4
personal; treatment; family/other	21	11.1	13.5	37.9
treatment; family/other	1	0.5	0.6	38.5
family/other	49	25.8	31.4	69.9
None	47	24.7	30.1	100
Total	156	82.1	100	
Missing (incl. prefer not to say)	34	17.9		



Table 1.25(d) Smoking status (p.18; p.46)				
	Frequency	Percent	Valid Percent	Cumulative Percent
Current daily smoker	27	14.2	16.2	16.2
Occasional smoker	10	5.3	6	22.2
Ex-smoker	61	32.1	36.5	58.7
Non-smoker	67	35.3	40.1	98.8
Other	2	1.1	1.2	100
Total	167	87.9	100	
Missing	23	12.1		

Table 1.26(d) Vaping status (p.18; p.46)				
	Frequency	Percent	Valid Percent	Cumulative Percent
Daily	16	8.4	9.5	9.5
At least weekly (but not daily)	5	2.6	3	12.4
At least monthly (but not weekly)	0	0	0	0
Less than monthly	9	4.7	5.3	17.8
I used to use them, but no longer use	16	8.4	9.5	27.2
I have only tried them once or twice	29	15.3	17.2	44.4
I have never used them	94	49.5	55.6	100
Total	169	88.9	100	
Missing	21	11.1		



## D.2 Data tables for Section 2

Table 2.1(d) Intention to leave (p.23)

	Intention to leave organisation	Intention to leave sector
N	160	161
Missing	30	29
Mean	6.8688	6.472
Median	6	6
Mode	3	3
Std. Deviation	3.45523	3.04356



Table 2.2(d) Correlations of intention to leave with job satisfaction measures (p.24)

	ITL_org	ITL_sect	Feel burnt out	Feel exhausted	Feel enthused	Work mean	Work esteem	Stigma	Job Satisfac
ITL_org	1	.734**	.422**	.431**	-.542**	-.412**	-.544**	.267**	-.707**
ITL_sect	.734**	1	.440**	.440**	-.554**	-.423**	-.411**	.316**	-.538**
Feel burnt out	.588**	.552**	1	.615**	-.285**	-.457**	-.463**	.323**	-.602**
Feel exhausted	.431**	.440**	.615**	1	-.377**	-.293**	-.331**	.284**	-.437**
Feel enthused	-.542**	-.554**	-.285**	-.377**	1	.593**	.481**	-.251**	.615**
Work mean	-.412**	-.423**	-.457**	-.293**	.593**	1	.240**	-.211**	.450**
Work esteem	-.544**	-.411**	-.463**	-.293**	.481**	.240**	1	-.240**	.637**
Stigma	.267**	.316**	.323**	.284**	-.251**	-.211**	-.240**	1	-.212**
Job Satisfac	-.707**	-.538**	-.602**	-.437**	.615**	.450**	.637**	-.212**	1
** Correlation is significant at the 0.01 level (2-tailed).									



### D.3 Data tables for Section 3

Table 3.1(d) Cert IV as minimum qualification (p. 26)				
	Frequency	%	Valid %	Cumulative %
Yes	111	58.4	63.4	63.4
No-should be higher	16	8.4	9.1	72.6
No-should be lower	8	4.2	4.6	77.1
I don't know	27	14.2	15.4	92.6
Other	13	6.8	7.4	100
Total	175	92.1	100	
Missing	15	7.9		

Table 3.2(d) Meets QS requirements (p. 27)				
	Frequency	%	Valid %	Cumulative %
Required to meet & met	100	52.6	55.6	55.6
Required to meet & not met	28	14.7	15.6	71.1
Not required to meet & met	12	6.3	6.7	77.8
Not required to meet & not met	24	12.6	13.3	91.1
Required to meet & unclear if met	10	5.3	5.6	96.7
Not required to meet & unclear met	2	1.1	1.1	97.8
Required to meet & met except First Aid	4	2.1	2.2	100
Total	180	94.7	100	
Missing	10	5.3		



Table 3.3(d) How QS is being met (p. 28)				
	Frequency	%	Valid %	Cumulative %
Cert IV	78	41.1	55.3	55.3
Bachelor + Skill Set	25	13.2	17.7	73
Alt. Cert IV + Skill Set	7	3.7	5	78
B. or above (no skillset)	13	6.8	9.2	87.2
No First Aid	4	2.1	2.8	90.1
Skill Set only	4	2.1	2.8	92.9
Partial skill set	4	2.1	2.8	95.7
Higher level addiction study	3	1.6	2.1	97.9
No pathway	3	1.6	2.1	100
Total	141	74.2	100	
Missing	49	25.8		



## D.4 Data tables for Section 4

Table 4.1(d) Correlations with Personal Lived Experience (LE) (p.33)

