WORKFORCE DEVELOPMENT

Alcohol and Other Drugs in South Australia

Joshua Wisely
Lexi (Xinyue) Yan
Connor Pascoe-Smith
Mark Haren
Michael White

SANDAS
South Australian
Network of Drug & Alcohol Services

ACKNOWLEDGEMENT OF COUNTRY

The South Australian Network of Drug and Alcohol services (SANDAS) acknowledges and respects the Kaurna people as the traditional custodians of the lands we are working on. We acknowledge the deep feelings of attachment and relationship of Aboriginal peoples to the Country. We also pay our respects to the cultural authority of Aboriginal peoples attending from other areas of Australia present here. We pay our respects to their Elders past, present, and emerging.

FOREWORD

This report captures research undertaken by students at the Community Outreach Centre of the University of South Australia. The students were Masters of Social Work students. As part of a research-based placement, they worked with the Executive Officer of SANDAS to develop and implement interview and Survey Monkey Questionnaires and analyse the responses to identify key drivers and challenges to implementing workforce development activities for the non-government drug and alcohol sector in South Australia.

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LITERATURE REVIEW

The current AOD consumer demographics

In 2020-2021, 80% of Australians over the age of 14 consumed alcohol and there were 25.8% or 5 million people who drank in ways that were risky over their lifetime and 10.7% or 2.1 million people aged 14 and over who consumed alcohol exceeding the guidelines for single occasion drinking. 9 million Australians aged 14 and over had used a drug illicitly (including the non-medical use of pharmaceuticals) in their lifetime, and approximately 3.4 million (16.4%) had consumed an illicit drug in 2019. (Australian Bureau of Statistics, 2022a; 2022b)

There were 139,300 clients aged 10 and above in 2020-2021 who received AOD treatment. Within the demographic, 17% of the clients identified as Aboriginal and/or Torres Strait Islander, 62% were male, and 52% were aged 20-39. Most AOD clients sought treatment due to consuming alcohol (37%), amphetamines (24%), cannabis (19%) and heroin (4.6%). (Australian Institute of Health and Welfare, 2022a)

Ritter, Chalmers and Gomez (2019) have developed a unique demand-based projection model that estimates the number of AOD workforce required to treat the number of people needing or seeking treatment. The model calculates demand based on the ratio of the number of Australian who seek AOD treatment over the number of AOD treatment clients for whom the demand is being met. The estimate for treatment demand for Australia varied between a low of 411,740 people and a high of 755,557 people, hence Australia is currently treating 26.8%-56.4% of the demand population rate.

Workforce Development-an overview

Over the last 20 years there have been significant changes in alcohol and other drug use and the associated harms experienced by the Australian community as a consequence of this use. These changes in the substances used (including new and emerging drugs), and the impact of alcohol and drugs have driven the increasing urgency for the AOD workforce to respond and cater to complex conditions and needs of clients. With advances in scientific knowledge and the development of new and refined evidence-based protocols it is necessary to provide prevention, treatment, harm reduction, and early and post intervention services to deal with 'the plethora of psychoactive and potentially addictive substances with which communities have contended' (Roche & Skinner, 2005 p. 4). Consequently, organisations across the AOD sector need to develop systemic and sustainable workforce development strategies that enhance organisations and workers capacities and capabilities to effectively deal with these changes.

What is workforce development?

Workforce development is best defined as ‘a multi-faceted approach which addresses the range of factors impacting on the ability of the alcohol and other drug (AOD) workforce to function with maximum effectiveness’ (Roche & Skinner, 2005 p. 4). Effective workforce development programs within the AOD sector have a structural and systemic focus on effective service delivery that extends to training and retaining individual workers, workforce planning, career and professional development and staff wellbeing. Despite not being a new concept workforce development is necessary for delivering effective AOD responses. Workforce development is often not well understood and is often reduced to a focus on 'training'. Without the adequate knowledge and skills to address the complex needs of AOD clients the AOD system is likely to face ongoing challenges in increasing workforce effectiveness - which is the ultimate goal of workforce development programs.

According to Roche and Skinner’s (2005, p. 4) workforce development Theory Into Practice Strategies (TIPS), workforce development program strategies are applicable at four levels: Level 1 - Systems (e.g., funding, legislation), Level 2 - Organisations (e.g., policies, resources, supervision), Level 3 - Teams (e.g., support, cohesion) and Level 4 Individuals (e.g., motivation, skill, rewards). Additionally, Roche and Skinner (2005, p. 3) included ‘principles of best

practice in AOD such as policies, programs and initiatives that entail evidence-based, multi-level, sustainable, continuously evaluated and participatory and involve key stakeholders'.

Why is AOD workforce development needed?

The complexity and demand within the general AOD field and the frontline practice have become more challenging in recent years. Based on Searby and Burr's (2020) AOD workforce report, such challenges include:

- Growth in the complexity of AOD cases, treatments, and needs
- Limited resources, funding, education, and career opportunities
- Low salaries
- Difficulties in recruiting and retaining proficient and qualified staff
- A constant increase in sophisticated technical knowledge and practice
- The continuous increase in demand for AOD and poly-drug treatment services
- High levels of stress and burnout from workloads
- Societal stigma and stereotypes due to misunderstanding of AOD nature, problems and resolutions.
- Comorbid health conditions and gaps in health and socioeconomic inequalities

Consequently, the AOD workforce requires effective training and development, access to emerging knowledge, and support (such as clinical supervision) to effectively keep up with the complex changes occurring in AOD and deliver effective treatment and prevention services to the best of their capacities and capabilities.

The current AOD workforce

There are two distinct groups within the multifaceted AOD workforce:

1. frontline AOD specialist workers (who may work in AOD specialist organisations agencies or in AOD programs within non-AOD specialist organisations)
2. generalist workers (who work in the mainstream workforce and have extensive contact with the wider community and are thereby well placed to implement AOD prevention and intervention strategies). (Roche and Pidd, 2010, p3)

However, identifying who constitutes the AOD workforce is often overlooked despite being a fundamental step before addressing needs assessment and strategic intervention. The challenges in identifying the AOD workforce are due to the broad range of occupations

engaging in the AOD areas, a lack of clear boundaries between AOD work and other work and the absence of credential requirements for AOD work. The definition of the workforce is further complicated by the various categories of professionals, the complex and diverse initiatives funded to provide interventions (Roche & Pidd, 2010).

In the most recent data, the National Centre for Education and Training on Addiction (NCETA) has undertaken research on the Australian AOD specialist workforce (Skinner, McEntee & Roche, 2020a). Derived from a survey of the eight Australian jurisdictions this research is the most comprehensive overview of the AOD workforce demographics available. The following table provides an overview of various backgrounds of workers within the South Australian AOD workforce:

Main area	%
Counselling	18
Intake/assessment and counselling	6
Management of service/operation/program	6
Administration	6
Support and case management	6
Withdrawal management (detoxification)	4
Clinical oversight/management/coordination	4
Rehabilitation	4
Management/leadership of team	4
Pharmacotherapy	4
Other (please specify)	3
Project work	3
Harm reduction	3
Providing information and education	3
Dual diagnosis work	2
Intake/assessment work	2
Research/data analysis	2
Assessment	2
Lived experience work role/peer support/education/mentoring	2
Residential support work	2
Community development	1
Outreach	1
Care and recovery coordination	1
Needle and syringe program work	1
Youth programs	1
Policy and/or media work	1
Quality coordination	1
Forensic AOD counselling	1
Non-residential withdrawal nursing	1
Consumer representation/advocacy	1
Family therapy	1
Health services planning (catchment-based planning)	0.4
Unpaid volunteering	0.4
AOD Family Violence Advisor	0.3
Pharmacotherapy support work	0.3
Total	98.4[1]

Figure 1 Breakdown of SA AOD workforce (Skinner, McEntee and Roche, 202a)

*Total does not equal 100 due to rounding.

This table captures the diversity of roles that exist within the workforce. These can be consolidated into occupations.

