

1 Technical annexe

This technical annexe provides details of the drug and alcohol workforce online survey exploring the experiences of people working in the drug and alcohol treatment and recovery sector (DATR) in England. The survey was commissioned by Office for Health Improvement and Disparities (OHID), part of the Department of Health and Social Care (DHSC) and conducted by Ipsos.

This annexe outlines the technical details on how survey fieldwork was conducted, and how data processing and analysis were carried out. It also includes the full questionnaire.

1.1 Scope for the survey

The workforce in scope of the survey comprised the following three groups in England:

- Individuals working in local authority commissioned drug and alcohol services.
- Anyone working in a lived experience recovery organisation (LERO),¹ whether commissioned by a local authority or not.
- People working in local authority commissioning of drug and alcohol services including commissioning leads and any other staff in the commissioning team.

Certain roles and individuals were not in scope for the survey. This included people working in drug and alcohol services in prisons and other settings where services are not commissioned by a local authority, and people working in services which only work with private paying customers, as these roles are out of scope of the 10-year strategic plan.² While unpaid volunteers and head office staff (such as senior management or central support staff) are in scope of the workforce strategic plan, they were excluded from this exercise to focus on paid frontline roles. The questionnaire was designed to screen out ineligible roles: 427 people were screened out at the start of the questionnaire at questions REGION, VOLSCREEN, ORGTYPE or FUNDING (see questionnaire below).

¹ LEROs are organisations independently led by people with lived experience of recovery that deliver a range of harm reduction interventions, peer support and recovery support.

² [10-year strategic plan for the drug and alcohol treatment and recovery workforce](#) pg. 16-17

1.2 Questionnaire development

1.2.1 Survey design and development

To ensure that the questionnaire was fit for purpose, an extensive development phase was carried out which included engagement with individuals working in the sector.

Prior to drafting the questionnaire, three workshops, with people in unregulated, regulated and commissioning DATR professions, were carried out in September 2024. Participants in the workshops discussed important topics for the survey to cover as well as wording and answer options for some key questions. 19 people took part overall. These co-design workshops were essential for shaping the questionnaire, refining key terminologies, and adapting the questionnaire to suit different roles within the sector.

Following the workshops, an initial questionnaire was produced. This underwent two rounds of cognitive testing between 23 September and 17 October 2024 with 14 participants from a variety of professions within the sector. The first round of cognitive testing helped to identify and rectify potential issues with question wording, ensuring clarity and comprehensibility. The refined questionnaire was then presented to an advisory group for further feedback to ensure it effectively reflected sector-specific needs. Following this, a second round of cognitive testing helped verify the changes and confirm the questionnaire's robustness.

Once finalised, the questionnaire included 38 questions with a mixture of closed and open-ended questions. The questions related to experiences working in DATR service delivery and commissioning, including workload, training opportunities, job satisfaction, benefits of working in the sector and challenges faced. There were also questions collecting basic demographic and geographic information (age, gender, ethnicity, disability, region), and whether or not respondents had lived experience of problems relating to drug or alcohol recovery, either their own or someone else's.

The survey did not ask for respondents' names or the names of their employers, in order to reassure participants that neither OHID nor their employer would know whether they had taken part in the survey. This means that analysis at employer level is not possible.

1.2.2 HSE Stress Indicator tool

The Health and Safety Executive (HSE) Stress Indicator Tool is an online tool available to organisations to help assess and manage work-related stress among employees. The tool is based on the HSE Management Standards approach to risk assessment.³

³ [Stress Indicator Tool \(SIT\)](#)

The tool uses a questionnaire focusing on seven key domains known to contribute to work-related stress: demands, control, managerial support, peer support, relationships, role, and change. Each statement is answered on a five-point scale (always/never or agree/disagree). These answers can then be scored: a score of 1 is assigned to the least favourable response and a score of 5 assigned to the most favourable. Scores are calculated by adding the numerical values of the responses for each of the seven domains and dividing by the number of questions in each domain to obtain an average (mean) score.

To keep survey length in line with agreed survey timings, it was decided that the drug and alcohol workforce survey would not include all seven domains. The following five domains were prioritised for this workforce, comprising 24 statements:

- Demands of the role (8 statements)
- Peer support (4 statements)
- Working relationships (4 statements)
- Clarity of role (5 statements)
- How organisational change is managed and communicated (3 statements)

Benchmark figures for each domain for public sector, healthcare, and the charity/not-for-profit sectors have been calculated by HSE and provided in the report for comparison. These benchmark figures came from employers who have previously used the Stress Indicator Tool (65 in the public sector and 10 specifically in the healthcare sector; and 12 in the charity/not-for-profit sector) between 2018 and 2024.⁴

1.3 Fieldwork

1.3.1 Pilot

A small-scale pilot was conducted in two regions between 14 and 17 November 2024 to identify any potential issues before launching the mainstage survey. This was a 'live' pilot which involved analysing data from initial responses to the survey and making a decision about whether any changes were needed or whether the survey could proceed.