	LE	Gen	FN	CALD	LOTE	LGBT+	Disability	Cig	Vape	Trauma	MH	Ed	ITL
	1	-.168*	.205*	-.104	-.115	.251**	.167*	-.461**	-.302**	.188*	-.190*	-.290**	-.179*
n	-.168*	1	-.133	.048	.013	.190*	-.094	.027	.048	-.030	0.10	.193*	0.125
	.205*	-.133	1	.083	.081	.006	-.061	-.154	0	.055	.023	-.183*	-.042
LD	-.104	0.048	0.083	1	.795**	-0.059	-0.107	0.099	0.017	-.206*	0.039	0.151	0.061
TE	-.115	0.013	0.081	.795**	1	-0.113	-0.113	.157*	0.06	-.190*	0.046	0.141	0.027
BT+	.251**	.190*	0.006	-0.059	-0.113	1	0.111	-0.055	-.251**	0.158	0.021	-0.138	0.074
abili	.167*	-0.094	-0.061	-0.107	-0.113	0.111	1	-.182*	-0.12	-0.001	0.048	-.161*	0.048
	-.461**	0.027	-0.154	0.099	.157*	-0.055	-.182*	1	.357**	-0.046	-0.023	.273**	0.112
pe	-.302**	0.048	0	0.017	0.06	-.251**	-0.12	.357**	1	-0.024	-0.042	.200**	0.05
uma	.188*	-0.03	0.055	-.206*	-.190*	0.158	-0.001	-0.046	-0.024	1	-0.065	-0.085	-0.167*
	-.190*	0.1	0.023	0.039	0.046	0.021	0.048	-0.023	-0.042	-0.065	1	0.056	0.016
	-.290**	.193*	-.183*	0.151	0.141	-0.138	-.161*	.273**	.200**	-0.085	0.056	1	0.062
	-.179*	0.125	-0.042	0.061	0.027	0.074	0.048	0.112	0.05	-.167*	0.016	0.062	1

\* Correlation is significant at the 0.05 level (2-tailed); \*\* Correlation is significant at the 0.01 level (2-tailed)



Table 4.2(d) Disclosed lived experience (p.34)				
	Frequency	%	Valid %	Cumulative %
No	19	10	17.4	17.4
Yes	90	47.4	82.6	100
Total	109	57.4	100	
Missing	81	42.6		

Table 4.3(d) Experience of disclosing (p.34)				
	Frequency	%	Valid %	Cumulative %
Neutral	22	11.6	24.4	24.4
Somewhat positive	11	5.8	12.2	36.7
Wholly positive	57	30	63.3	100

Table 4.4(d) Why not disclose (p.34)					
Workplace discourages	Expect judgement	Cautious due to stigma	Not relevant	No opportunity	Other
2	2	3	17	8	3

Table 4.5(d) Why disclose (p.34)					
Employed in peer role	Support visibility	Non-disclosure difficult	Challenge stigma	Right thing to do	Other
22	41	13	38	40	24



Table 4.6a(d) Organisation support of the lived experience (LE) workforce (p.35)				
	Frequency	%	Valid %	Cumulative %
LE Supportive workplace (n=108)				
Strongly disagree	3	1.6	2.8	2.8
Disagree	2	1.1	1.9	4.6
Neither	24	12.6	22.2	26.9
Agree	27	14.2	25	51.9
Strongly agree	52	27.4	48.1	100
LE Encouraged to use (n=108)				
Strongly disagree	4	2.1	3.7	3.7
Disagree	3	1.6	2.8	6.5
Neither	51	26.8	47.2	53.7
Agree	22	11.6	20.4	74.1
Strongly agree	28	14.7	25.9	100
LE negative career (n=108)				
Strongly disagree	52	27.4	48.1	48.1
Disagree	29	15.3	26.9	75
Neither	25	13.2	23.1	98.1
Agree	1	0.5	0.9	99.1
Strongly agree	1	0.5	0.9	100
LE discuss negative impact (n=105)				
Strongly disagree	3	1.6	2.9	2.9
Disagree	2	1.1	1.9	4.8
Neither	25	13.2	23.8	28.6
Agree	31	16.3	29.5	58.1
Strongly agree	44	23.2	41.9	100



Table 4.6b(d) Organisation support of the lived experience (LE) workforce (p.35)				
LE training (n=105)				
Disagree	3	1.6	2.9	2.9
Neither	23	12.1	21.9	24.8
Agree	37	19.5	35.2	60
Strongly agree	42	22.1	40	100
LE harder balance (n=105)				
Strongly disagree	48	25.3	45.7	45.7
Disagree	25	13.2	23.8	69.5
Neither	25	13.2	23.8	93.3
Agree	5	2.6	4.8	98.1
Strongly agree	2	1.1	1.9	100
LE restrictions (n=103)				
Strongly disagree	57	30	55.3	55.3
Disagree	24	12.6	23.3	78.6
Neither	20	10.5	19.4	98.1
Agree	1	0.5	1	99
Strongly agree	1	0.5	1	100



Table 4.7(d) PWUD not reliable (p.36)				
	Frequency	%	Valid %	Cumulative %
Strongly disagree	33	17.4	19.8	19.8
Disagree	42	22.1	25.1	44.9
Neither agree nor disagree	63	33.2	37.7	82.6
Agree	20	10.5	12	94.6
Strongly agree	9	4.7	5.4	100
Total	167	87.9	100	
Missing	23	12.1		

