

National Peaks Survey 2020

SA Supplementary Report

In May and June 2020, the National Peaks (comprising of representatives of each state and territory AOD peak body) undertook a national survey of the impact of COVID-19 on the non-government alcohol and other drugs treatment sector.

Nationally there were a total of 210 responses, with 20 of those responses coming from South Australian organisations, representing a 50% response rate in SA. This is consistent with SA's size relative to the national response rate.

Demographics

- | <u>Service locations</u> | <u>Service types</u> |
|---|---|
| <ul style="list-style-type: none"> • 9 metro • 10 regional • 4 rural • 0 remote | <ul style="list-style-type: none"> • 4 residential services • 17 non-residential services |

Effect of COVID-19 on services

Participants were asked to scale how much COVID-19 had affected their service. The responses indicated that most services were affected by COVID-19 with 60% indicating that the effect ranged from a lot to a great deal.

- 1 - a little
- 7 - somewhat
- 7 – a lot
- 5 - a great deal

Workplace Impacts

- Increased worker stress re COVID -19 (in relation to staff catching it or clients catching it),
- Increased workloads for frontline workers, supervisors and managers
- Need for more IT, software and hardware for staff and for some clients
- Need for more flexible contracts as it would be difficult to meet some of the existing KPIs due to restrictions on face to face meetings with clients, outreach work and in reach (into schools etc).
- Less face to face contact, reduced client numbers, increased waiting times.
- Increased costs for cleaning, PPE and service modification

“Less face to face contact and more phone calls, the numbers of clients have reduced due to COVID-19 which is a result of limited face to face contact.”

Effect on service delivery:

- Most workers had to move to online and telephone support with 12 services moving online whilst 7 did not. Most delivery was by phone or across an internet meeting platform.
- Of those who moved to online/phone interactions many liked it and are likely to maintain some provision of online/phone support after the COVID-19 situation passes.
- However, many also found it difficult to build client/worker rapport if there had not be initial face to face interaction. This led to reduced client engagement (especially with certain cohorts including young clients and Aboriginal clients)
- There were issues with staff being able to access appropriate PPE when seeing clients face to face and dealing with infection control strategies in the context of service delivery
- Moving into a ‘lock down’ situation created challenges as staff moved to working from home and had reduced time in the office. These included:
 - Challenges in providing supervision and support

- Incidental interactions reduced when staff were working away from a team environment. Staff and supervisors missed these interactions as they often facilitate important information sharing.
- Some organisations faced technical issues, for example limited skills in setting up remote systems, problems with networks, poor network connections.
- Outreach appointments (e.g., to schools, homes etc.) dramatically reduced in the initial stages due to 'lockdown'.

"Difficulty in continue to deliver services within infection control guidelines set up by organisation due to being unable to access priority PPE - while we were seen as essential and fit into category as a non-government service we were not prioritised"

"All clients were initially happy to engage in phone appointments; however, we are now identifying since the "normality" has worn off, the clients are now requesting previous "face to face" service resume"

Demand issues

- There was an even split between services that saw more demand and those that saw less
- About half reported better engagement and about half reported worse, this is consistent with national data. There did not appear to be any outstanding determinant related to why an organisation saw better or poorer engagement with clients
- Some saw higher rates of 'did not attends' (DNAs) with one or two indicating that clients may be using COVID-19 as an excuse for not attending
- A number of services indicated that clients were presenting with more complexity, with higher rates and more complex mental health issues, family violence issues, and child welfare issues.
- There was increased demand for treatment of alcohol related problems.
- Residential services reduced their bed numbers – this was primarily to ensure social distancing
- There were problems related to the reduced ability to transport clients in work cars, or visit clients in their home

"It (the demand) varied across services, some had increased demand following an initial reduction."

"(We experienced an) increase in crisis presentations that we are not funded for due to reduction in hospital and GP services"

"We have seen the cohort change slightly, with less known clients initially and quite a lot of first-time presenters, some from remote communities."

Effect on clients

- Some clients don't have access to online/phone and so missed out on services. This was particularly noticeable in rural and remote locations and was a significant problem for some services with a large Aboriginal client base.
- Most services saw an initial decline in client numbers, but they then stabilised at normal levels
- Respondents identified an Increased risk profile amongst clients. That is there was more:
 - Alcohol as a primary drug
 - Polydrug use
 - Use of drugs not usually seen (cocaine, LSD, GHB), potentially due to changes in costs and availability of certain drugs.