Analysis of the pilot data, comprising 150 responses, focused on:

- Fieldwork outcomes and dropouts

⁴ https://books.hse.gov.uk/gempdf/Overall_benchmarking_report_v1.0.pdf

- Survey length
- Level of response for the answer options 'Don't know', 'Prefer not to say' and 'Other, please specify' options
- Answers to open-ended questions

Overall, the analysis of the pilot outcomes was reassuring. The number and proportion of dropouts at different points in the survey did not indicate any major issues with the different sections of the survey. Levels of "don't know" and "prefer not to say" responses were generally within acceptable levels. The exception to this was a minor concern about the number of people being screened out at FUNDING because they gave a "don't know" answer about whether or not their organisation was local-authority-funded: in response to this, the closing message for such participants was updated to encourage them to check their eligibility with a colleague or by contacting the survey team, and to return to complete the survey should they be eligible.

Otherwise, no changes were made for the mainstage survey, and responses received during the pilot stage were included in the overall dataset.

1.3.2 Mainstage survey

The survey was launched in all other regions on 18 November 2024 and closed 24 January 2025 (10 weeks). It took an average of 19 minutes to complete.

A total of 2,242 responses (before data cleaning) were achieved across the pilot and mainstage survey.

1.3.3 Survey dissemination

The survey was designed to be completed online using an open link. As there is no single, comprehensive list of members of the DATR workforce in England that could be used to contact respondents, an online survey with a shareable link was the most practical option for distributing the survey among the workforce.

The use of an open link was carefully controlled and managed to ensure the responses were genuine. To limit the risk of fraudulent responses, incentives were not offered for participating. Ipsos took several different approaches to quality assurance to ensure responses to the survey were genuine. This included monitoring the time taken to complete the survey and checks on IP addresses used to complete the survey. These extensive checks did not identify any suspicious responses. However, some duplicate responses were identified later on (see below): these responses were not identical, but had the same email address supplied for recontact. This was not picked up until the

survey had closed, since as standard procedure email addresses were stored separately to the survey data used for analysis, to ensure anonymity.

The survey was distributed across the workforce using the networks and mailing lists of OHID, umbrella bodies and larger VCSE organisations. Information about the survey was published in sector publications, and the survey link was shared on social media including LinkedIn and X. This approach aimed to reach a broad audience of individuals working within the sector.

The survey team used different versions of the link to the survey across different channels, in order to track and understand how individuals working in the DATR sector accessed the survey. This included unique links for the following channels:

- Email comms from OHID, umbrella organisations, and VCSEs who disseminated the survey (this link was also used in the frequently asked questions document)
- Social media graphics and messages posted online, including X and LinkedIn
- Press releases and newsletter text
- PDF posters which were distributed via email to be printed and displayed in office spaces
- A link provided at the end of the survey, encouraging further distribution among colleagues

By far the most common way of accessing the survey was through email links shared by OHID, umbrella bodies and larger VCSE organisations. A breakdown of access routes is shown in table 1.1.

Table 1.1: Number of completed responses by unique link for tracking

Source	Responses (before cleaning)
Email comms	2,037
Press releases and newsletter	106
Link at end of survey	93
Poster	5
Social	1

The survey was accessed in total 7,102 times. This includes those who completed or partially completed the survey, people who only read the introductory landing page and did not proceed further, and 427 people who were screened out as they were not eligible to complete the survey. Please note that individuals may have accessed the survey multiple times before completing, as the survey was set up as an open link which did not store answers. Therefore, it is not possible to know the true number of

individuals who attempted to access the survey, or who accessed it but did not complete it.

1.4 Data processing

1.4.1 Eligible responses

After data processing and cleaning, a total of 2,179 responses were available for data analysis. 38 responses were removed from dataset during data cleaning as they were deemed to be not eligible to complete the survey based on the job title they had provided.

25 duplicate responses (where the same person had done the survey twice) were identified after fieldwork closed and were cleaned out of the data set. These were identified based on e-mail addresses and reviewed in terms of titles, employer types, roles, demographics and free text answers. 9 participants appeared to have changed job or completed the survey about two different jobs: their first response was used. 16 participants appeared to have completed the survey twice about the same job: their most recent response was used on the assumption that this may be a correction or more up-to-date information.

Breakdowns of the eligible responses by profession group and type of organisation are shown in table 1.2 and table 1.3 respectively. ⁵

Please note the “% of survey response” refers the percentage of the total responses to the survey that this group represents and “% of workforce in this group (2024 census)” refers to the percentage this group represents within the workforce, according to the 2024 census.

Table 1.2: Number of eligible responses by profession group

Profession groups	Responses	% of survey response	% of workforce in this group (2024 census)
Peer support worker	67	3%	3%
Unregulated frontline worker	1,002	46%	55%
Regulated frontline worker	273	13%	12%
Management and administrative roles	637	29%	25%
Commissioning	162	7%	5%

⁵ These numbers do not sum to 2,204 as not all categories are shown.

Table 1.3: Number of eligible responses by organisation type

Profession groups	Responses	% of survey response	% of workforce in this group (2024 census)
LEROs	135	6%	3%
Charity/ voluntary/not-for-profit	1,566	72%	78%
Local authority	267	12%	8%
NHS	187	9%	9%
For-profit company	24	1%	2%

1.4.2 Coding of open text and 'other specify'

To analyse answers to the open-ended questions and 'other specify' responses, a structured system (a codeframe) was developed to categorise the responses into themes or groups. These coded responses were integrated into the final data set. Forty themes were identified for the question 'What do you like about your job' and 37 for the question 'What, if anything, would make you feel more supported in your role, or improve your quality of life at work?'.

'Other specify' responses were coded in a similar way to identify common themes in responses. A total of 6 'other specify' responses were included in the questionnaire, including one at the question on job title.