Table 4.8(d) LE Stigma (n=105) (p.36)				
	Frequency	%	Valid %	Cumulative %
Strongly disagree	55	28.9	52.4	52.4
Disagree	20	10.5	19	71.4
Neither	23	12.1	21.9	93.3
Agree	3	1.6	2.9	96.2
Strongly agree	4	2.1	3.8	100



Table 4.9(d) Crosstabulation: Peer worker \* Direct client contact (p.37)

		Direct client contact no/yes		Total
		No	Yes	
Peer worker role no/yes	No	37	123	160
	Yes	1	18	19
Total		38	141	179

Table 4.10(d) Correlations between peer work and demographics - AODW only (p.37)

Peer worker	Age	Gender	First Nations	CALD	LGBT+	Disability	Carer
1	-.063	-.205	-.006	.043	-.054	.105	.222
	.614	.930	.960	.728	.663	.386	.062
83	67	68	69	67	67	70	71

Table 4.11(d) Correlations between peer work and demographics - all workers (p.37)

Peer worker	Age	Gender	First Nations	CALD	LGBT+	Disability	Carer
1	-.084	-.210**	-.028	.003	.046	.066	.110
	.306	.008	.725	.975	.577	.401	.165
184	152	157	157	155	152	162	162



Table 4.12(d) Correlations between peer work and work status - AODW only (p.38)

Peer worker	Perma.	Overtm	Income	Full time	Time position	Time org.	Time sector	First role
1	-.306**	-.002	-.159	-.159	-.153	-.072	-.087	.277*
	.005	.984	.178	.153	.186	.519	.458	.015
83	83	82	73	82	77	82	75	77

Table 4.13(d) Correlations between peer work and workplace support for lived experience - AODW only (p.38)

Peer worker	LE Support. work	LE encourage use	LE negative career	LE discuss negative impact	LE training	LE harder balance	LE restriction	LE Stigma
1	-.004	.353**	-.102	-.173	.015	-.052	-.048	-.061
	.976	.006	.442	.199	.909	.698	.721	.649
83	59	59	59	57	59	58	57	58

Table 4.14(d) Correlations between peer work and highest level of education - AODW only (p.38)

		Peer worker	Bachelor degree or higher
Peer worker	Pearson Correlation	1	-.090
	Sig. (2-tailed)		.438
	N	83	76
Bachelor degree or higher	Pearson Correlation	-.090	1
	Sig. (2-tailed)	.438	
	N	76	77



Table 4.15(d) Correlations between peer work and meeting QS requirements - AODW only (p.39)

		Peer worker	Meets QS
Peer worker	Pearson	1	-.041
	Sig. (2-tailed)		.720
	N	83	79
Meets QS	Pearson	-.041	1
	Sig. (2-tailed)	.720	
	N	79	80

Table 4.16(d) Correlations between peer work and wellbeing and satisfaction measures - AODW only (p.39)

Peer work	Wellbeing	Burn out	Work mean	Time press	Confident ability	Esteem	ITL org	ITL sector	Stigma	Job Satis
1	-.038	.003	.115	.048	-.009	.084	-.096	-.116	.338**	.066
	.753	.983	.348	.694	.940	.492	.429	.337	.005	.590
83	70	70	69	70	69	69	70	70	67	70

Table 4.17(d) Wellbeing and satisfaction scores for peer workers (p.39)

Peer work	Wellbeing	Burn out	Work mean	Time press	Confident ability	Esteem	ITL org	ITL sector	Stigma	Job Satis
N	Valid	17	17	17	17	17	17	17	17	16
Mean		38.4118	7.2353	4.76	3	4.29	13.8235	6.1176	5.6471	20.625



## D.5 Data tables for Section 5



Table 5.1(d) Clinical knowledge (p.40)

		Frequency	%	Valid%	Cumulative %
Clinical know drug interactions (N=132)					
Valid	Disagree	3	2.3	2.3	2.3
	Neither	15	11.4	11.4	13.6
	Agree	67	50.8	50.8	64.4
	Strongly agree	46	34.8	34.8	99.2
	Not applicable	1	0.8	0.8	100
Clinical know overdose (n=131)					
Valid	Disagree	3	2.3	2.3	2.3
	Neither	9	6.8	6.9	9.2
	Agree	58	43.9	44.3	53.4
	Strongly agree	59	44.7	45	98.5
	Not applicable	2	1.5	1.5	100
Clinical know BI (n=131)					
Valid	Neither	9	6.8	6.9	6.9
	Agree	58	43.9	44.3	51.1
	Strongly agree	62	47	47.3	98.5
	Not applicable	2	1.5	1.5	100
Clinical know classifications (n=130)					
Valid	Strongly disagree	4	3	3.1	3.1
	Disagree	19	14.4	14.6	17.7
	Neither	28	21.2	21.5	39.2
	Agree	50	37.9	38.5	77.7
	Strongly agree	26	19.7	20	97.7
	Not applicable	3	2.3	2.3	100