> Overall, the three most common occupations were drug and alcohol counsellor (23%), drug and alcohol nurse (10%) and social worker (8%). Regarding main areas of work, counselling was the most common (18%), followed equally by intake/ assessment and counselling, management of service/operation/program, administration, and support and case management (6%, respectively). (Skinner, McEntee & Roche, 2020a, p. 7)

The research indicated that the majority of the AOD specialist workers within the national survey were female (69%), 39% aged 50 years or older, approximately 26% were employed part-time, and nearly 20% had a median length of 5 years' service in AOD. The report also found that generalist AOD workers (23%) and nurses (10%) were the largest occupational group. (Skinner, McEntee & Roche, 2020a)

Skinner, McEntee and Roche (2020b) found most respondents (64%) were from the metropolitan area (3% were remote), with a majority of them located in Queensland (21%), New South Wales (23%), and Victoria (28%). 9% were South Australian (consistent with the SA population proportion of the Australian population) and 14%Western Australian. The Australian Capital Territory, Northern Territory, and Tasmania each contributed 2% of the overall survey.

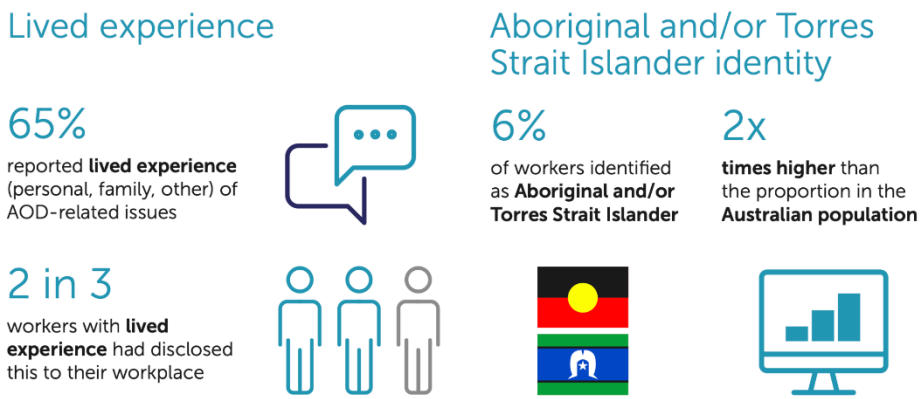


Figure 2 AOD Workforce Profile (Skinner, McEntee and Roche, 2020)

Most AOD workers were employed in the non-government sector (57%). 23% of AOD workforce having AOD qualifications at a vocational level and 56% having an undergraduate or post graduate degree. Additionally, most workers engaged in fields other than AOD before their employment (95%) in AOD.

The highly diverse AOD workforce involves various employment, sectors, industries, communities and cultures that mix specialist and non-specialist workers throughout different levels and contexts. While not all workers are AOD specialists, most must deal with AOD problems in various circumstances, such as delivering brief interventions, initial assessments and referrals to specialist help. Therefore, adequate AOD training is crucial in equipping and catering to workers with the proper skills and knowledge within their respective roles.

Sectors within the AOD field

Over two-thirds of the AOD service delivery system in Australia is provided by the NGO sector. The NGO sector picks up the “shortfalls” in supply of healthcare professionals in many parts of the world, including Australia. (Roche & Nicholas, 2017, p. 1003). Overall, the NGO sector can respond to complex social concerns better than the government sector and act as an intermediary between government and citizens and provide opportunities for 'civic participation, reaching diverse populations, treating problems holistically, generating trust, working with compassion and commitment, providing a voice to the marginalised and bringing about social change' (Roche & Nicholas, 2017, p. 1011). Thus, the NGO sector roles have been increasing within the AOD field.

However, most NGOs are challenged to provide professional development to support retention and prevent potential burnout and stress within the AOD workforce (Roche & Nicholas, 2017). The AOD sector also faces ongoing funding challenges that involve budget cuts (most often in the form of the government not meeting increases in the consumer price index and increases in awards) and perennial problems with funding including poor commissioning, frequent recommissioning and the costs of tendering. These issues impact the NGO workforce making recruitment and retaining of competent workers and upskilling their staff. Thus, there is a need for peak bodies to play a role in increasing the capacity of the NGO sector to ‘ensure national consistency in evidence-informed approaches to treatment and workforce development more generally’ (Roche & Nicholas, 2017, p. 1010). Such capacity also requires more funding, multidisciplinary team skills, and intrapersonal skills, including mentoring, supervision and leadership skills.

The NGO sector workforce has been found to have a higher proportion of AOD-related qualifications (i.e., Certificate IV) and diverse roles than government workers. However, NGO workers have lower wages than the national average and more insecurity about their job,

which is less likely to be permanent. Nevertheless, NGO workers have higher job satisfaction and are more optimistic about career opportunities (Roche & Nicholas, 2017).

NGO workers were also found to feel more respected and supported in the workplace. NGO workers reported that they had more flexibility and a sense of gratification at work. This may explain how the NGO sector has better recruitment and retention experience than the government sector. Thus, the NGO sectors is most negatively affected by funding issues that hinder their workforce development program (Roche & Nicholas, 2017).

AOD qualifications and experience

AOD-relevant training in Australia has develop significantly since it emerged in the early 1990s when information regarding AOD was nearly absent from most professional education and training programs (Roche & Pidd, 2010). According to the most recent survey (table below), the majority of AOD workers held an undergraduate degree or higher, a small proportion of workers (3%) did not hold any tertiary or vocational qualifications, and under half (46%) of the workers have a vocational or tertiary level as their highest AOD-related qualification.

Highest qualification held	Percentages (%)
Senior secondary certificate or less	**3%**
Certificate (I-V)	**8%**
Diploma/advanced diploma	**15%**
Graduate certificate/diploma	**18%**
Undergraduate degree	**29%**
Masters/postgraduate/PhD	**26%**
MBBS	**0.3%**
Medical fellowship	**1%**
Others	**1%**

Figure 3 ***: Professional qualifications (Skinner, McEntee & Roche, 2020a). *Total does not equal 100 due to rounding.*** *(%)*

Additionally, Skinner, McEntee, and Roche (2020a, p. 13) reported:

Considering only client service workers, 54% had completed one or more vocational AOD qualifications comprising the Diploma of Alcohol and Other Drugs (20%), Certificate IV in AOD (21%) or the AOD Skill Set (23%) (4 key units of competency within the Certificate IV in AOD).[3] Eight percent of client service workers held more than one vocational AOD qualification. Overall, 67% of client service workers held an AOD-related qualification at a vocational or tertiary level. Of the client service workers who did not have any AOD-related qualifications, 16% were currently enrolled in a course to obtain a vocational AOD qualification. The most common work roles for client service workers without any AOD-related qualifications were counselling (25%), intake/assessment/counselling (12%) and support and case management (9%).

Training gaps

There has been a demand from the AOD workforce regarding further development in working with particular types of clients and professional skills. The majority of the workers desire more training on working with clients who have experienced trauma (64%), have dual diagnosis/co-occurring mental health issues (62%), or identify as Aboriginal and/or Torres Strait Islander (53%). Regarding professional skills, workers emphasised the need for upskilling in responding to clients with multiple and complex needs (55%), leadership and management capacities (48%), and delivering specific interventions or therapies (44%) (Skinner, McEntee & Roche, 2020a, p.17).

Providing treatment to Aboriginal people in Australia

Based on the 2020-2021 AIHW (2020a) report, 18.4% of Indigenous individuals consumed alcohol and 28.3% used drugs compared to the total Australian population. Regarding the AOD workforce, only 6% identified as Aboriginal and/or Torres Strait Islander (Skinner, McEntee & Roche, 2020).

Regarding treatment, 18% or 22,702 Indigenous Australians aged ten and over are receiving treatment for their own alcohol and drug use (a ratio of one in six people compared to non-Indigenous Australia), and around 1 in 10 (8.5% or 883) for someone else's alcohol or drug use (AIHW, 2020a). Essentially, Indigenous Australians are more likely to receive AOD treatment compared to non-Indigenous Australians: they are eight times as likely to receive heroin treatment, seven times as likely to receive treatment for alcohol or amphetamines, and six times as likely to receive treatment for cannabis (AIHW, 2020a). Thus, Aboriginal

organisations must equip themselves with sufficient knowledge and skills to cater for the increasing need and treatment of clients within the AOD sectors.

