To-date there has been no specific data available in regard to the South Australian (SA) Alcohol and Other Drug (AOD) Non-Government Organisation (NGO) workforce.

This document presents data from a survey undertaken by the National Centre for Education and Training on Addiction (NCETA) in collaboration with the South Australian Network of Drug and Alcohol Services (SANDAS) that provides a profile of the demographics and characteristics of the SA AOD NGO workforce. A brief update on the sector in 2009 is also provided.

A wide range of professions come into contact with individuals with AOD problems as part of their work, including specialist and generalist health professionals, and other professions such as police, teachers, and bar staff. Many of these workers are located within the non-government sector. Relatively little specific detail is available about this workforce.

A workforce mapping strategy is necessary to develop a profile of the existing workforce.

“…without a clear understanding of who forms the workforce it is not possible to ensure appropriate strategies are in place to support their ongoing development” (Roche, 2001, p9).1

Mapping the current workforce and assessing future workforce needs is particularly important in a rapidly evolving and continually changing field such as the AOD sector.

While Australia has excellent data collection systems in place in relation to tracking current and emerging drug trends, little work has been undertaken to use these data to estimate future workforce needs.

Moreover, no nationally coordinated framework for workforce mapping and planning for the AOD sector has been developed. Workforce planning that has been undertaken has occurred almost exclusively at an organisational level.

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SA AOD NGO Sector Survey

In 2007, NCETA conducted an online survey of the AOD workforce employed in non-government organisations within South Australia.

The aim of the survey was to develop a profile of the workforce, and to assist SANDAS as the peak non-government body in South Australia to support their constituents.

Thirty four South Australian AOD NGOs were invited to participate. Organisations were identified through a variety of sources including the 2001 Clients of Treatment Services Agencies (COTSA) database, the Australian National Council on Drugs (ANCD) Mapping National Drug Treatment Capacity2 database and the SANDAS 2006 membership list.

Twenty three organisations agreed to participate, a response rate of 68%, and a total of 160 staff from these organisations responded to the survey.

Workforce Demographics

Survey data indicated that:

- 59% of workers were 40 years or older
- 67% were female
- 10% were Aboriginal and/or Torres Strait Islander
- 45% worked part-time
- 63% were employed in permanent positions
- 17% worked in an Indigenous organisation.
Occupation

Most respondents were AOD workers (36%) (Table 1). The second and third most common occupational categories were managers (16%) and social workers (14%).

Table 1: SA AOD NGO worker* occupations

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>AOD Worker*</td>
<td>58 (36)</td>
</tr>
<tr>
<td>Manager</td>
<td>26 (16)</td>
</tr>
<tr>
<td>Social Worker</td>
<td>22 (14)</td>
</tr>
<tr>
<td>Administrator</td>
<td>9 (6)</td>
</tr>
<tr>
<td>Nurse</td>
<td>3 (2)</td>
</tr>
<tr>
<td>Other**</td>
<td>42 (26)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>160 (100)</td>
</tr>
</tbody>
</table>

* ‘AOD Worker’ includes counsellors, youth workers and peer educators
** ‘Other’ includes project officers, support workers and public relations officers

Work Roles

Approximately half the workforce provided direct client services (51%), and a further 8% were engaged in a clinical role in some capacity (Table 2). Just over one third (35%) of these workers received clinical supervision.

Table 2: Work roles undertaken by the SA AOD NGO sector

<table>
<thead>
<tr>
<th>Work role</th>
<th>Number (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Client Services</td>
<td>81 (51)</td>
</tr>
<tr>
<td>Clinical</td>
<td>13 (8)</td>
</tr>
<tr>
<td>Management</td>
<td>45 (28)</td>
</tr>
<tr>
<td>Administration</td>
<td>34 (21)</td>
</tr>
<tr>
<td>Research</td>
<td>8 (5)</td>
</tr>
<tr>
<td>Other</td>
<td>38 (24)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>159 (100)</td>
</tr>
</tbody>
</table>

Note: Respondents could nominate more than one option.

Length of Service

Respondents’ average length of service in their current NGO was 3.5 years (range = 1 - 26 years). Average length of service in the AOD field was 6 years (range = 1 - 50 years).

Salary

Nearly one third (30%) earned between $40,000 and $50,000 (Fig 1). Less than 20% earned more than $50,000 p.a. Among those employed fulltime, 42% earned between $40,000 and $50,000 pa, and 27% earned over $50,000 p.a.