The coding process also involved the creation of some new job title categories to cover roles that were not listed in the questionnaire but were provided at the 'other specify' question on job titles. These categories were created as groups of closely related titles to ensure anonymity of individuals completing the survey.

Some of the listed job titles also needed to be grouped together to ensure anonymity due to the small number of individuals selecting these titles. Combining similar roles reduced the risk of individuals being identified based on their unique demographic information.

The following title groups were used for analysis (titles created at coding indicated with *):

- Peer support worker
- Drug and alcohol worker
- Consultant addiction psychiatrist
- Assistant psychologist / Other psychological professions* [combination of title from questionnaire and new group]

- Consultant practitioner psychologist / Practitioner psychologist [combination of two titles from questionnaire]
- General practitioner
- Nurse (including nurse non-medical prescriber)
- Pharmacist (including pharmacist non-medical prescriber)
- Mental health wellbeing practitioner
- Social worker
- Administrator
- Service manager
- Team leader
- Volunteer coordinator
- Director / CEO
- Data analyst
- Commissioner / Coordinator [combination of two titles from questionnaire]
- Project / strategy / contract manager* [combination of title group from questionnaire and new title]
- Employment / Individual Placement and Support (IPS) specialist*
- Family support worker*
- Community engagement* / peer involvement* [combination of two new titles]
- Training and development*

1.4.3 Title groupings

For analysis purposes, job titles have been grouped together into four profession groups: commissioners, management and administrative roles, unregulated roles, and regulated roles. The grouping was done in the following way:

- **Unregulated professionals:** respondents giving their job title as peer support worker, drug and alcohol worker, family support worker, community

engagement or peer involvement worker, assistant psychologist and other unregulated psychological professions, or employment/IPS specialist.

- **Regulated professionals:** respondents giving their job title as psychiatrist, practitioner psychologist or consultant practitioner psychologist, general practitioner, nurse (including nurse non-medical prescriber), pharmacist (including pharmacist non-medical prescriber), mental health and wellbeing practitioner, occupational therapist or social worker. To note, while mental health and wellbeing practitioner is not currently a regulated role type, we included them in the regulated professional group as there is a specific, recognised training programme for this role type, which is intended as a 'bridging' role into regulated psychological professional roles.
- **Management/administrative:** respondents giving their job title as administrator, service manager, team leader, volunteer coordinator, training and development, director/CEO, commissioner, coordinator, project manager, strategy manager, contract manager or data analyst; unless they met the criteria for commissioners, below.
- **Commissioners:** respondents who said they commission services or support commissioning of services when asked what their role was, and gave no other answers to this question, or chose a management/administrative job title when subsequently asked for their job title. Any respondents who were employed by a local authority and gave their job title as commissioner, coordinator, project manager, strategy manager, contract manager or data analyst.

1.4.4 Tables and significance testing

Data tables were created for each survey question, summarising the findings overall and by key variables (e.g. role, demographics, length in sector etc.). The list of key variables used to analyse each question was agreed in advance of table production. Significance testing was applied to the data to determine if sub-group differences were statistically significant. Statistical significance indicates the likelihood that an observed relationship between variables in a dataset isn't due to random chance. It's determined by calculating a p-value, which represents the probability of observing the obtained results (or more extreme results) if there were no real effect. A commonly used threshold for statistical significance is a p-value of 0.05, meaning there's a 5% chance or less that the observed results occurred by chance alone.

Some data has been redacted from the published tables to reduce the risk of disclosure.

1.4.5 Weighting

Findings have been weighted using 2024 workforce census data to make the survey data more accurately reflect the profile of the DATR workforce.⁶

Data was weighted on organisation type, region and title/role.

In order to weight the data for the drug and alcohol workforce survey findings, comparable categories were created between the census and survey data for each of the categories that were weighted on to ensure survey variables matched the census data. Next, the percentage of the total workforce for each combined category was calculated using the survey data.

Weights were then applied using a rim weighting approach. The maximum respondent rim weight was 3.64 and the minimum was 0.05, with an overall rim weighting efficiency of 88.2%. This means that the effective sample size was 1,922.

The tables below show the profile of the sample before and after weighting.

Table 1.4: Weighting by profession group

Profession groups	% of survey response (unweighted)	% of survey response (weighted)	% of workforce in this group (2024 census)
Peer support worker	3%	3%	3%
Unregulated frontline worker	46%	55%	55%
Regulated frontline worker	13%	12%	12%
Management and administrative roles	29%	25%	25%
Commissioning	7%	5%	5%

Table 1.5: Weighting by organisation type

Organisation type	% of survey response (unweighted)	% of survey response (weighted)	% of workforce in this group (2024 census)
LEROs	6%	3%	3%
Charity/voluntary/not-for-profit	72%	78%	78%
Local authority	12%	8%	8%
NHS	9%	9%	9%
For-profit company	1%	2%	2%

⁶ <https://www.hee.nhs.uk/our-work/mental-health/drug-alcohol-treatment-recovery-workforce-programme/workforce-census>

Table 1.6: Weighting by region

Region	% of survey response (unweighted)	% of survey response (weighted)	% of workforce in this group (2024 census)
East of England	8%	8%	8%
London	12%	17%	17%
Midlands	17%	18%	18%
North East and Yorkshire	21%	18%	18%
North West	20%	19%	19%
South East	13%	10%	10%
South West	9%	9%	9%

1.5 Notes on interpretation of findings

Please note the following points when using findings from the report:

- Figures are for workforce as a whole and after weighting, unless otherwise specified.
- Sub-group differences reported are always statistically significant.
- Percentages for response answers may not always total 100% due to rounding.
- Responses to the two open-ended questions (OPENSUPP AND OPENPOS) were 'spontaneous' rather than prompted. They give a general sense of the topics which were most often 'top of mind' for respondents, but the proportion of respondents selecting any particular theme should not be taken to imply that the remainder of respondents do not think it important.