Client group	%
Clients with experiences of trauma	64
Clients with dual diagnoses/co-occurring mental health issues	62
Aboriginal and/or Torres Strait Islander clients	53
Clients with current/past experience of family violence	52
Children and families	51
Forensic AOD clients	50
Clients from culturally and linguistically diverse backgrounds	47
Acquired brain injury clients	46
Older clients	45
Clients with gambling problems	43
Lesbian/gay/bisexual/trans/intersex/ queer clients	42
Other	5

Professional skills	%
Responding to multiple and complex needs	55
Leadership and management skills	48
Specific interventions or therapies	44
Service delivery/administration skills	43
Clinical skills for counselling, treatment or therapy	42
Managing risky behaviours	42
Leadership skills	42
Advanced clinical skills	40
Providing clinical supervision to others	40
Skills or knowledge to support evidence-based practice	39
Management skills	38
Building and maintaining service partnerships	37
Training on alcohol or other drugs	35
Working with multi-disciplinary teams	33
Other	3

Figure 4 Client group and skills matrix (skinner, McEntee and Roche, 2020a) Client group (n = 1071) and Professional skills (n = 1031)

Additionally, implementing workforce development programs that disregard organisational factors resulted in barriers between training and practical implementation (Roche & Nicholas, 2017). Often, such programs fail to include the voice of workers and identify a clear objective that defines the outcome of the organisations' workforce development strategy.

Strategies and Recommendations on the current AOD workforce

Despite some improvements within the AOD workforce over the past decade, the low level of data on the workforce, especially in relation to South Australia poses difficulties in consolidating workforce survey findings. AOD qualifications, recruitment and retention, career paths, professional development, accreditation, and minimum qualifications, clinical supervision and mentoring, leadership and management, workforce support, and worker well-being have been identified as recurring issues within the AOD workforce and will need to be addressed in a comprehensive workforce development and implementation strategy.

Project Methodology

The AOD workforce development project involves four components to inform future workforce development and planning and ensure future activities are undertaken with a comprehensive approach.

The first component of the study was a workshop was held on 31 March 2022 as part of the annual SANDAS Forum. Participants were provided background information on workforce development, explaining its scope, and defining its parameters. They were told that their responses would be used to guide future AOD workforce development program planning and implementation. Over 50 people attended. The Workshop gathered feedback and data in relation to the participants' organisation issues in relation to workforce development opportunities and challenges within the AOD sector in South Australia. The workshop focussed on a bank of 8 questions, with participants providing written responses on feedback forms. These forms were then collated, and thematically analysed and the findings were incorporated into this report.

The second component was a consultation held in July 2022, with Aboriginal Social and Emotional Wellbeing Workers at their annual conference in Berri. In attendance were around 20 workers ranging from frontline workers to supervisors and managers. The consultation was framed around nine questions reflecting those used in the March workshop, with an additional question focussed on the needs of Aboriginal AOD workers.

The third component of the process involved a survey of member organisational representatives. The survey was administered through an online survey tool, SurveyMonkey, the questions were designed by SANDAS and UniSA Social Work students. The survey collected data relating to the demographics, qualifications, professional development needs, recruitment, and retention strategies of each organisation. A total of 18 organisations responded to the survey.

A fourth process was undertaken using targeted interviewing of key staff in organisations with responsibility for workforce development. One-on-one interviews were conducted via zoom and face-to-face by UniSA Social Work students to clarify the organisation’s wants, needs, potential barriers, and facilitators in relation to Workforce Development in the AOD sector. A

total of 16 organisations accepted the interview and provided answers to the 8 key questions (as used in the Forum) on Workforce Development issues for their organisations.

Following the completion of the comprehensive consultation component of this project, the data collected were analysed and compiled into a report. The synthesis and analysis of the data focused on current issues and challenges facing the sector, organisations, and individuals working in the AOD sector. Recommendations were identified through the analysis of the information with a view to ensuring any workforce development efforts are linked and maximised. The ultimate goal of the project is to provide support and guidance to the sector and organisations to ensure future AOD workforce development enables them to provide more effective, efficient, and holistic practices to support the people and communities impacted by alcohol and other drugs.

Workshop, survey and interview consolidation

COMPONENT 1: Forum Consultation Findings

Funding

In regard to the findings of the SANDAS State forum- Sector Consultation, funding was the most commonly mentioned issue when it came to the WFD needs of the SA AOD sector. Funding cycles and instability of funding were raised numerous times. The regularity of funding was an issue as well as the standardisation of funding cycles. Respondents noted that systems level workforce development was negatively impacted by the lack of funding to AOD in general and AOD WFD specifically. Commissioning did not take into account the need for or costs of professional development. There was support for identified funding of a workforce development system.

Respondents highlighted that the commissioning system, with numerous funding bodies working without integrated planning had a negative impact. So to did instability of funding, short contracts, and poor and delayed decision making by commissioning body.

Training provision

Throughout the workshop there were positives and negatives mentioned in terms of training modalities. Most participants agreed that face to face training should be a priority and that 'it's the best way to train'. While others thought that a blended or online modality may be more appropriate. It's clear that COVID had an impact on these results and that delivery methods such as Zoom and Teams can come with its own challenges such as 'online fatigue'. Although a lot of the participants valued face to face training as the preferred option, the availability of blended or even purely online training would also be very beneficial as it makes it accessible to everybody, even those living remotely.

Education and Training

There were reoccurring themes relating to education and training. The most common response specifically addressed the significant lack of sufficient and appropriate education and training for the sector. Respondents indicated that there is a general lack of general AOD training amongst related professionals. One example was mentioned that a half day AOD training for SAPOL workers is not sufficient. There was a strong call for TAFE to offer the Certificate 4 in AOD. Respondents also noted that the available training for professionals that deal with AOD related clients is not adequate. The most common themes mentioned are

insufficient: cultural awareness training; trauma informed training; pharmacotherapy knowledge development; training in specific theories relating to AOD treatment; knowledge of how the health system works and its complexities; and knowledge of drug trends. There were also respondents that indicated that there was a lack of basic skills amongst AOD workers such as literacy, digital and communication skills. There was also a call for evidence based and reflective practices to support new research in the field. Other themes included conflict resolution, needle and syringe program training, motivational interviewing and a training for workers self-care and confidence. It was also mentioned that there needs to be more interactive and practical training available to AOD workers in SA.

Stigma

Respondents also highlighted issues relating to stigma, which was mentioned by most participating tables. From the feedback it is clear respondents feel that stigma is having a negative impact on the WFD needs of the AOD sector. This includes stigma towards AOD clients, the workforce and the sector in general. It was said that one of the common examples of stigmatisation was the language used when it comes people who are impacted by AOD related issues and that there needed to be a re branding of the sector and the workforce as its 'great work' and shouldn't have the negative stigma that it currently has. Some respondents mentioned that some workers are 'disillusioned' about the sector and the work involved. Participants thought that the view the pubic have of AOD workers included them not being seen as relevant or respected. The last point that was mentioned and is important to the study is that some of the services that interact/ coexist with AOD have a zero-tolerance approach recruiting workers with lived experience especially where they have current use or a past criminal history limiting the possibilities for workers with lived experience and criminal history.

There were a number of comments about other sectors 'overreach' of alcohol and drug treatment services. This included expectations by these other services that treatment would always result in abstinence, that treatment was or could be mandated and limited understanding of harm reduction and minimisation strategies. Also not was that government agendas were often in conflict with best or evidence-based practice.

Peer Workforce

There was a comprehensive call for the establishment of a more systemic peer/lived experience work force strategy. Respondents were very positive about the value of the peer

workforce but raised concerns about the impact of a lack of supervisory or organisational support. Respondents noted that this left peer workers 'on the outer'. Recommendations included engaging in peer lived experience workers in the review of the Certificate IV and other qualifications for AOD workers.

Access and Limitations of current workforce development

Respondents noted that there is currently limited access to national recognised training, higher education and ongoing professional development. This includes access to face to face and online training. It was noted that rural workers were significantly disadvantaged by a lack of access to locally delivered activities. There are also concerns about the lack of funding for transport and backfill for workers to travel to workforce development activities. There were also concerns raised about the lack of resourcing for online/telehealth treatment and learning and development. There were recommendations for the establishment of a state-based learning and development strategy similar to that in operation in other jurisdictions (e.g., Insight, Turning Point).

