

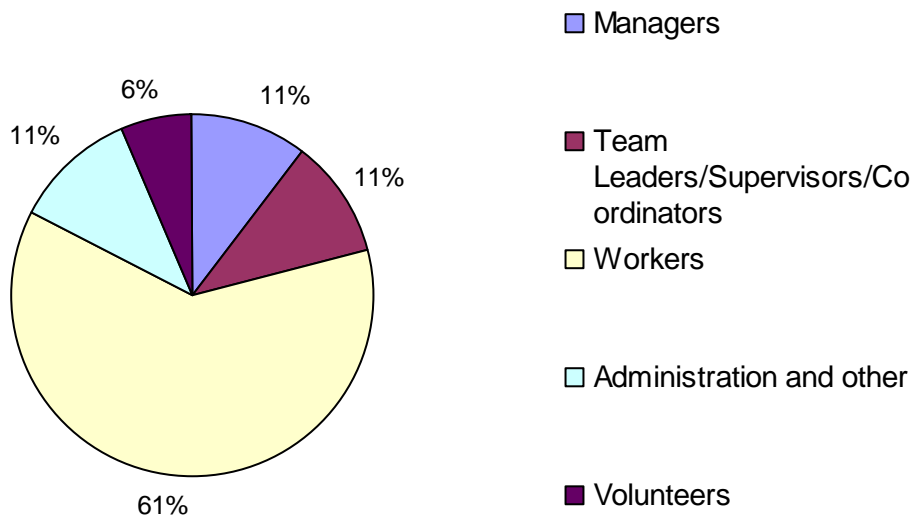


## CO-MORBIDITY TRAINING NEEDS ANALYSIS SURVEY<sup>©</sup> SUMMARY

This information was provided by the eight non-government alcohol and other drugs (AOD) agencies in the Darwin region. The survey information represents the needs of these agencies and the 152 staff who are employed within them.

### CHARACTERISTICS OF THE WORKFORCE

#### Workforce by work roles



#### AGES were reported to be:

- 3.5% less than 25 years old,
- 53.8% between 26 and 40 years of age,
- 36.2% between 41 and 55 years of age; and
- 6.5% over 56 years

***This indicates most staff in our AOD agencies have a range of personal life experiences and skills that they bring and which would value add to their work. A challenge for our workforce may be the limitations of understanding the unique skills and world views of people 25 years and younger, due to the small number of younger people employed in the industry.***

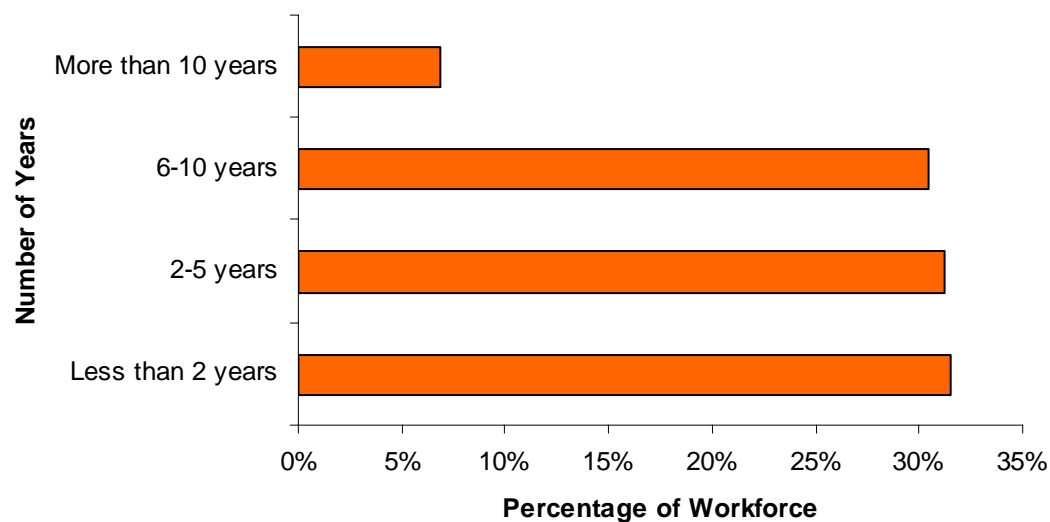
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<sup>©</sup> This tool has been developed by SAMHC & SANDAS. NTCOSS acknowledges and thanks SANDAS, Cross Sectorial Support and Strategic Partnerships Project staff for permission to use this tool in the Northern Territory.

### The length people have been working in AOD and in specific agencies:

- 31.5% of employees have been in the industry less than two years.  
28.3% have been employed within a particular agency less than two years.
- 31.2% of employees have been working in AOD between two and five years and 20% within the one agency for this timeframe.
- 30.4% have worked in AOD between six and ten years.
- 51.7% have worked within one agency more than five years.
- 6.8% of the AOD workforce has more than ten years experience in the area.