A full questionnaire including routing and scripting instructions can be found below. Please note, scripting instructions are in blue. These were not shown to respondents and the question names (shown in capital letters) were also not shown.

2 Questionnaire

INTRODUCTION

Welcome to this survey about working in the drug and alcohol treatment and recovery sector. This is your chance to help the Department of Health and Social Care understand more about the experiences of people working in local authority commissioned drug and alcohol treatment and recovery services, commissioning, and lived experience recovery organisations in England. The Department of Health and Social Care, in collaboration with NHS England, will use information from the survey to develop initiatives to grow, strengthen and support the workforce.

The survey covers a wide range of paid roles including drug and alcohol workers, peer support workers, regulated professional roles, service managers and commissioners. If you are unsure if your role is covered, there is more information here. **The survey will not ask for your name or the name of your employer.** The Department of Health and Social Care and NHS England will not know who has taken part in the survey.

The survey will take around 15 minutes to complete. It will include questions around your wellbeing at work and problems you may be facing at work. There is information here about organisations that can support you with any problems you are facing at work.

Most questions are multiple-choice, with an open question near the end asking how support for people in your role could be improved. You can leave the survey at any time or choose not to answer some individual questions.

To check the survey is legitimate and get more information, visit Ipsos's privacy policy. At Ipsos we adhere strictly to the Market Research Society Code of Conduct. For more information about this survey, please email PA-DAAworkforce@ipsos.com.

[\[New screen\]](#)

As a reminder, the survey will take around 15 minutes to complete. You will not be able to save your answers, so please ensure you have enough time to complete it in one go.

[\[New screen\]](#)

If you hold more than one job, please only think of your work relating to drugs and alcohol when answering the questions.

[\[New screen\]](#)

[ASK ALL
SINGLE CODE](#)

REGION: Where do you work? Please select one option only.

1. East Midlands
2. East of England
3. London
4. North East
5. North West
6. South East
7. South West
8. West Midlands
9. Yorkshire and the Humber
10. Northern Ireland (THANK AND SCREENOUT)
11. Scotland (THANK AND SCREENOUT)
12. Wales (THANK AND SCREENOUT)

DISPLAY IF 10, 11, 12 AT REGION: Thank you for your interest. This survey is for people working in England only.

ASK ALL

MULTICODE

ROLE: What is your role?

Please select all that apply.

1. I work with adults with drug or alcohol problems
2. I work with young people with drug or alcohol problems
3. I work with the families of people with drug and alcohol problems
4. I manage or support people in the jobs above (for example as a team leader, administrator or trainer)
5. I commission services, or support commissioning of services, for people with drug or alcohol problems in a local authority

ASK IF ROLE = 1, 2, 3 OR 4

SINGLE CODE

VOLSCREEN: Is your role paid, or voluntary?

Please select one option only.

1. Paid
2. Voluntary [THANK AND CLOSE]

ASK IF ROLE = 1, 2, 3 OR 4

SINGLE CODE

ORGTTYPE: What kind of organisation are you employed by? We will not ask you to name them.

Please select one option only. If more than one answer applies to your organisation, please select the first answer in the list that applies.

1. A group or organisation independently led by people with lived experience of drug and alcohol recovery (sometimes called a lived experience recovery organisation or LERO). This could be small group with no formal organisational structure, or a formal organisation such as a charity, company or community interest company
2. A charity, or other voluntary sector organisation
3. A community interest company or other not-for-profit company
4. A local authority (council)
5. An NHS organisation
6. A private company, primarily run for profit
7. I am self-employed
8. None of the above [\[THANK AND SCREENOUT\]](#)

[ASK IF ORGTYPE = 2, 3, 5, 6, 7](#)

[SINGLE CODE](#)

FUNDING: Does your organisation specialise in drugs and alcohol and receive funding from a local authority (council) to provide drug and alcohol support services, or work with people whose treatment is funded by a local authority (council)?

1. Yes
2. No [\[THANK AND CLOSE\]](#)
3. Don't know [\[THANK AND CLOSE\]](#)

TIMESTAMP1

[ASK ALL](#)

[SINGLE CODE](#)

TITLE: Which of the following descriptions best fits your role?

Please select one option only. If you have more than one job related to drug and alcohol services and support, please answer in terms of the role you spend the most time doing.

If you are a trainee, please select the role you are training for.