The costs and difficulties in accessing clinical supervision were also highlighted by many respondents. There were also issues with the nature of the sectors response to dependence where an abstinence-based response was not necessarily appropriate. Legal issues for clients could also impact treatment and support.

Self-Care

Another reoccurring theme was self-care. Respondents indicated that the work can be taxing/ demanding, and the risk of burnout for workers is a risk and a problem for organisations and the sector that has to be addressed. Burnout and dissatisfaction with the job was noted to have a range of causes including high KPI's, feeling like they are doing a band aid job, having a poor work life balance, not having flexible working arrangements and a lack of clinical supervision and opportunities to debrief.

Complexity

There were strong calls for work to be advanced in developing both the AOD and wider sectors' capacity to deal with comorbid and complex clients. It was noted that there is a lack of clarity as to who should have the lead with these clients resulting in a lack of integrated care. It was noted that there needed to be better integration across a range of services that

complex clients required including improved referral and better linkages with specialist and primary health services.

Impact of Covid-19

Respondents noted that Covid had both positive and negative outcomes. Positive outcomes include a rapid upskilling within the workforce of skills in telehealth, remote working/work from home, innovative practice, improved triage and newly emergent treatment and support systems. The newest of these was the trial of a managed alcohol service which was very well accepted and welcomed by the sector.

Challenges thrown up by Covid include the emergence of new drug markets, changes in peoples use of drugs with a growth in the number of people using new and emergent drugs (or drugs new to presenting clients). Covid had also driven new connections across the sector which was positive.

Negatives emerging from Covid included the variability across and between organisations making inert organisational engagement challenging. There were also issues with a loss of face-to-face engagements with clients. Some clients dropped out of treatment or went into involuntary withdrawal. The mental health impacts of Covid and isolation were complicating factors for treatment. Many respondents noted the reduction in both worker and client's social engagements with this impacting on increase client substance use.

Other issues

There were a number of other comments reflecting people positive responses to the work of SANDS and other organisations including Family Drug Support and Substance Misuse Limestone Coast.

COMPONENT 2: Aboriginal Social and Emotional Wellbeing Workers - Berri 2022

In July 2022 a consultation was held with Aboriginal Social and Emotional Wellbeing Workers at their annual conference in Berri. In attendance were around 20 workers ranging from frontline workers, through supervisors and managers. The consultation was framed around nine questions, concerning the workforce development within each Aboriginal Torres and Islander organisation represented.

The current challenges for Aboriginal Services in SA

According to the workshop results, the lack of ongoing training and development opportunities and funding dedicated specifically for Aboriginal and Torres Strait Islander

workers and organisations creates ongoing challenges that have negative impacts on Aboriginal AOD services in SA. Conversely, interagency engagement and networking with ongoing supervision and peer support came out as the primary practices that are working well for the Aboriginal organisations' workforce development in SA.

Currently, the Aboriginal organisation workforce is facing issues concerning staff being overworked, there being insufficient support for workers, challenges with recruitment and retention strategies, some staff lack knowledge of other services (hampering referral and integrated practice), the need for cultural safety in the workplace, the lack of community and client engagement, and insufficient treatment provision compared to the increasing demand. Among these issues, the major concerns about workforce development for specialist Aboriginal AOD workers in South Australia are lack of access to training and development; lack of access to training for AOD workers on developing language proficiency; and workers being overworked; working in high stress environments; demands to work overtime; and having to work across multiple roles.

Workforce development key interventions to meet the current emerging challenges.

There was a consensus among the Aboriginal community members consulted that training and education will help Aboriginal organisations with emerging challenges. The training involves awareness regarding Aboriginal culture, regular professional development, counselling, general ongoing AOD training, upskilling of triad languages and specialist AOD training. Additional findings suggest the potential for Aboriginal organisations to provide free and subsidised training that will promote more participation, staff retention and improvement of service quality and working environment.

Regarding culturally appropriate training and practice within the SA workforce development program, there is an urgent need for AOD services to address cultural awareness and safety of the Aboriginal community, their kinship system and cultural ways. Such awareness could be achieved by promoting cultural awareness in schools, increasing the proficiency and understanding of the Aboriginal languages, engaging in cultural tours, asking community elders regarding their main concerns, and participating in external workshops and training development.

The impacts of COVID-19 on the Aboriginal AOD services

The most apparent impact of COVID-19 on Aboriginal services concerns the shift from offline to online service interactions and delivery. There has been a decline in customer engagement, vaccination rate and frequency of regular check-ups with clients. However, the workshop results suggested that online and telephone counselling also have positive implications for the workers.

Analysis

Overall, the lack of cultural and specific-skill training has become a common theme for the current Aboriginal services across SA. Factors such as funding and the remoteness of the organisation have become the main challenge that prevents the Aboriginal services from providing training for their staff. Consequently, there is a lack of cultural safety and awareness within the working environment - including Aboriginal linguistic proficiency and understanding, leading to the issue of staff recruitment and retention.

Aside from the lack of cultural training opportunities, the lack of career development and opportunities elevated the difficulty in staff recruitment and retention, which resulted in staff working on multiple roles and feeling physically and emotionally exhausted. Thus, the transition to online service delivery is welcomed by numerous organisations as staff can save travel time and work within a comfortable environment.

Recommendations

Implementing mandatory and consistent supervision and internal cultural training among staff will help organisations to maintain a culturally safe and appropriate work environment. Increasing engagement with the community elders, schools, and other organisations will also enhance cultural understanding within the workforce while distributing awareness regarding the existing AOD services throughout the community. Alternatively, organisations may offer more online and onsite training, which has better accessibility and may increase participation among overworked staff.

COMPONENT 3: Online Survey Results

- **Demographic data from the drug and alcohol sector**

The aim of the research was to address the current AOD Workforce Development needs in SA. The participants who responded to the workshop, survey, and interviews were CEOs and managers of government and NGO in urban and rural areas of South Australia. They identify themselves as members who provided AOD services.

18 organisations answered the survey, 6 (33.3%) of them provide specialist AOD service, 4 (22.2%) of them provide generalist service with funded AOD programs. 2 (16.6%) of them are Aboriginal AOD treatment services and 2 were Aboriginal generalist services with AOD programs.

Organisation Type	**Out of 18 organisations**
Specialist AOD Service (Predominantly funded for AOD)	6
Generalist Service with funded AOD Program(s)	4
Aboriginal Community Controlled Organization AOD specific	3
Aboriginal Community Controlled Organisation with funded AOD programs	2
Specialist NGO (target cohort) with funded AOD Programs	1
Prevention-focused community development and information provision	1
Harm reduction organisation that runs AOD education presentations on a fee for service basis.	1
Homelessness Service	1
Provision of Community Services / Tier One Housing Service Provision - no funded AOD programs	1

Figure 5 Organisation Type

Various AOD services were offered state-wide. Services most offered by organisations are counselling and case management, followed by assertive outreach service, Needle and Syringe Program, and sobering up/Mobile Assistance Patrol.

Alcohol and other Drug types of services	Out of 18 organisations
Counselling	12
Case Management	11
Needle and Syringe Program	6
Assertive Outreach Service	6
Sobering Up/Mobile Assistance Patrol	5
Telephone and online advice line	4
Community Based Rehabilitation	4
Parent, Carer, Family Support Service	3
Peer Support/Mutual Aid Programs	2
Prevention, Early Intervention	2
Withdrawal Management (centre/in-patient or community based)	1
Pharmacotherapies	0

Figure 6 Type of service provided.

The largest group of clients are people with AOD and mental health conditions (66.6%). most organisations indicated they provide some services to Aboriginal and Torres Strait Islander clients (77.7%). 50% identified providing services to the wider community (generalist services) and 55% provided services to people engaged with the justice system. Organisations also work with families and the LGBTIQ+ community but are not specialised in the cohorts.

Service User Groups	Out of 18 organisations
Aboriginal or Torres Strait Islander people	14
People with AOD and mental health conditions (comorbidity)	12
People engaged with the justice system	10

Generalist AOD Service	9
Young people	9
Families/parents	9
LGBTIQ+	6
Culturally and Linguistically Diverse Clients	6
Others	4

Figure 7 Key client groups accessing organisation.