Table 5.2(d) Recognising and responding to service user needs (p.41)

		Frequency	%	Valid%	Cumulative %
Client_needs_UI (n=131)					
Valid	Disagree	1	0.8	0.8	0.8
	Neither	7	5.3	5.3	6.1
	Agree	60	45.5	45.8	51.9
	Strongly agree	62	47	47.3	99.2
	Not applicable	1	0.8	0.8	100
Client_needs_MH (n=131)					
Valid	Disagree	1	0.8	0.8	0.8
	Neither	12	9.1	9.2	9.9
	Agree	70	53	53.4	63.4
	Strongly agree	47	35.6	35.9	99.2
	Not applicable	1	0.8	0.8	100
Client_needs_Relapse (n=131)					
Valid	Disagree	4	3	3.1	3.1
	Neither	9	6.8	6.9	9.9
	Agree	66	50	50.4	60.3
	Strongly agree	49	37.1	37.4	97.7
	Not applicable	3	2.3	2.3	100
Client_needs_harm_reduction (n=131)					
Valid	Disagree	1	0.8	0.8	0.8
	Neither	7	5.3	5.3	6.1
	Agree	62	47	47.3	53.4
	Strongly agree	59	44.7	45	98.5
	Not applicable	2	1.5	1.5	100



Table 5.3(d) Strategies and skills (p.41)				
	Frequency	%	Valid%	Cumulative %
Skills_trauma (n=129)				
Disagree	4	3	3.1	3.1
Neither	10	7.6	7.8	10.9
Agree	56	42.4	43.4	54.3
Strongly agree	54	40.9	41.9	96.1
Not applicable	5	3.8	3.9	100
Skills_evidence_tools (n=130)				
Disagree	6	4.5	4.6	4.6
Neither	24	18.2	18.5	23.1
Agree	56	42.4	43.1	66.2
Strongly agree	37	28	28.5	94.6
Not applicable	7	5.3	5.4	100
Skills_pharmacotherapy (n=129)				
Disagree	20	15.2	15.5	15.5
Neither	24	18.2	18.6	34.1
Agree	50	37.9	38.8	72.9
Strongly agree	29	22	22.5	95.3
Not applicable	6	4.5	4.7	100
Skills_behaviour_change (n=130)				
Disagree	3	2.3	2.3	2.3
Neither	12	9.1	9.2	11.5
Agree	58	43.9	44.6	56.2
Strongly agree	49	37.1	37.7	93.8
Not applicable	8	6.1	6.2	100



Table 5.4(d) Screening and assessment (p.42)				
	Frequency	%	Valid%	Cumulative %
Screening_tools (n=131)				
Disagree	3	2.3	2.3	2.3
Neither	10	7.6	7.6	9.9
Agree	62	47	47.3	57.3
Strongly agree	48	36.4	36.6	93.9
Not applicable	8	6.1	6.1	100
Screening_MH (n=131)				
Disagree	1	0.8	0.8	0.8
Neither	8	6.1	6.1	6.9
Agree	64	48.5	48.9	55.7
Strongly agree	54	40.9	41.2	96.9
Not applicable	4	3	3.1	100
Screening_DFV (n=130)				
Disagree	2	1.5	1.5	1.5
Neither	15	11.4	11.5	13.1
Agree	62	47	47.7	60.8
Strongly agree	47	35.6	36.2	96.9
Not applicable	4	3	3.1	100
Screening_gambling (n=131)				
Strongly disagree	3	2.3	2.3	2.3
Disagree	30	22.7	22.9	25.2
Neither	28	21.2	21.4	46.6
Agree	40	30.3	30.5	77.1
Strongly agree	20	15.2	15.3	92.4
Not applicable	10	7.6	7.6	100



Table 5.5(d) Access and equity (p.42)				
	Frequency	%	Valid%	Cumulative %
Access_culturally_appropriate (n=131)				
Strongly disagree	1	0.8	0.8	0.8
Neither	7	5.3	5.3	6.1
Agree	75	56.8	57.3	63.4
Strongly agree	47	35.6	35.9	99.2
Not applicable	1	0.8	0.8	100
Access_interpreters (n=131)				
Strongly disagree	2	1.5	1.5	1.5
Disagree	13	9.8	9.9	11.5
Neither	22	16.7	16.8	28.2
Agree	59	44.7	45	73.3
Strongly agree	32	24.2	24.4	97.7
Not applicable	3	2.3	2.3	100
Access_LEW (n=131)				
Disagree	4	3	3.1	3.1
Neither	30	22.7	22.9	26
Agree	55	41.7	42	67.9
Strongly agree	37	28	28.2	96.2
Not applicable	5	3.8	3.8	100
Respond_stigma (n=131)				
Disagree	2	1.5	1.5	1.5
Neither	9	6.8	6.9	8.4
Agree	62	47	47.3	55.7
Strongly agree	57	43.2	43.5	99.2
Not applicable	1	0.8	0.8	100