[List 1 \[show if 1, 2, 3 or 4 selected at ROLE\]](#)

1. Peer support worker
2. Drug and alcohol worker
3. Consultant addiction psychiatrist
4. Assistant psychologist
5. Consultant practitioner psychologist
6. General practitioner
7. Nurse (including nurse non-medical prescriber)

8. Pharmacist (including pharmacist non-medical prescriber)
9. Mental health wellbeing practitioner
10. Practitioner psychologist
11. Occupational therapist
12. Social worker

List 2 [show if 4 or 5 selected at ROLE]

13. Administrator
14. Service manager
15. Team leader
16. Volunteer coordinator
17. Director/ CEO

List 3 [show if 5 selected at ROLE]

18. Data analyst
19. Commissioner
20. Coordinator
21. Project manager or strategy manager

Show to all

22. Other (specify) [FREETEXT BOX]
23. Prefer not to say

ASK ALL

SINGLE CODE

LENGTH: How long have you worked in drug and alcohol services or recovery support?

Please select one option only.

1. Less than 1 year
2. 1 to 3 years
3. More than 3 years but less than 10 years
4. 10 years or more
5. Prefer not to say

ASK ALL

MULTICODE

PREVORGTTYPE: Have you been employed by any of the following types of organisation in the past?

Please think only about your work history relating to drug and alcohol services and support.

[remove code selected at ORGTYPE]

Please select all that apply.

1. A group or organisation independently led by people with lived experience of drug and alcohol recovery (sometimes called a lived experience recovery organisation or LERO). This could be small group with no formal organisational structure, or a formal organisation such as a charity, company or community interest company
2. A charity, community interest company or other voluntary sector organisation
3. A community interest company or other not-for-profit company
4. [show if ROLE is NOT 5] A local authority (council)
5. An NHS organisation
6. A private company, primarily run for profit
7. I have been self-employed
8. None of the above [EXCLUSIVE]
9. Prefer not to say [EXCLUSIVE]

MULTICODE

PREVTITLE: Which of the following descriptions best fit the role(s) you have previously had?

Please think only about your work history relating to drug and alcohol services and support.

Please select all that apply.

1. I have not had any previous roles in drug and alcohol services and support [EXCLUSIVE]
2. Trainee
3. Peer support worker
4. Drug and alcohol worker
5. Consultant addiction psychiatrist
6. Assistant psychologist
7. Consultant practitioner psychologist
8. Specialist general practitioner
9. Nurse (including nurse non-medical prescriber)
10. Pharmacist (including pharmacist non-medical prescriber)
11. Mental health wellbeing practitioner
12. Practitioner psychologist
13. Occupational therapist
14. Social worker
15. Administrator
16. Service manager

17. Team leader
18. Volunteer coordinator
19. Director/ CEO
20. Data analyst
21. Commissioner
22. Coordinator in a commissioning team
23. Project manager or strategy manager in a commissioning team
24. Other (specify) [FREETEXT BOX]
25. Prefer not to say [EXCLUSIVE]

ASK IF LENGTH = 1,2,3,4

SINGLE CODE

PREVCAREER: What was your last job before you began working in drug and alcohol services and support?

Please write in or select the code that applies.

1. [FREETEXT BOX]
2. I was not working before I worked in drug and alcohol services and support
3. I was studying before I worked in drug and alcohol services and support
4. Prefer not to say

TIMESTAMP 2

ASK ALL

SINGLE CODE PER STATEMENT

REASONS1: This question is about why you first started working in drug and alcohol services and support.

Think back to when you first got a job relating to drugs or alcohol. How important were the following factors in your decision to take up the job?

Please only think about what was important to you when you first got a job in drugs and alcohol. A later question will ask about what is important to you now.

Please use a scale of 1 to 5 where 1 means it was not at all important, 3 means moderately important and 5 means crucial – or you can select 'not applicable'.

[ROTATE CODES]

1. It suited my skills and abilities
2. It was a good fit with my previous professional or volunteer experience
3. My lived experiences relating to drug or alcohol use (my own or a friend/family member's)
4. My personal experience of using drug and alcohol services and support
5. I wanted to make a difference to others
6. I thought the work would be interesting
7. I could see a need in my local area/community
8. The organisation's values

9. The organisation accepted staff with a criminal record or lived experience of drug and alcohol recovery
10. I was interested in learning something new or a new challenge
11. I wanted to gain experience or progress my career
12. I wanted a secure job
13. The pay
14. The pension and other benefits
15. The support provided to staff
16. The job was convenient, for example close to home or with suitable hours

- a) 1 not at all important
- b) 2
- c) 3 moderately important
- d) 4
- e) 5 crucial
- f) Not applicable
- g) Don't know
- h) Prefer not to say

ASK IF LENGTH = 1,2,3,4
MULTICODE

PATHWAY: Again thinking about your first paid job in drug and alcohol services and support, how did you get into the job?

Please select all that apply.

1. I saw the role advertised
2. Someone I know suggested I apply for the role, or recommended me
3. I was an apprentice
4. I was a volunteer at the same organisation
5. I was a volunteer at another organisation supporting people with drugs and alcohol
6. I moved or was promoted from another paid role, not relating to drugs or alcohol, in the same organisation
7. Through a transfer or secondment from another paid role, not relating to drugs or alcohol, at a different organisation
8. In another way (specify) [FREETEXT BOX]
9. Prefer not to say [EXCLUSIVE]
10. Don't know/can't remember [EXCLUSIVE]

ASK ALL
SINGLE CODE PER STATEMENT

REASONS2: And thinking about the job you have now, how important are the following factors to you? If this is your first job in drug and alcohol services and

support, please think about what is important to you now, rather than what was important when you first started the job.

Please use a scale of 1 to 5 where 1 means not at all important, 3 means moderately important and 5 means crucial – or you can select ‘not applicable’.