According to the total number of staff reported by the respondent organisations, most of staff (76%) provide direct client services. A small number of organisations have staff who are specialists in research or professional support roles. An adequate amount of managerial and administrative roles were provided.

Roles in Organizations	**Number of staff**
Direct client services	158
Management	19
Administration	12
Research	8
Professional support/Training	6
Other	5
Total	208

Figure 8 Staff roles in organisation

- **Recruitment and Retention**

11 organisations answered the question "Do you have difficulty recruiting AOD staff?" The task is identified to be challenging at different levels. Almost half of the organisations (45%) that responded to the survey think it is "Extremely challenging".

Difficulty recruiting AOD staff	**Out of 11 organisations**
Extremely challenging	5
Slightly challenging	3
Moderately challenging	2

Very challenging	1

Figure 9 Level of difficulty in recruiting staff

The factors that prevent the organisations from achieving the desired recruitment outcomes for AOD staff vary.

Barriers to Recruitment	Out of 11 organisations
Applicants do not have relevant experience	8
Applicants do not have adequate training and education	6
Applicants are not strongly aligned with the organisation's values	5
Applicants do not want to work in particular locations	4
Insufficient remuneration to attract staff	4
Low numbers of applicants	4
Stigma associated with AOD sector	2

Figure 10 Barriers to recruitment

Out of 11 organisations who responded to this question, 8 identified that relevant experience in the AOD sector as one of the main barriers (72%). After that, adequate training and education (54%), and alignment with organisations' values (45%) also contributed to the results.

Difficulty in Retaining	Out of 11 organisations
Slightly challenging	5
Not challenging at all	3
Moderately challenging	2
Very challenging	1

Figure 11 Perceived difficulties in retaining staff.

Compared to recruiting staff, data shows more positive results on retention. 11 of the organisations answered the question and only 1 of them found it very challenging retaining staff. Almost half (45%) only find it slightly challenging. 3 organisations (27%) did not find it challenging at all.

11 organisations answered the question “During the last 12 months did your organisation take more than 3 months to fill a vacant AOD position?”. 5 of them (45%) answered with “Yes” and 6 of them (55%) answered with “No”.

Incentives to retain staff	Out of 11 organisations
Flexible work arrangements	7
Higher duties opportunities	6
Attractive learning and development opportunities	5
Competitive salaries	5
Secondment into other roles	5
Promotion into senior or management roles	3

Figure 12 Incentives to retain staff.

11 organisations answered the question: “Does your organisation use incentives to retain staff?” Among them, flexible work arrangements were rated highest (7 respondents) followed by higher duties opportunities (6 respondents), attractive learning and development opportunities (% respondents), competitive salaries and secondment into other roles. Most organisations used multiple incentives.

- **Preferred Certificates and Qualifications**

The survey sample: A total of 9 out of 17 AOD managers responded to the survey question (a response rate of 53%) “Please indicate the number of AOD workers holding the following qualifications?” of the staff who are holding a qualification (203), almost half of them held an undergraduate degree (42%), a quarter of them held a Certificate IV, and only 4 out of 203 sampled have Masters or Ph.D. qualification.

Staff holding the following qualifications (n=203)					
Certificate III or less or no formal qualification	Certificate IV	Diploma/advanced diploma	Graduate certificate/diploma	Undergraduate degree	Masters/postgrad/PhD
15	48	23	27	86	4

Figure 13 Staff qualifications

A total of 12 out of 17 organisations answered the question “What is your organisation's preferred minimum level of education for AOD Workers? “(response rate of 70%). Of the 12 organisations that responded, 9 organisations ranked the Certificate IV in AOD as the most preferred minimum qualification (75%), followed by an undergraduate degree in a health-related field., followed by a degree in Social Work. These responses indicate that most organisations that deliver AOD services prefer specific AOD qualifications, to be as relevant as possible. Given that most commissioning bodies have established Certificate IV in AOD as a minimum qualification it is interesting that an undergraduate degree is identified to be the most common qualification.

Barriers to Accessing Workforce Development Activities	Out of 12 organisations
Suitability of programs (wrong topics, too basic, too advanced)	9
Costs	8
Impact on service delivery (difficulty of backfill)	7
Accessibility/Location (where it is held)	5
Timing	5
Online/face to face	2

Figure 14 Barriers to accessing training.

Costs remain to be the biggest issue when it comes to implementing workforce development strategies and activities. 8 organisations (67%).

COMPONENT 4: Interview Results

- **Workforce Development strategies within organisations across South Australia**

External training, supervision and internal training are the common workforce development program strategies across AOD organisations in SA. Specifically, training on the practical implementation of research, team development, and Aboriginal cultural competency has significant benefits among workers with limited AOD experience and qualifications. Moreover, supervision regarding clinical practice, management, cultural competency and professional development with peers/colleagues and supervisors substantially improves staff wellbeing (sense of belonging) and AOD competency. Nevertheless, most organisations emphasise the importance of establishing a working environment that welcomes diversity and appreciates staff to increase the organisations' overall performance and outcome.

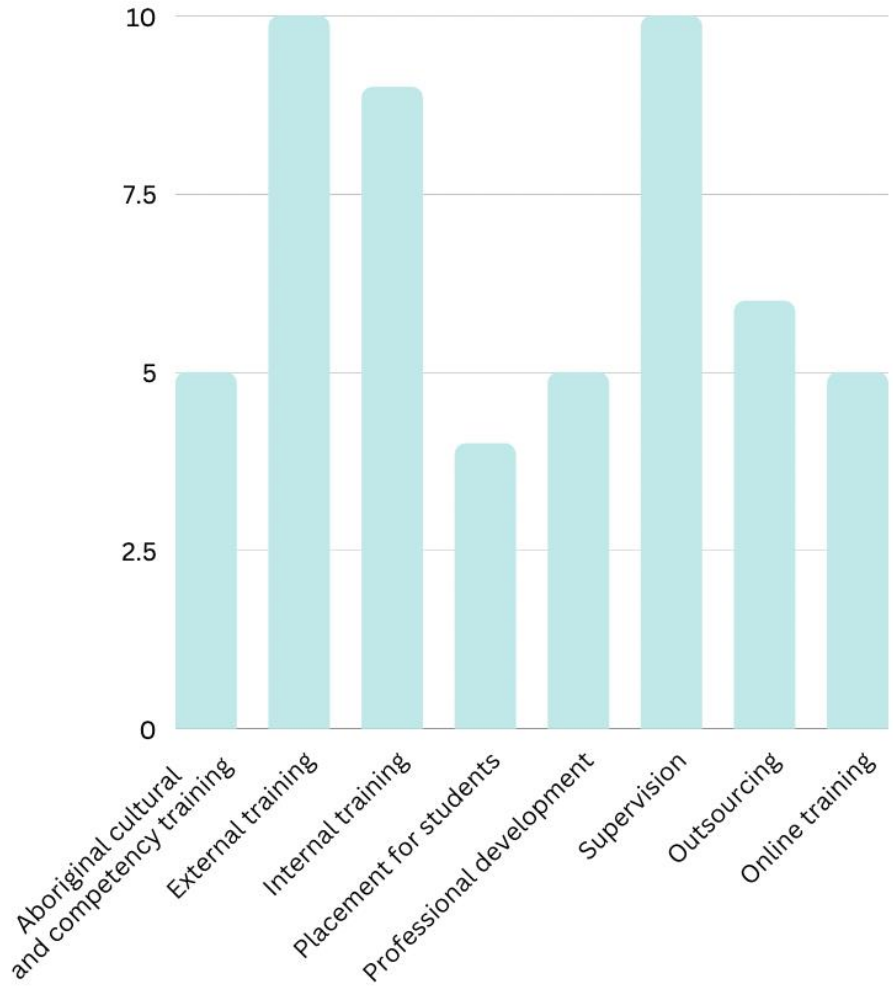


Figure 15 Training offered by organisations.

Several organisations also offer placements for students, outsource their projects, and provide regular mandatory workforce development program training. Such opportunities and strategies may enhance the overall AOD knowledge and skills internally and keep up with recent developments in AOD. There was a shift toward online training during the COVID-19 pandemic that had both positive and negative feedback from the workforce. Having training online saves time and effort as there is no need to get staff to training and increased participation, however some respondents indicated that online training lacks engagement.