### Our Workforce Experience in AOD



*This information tells us there is a balance in range of experience in our AOD industry and much room for that experience to be shared between those with more experience and those who are newer to the area. The information also points to the need for training to adequately cater to the ongoing development needs of the workforce, across different levels of expertise (in years of practice) for core topic and skill areas.*

## CLIENT POPULATION

### **The types of services offered by agencies vary.**

In this information we are looking for how many shared program areas and how many unique or discreet areas exist. It would be anticipated that service types shared by most agencies would have some shared training needs. On the other hand, agencies who offer specialist services would have to secure training specific to the nature of the service they deliver.

***Where AOD services provide the same service types in most agencies, the skills involved in delivering this service would be a high expectation of the industry. This is compared to the requirement for staff to have specialised skills in a particular type of service delivery area, which may require specialised training and the need to cross train and educate many other people in the network in specific and/or specialised skills.***

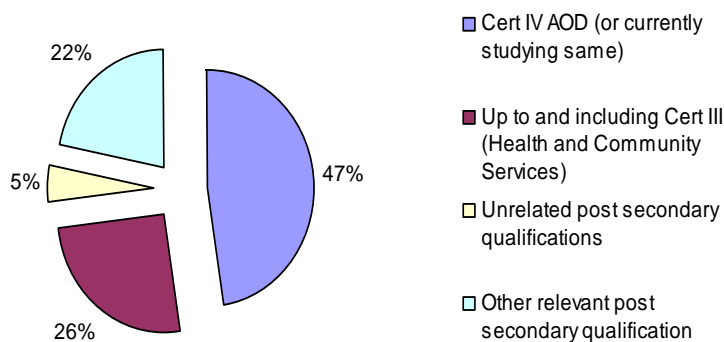
- All organisations offer day services-support and counselling.
- Most organisations (87.5%) offer assessment and referral and mutual self help and information.
- More than half (62.5%) offer community education.
- Half the organisations (50%) provide integrated rehabilitation, detoxification and/or sobering up services.
- 37.5% of our organisations offer parent and/or family support.
- Employment and prevocational support, diversion programs and court assessment services, case-management and youth work, group work for AOD users and support persons and community development projects are also provided by agencies. These programs were listed under 'Other' by 37.5% of the agencies.
- Pharmacotherapy is not offered as a service within any of the non-government AOD organisations in the Darwin region.

## QUALIFICATIONS

In the employee categories of manager, team leader and worker\*, qualifications exceeded staff numbers employed. This indicates staff had more than one qualification across these employee types. In administration, just under half of the employees were recorded as having qualifications.

10% of employees were recorded as having no qualifications. Of this 10%, 9.3% are workers and 0.7%, administration staff.

Type of qualifications by percentage



**The most common qualification in our non-government AOD organisations is Certificate IV in AOD, followed by other relevant post-secondary qualifications.**

**31.2% of managers, 75% of team leaders, 46.2% of workers and 0% of administrative staff have/or are currently studying Certificate IV in AOD**

### The most common qualifications reported by job type are:

#### Managers:

- 60.9% have relevant post secondary qualifications,
- 31.2% have (or are studying) Certificate IV in AOD and;
- 25% have unrelated (to AOD) post-secondary qualifications.

#### Team Leaders, Supervisors and/or coordinators:

- 75% have (or are studying) Certificate IV in AOD and;
- 62% have post secondary qualifications in a relevant area,

#### Workers:

- 46.2% have (or are studying) Certificate IV in AOD,

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\* worker (counsellor, support worker, case manager, education officer, trainer etc.)

- 24.7% have up to and including Certificate III in Health and Community Services,
- 20.4% have relevant post secondary qualifications,
- 15% have no formal qualification; and
- 4.3% unrelated post secondary qualifications.

**Administration and other:**

- 17.6% have a relevant post secondary qualification,
- 11.8% have unrelated (to AOD) post secondary qualifications,
- 11.8% have up to and including Cert III in Health and Community Services.

All organisations reported staff to have done training in AOD since January 2007. 137 incidents of staff accessing training were reported, across thirty-three different types of training. This was divided between general training and training in the area of AOD and mental health (Comorbidity).