Table 5.6(d) Cultural safety (p.43)				
	Frequency	%	Valid%	Cumulative %
Cultural_safety_Aboriginal (n=133)				
Disagree	1	0.5	0.7	0.7
Neither	8		6.1	6.8
Agree	67	50.8	50.8	57.6
Strongly agree	57	42.4	42.4	100
Cultural_safety_CALD (n=133)				
Disagree	1	0.8	0.8	0.8
Neither	8	6.1	6.1	6.8
Agree	65	49.2	49.2	56.1
Strongly agree	59	43.9	43.9	100
Cultural_safety_LGBTIQA (n=133)				
Neither	5	3.8	3.8	3.8
Agree	60	45.5	45.5	49.2
Strongly agree	68	50.8	50.8	100
Total	132	100	100	
Cultural_safety_disability (n=132)				
Neither	7	5.3	5.3	5.3
Agree	69	52.3	52.7	58
Strongly agree	56	41.7	42	100



Table 5.7(d) Managing complexity and risk (p.43)

	Frequency	%	Valid%	Cumulative %
Complexity_behaviours (n=132)				
Disagree	2	1.5	1.5	1.5
Neither	8	6.1	6.1	7.6
Agree	69	52.3	52.3	59.8
Strongly agree	49	37.1	37.1	97
Not applicable	4	3	3	100
Complexity_deescalation (n=132)				
Disagree	4	3	3	3
Neither	10	7.6	7.6	10.6
Agree	67	50.8	50.8	61.4
Strongly agree	50	37.9	37.9	99.2
Not applicable	1	0.8	0.8	100
Complexity_MH (n=132)				
Disagree	3	2.3	2.3	2.3
Neither	10	7.6	7.6	9.8
Agree	69	52.3	52.3	62.1
Strongly agree	47	35.6	35.6	97.7
Not applicable	3	2.3	2.3	100
Complexity_safety_plans (n=132)				
Disagree	3	2.3	2.3	2.3
Neither	13	9.8	9.8	12.1
Agree	67	50.8	50.8	62.9
Strongly agree	44	33.3	33.3	96.2
Not applicable	5	3.8	3.8	100



Table 5.8(d) System navigation (p.44)				
	Frequency	%	Valid%	Cumulative %
Systems_collaboration (n=132)				
Disagree	1	0.8	0.8	0.8
Neither	9	6.8	6.8	7.6
Agree	56	42.4	42.4	50
Strongly agree	65	49.2	49.2	99.2
Not applicable	1	0.8	0.8	100
Systems_referrals (n=132)				
Disagree	3	2.3	2.3	2.3
Neither	15	11.4	11.4	13.6
Agree	72	54.5	54.5	68.2
Strongly agree	39	29.5	29.5	97.7
Not applicable	3	2.3	2.3	100
Systems_families (n=129)				
Strongly disagree	1	0.8	0.8	0.8
Disagree	5	3.8	3.9	4.7
Neither	21	15.9	16.3	20.9
Agree	61	46.2	47.3	68.2
Strongly agree	34	25.8	26.4	94.6
Not applicable	7	5.3	5.4	100
Systems_policy (n=131)				
Disagree	10	7.6	7.6	7.6
Neither	22	16.7	16.8	24.4
Agree	69	52.3	52.7	77.1
Strongly agree	28	21.2	21.4	98.5
Not applicable	2	1.5	1.5	100



Table 5.9(d) Leadership (p.44)				
	Frequency	%	Valid %	Cumulative %
Leadership_supervision (n=41)				
Disagree	1	0.5	2.4	2.4
Neither	2	1.1	4.9	7.3
Agree	15	7.9	36.6	43.9
Strongly agree	22	11.6	53.7	97.6
Not applicable	1	0.5	2.4	100
Leadership_incidents (n=43)				
Neither	1	0.5	2.3	2.3
Agree	17	8.9	39.5	41.9
Strongly agree	25	13.2	58.1	100
Leadership_difficult_conversations (n=43)				
Disagree	2	1.1	4.7	4.7
Neither	1	0.5	2.3	7
Agree	19	10	44.2	51.2
Strongly agree	21	11.1	48.8	100
Leadership_management (n=42)				
Disagree	1	0.5	2.4	2.4
Agree	19	10	45.2	47.6
Strongly agree	22	11.6	52.4	100



## D.6 Data tables for Section 6

Table 6.1(d) I ask service users if they use a tobacco product (n=92) (p.47)

	Frequency	%	Valid %	Cumulative %
Never	10	5.3	10.9	10.9
Sometimes	12	6.3	13	23.9
About half the time	2	1.1	2.2	26.1
Most of the time	16	8.4	17.4	43.5
Always	42	22.1	45.7	89.1
Not applicable	10	5.3	10.9	100
Total	92	48.4	100	
Error not displayed	39	20.5		
Missing	59	31.1		

Table 6.2(d) I ask service users if they use electronic cigarettes (n=92) (p.47)