Main barriers to the implementation of organisational workforce development program strategies in South Australia

Funding for workforce development was identified as the prime issue for AOD organisations. Lack of access to workforce development negatively impacts staff retention and developing improved treatment and service delivery strategies. The limited access to training makes it

difficult for organisations to recruit competent AOD workers or train staff to an appropriate standard. Without access to training respondents noted that staff were more likely to leave and pursuing careers elsewhere. Additionally, organisations in regional and remote areas noted it was challenging to access training. Freeing up people to travel to training and have the time is difficult since such training consumes a lot of time and money.

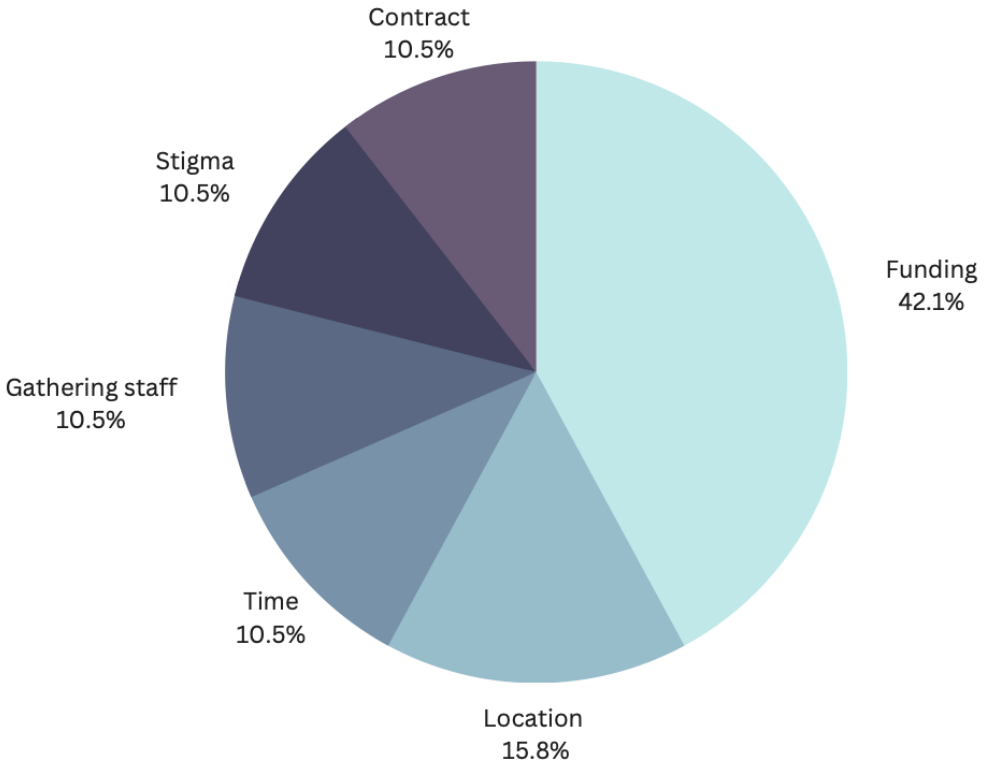


Figure 16 Barriers to the implementation of workforce development activities

Stigma and restrictions within employment contracts also contribute to challenges to accessing workforce development strategies. Staff members with lived experience may face stigma and judgement, particularly those with criminal records, since their colleagues may question their decision-making skills and assume that they are still consuming and reliant on AOD substances. The employment contract of part-time workers and staff with optional circumstances may also limit individual access to funding, resources and training that promote professional development.

- **The existing AOD education and training condition in South Australia**

This section combined responses to questions 3 and 4 of the interviews since both findings discuss the key issues in AOD training and development strategies that fail to meet the workforce needs of the SA AOD sector. There are a range of issues that negatively affected the AOD sectors capacity to access education, training and qualifications. Respondents

indicated that some of these issues are a result of the stigma faced by people who work in the AOD sector in relation to their employment.

Respondents noted that there is a lack of AOD knowledge and awareness within educational institutions and the wider community that has perpetuated stigma toward AOD consumers. Stigma also results in individuals avoiding seeking treatment due to the language, labels and delivery method that some organisations use. The lack of qualified and experienced AOD workers also poses challenges to service delivery with clients. Further the lack of higher qualified workers means that new workers may not be able to access suitable supervision and management support.

Figure 17 Relationship map of workforce development gaps

Moreover, the lack of AOD qualifications providers across SA creates a problem for organisations. Inexperienced and unqualified workers need appropriate training and qualifications to enter the sector. The lack of access to qualifications and training creates a block to people entering the workforce. Aside from the general AOD qualifications and understanding, there is also an urgent need for cultural awareness and cultural competency concerning working with AOD clients from the Aboriginal and Torres Strait Islander community. Most organisations that raise concerns about cultural competency training are from the mainstream regional and remote services. Suggestions to improve such conditions will be discussed in the findings and recommendation section of the report below.

- **State-based and national-based workforce development strategies**

The interviewed organisations were asked whether they would support a state-based or a national-based workforce development strategy and implementation plan with dedicated funding (given they have unlimited funds). Overall, half of the interviewed organisations prefer a national-based strategy, and only three organisations support the implementation of both state and national-based strategies.