[ROTATE STATEMENTS]

1. It suits my skills and abilities
2. I can use my experience from previous professional or volunteer work
3. I can use my lived experiences relating to drug or alcohol use (my own or a friend/family member's)
4. I can use my personal experience of using drug and alcohol services and support
5. I am making a difference to others
6. The work is interesting
7. I am meeting a need in my local area/community
8. The organisation's values
9. The organisation accepts staff with a criminal record or lived experience of drug and alcohol recovery
10. It will help me learn something new or take on new challenges
11. It will help me progress in my career
12. It is a secure job
13. The pay
14. The pension and other benefits
15. The support provided to staff
16. The job is convenient, for example close to home or with suitable hours

- a) 1 not at all important
- b) 2
- c) 3 moderately important
- d) 4
- e) 5 crucial
- f) Not applicable
- g) Don't know
- h) Prefer not to say

TIMESTAMP 3

ASK ALL

SINGLE CODE PER STATEMENT. REVERSE SCALE FOR HALF OF RESPONDENTS BUT KEEP THE SAME ACROSS 1-7 FOR EACH INDIVIDUAL RESPONDENT

STRESS1: To what extent do you agree or disagree with the following?

1. I get help and support I need from colleagues
2. I receive the respect at work I deserve from my colleagues
3. My colleagues are willing to listen to my work-related problems

4. Relationships at work are strained
5. I have sufficient opportunities to question managers about change at work
6. Staff are always consulted about change at work
7. When changes are made at work, I am clear how they will work out in practice

- a) Strongly agree
- b) Agree
- c) Neither agree nor disagree
- d) Disagree
- e) Strongly disagree
- f) Prefer not to say

ASK ALL

SINGLE CODE PER STATEMENT. REVERSE SCALE FOR HALF OF RESPONDENTS BUT KEEP THE SAME ACROSS 1-7 FOR EACH INDIVIDUAL RESPONDENT AND KEEP 'ALWAYS' IN SAME PLACE AS 'STRONGLY AGREE' FOR PREVIOUS QUESTION

STRESS2: Please select how often, if at all, these situations apply to you in your role.

1. Different groups at work demand things from me that are hard to combine
2. I have unachievable deadlines
3. I have to work very intensively
4. I have to neglect some tasks because I have too much to do
5. I am unable to take sufficient breaks
6. I am pressured to work long hours
7. I have to work very fast
8. I have unrealistic time pressures
9. If work gets difficult, my colleagues will help me
10. I am subject to personal harassment in the form of unkind words or behaviour
11. There is friction or anger between colleagues
12. I am subject to bullying at work
13. I am clear what is expected of me at work
14. I know how to go about getting my job done
15. I am clear what my duties and responsibilities are
16. I am clear about the goals and objectives for my department
17. I understand how my work fits into the overall aim of the organisation

- a) Always
- b) Often
- c) Sometimes
- d) Seldom
- e) Never
- f) Prefer not to say

TIMESTAMP 4

ASK ALL

SINGLE CODE

PAY: Compared to similar jobs in other organisations, would you say your current role is...

[reverse scale for half of respondents]

1. Very well paid
2. Fairly well paid
3. Neither well nor badly paid
4. Fairly badly paid
5. Very badly paid
6. Don't know
7. Prefer not to say

ASK IF ROLE = 1, 2 OR 3

SINGLE CODE

CASELOAD: Thinking about the number of people you directly support on your caseload, would you say this is...

1. Far too many
2. Somewhat too many
3. About the right amount
4. Somewhat too few
5. Far too few
6. Don't know
7. Prefer not to say

ASK IF ROLE = 1 OR 2

WRITE IN NUMBER FROM 0-100 OR SINGLE CODE

TIMEDIRECT: Thinking about a typical week, what proportion of your working time do you spend on working directly with people with drug or alcohol problems?

Please enter a number up to 100 percent. If the answer is none, please enter 0.

1. [FREETEXT BOX– ONLY ALLOW ANSWERS FROM 0-100]%
2. Prefer not to say

ASK IF ROLE = 1 OR 2

WRITE IN NUMBER FROM 0-100 OR SINGLE CODE. CANNOT BE GREATER THAN 100 MINUS ANSWER FROM TIMEDIRECT

TIMEADMIN: And thinking about a typical week, what proportion of your working time do you spend on administrative tasks such as writing up case notes or emailing colleagues?

Please enter a number up to **[100 MINUS ANSWER FROM TIMEDIRECT]** percent. If the answer is none, please enter 0.

1. **[FREETEXT BOX – ONLY ALLOW ANSWERS FROM 0-100]**%
2. Prefer not to say

TIMESTAMP 5

ASK ALL

SINGLE CODE PER STATEMENT

QUALITY: To what extent do you agree or disagree with the following?

(ROTATE STATEMENTS)

1. I have access to guidance about how to do my job well, such as toolkits, guidelines and research reports
 2. My workload means I am too busy to take up learning opportunities or read guidance
 3. I received an effective induction to my role when I started the job
 4. My organisation and other local organisations work together effectively
 5. Supporting people with drug and alcohol problems is seen as a priority by the local authority in my area
 6. **[IF ROLE=5]** Departments in my local authority are too isolated from each other
- a) Strongly agree
 - b) Agree
 - c) Neither agree nor disagree
 - d) Disagree
 - e) Strongly disagree
 - f) Don't know
 - g) Prefer not to say

ASK IF TITLE= 1 and 2

MULTICODE. ROTATE STATEMENTS IN BLOCKS: KEEP 1-3, 4-5 AND 7-17 TOGETHER. FIX 18 AND 19 AT END

QUALS: Which of the following interventions, if any, have you been trained to deliver?