	Frequency	%	Valid %	Cumulative %
Never	11	5.8	12	12
Sometimes	14	7.4	15.2	27.2
About half the time	5	2.6	5.4	32.6
Most of the time	16	8.4	17.4	50
Always	35	18.4	38	88
Not applicable	11	5.8	12	100
Total	92	48.4	100	
Error not displayed	39	20.5		
Missing	59	31.1		



Table 6.3(d) Smoking cessation advice (n=91) (p.47)				
	Frequency	%	Valid %	Cumulative %
Never	9	4.7	9.9	9.9
Sometimes	17	8.9	18.7	28.6
About half the time	4	2.1	4.4	33
Most of the time	22	11.6	24.2	57.1
Always	31	16.3	34.1	91.2
Not applicable	8	4.2	8.8	100
Total	91	47.9	100	
Error not displayed	39	20.5		
Answer deleted	7	3.7		
Missing	53	27.9		

Table 6.4(d) Vaping cessation support (n=91) (p.47)				
	Frequency	%	Valid %	Cumulative %
Never	11	5.8	12.1	12.1
Sometimes	22	11.6	24.2	36.3
About half the time	5	2.6	5.5	41.8
Most of the time	19	10	20.9	62.6
Always	27	14.2	29.7	92.3
Not applicable	7	3.7	7.7	100
Total	91	47.9	100	
Error not displayed	39	20.5		
Answer deleted	7	3.7		
Missing	53	27.9		



Table 6.5(d) Knowledge and understanding of the harms and risks of tobacco use (n=129) (p.48)

	Frequency	%	Valid %	Cumulative %
Neither	2	1.1	1.6	1.6
Agree	53	27.9	41.1	42.6
Strongly agree	74	38.9	57.4	100
Total	129	67.9	100	
Not applicable	1	0.5		

Table 6.6(d) Confident talking to service users about smoking and its effects (n=128) (p.48)

	Frequency	%	Valid %	Cumulative %
Disagree	3	1.6	2.3	2.3
Neither	10	5.3	7.8	10.2
Agree	57	30	44.5	54.7
Strongly agree	58	30.5	45.3	100
Total	128	67.4	100	
Not applicable	1	0.5		

Table 6.7(d) Confident providing information on smoking cessation treatments and their outcomes (n=125) (p.48)

	Frequency	%	Valid %	Cumulative %
Disagree	4	2.1	3.2	3.2
Neither	20	10.5	16	19.2
Agree	51	26.8	40.8	60
Strongly agree	50	26.3	40	100
Total	125	65.8	100	
Not applicable	4	2.1		



Table 6.8(d) Confident providing a brief intervention for smoking (n=127) (p.48)

	Frequency	%	Valid %	Cumulative %
Disagree	7	3.7	5.5	5.5
Neither	16	8.4	12.6	18.1
Agree	59	31.1	46.5	64.6
Strongly agree	45	23.7	35.4	100
Total	127	66.8	100	
Not applicable	2	1.1		

Table 6.9(d) Know where to refer people for additional support around smoking cessation (n=126) (p.48)

	Frequency	%	Valid %	Cumulative %
Disagree	4	2.1	3.2	3.2
Neither	16	8.4	12.7	15.9
Agree	60	31.6	47.6	63.5
Strongly agree	46	24.2	36.5	100
Total	126	66.3	100	
Not applicable	3	1.6		

Table 6.10(d) Confident providing information about vaping as an alternative to smoking (p.48)

	Frequency	%	Valid %	Cumulative %
Strongly disagree	1	0.5	0.8	0.8
Disagree	16	8.4	13.3	14.2
Neither	21	11.1	17.5	31.7
Agree	48	25.3	40	71.7
Strongly agree	34	17.9	28.3	100
Total	120	63.2	100	
Not applicable	6	3.2		



Table 6.11(d) Knowledge and understanding of the harms and risks of vaping (p.48)

	Frequency	%	Valid %	Cumulative %
Disagree	6	3.2	4.8	4.8
Neither	17	8.9	13.6	18.4
Agree	70	36.8	56	74.4
Strongly agree	32	16.8	25.6	100
Total	125	65.8	100	
Not applicable	3	1.6		

Table 6.12(d) Confident talking to service users about vaping and its effects (p.48)

Strongly disagree	1	0.5	0.8	0.8
Disagree	12	6.3	9.6	10.4
Neither	25	13.2	20	30.4
Agree	54	28.4	43.2	73.6
Strongly agree	33	17.4	26.4	100
Total	125	65.8	100	
Not applicable	3	1.6		

Table 6.13(d) Confident providing information on vaping cessation treatments and their outcomes (p.48)

Strongly disagree	1	0.5	0.8	0.8
Disagree	20	10.5	16.3	17.1
Neither	22	11.6	17.9	35
Agree	46	24.2	37.4	72.4
Strongly agree	34	17.9	27.6	100
Total	123	64.7	100	
Not applicable	5	2.6		