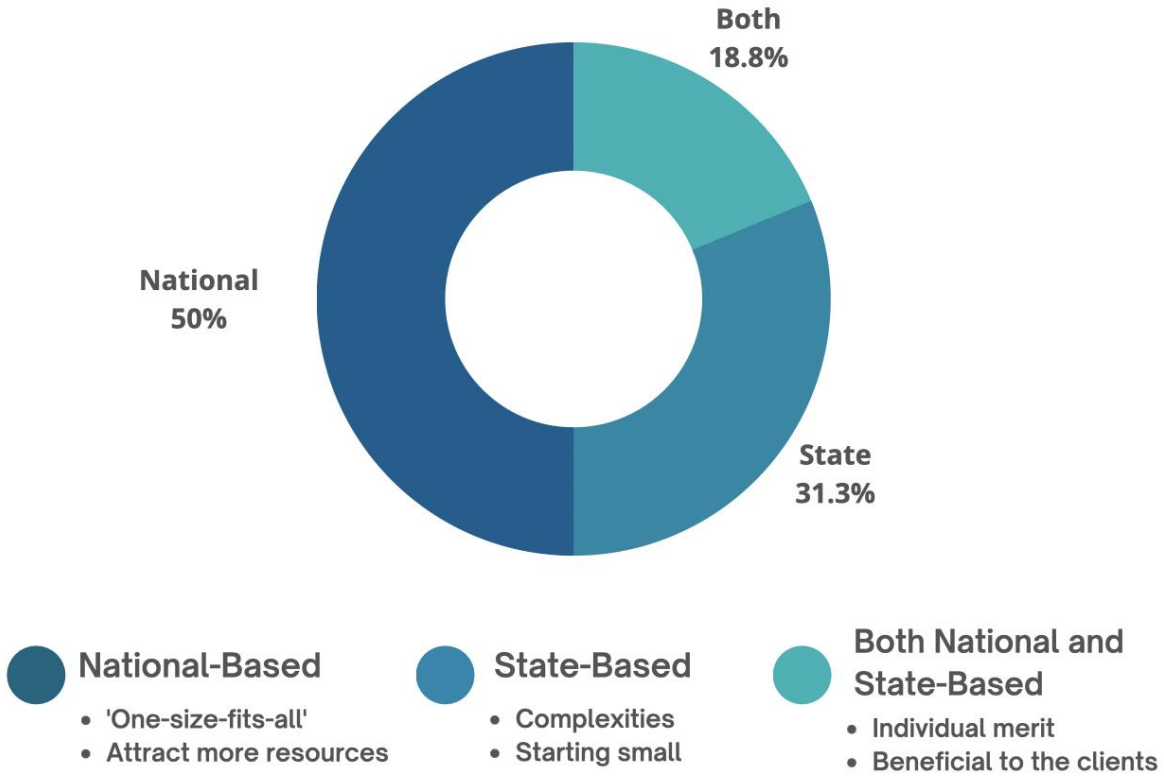


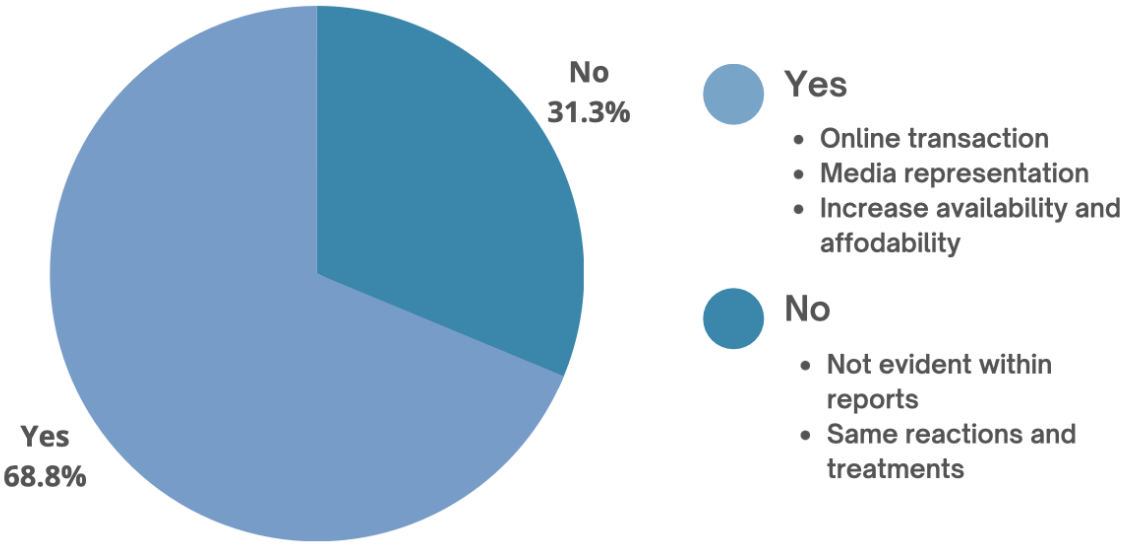
Figure 18 Preference expressed for state or national strategy.

Most organisations that support the national-based framework believe in a 'one-size-fits-all' framework that will be relevant to all states. Contrary, those who support a state-based approach emphasise the complexity of the client's needs and treatment that are distinct in each state. The remaining organisations consider the benefits of each state and national-based framework by underlining a client-based framework, regardless of whether it is a state or a national-based strategy, which will inevitably cater to the emerging demands.

- **The impact of changes in alcohol consumption, drug availability and new substances on workforce development**

Regarding the new usage and access of AOD in SA, the majority of the respondents acknowledged that the recent pandemic of COVID-19 has significantly impacted the knowledge and delivery of AOD services. Such changes are evident with the surge in alcohol

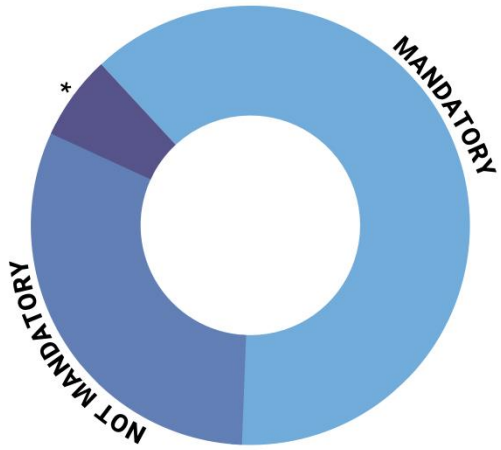
purchases and representation within the online platform during the COVID-19 lockdown. Additionally, the ongoing expansion of liquor stores across SA has increased the availability and affordability of alcohol within the regional and remote areas.

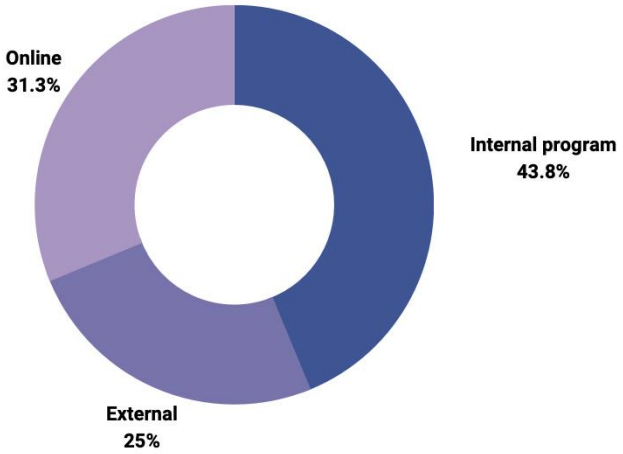


On the contrary, the remaining organisations responded otherwise since such changes are not represented in their organisations' reports. Moreover, they added that every intervention and treatment are often similar irrespective of what drugs are available, regardless of whether it is an existing or a new emerging AOD substance. Some respondents also emphasised that clients were too occupied with the ongoing AOD problems within the regional and remote areas as they failed to notice the existence of COVID-19.

- **Cultural awareness and competency training to work with Aboriginal and Torres Strait Islander colleagues and clients.**

All organisations highlighted the importance of acknowledging and integrating the Aboriginal and Torres Strait Islander cultural values and awareness within the workforce development system. However, only two-thirds of the organisations consider such training mandatory within their workforce development program, with just half making it an ongoing and recurring training. The remaining organisations that do not integrate Indigenous cultural awareness as their mandatory training rely on their staff's initiative and personal professional development to acquire such information, knowledge and skills.





Not Identified

Regarding the source of their training, most organisations have shifted to online programs that are more convenient for their staff members to access and do on their time. Some organisations also regularly access external resources to update their knowledge regarding the Indigenous community. Overall, there is an urgent need to develop a culturally welcoming and understanding service, primarily with non-Indigenous-dominated organisations, since most Indigenous individuals often refuse services from organisations that employ their family members or Indigenous acquaintance due to stigma and privacy-related concerns.

Conclusions

- **Funding**

Based on the workshop, survey and interview results, funding remains a primary and ongoing issue within the sector in relation to workforce development. Without sufficient funds, organisations cannot access resources and provide training to enhance their staff's AOD competency or offer incentives that enhance recruitment or retention of workers. Furthermore, organisations that rely on one off grants and donations to fund workforce development face more difficulties in keeping up to date up with changing AOD knowledge and competency requirements.

- **AOD qualifications**

Qualifications are the second most-identified issue within the current AOD sector. Based on the survey and interview results, only a quarter of the staff members possess a Certificate IV in AOD despite this being the most preferred minimum qualification among organisations. Whilst many staff have higher level qualifications these often lack specific alcohol and other drug content. There also appears to be a lack of interest by participants in taking AOD courses. This lack of interest has resulted in a lack of funding of Certificate IV courses in AOD and has created a problematic cycle. Low interest means low levels of delivery resulting in a limited number of applicants with Cert IV in AOD qualifications in AOD organisations. Often the Certificate IV in AOD is only available to staff who are already employed in organisations. However, such qualifications are often considered a requirement to enter an organisation that is almost unavailable externally to the organisations. Within educational institutions, there is also a lack of AOD content that provides the skills and knowledge necessary to work with AOD clients by potential social service workers regarding the conditions, treatments and stigma concerning AOD. Consequently, the lack of general knowledge concerning AOD has become a theme in SA that exacerbates the situation of both AOD clients and the workforce.

- **Training**

The current level of AOD specific training available to the sector is insufficient to meet the needs of the sector. AOD competencies including critical knowledge of AOD treatment and support, including Aboriginal cultural competency do not meet the workforce and clients. There is an urgent need to address the gap between theories and their implementation in practice due to the low workforce confidence and service delivery quality in dealing with AOD

and Aboriginal clients. The lack of AOD experience and qualifications also creates challenges within the AOD workforce as organisations struggle to provide supervision and in-depth training for staff with high-level positions or AOD lived experience. Organisations also face challenges in establishing a culturally safe and appropriate working environment due to the gap in the Aboriginal community's voice and involvement within the workforce. Consequently, some organisations struggle to enhance the quality of the workforce due to the internal unresolved workforce condition. Consequently, the lack of AOD and cultural competency within organisations become an underlying issue that hinders the improvement of workforce training and service quality for clients in SA.