Please select all that apply.

1. Screening and brief interventions
2. Extended brief interventions

3. Harm reduction such as overdose prevention, blood borne virus testing, administering naloxone, wound care and safer injecting
4. Peer support
5. Mutual aid
6. Motivational interviewing
7. Contingency management
8. Family and social network interventions
9. Cognitive behavioural therapies
10. Cognitive and behavioural based relapse prevention interventions (drug and alcohol specific)
11. Psychological interventions for co-occurring mental health conditions
12. Pharmacological interventions including managing withdrawal, substitution treatment and detoxification
13. Psychodynamic therapy
14. Counselling
15. Group work delivery and therapy
16. Mindfulness
17. Community reinforcement approach or contingency management
18. None of the above [EXCLUSIVE]
19. Prefer not to say [EXCLUSIVE]

ASK IF ROLE = 1, 2, or 3, EXCLUDE TITLE=1
MULTICODE

SUPPORTTYP: Which of the following, if any, do you take part in as part of your role?

Please select all that apply.

1. Regular meetings with your manager to discuss day-to-day issues
2. Appraisals with your manager to discuss your performance at work
3. Meetings with a clinical supervisor (your manager or someone else) to reflect on your work and how it affects you, help you develop your skills and knowledge, and put your training into practice. These may be one-to-one or with a group
4. Meetings with a peer group to reflect on your work and how it affects you, share learning with others, and discuss challenges you face
5. None of the above [EXCLUSIVE]
6. Prefer not to say [EXCLUSIVE]

ASK IF 1, 3 OR 4 AT SUPPORTTYP
SINGLECODE

SUPPORTFRE: How often do these meetings take place?

[LOOP FOR EACH OPTION SELECTED AT SUPPORTTYP WHERE
SUPPORTTYP=1,3,4]

1. More than once a month
2. About once a month
3. Less often than once a month
4. Don't know

ASK IF TITLE = 1 (PEER SUPPORT WORKER)

MULTICODE

PSWSUPPORT: Which of the following do you receive as part of your role?

Please select all that apply.

(ROTATE ANSWER CODES KEEPING 1-3 IN ORDER)

1. Training approved by an accredited body
2. Other kinds of training, for example on how to use IT systems
3. Materials for self-directed learning
4. Opportunity to review and reflect on my work with a more experienced staff member
5. Opportunity to discuss areas of my work that I might experience as difficult or distressing
6. Opportunity to discuss my own drug and alcohol recovery
7. None of the above [EXCLUSIVE]
8. Prefer not to say [EXCLUSIVE]

ASK IF PSWSUPPORT=4

SINGLE CODE

SUPPORTFREPSW: How often do you have the opportunity to review and reflect on your work with a more experienced staff member?

Please select one option only.

1. More than once a month
2. About once a month
3. Less often than once a month
4. Don't know

The next few questions are about your future plans. As for all questions in this survey, we would like to remind you that your responses will NOT be shared with your employer or workplace.

TIMESTAMP 6

ASK ALL

SINGLE CODE

LEAVING: Thinking about the next two years, to what extent would you consider leaving the drug and alcohol sector and moving to a different role, not related to drugs or alcohol?

Please select one option only.

1. I already have definite plans to leave the sector in the next two years
2. I would strongly consider leaving the sector in the next two years
3. I might consider leaving the sector in the next two years
4. I am unlikely to consider leaving the sector in the next two years
5. I definitely wouldn't consider leaving the sector in the next two years
6. Don't know
7. Prefer not to say

ASK ALL
MULTICODE

DIFFICULTY: Below is a list of challenges some people have at work.

Thinking about your current role, which, if any, of the following challenges affect you?

Please select all that apply.

ROTATE IN BLOCKS SO SOME PEOPLE START AT 1, SOME AT 9 AND SOME AT 14. FIX 20 AND 21 AT END

1. Pay is too low
2. Pension is unsatisfactory
3. Long hours or poor work-life balance
4. Not feeling valued, appreciated or recognised by my employer
5. The work I do not being valued or understood by other organisations, or by society
6. I do not feel I am able to make a difference to people I work with
7. Emotional exhaustion or compassion fatigue
8. The effects of trauma
9. Job insecurity and too much organisational change, for example short-term contracts, restructuring or retendering (TUPE)
10. Employment terms and conditions, for example no paid overtime, parental leave policies
11. Lack of career opportunities
12. Lack of learning and development opportunities or time to take these up
13. I have not had the training I need to do my job well
14. Discrimination, bullying or harassment at work
15. Feeling unsafe at work
16. I do not have a good relationship with my manager or other people I report to
17. Lack of support from my employer
18. Unrealistic demands from funders

- 19. Lack of clinical supervision or clinical governance
- 20. Other (specify)
- 21. None of the above [EXCLUSIVE]

ASK IF DIFFICULTY=1-20

MULTICODE

MOSTDIFFICULT: Of the challenges you selected, have any made you consider leaving the drug and alcohol sector?

[SHOW IF 1-3 OPTIONS SELECTED AT DIFFICULTY] Please select any reasons that have made you consider leaving.