Table 6.14(d) Confident providing a brief intervention for vaping (n=124) (p.48)				
	Frequency	%	Valid %	Cumulative %
Disagree	22	11.6	17.7	17.7
Neither	18	9.5	14.5	32.3
Agree	52	27.4	41.9	74.2
Strongly agree	32	16.8	25.8	100
Total	124	65.3	100	
Not applicable	4	2.1		

Table 6.15(d) Know where to refer people for additional support around vaping cessation (n=123) (p.48)				
Strongly disagree	3	1.6	2.4	2.4
Disagree	17	8.9	13.8	16.3
Neither	19	10	15.4	31.7
Agree	55	28.9	44.7	76.4
Strongly agree	29	15.3	23.6	100
Total	123	64.7	100	
Not applicable	5	2.6		

Table 6.16(d) Understand current vaping legislation and how it impacts users at my service (n=125) (p.48)				
Strongly disagree	1	0.5	0.8	0.8
Disagree	22	11.6	17.6	18.4
Neither agree nor disagree	32	16.8	25.6	44
Agree	45	23.7	36	80
Strongly agree	25	13.2	20	100
Total	125	65.8	100	
Not applicable	3	1.6		



## D.7 Data tables for Section 7

Table 7.1(d) Wellbeing measures (p.52-53)

	Psychological health	Physical health	Quality of life	Overall wellbeing score
N	163	163	163	163
Mean	13.48	12.69	14.51	40.6748
Median	14	13	15	42
Mode	15	10	15	

Table 7.2(d) Correlations of overall wellbeing (p.53)

		Overall wellbeing	Education	Stigma	Work esteem
Overall wellbeing	Pearson Correlation	1	.210**	-.189*	.229**
	Sig. (2-tailed)		.007	.018	.004
	N	163	162	157	160
Education	Pearson Correlation	.210**	1	.031	.084
	Sig. (2-tailed)	.007		.703	.291
	N	162	175	156	161
Stigma	Pearson Correlation	-.189*	.031	1	-.304**
	Sig. (2-tailed)	.018	.703		<.001
	N	157	156	157	156
Work esteem	Pearson Correlation	.229**	.084	-.304**	1
	Sig. (2-tailed)	.004	.291	<.001	
	N	160	161	156	161



Table 7.3(d) Burnout scores (p.54)		Feel burnt out	Feel exhausted	Feel enthusiastic
N	Valid	163	163	163
Mean		2.49	2.56	3.83

Table 7.4(d) Correlations of burnout

	Feel burnt out	Feel exhausted	Feel enthused	Hours fortnight	Income	Age	Gender	First Nations	CALD	LOTE at home	LOTE at work	LGBT+	Disability	Carer
Feel burnt out	1	.615**	-.285*	.186*	.259**	-.182*	.186*	-.114	-.002	.019	-.065	.144	-.095	-.073
		<.001	<.001	.018	.002	.025	.020	.155	.982	.813	.410	.079	.231	.354
Feel exhausted	.615**	1	-.377*	.152	.195*	-.043	.196*	-.014	-.050	-.027	-.005	.116	-.048	-.022
	<.001	<.001	<.001	.055	.018	.596	.014	.862	.542	.732	.948	.155	.543	.786
Feel enthused	-.285*	-.377*	1	.024	-.075	.008	-.113	.048	.099	.084	.117	.060	.091	.096
	<.001	<.001		.765	.365	.918	.159	.552	.224	.288	.141	.465	.249	.226
	163	163	163	161	147	152	156	156	154	162	161	151	161	161



Table 7.5(d) Correlations of burnout with wellbeing and satisfaction (p.54)

	Feel burnt out	Feel exhausted	Feel enthused	Overall wellbeing	Work meaning	Time pressure	Confident ability	Workstress	ITL org	ITL sector	Stigma	Job Satisfaction
Feel burnt out	1	.615**	-.285**	-.480**	-.207**	.281**	-.187*	-.357**	.422**	.320**	.233**	-.387**
		<.001	<.001	<.001	.009	<.001	0.018	<.001	<.001	<.001	.003	<.001
	163	163	163	163	160	161	160	160	159	160	157	159
Feel exhausted	.615**	1	-.377**	-.497**	-.293**	.235**	-0.139	-.331**	.431**	.440**	.284**	-.437**
	<.001	<.001	<.001	<.001	<.001	.003	.079	<.001	<.001	<.001	<.001	<.001
	163	163	163	163	160	161	160	160	159	160	157	159
Feel enthused	-.285**	-.377**	1	.213**	.593**	.079	.299**	.481**	-.542**	-.554**	-.251**	.615**
	<.001	<.001		.006	<.001	.319	<.001	<.001	<.001	<.001	.002	<.001
	163	163	163	163	160	161	160	160	159	160	157	159



Table 7.6(d) Job Satisfaction Scale (p.55)