Table: Salaries of SA AOD NGO sector workers (n=154)

<table>
<thead>
<tr>
<th>Salary Level</th>
<th>All Workers (n=154)</th>
<th>Employed Fulltime (n=88)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $19,999.99</td>
<td>12%</td>
<td>14%</td>
</tr>
<tr>
<td>$20,000 - $29,999.99</td>
<td>14%</td>
<td>13%</td>
</tr>
<tr>
<td>$30,000 - $49,999.99</td>
<td>27%</td>
<td>25%</td>
</tr>
<tr>
<td>$50,000 - $59,999.99</td>
<td>25%</td>
<td>30%</td>
</tr>
<tr>
<td>$60,000 - $79,999.99</td>
<td>10%</td>
<td>14%</td>
</tr>
<tr>
<td>$80,000 - $79,999.99</td>
<td>8%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Qualifications

Fifty seven percent of the workforce hold undergraduate or postgraduate qualifications (Fig 2). One in five workers has minimal or no qualifications (i.e. Certificate III or less).

Figure 2: Highest qualifications held by the SA AOD NGO workforce (n=147)

One hundred and seventeen respondents (73%) had undertaken AOD-specific training and 108 (68%) mental health-specific training. Few workers had AOD-specific undergraduate (3%) or postgraduate (6%) qualifications. Two thirds had completed a non-accredited AOD-specific and/or mental health-specific short course and one third had completed an accredited AOD-specific and/or mental health-specific short course. Almost a quarter (23%) of the workforce also reported that they had previously been a volunteer in the AOD sector.

Comorbidity Competence

About half the workforce felt competent/mostly competent in their ability to work with clients with comorbid AOD and mental health issues (Fig 3). Two percent reported advanced competency sufficient to train/support other workers.

Figure 3: Perceived competence in ability to work with clients with comorbid AOD and mental health issues (n=143)
Experiences of Working in the AOD Field

When asked ‘what led you to seek work in the AOD field’, the top four reasons nominated were:

- doing work of value to society (72%)
- opportunities for personal learning/growth (52%)
- successful outcomes for clients (49%)
- family member’s or own personal experience (28%).

What led you to seek work in the AOD field?

Originally, I did a placement...in the AOD field, with my current employer as part of my counselling course. I wanted to work with homeless inner-city adults, AOD work is obviously a part of that. Initially a volunteer then paid employment was offered. The opportunity presented itself.

Passion for this area, life skills and giving your heart to others. I was replacing a worker short term and really enjoyed it. [It was an] opportunity to apply health promotion skills in a more focused area.

Previous work experience [with] client groups [who] had AOD issues [and] wanted to focus in this area.

The majority of the workforce were enthusiastic about their work (60%) and found it very challenging (59%) (Fig 4), and 57% found ‘real enjoyment in their job’. Other rewards of working in the AOD field included being ‘trusted’ by clients, learning from clients, and working within supportive teams.

Less positive aspects of working in the AOD field included:

- frustration at perceived lack of support from mental health services
- long waiting lists for rehabilitation services
- other workers’ expectations e.g. that clients need to be ‘fixed’.

Professional Development Needs

The workforce indicated strongest preference for access to free and/or affordable education and training in AOD (79%) and mental health (77%) (Fig 5). Other options preferred included mentoring (45%), team building (41%) and the internal development of an organisational workforce and professional development policy (28%).

Professional development needs identified

...prefer training in AOD and mental health to have a level of 'sophistication'...more than an introductory feel about it

The area of mental health issues for families with young children is increasing. Professional development in this area is in demand [and] under resourced. Community development encompasses all areas of family and community life - less clinical professional development is best suited to this area of work.

...an interactive website would be invaluable.

Increased engagement with Aboriginal models of practice.

...further training and staff development ... including 'on the job' mentoring. This would allow education to be specific to clients' cultural, social, emotional and physical needs ... allow our clients to be consulted to give feedback regarding their ideas for staff education.

NGO’s pay quite poorly. This results in people with no AOD knowledge being recruited. Educating new staff on AOD basics and general training is time consuming, especially when they then leave for higher paid positions - the continual cycle.

...important to reward those people who do coalface therapy with good salaries
# Every endeavour was made to ensure that all NGO’s offering AOD-related services as at May 2009 were included in this list. We apologise for any omissions or errors.

For specific details about AOD clinical treatment services available in South Australia, the reader is referred to publications available through Drug and Alcohol Services South Australia (DASSA) www.dassa.sa.gov.au.

## Acknowledgements

The staff of the alcohol and other drug services who participated in the survey are thanked for the generous contribution of their time and their interest in this project.

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## References