[SHOW IF 4 OR MORE OPTIONS SELECTED AT DIFFICULTY] Please select no more than the 3 most important reasons for considering leaving.

[PULL THROUGH ANSWERS SELECTED AT Q18]

- 1. Nothing has made me consider leaving the drug and alcohol sector [EXCLUSIVE]
- 2. Don't know [EXCLUSIVE]
- 3. Prefer not to say [EXCLUSIVE]

ASK ALL

SINGLE CODE

DESTINATION: If you are considering leaving your current job, what would be your most likely destination?

Please select one option only.

- 1. I am not considering leaving my current job
- 2. I would want to move/ be promoted to another job within the same organisation
- 3. I would want to move to a job at another organisation, still working in drugs and alcohol
- 4. I would want to move to a job in the NHS, health or social care, but not focused on drugs and alcohol
- 5. I would want to move to a job outside of health and social care
- 6. I would retire or take a career break
- 7. Other (please specify)
- 8. Don't know
- 9. Prefer not to say

TIMESTAMP 7

ASK ALL

OPEN ENDED

OPENSUPP: What, if anything, would make you feel more supported in your role, or improve your quality of life at work?

This could be changes made by your manager or employer, or wider changes made by commissioners, funders, or the government.

As a reminder, this survey will not collect your name or employer. Please do not provide information which could identify you.

Please write in or select the code the applies.

1. [FREETEXT BOX]
2. Don't know
3. Prefer not to say

ASK ALL

OPEN ENDED

OPENPOS: What do you like about your job?

Please write in or select the code the applies.

1. [FREETEXT BOX]
2. Don't know
3. Prefer not to say

You are nearly at the end of the survey. Thank you for your responses so far. Before we finish, we would now like to ask some questions about you to help us understand how the experience of working in drugs and alcohol services and support affects different groups. This includes questions about your ethnicity and your health. You do not have to answer these questions and can select "prefer not to say".

Your responses will be treated confidentially **and will not be shared with your employer or anyone at your workplace**. The Department of Health and Social Care (DHSC) will not know who has taken part in the survey – they will receive only combined results.

TIMESTAMP 8

ASK ALL

SINGLE CODE

AGE: How old are you?

1. Under 18
2. 18 - 24
3. 25 – 34
4. 35 – 44
5. 45 – 54
6. 55 - 64

7. 65 or over
8. Prefer not to say

ASK ALL

SINGLE CODE

GENDER: Which of the following best describes your gender?

1. Man
2. Woman
3. Non-binary
4. My gender is not listed
5. Prefer not to say

ASK ALL

SINGLE CODE

ETH: What is your ethnic group?

(show groups 1-6 first and then corresponding subgroups)

1. White
 - a. English/ Welsh / Scottish / Northern Irish / British
 - b. Irish
 - c. Gypsy or Irish Traveller
 - d. Another white background
2. Mixed / multiple ethnic group
 - a. White and Black Caribbean
 - b. White and Black African
 - c. White and Asian
 - d. Another Mixed / multiple ethnic background [specify]
3. Asian / Asian British
 - a. Indian
 - b. Pakistani
 - c. Bangladeshi
 - d. Chinese
 - e. Another Asian background [specify]
4. Black / African / Caribbean / Black British
 - a. African
 - b. Caribbean
 - c. Another Black / African / Caribbean background [specify]
5. Other ethnic group
 - a. Arab
4. Another ethnic group (specify) [FREETEXT BOX]
6. Prefer not to say

ASK ALL

MULTICODE

LIVEXP: Do you consider yourself to have lived experience of problems relating to drug or alcohol recovery? This might be your own use of drugs or alcohol, or the experience of a family member or someone you have/had responsibility for helping or supporting.

1. Yes, my own use
2. Yes, someone else's use
3. No [EXCLUSIVE]
4. Prefer not to say [EXCLUSIVE]

ASK ALL

SINGLE CODE

DISABILITY1: Do you have any physical or mental health conditions, disabilities or illnesses lasting or expected to last for 12 months or more?

1. Yes
2. No
3. Prefer not to say

ASK IF DISABILITY1=1

SINGLE CODE

DISABILITY2: Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?

1. Yes, a lot
2. Yes, a little
3. Not at all
4. I would prefer not to say

SURVEYRESULTS: If you would like to receive updates about the results of this survey, please provide your email address on the next page.

Please note, responses you have given in this survey will be separated from the contact details you provide here, and Ipsos will not share these contact details with DHSC or any other organisation.

1. Yes, I would like to provide my email address [\[FREE TEXT BOX FOR EMAIL ADDRESS ENTRY\]](#)
2. No, don't tell me about the results

[\[new screen\]](#)

You are now at the end of the survey. Many thanks for your time in completing this survey. The findings will be really important in developing initiatives to support the workforce. **Please click Submit below to share your answers.**

We want to hear from as many people as possible, to make sure the survey reflects the experiences of the workforce and different groups within it. We would be very grateful if you could share this survey link with other people you know in the workforce: [\[link here\]](#)

We appreciate that some of the questions in the survey may have reminded you of difficulties you are having at work. Sometimes, thinking about this can raise questions, or make people feel upset or worried. If you feel in need of support, please speak to colleagues or managers about how you are feeling, or contact your employee assistance programme. If this is not possible, this link gives details of some organisations that can provide help, advice or someone to talk to.