### GENERAL TRAINING:

**General training was accessed across twenty different courses and through a range of providers. In frequency, the overall training (by percentage) accessed was reported to have been:**

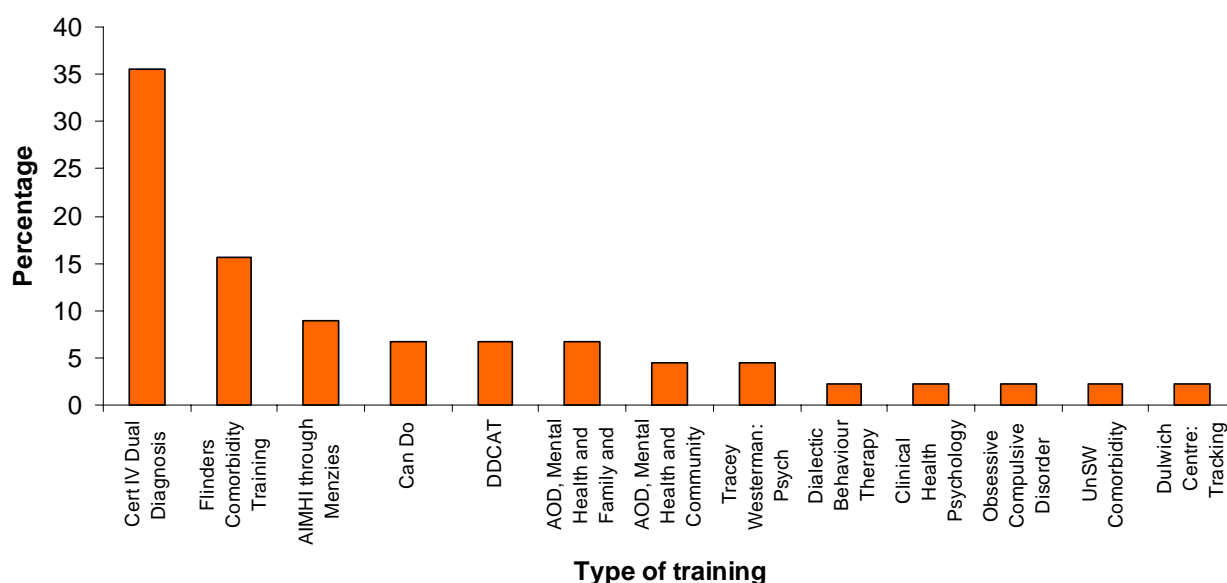
- Certificate IV in AOD @ 19.1% (half through NTG, Department of Health and Families (DHF), Alcohol and other drugs program (AODP) and half not stated).
- Certificate II and III in Community Services @ 12.2% through CAAPS.
- Go To Work: Psycho Stimulants @ 7.6% through Turning Point.
- Community Development Training from an unknown external provider @ 5.3%.
- Motivational Interview Training, internally provided @ 4.6%.
- Diversion Assessment training through the Department of Health and Families, Alcohol and Other Drugs Program and Business Studies through STEPPRS @ 3.1%.
- DRUMBEAT from Hollyoake @ 2.3%.
- 1.5% (equal to 2 people) attended: Therapeutic Emersion Training through Odyssey House, Grant submission and report writing through AER, Foetal Alcohol Syndrome through NAAJA, Group Facilitation Skills through Hollyoake, Smoking Cessation Education Training through ADODP, DHF and Happiness and it's causes through Vajrayana Institute-Tibetan Buddhist Centre.
- 0.8% (equal to one person) accessed Brief Intervention Training through DHF, Bachelor of Behavioural Science through Charles Darwin University (CDU), Diploma of Professional Counselling through Australian Institute of Professional Counsellors, Happiness a Guide to lifes' most important skills, and attended the Australian Winter School Conference.

### COMORBIDITY SPECIFIC TRAINING

32.8% of the total training reportedly accessed by staff was in the area of working across alcohol and other drugs and mental health (comorbidity).

**Comorbidity Training was accessed by staff in forty-five instances. Thirteen different types of comorbidity training were reported.**

## Comorbidity Training Accessed by Percentage



- Comorbidity training through the Certificate IV module run through the AODP in conjunction with the mental health services of the DHF @ 35.6%.
- 15.6% were attendances at Flinders University post-graduate comorbidity unit.
- 8.9% accessed the AIMHI training provided by Menzies School of Health Research.
- Attendance at a Can Do Workshop, facilitated by Adam Winstock (GPNNT) and internal Centacare-NT training in AOD, Mental Health and Family and Domestic Violence and, Dual Diagnosis Capacity Assessment Tool (DDCAT) through Communico were accessed @ 6.7% each.
- 4.4% of training accessed was in Psychological Assessment of Indigenous Clients, Westerman Aboriginal symptom checklist-youth and Working with Suicidal and Depressed Aboriginal Clients through Indigenous Psychological Services and also the Centacare-NT training, AOD, Mental Health and Community Development.
- 2.2% (equal to one person) accessed the following: training in Comorbidity through UnSW, Drug Tracking Trends and Mental Health through the Dulwich Centre, Obsessive Compulsive Disorder through EASA-Jouanka Koga Dana: Menzies School of Health Research, Clinical Health Psychology through Monash University, and Dialectic Behaviour Therapy through an unknown external provider.