	Frequency	%	Valid %	Cumulative %
Completely unsatisfied	2	1.1	1.3	1.3
Unsatisfied	13	6.8	8.1	9.4
Neither satisfied nor unsatisfied	16	8.4	10	19.4
Satisfied	93	48.9	58.1	77.5
Completely satisfied	36	18.9	22.5	100
Total	160	84.2	100	



Table 7.7(d) Correlations of job satisfaction (p.56)

	Job Satisfacti	Work meaning	Time pressure	Confident ability	Work esteem	ITL org	ITL sector	Innovation
Job Satisfaction	1	.450**	.078	.185*	.695**	-.707**	-.538**	.609**
		<.001	.328	0.02	<.001	<.001	<.001	<.001
	160	158	160	158	160	159	160	160
Work meaning	.450**	1	.096	.281**	.318**	-.412**	-.423**	.395**
	<.001		.226	<.001	<.001	<.001	<.001	<.001
	158	160	160	160	159	158	159	159
Time pressure	.078	.096	1	.103	.122	-.036	.034	.104
	.328	.226		.197	.122	.648	.665	.190
	160	160	162	160	161	160	161	161
Confident ability	.185*	.281**	.103	1	.221**	-.079	-.117	.199*
	.020	<.001	.197		.005	.323	.143	.012
	158	160	160	160	159	158	159	159
Work esteem	.695**	.318**	.122	.221**	1	-.628**	-.503**	.665**
	<.001	<.001	.122	.005		<.001	<.001	<.001
	160	159	161	159	161	160	161	161
ITL org	-.707**	-.412**	-.036	-.079	-.628**	1	.734**	-.541**
	<.001	<.001	.648	.323	<.001		<.001	<.001
	159	158	160	158	160	160	160	160
ITL sector	-.538**	-.423**	.034	-.117	-.503**	.734**	1	-.395**
	<.001	<.001	.665	.143	<.001	<.001		<.001
	160	159	161	159	161	160	161	161
Innovation	.609**	.395**	.104	.199*	.665**	-.541**	-.395**	1
	<.001	<.001	.190	0.012	<.001	<.001	<.001	
	160	159	161	159	161	160	161	161



Table 7.8(d) Stigma by association (p.57)		
N	Valid	157
	Missing	33
Mean		16.3312/7
		2.333

Table 7.9(d) Correlations of stigma by association with selected characteristics (p. 59)						
	Stigma	Gender	Peer worker	Weekly income	Education	Lived experience
Stigma	1	.144	.241**	.110	.031	.129
		.079	.002	.195	.703	.127
	157	151	157	141	156	142
Gender	0.144	1	-.210**	0.085	.193*	0.008
	0.079		0.008	0.318	0.016	0.923
	151	157	157	141	156	143
Peer worker	.241**	-.210**	1	-.299**	-.187*	.230**
	0.002	0.008		<.001	0.013	0.004
	157	157	184	164	174	156
Weekly income	0.11	0.085	-.299**	1	.178*	-0.067
	0.195	0.318	<.001		0.026	0.43
	141	141	164	166	156	141
Education	0.031	.193*	-.187*	.178*	1	-.272**
	0.703	0.016	0.013	0.026		<.001
	156	156	174	156	175	155
Lived experience	0.129	0.008	.230**	-0.067	-.272**	1
	0.127	0.923	0.004	0.43	<.001	
	142	143	156	141	155	156



Table 7.10(d) Correlations of stigma by association with wellbeing and satisfaction (n=154) (p.58)

	Stigma	Wellbeing	Work meaning	Time pressure	Confident	Work esteem	ITL org	ITL sector	Innovation	Job Satisfy	Burnt out	Exhausted	Enthus ed
Stigma	--												
Wellbeing	-.198*	--											
	0.014												
Work meaning	-.200*	0.156	--										
	0.013	0.053											
Time pressure	0.063	-0.028	0.107	--									
	0.438	0.729	0.186										
Confident ability	-0.072	.166*	.213*	0.11	--								
	0.375	0.039	0.008	0.175									
Work esteem	-.317*	.303*	.337*	0.087	.222*	--							
	<.001	<.001	<.001	0.281	0.006								
ITL org	.262*	-.206*	-.414*	-0.039	-0.072	-.628*	--						
	0.001	0.011	<.001	0.633	0.377	<.001							
ITL sector	.322*	-0.116	-.411*	0.017	-0.076	-.507*	.732*	--					
	<.001	0.152	<.001	0.832	0.346	<.001	<.001						
Innovation	-.267*	.186*	.409*	0.07	.178*	.632*	-.536*	-.386*	--				
	<.001	0.021	<.001	0.391	0.027	<.001	<.001	<.001					
Job Satisfaction Scale	-.228*	.345*	.450*	0.073	0.15	.692*	-.700*	-.509*	.597*	--			
	0.005	<.001	<.001	0.368	0.063	<.001	<.001	<.001	<.001				
Burn out - overall	.251*	-.524*	-.225*	.316*	-.191*	-.336*	.422*	.320*	-.205*	-.363*	--		
	0.002	<.001	0.005	<.001	0.017	<.001	<.001	<.001	0.011	<.001			



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