

A Profile of Workers in South Australian Alcohol and Other Drugs Non-Government Organisations

Amanda Tovell | Ann M Roche | Allan Trifonoff

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.

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

Occupation	Number (%)
AOD Worker*	58 (36)
Manager	26 (16)
Social Worker	22 (14)
Administrator	9 (6)
Nurse	3 (2)
Other**	42 (26)
Total	160 (100)

* '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

Work role	Number (%)
Direct Client Services	81 (51)
Clinical	13 (8)
Management	45 (28)
Administration	34 (21)
Research	8 (5)
Other	38 (24)
Total	159 (100)

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.

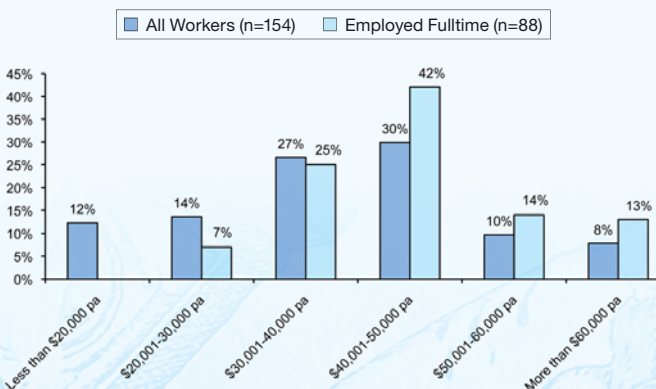


Figure 1: Salaries of SA AOD NGO sector workers (n=154)

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).

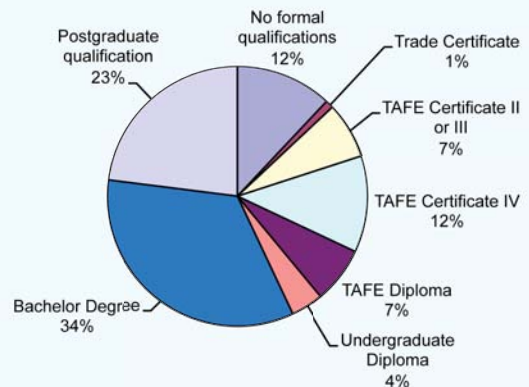


Figure 2: Highest qualifications held by the SA AOD NGO workforce (n=147)

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 (5%) 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.

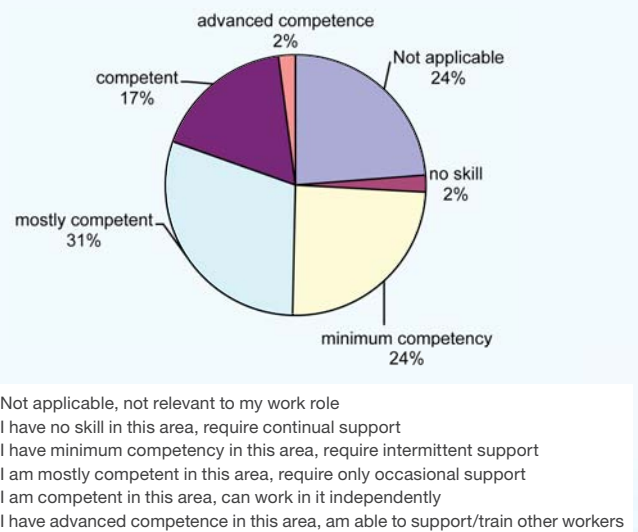


Figure 3: Perceived competence in ability to work with clients with comorbid AOD and mental health issues (n=143)

Experiences of Working in the AOD Field

When asked 'what led to 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'.

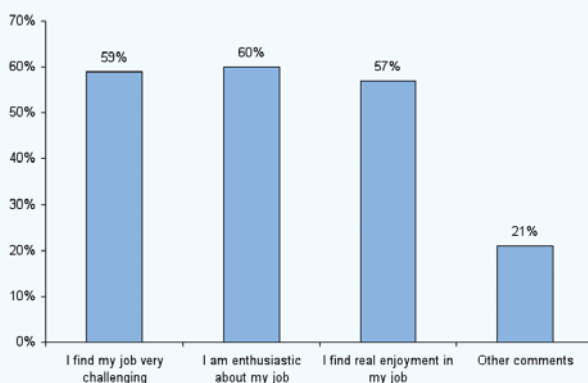


Figure 4: Perceptions of working in the AOD field (n=150)

Note: Multiple response selections permitted.

Comments about working in the AOD field

I believe in what I do and that makes me want to go to work every day.

Often challenged by the work, and the various needs of the client group, but ultimately rewarded by the overall work of the team.

The work is very unpredictable...clients will often surprise you, sometimes positively, sometimes negatively.

cont.

...can be challenging, especially dealing with intoxicated clients.

Work can be both challenging and rewarding. Adequate funding, resourcing and recognition by the government for work done would greatly improve satisfaction levels.

Deaths in the Aboriginal communities linked to ... [AOD use] can create feelings of strong sadness.

I really enjoy it, find it very rewarding. I think experience is the key and more practical work should be done at the undergraduate level to prepare people for the workforce.

Love it...

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%).