Regarding the impact of the pandemic, there is a significant change in online training across organisations for safety and efficiency reasons. The transition to online training allows organisations to save travel time and their employees' working hours. However, the shift toward working from home has an adverse effect since it becomes difficult for organisations to allocate time and gather their employees in a single training session, especially if the training is outside of the organisations or SA area. Moreover, the preference and dependency on online training have unfavourable effects on service delivery to clients. The shortage of competent staff on site reduces the number of clients seeking services and treatment from new AOD consumptions. Workers also find it more challenging to do daily check-ups with clients and to engage emphatically due to limited body language and poor internet connection.

- **Recruitment**

Nearly half of the organisations regard recruitment as extremely challenging due to the lack of AOD-qualified and experienced workers. However, the lack of funding, training and resources in organisations prevents them from providing any incentives for experienced and competent workers to apply or stay in the organisation. Findings indicated that AOD workers are taking on additional roles and working after hours for more than three months to fill the staff shortage. Consequently, the vacancy of AOD positions resulted in more than half of the AOD workforce experiencing burnout from overworking. Moreover, some organisations are under staff shortages and resort to hiring underqualified and inexperienced AOD workers. Such a recruitment strategy has backfired and exacerbated the declining service quality and training gaps across AOD organisations. Nevertheless, the report finds that most organisations have a positive experience with staff retention due to the learning and

development opportunities that are exclusively available within organisations. Additional retention factors include flexible work arrangements, competitive salaries and secondment into different roles. However, some organisations barely maintain or possess such retention incentives since it requires a lot of funds and access to intensive AOD and cultural training.

- **Awareness (stigma)**

The lack of AOD awareness and competency within communities and educational institutions has elevated the implication of stigma on AOD consumption. Inexperienced workers and uneducated community members may engage in stigmatising languages, gestures and activities that discourage clients from seeking treatment. Additionally, the difference in AOD stigma among Aboriginal communities and other groups also prevents individuals from such groups from accessing services that meet their needs.

- **Access to alcohol and other drugs**

The recent pandemic has shifted a lot of AOD access toward the online platform where individuals can purchase alcohol or other drugs through online food delivery regardless of their age and location. There was a rise of underaged AOD consumers during the lockdown, including individuals from a minority background that purchased alcohol and other drugs without the knowledge of their families or communities of origin. Consequently, the AOD workforce must deal with significant changes in alcohol and other drug consumption methods and effects.

Recommendations for the workforce development program in SA

Qualifications

- Organisations arrange employment for new unqualified employees that offer AOD training and qualifications with the organisation covering the costs.
- Access to competency based AOD training (full Certificate of Skill Set) should be made available to all workers irrespective of other qualifications.
- Higher education qualifications should be revised to ensure that key qualifications (social work, psychology, counselling, health qualifications etc) contain appropriate alcohol and other drug content.

The needs for trainings on cultural awareness and competency

- Demographic changes have seen an unprecedented increase in the diversity in the AOD workforce. As a country of immigrants, workers from different cultural backgrounds often come with different background knowledge on Alcohol and other Drugs and may experience completely different systems. To better collaborate with the Aboriginal workers and workers from different backgrounds, organisations are required to provide training that addresses the cultural issues and ways to work with co-workers and clients. There also needs to be an increase in services for culturally and linguistically diverse clients.
- Aboriginal communities often have higher rates of alcohol and other drug use compared to non-Aboriginal populations. Thus, Aboriginal alcohol and other drugs workers have particular workforce development needs and require a culturally safe working environment.

The alcohol and other drugs education and training landscape in SA

- Alcohol and other drugs related organisations accept a range of related qualifications including Certificate IV, Diploma, degrees in psychology, social work, etc. However, there is a gap in higher education at both undergraduate and postgraduate levels, a lack of Alcohol and other Drugs in the content of courses offered by colleges and universities.
- To reduce the dissatisfaction with the quality of new graduates among alcohol and other drugs treatment service the in higher education sector needs to increase the quality of training and course content in relation to AOD, increase the correspondence between what was learned in universities and the job requirements; and increase the quality of placements in providing practical experience.
- In South Australia, there is no existing face to face Certificate IV for Alcohol deliverer, and which makes the recruitment of appropriately qualified staff difficult.
- To fill the current gaps in workforce development, the commissioning bodies need to provide a comprehensive workforce development strategy.

In-depth trainings for managers and leaders

- Management and leadership support and enhancement are core components of workforce development. A number of the respondents mentioned the need to provide in-depth training for staff at managerial positions.

- There needs to be supervisor/ manage training for those with responsibility for managing the emergent peer workforce.
- This would include training and development in relation to establishing peer worker programs, developing and implementing policies and procedures and clinical supervision and debriefing.

Worker's self-care and wellbeing

- As workers in the AOD sector's roles involve emotional work, they are often at the risk of experiencing stress and burnout. For the service delivery quality and staff retention rate, it is the organisation's responsibility to provide training on self-care, making the workforce feel valuable and appreciated.

Limitations of Research

- **Limitations of researchers as students**

The findings of this study have to be seen in light of some limitations. As is common to qualitative research in general, the analysis of the interview transcripts was influenced by the researchers' pre-existing knowledge of the Drug and Other Alcohol sector and Workforce Development. Before the transcripts, the process and interpretation of the interviews were led by the interviewer's personal experiences and perspectives which had impacts on the contents. Furthermore, students who initiated the project were social work students on their first placement, with limited knowledge of the AOD sector and workforce development and this was a challenge for them and the report writing process. The students did a lot of backgrounding work regarding the subject matter before starting the project.

As a project involved surveying people and organisations, the researchers faced the problem of accessing respondents. To enhance access, the researchers restructured the data collecting techniques, e.g., changing the location to the CBD from the placement location; changing interviews to online or face-to-face to match the availability of the respondents.

Given the limited time the students had on placement and the complexity of the project, it went through multiple handovers. At each handover the new team had to come up to speed on the project. This created challenges as (1) there was no expectation at the beginning of the project that it may be handed over, (2) due to students leaving before new students

started the handover was not appropriately done resulting in the loss of some documents and damaged files which caused inconvenience for the researchers; (3) the researchers may biased views due to their cultural backgrounds or perspectives which may impact on the study's legitimacy.

- **Sample size and methods to collect data for statistical measurements.**

Despite being a qualitative-focused project, the survey also has quantitative issues. For data collecting, 16 interviews were conducted, 18 responses were collected from the Survey Monkey tool, 50 people attended the Forum and 20 people attended the Aboriginal SEWB workshop. This is a reasonable small sample size but was generated by invitation and there may be key organisations not covered. The sample size may have needed to be larger to draw valid conclusions. Some of the people being interviewed self-selected and may not have been the best person in their organisation to respond. Another limitation relates to the generalisability of the research because some of our questions were too broad, and the respondents had different understandings of the questions and answered from various perspectives.

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APPENDIX

Interview Questions

Name:

Organisation:

Number of staff:

Metro/rural?

Sub-group focus (youth, Aboriginal, CALD, Families, etc)

1. Please describe your organisation's workforce development activities (recruitment and retention strategies, training/ongoing professional development, supervision etc.).
    - Is it compulsory?
    - How regular is the training?
    - Who is offering this training, and does it meet your needs?
2. What are the main barriers your organisation faces when implementing your workforce development strategies?
3. To what extent does existing AOD education and training in South Australia meet the needs of the workforce and how could this be improved?

    - would like to see it being offered to your organisation or the wider AOD sector?

4. What are the top 3-5 issues of training and development activities in SA?
5. Would you rather support a state based or a national based workforce development strategy and implementation plan with dedicated funding (potentially drawn from the existing pool of funding)?
6. Are changes in alcohol consumption, drug availability, new substances affecting the workforce development needs of the AOD field/your organisation in SA?
7. Please indicate what training you access or need in relation to cultural awareness or cultural competency in relation to working with Aboriginal and Torres Strait Islander colleagues and clients.
8. Any other thoughts, comments?

The South Australian Network of Drug and Alcohol Services

The University of South Australia

Magil Community Outreach Centre