"Increase in referrals with poly-drug use, different substance of concern due to anecdotal reports of supply, availability and increased cost of methamphetamine."

Staffing changes

- Most services saw no changes in staffing, though a small number had lost staff (1 service lost 5 staff)
- Some services redeployed staff to other roles in health-related programs (due to change in demand or to protect from infection)
- Only 4 services accessed Jobkeeper
- No service reported using an EAP, or having staff use their EAP services
- Many reported increasing staff wellbeing and support activities including increased communication and supervision.
- Some indicated significant staff concerns about COVID-19 and infection risks
- 1 service indicated that there were higher rates of absenteeism amongst staff.

“Uncertainty, stress directly relating to the impact of COVID of staff has been present. Often having to “be strong to support our clients” noting staff are human and also feeling the impact/stress of the pandemic.”

“All our staff have worked hard during this pandemic and continue to provide high levels of services; this is however increasingly wearying in times of high stress with world matters such as COVID.”

Things that got/may get worse as a result of the pandemic

- Workers saw an increase in issues for clients like:
 - family violence
 - financial stress
 - mental health issues
- Organisational costs rose for technology (phones, internet, hardware etc), for some organisations these increased costs were significant
- The need for COVID-19 compliant cleaning and hygiene practices placed more demands on organisations
- Many organisations commented that there was poorer access to inpatient services, reduced access to and referrals from GPs, challenges in accessing crisis and ongoing support for complementary services such as mental health services and family violence services.
- Work generally became more difficult for frontline staff, supervisors and managers, with a range of increased pressures resulting from the impact of the pandemic on them, their workplace, clients and the wider community

“It has been more difficult as time went on to motivate staff and keep a positive mindset. Lots of support has been put in place.”

“Yes, wellbeing strategies have been rolled out through our intranet site and any relevant online training, resources relating to wellbeing and COVID has been supported. An additional leave day/grace day was granted before or after the Easter weekend to extend staff time off for a break”

What people wanted/needed

- A number of training needs were identified with the top three topics being:
 - Working in a telehealth environment
 - Online supervision and meetings
 - Trauma informed care
- A number of Advocacy issues were identified with the top three issues being:
 - More flexible contracts, in light of the challenges in delivering services that were funded to be face to face in an online or COVID-19 safe manner
 - Modified KPIs to reflect changed service provision required by the COVID-19 situation, this could include KPIs around client numbers, treatment modalities, location of service provision etc.
 - A number of organisations wanted advocacy to address the need for increased funding to cover costs of changes to their service delivery environment and especially funding to address the changes in IT/telephony costs

The post COVID-19 future

- Many organisations will keep some aspects of the changes:
 - Working from home has had some significant benefits and most organisations will consider incorporating work from home strategies into their future work planning and delivery. Whilst this change was 'forced' on many organisations they have found it generally positive.
 - Some organisations noted that with staff being more mobile or home based there was less time spent in the office. This had some benefits for some organisations in terms of time management and the number of clients that could be supported due to the elimination of travel time between client locations.
 - Online/phone/telehealth access was seen by many as a real positive enabling clients to access services from where they were (home or another service) without travel demands on them. Some services noted that there was better engagement with an initial face-to-face meeting prior to engaging a client online and may move to this 'blended' model of delivery.
- A number of services wished to access more training with a focus on working with clients in an IT enabled environment, online clinical and management supervision, working with complex clients online and improving online/telephone engagement skills.
- Many felt that there would still be a significant need for face-to-face client work, especially in respect to initial engagement and group work.
- Finally, a number of organisations expressed a concern about the impact of the end of isolation, or an ongoing situation with most expecting a surge in client numbers and complexity in the coming months and years as a result of the impact of COVID-19.. This includes an expectation about a rise in the number of people seeking treatment for alcohol and substances they have not traditionally used.

"We have all been operating and holding such a high level of risk confusing to deliver services my fear is post September when people start to go back to work and the extra Centrelink payments are stopped we are going to be tired and drained and the demand for services will escalate."