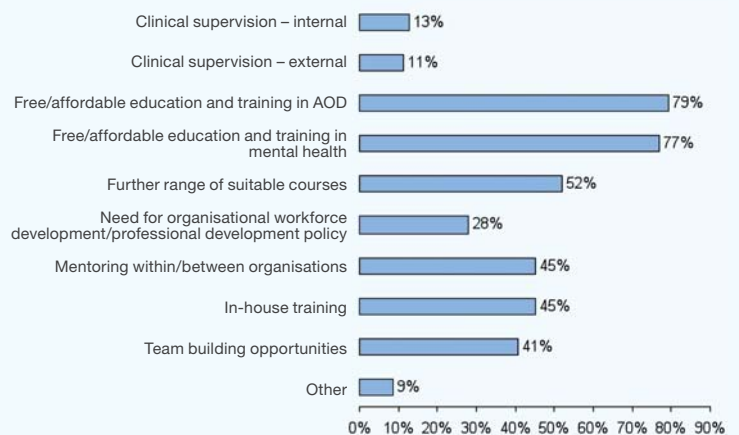


Figure 5: Preferred professional development options of the SA AOD NGO workforce (n=140)

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

An Update: The South Australian AOD Non-Government Organisation Sector in 2009

Since undertaking this workforce survey in 2007, the number of non-government organisations in the AOD sector appears to have increased. Some organisations have a specific AOD remit whilst others offer AOD-related programs and services as part of their broader role.

A total of 50 services were identified[#] as shown in the list opposite. Of these 50 services, 22 were AOD-specific and the remainder provided AOD services as part of a wider range of activities.

Services provided by the sector are broad and cover education and interventions aimed at primary (e.g. prevention, peer support and brief intervention), secondary (e.g. counselling) and tertiary (e.g. clinical treatment and residential rehabilitation services) levels of health care. Attention is also directed to overall community health and wellbeing through the provision of advocacy services, mobile assistance patrol services (MAPS) and sobering up units, and youth peer programs.

The sector also provides services to diverse population groups, including several culturally specific AOD services for Aboriginal and Torres Strait Islander peoples and the Vietnamese community. Similarly, people who have come into contact with the justice system for AOD-related issues have access to drug diversion programs, and released prisoners are able to access AOD programs relevant to their needs. Other population groups that the sector provides services to are industry, youth, families and people who are homeless.

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.

Thanks are also extended to Andrew Biven, Lesley Edwards and Kerry Boss from SANDAS and Yvette Pollard, Lisa Lawton, Kristen Gordon, Nina Wang and Toby Freeman from NCETA for their assistance with this project.

References

1. Roche, A.M. (2001) What is this thing called workforce development?, in *Systems, settings, people: Workforce development challenges for the alcohol and other drugs field*, Roche, A.M. and McDonald, J., (Eds). National Centre for Education and Training on Addiction: Adelaide.
2. SigginsMiller. (2005). *Mapping national drug treatment capacity*. ANCD Research Paper 10. Australian National Council on Drugs: Canberra.

[#] 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.

SA Non-Government Organisations Providing AOD Services

Aboriginal Drug & Alcohol Council (SA) Inc (ADAC)*	Life Education (SA) Inc*
Aboriginal Family Support Services: Strong Men, Strong Families	Mission Australia: Hindmarsh Centre
Aboriginal Prisoners & Offenders Support Services (APOSS)	Narcotics Anonymous Australia*
Aboriginal Sobriety Group of SA (ASG)*	National Organisation for Foetal Alcohol Syndrome & Related Disorders (NOFASARD)*
Addiction Counselling Services*	Nganampa Health Council
Adelaide Day Centre for Homeless Persons	Northern Area Community & Youth Services: CHANGE Program and more
AIDS Council of SA (ACSA)	Nunkuwarrin Yunti of SA: Nu-Hit & SOS
AI-Anon/Alateen*	Oak Valley Health Service
Alcoholics Anonymous (AA)*	Offenders Aid & Rehabilitation Services SA (OARS)
Anglicare: Archway and Police Drug Diversion Initiative	Operation Flinders
Australian Drug Treatment & Rehabilitation Programme Inc: DrugBeat of SA*	Port Augusta Substance Misuse Service*
Baptist Care (SA) Inc: Tumbelin Drug & Alcohol Project and more	Port Lincoln Aboriginal Health Service: Substance Misuse Support Services
Catherine House	Quit SA*
Ceduna / Koonibba Aboriginal Health Services	Ramsay Healthcare Drug & Alcohol
Centacare, Education Drug Diversion Intervention Team (EDDIT)	Red Cross: Save-a-Mate
Construction & Other Industries Drug & Alcohol Program Inc*	South Australian Network of Drug & Alcohol Services (SANDAS)*
Drug Arm SA*	South East Drug & Alcohol Counselling Service Inc*
Drug Free Australia*	Teen Challenge SA Inc*
Dunjiba Community Council Youth Substance Abuse Program	Mind Australia
Encounter Youth	The Salvation Army: Towards Independence, Sobering Up Unit and more
Family Drug Support*	Tullawon Health Service
Family Matters SA Inc*	Umoona Community Council Substance Abuse Program
Gambling & Addiction Treatment Services (GATS) Counselling*	Uniting Care Wesley Adelaide: Kuinto Community, Detour and more
Hepatitis C Council of SA	Vietnamese Community in Australia (SA)
Kalparrin Community Inc.*	
Karobran New Life Centre*	

*AOD-Specific Organisation



www.nceta.flinders.edu.au

National Centre for Education and Training on Addiction, Flinders University

© 2009. Produced with funding from the Government of South Australia, SA Health.