## WORKFORCE SKILLS AND KNOWLEDGE NEEDS - PLANNING FOR FUTURE TRAINING

Topics, skills and/or knowledge areas AOD staff would ideally receive training during 2009-2010 were identified by the agencies from a provided list.

Eight agencies completed the questionnaire, ten questionnaire forms were completed due to different programs completing separate forms to reflect different needs. Training topics were not consistently identified by the number of staff ideally attending across all agencies. As a result only one point was scored for each questionnaire rating an interest across the different topic areas and levels.

**The training topics identified most frequently are listed below. This information tells us it is a priority for agencies to have access to training in the following areas over the next twelve months:**

Legend:

### = all agencies and programs nominated this type of training,  
 ## 8-9 of the organisations/programs nominated this type of training,  
 #7-6 nominated this type of training and  
 No hash = five or fewer organisations nominated this type of training.

Topic	Introductory	Ongoing
###Counselling skills advanced	5	9
###Mental health first aid	7	6
##Assessing/ responding to individuals at risk of self harm or suicide	4	9
##Legal issues in AOD work/mental health work	6	6
##Report Writing	4	8
##Motivational Interviewing	4	8

**The following types of training were identified and have been grouped as the second level of priority shared by agencies.**

Topic	Introductory	Ongoing
##Understanding AOD use	3	8
##Understanding mental illness	6	5
##Interviewing techniques	3	8
##Risk management and safety in working with consumers	3	8
##Crisis intervention strategies	4	7
#Communication skills	3	8

##Working with challenging behaviours	3	8
##Understanding AOD and mental health interactions	4	7
###Consumer records management and confidentiality	4	6
##Understanding medications in mental illness treatments	6	4
##Use of assessment tools such as PsyCheck	5	5
##Brief interventions	3	7
##Working with families/carers	2	8
#Counselling skills basic	4	6

**The following topics have been grouped as the third priority shared by agencies.**

Topic	Introductory	Ongoing
##Group work skills	3	6
##Occupational health and safety	3	6
#IT Computer Skills	2	7
#Understanding the mental health service environment	5	4
#Working with people with low living skills	3	6
Music Therapy		2

***This gives us some idea about the training employees require in their respective agencies. It suggests the possibility of working together to implement training. It also points to specific training needed in individual organisations and how to meet the training needs of staff working in specialised program areas.***

## SPECIAL NEEDS POPULATIONS

Organisations were asked to list the skills or knowledge areas staff would ideally acquire to work with particular consumer groups or needs.

**All organisations responded with the following priorities:**

- Indigenous people

**Seven of the eight organisations identified skill and training needs for working well with:**


- Housing and homelessness
- Forensic and ex-offenders

**Six of the eight organisations identified skills and training needs in:**

- Comorbidity
- Sexual identity
- Parents
- HIV/AIDS
- Older People

Five organisations identified the need for training in Children and Youth and four for working with Culturally and Linguistically Diverse (CALD) populations.

***This demonstrates opportunity for AOD non-government agencies to work with community services that have specialised focus and skills to develop information and training packages beneficial to the needs of the AOD sector. There are many community agencies funded to provide education and share skills and would be happy to do so with AOD non-government organisations.***



## TRAINING EFFECTIVENESS, BARRIERS AND OTHER COMMENTS

### TRAINING EVALUATION

How organisations evaluated the effectiveness of their training was one of the questions. Seven of the eight organisations do evaluate their staff training and said this happened in the following ways:

- We constantly monitor staff training and its effectiveness however it is difficult to gauge the effectiveness of some training.
- Follow-up with each member with ongoing assessment and annual report.
- Course participants' evaluation.
- Staff feedback/self evaluation/client evaluation
- Via clinical supervision, case meetings and client feedback evaluations.
- Informally through observation and feedback. Formally through the DHF.
- Not for external training, but internal training has evaluation linked.

***These comments indicate that AOD non-government organisations rely heavily on internal professional development and supervision processes to monitor the benefits of their resource input and/or planning staff training. This questionnaire did not explore or ask for any comments regarding the benefit of shared processes across the AOD non-government sector in planning or assessing training.***

### BARRIERS TO TRAINING

Barriers and access issues for staff training over the past twelve months were identified by the organisations.

**The main barriers faced by organisations were:**

- All organisations said they did not have access to suitable staff for backfilling (with one organisation stating they just can't backfill),
- Six of the eight organisations said they experienced difficulties in releasing staff for training and the fact that needed topics were not available or available too infrequently; and
- 50% of organisations identified travel and accommodation costs, inflexible course times not compatible with rostering or shift work schedules and length of formal accreditation process as a barrier for staff in their organisations attending training. Across these categories, the other 50% of organisations identified these things NOT to be a barrier for staff accessing training.

- 40% of organisations said either no training budget and/or funding insufficient to cover costs associated with staff training caused a barrier. The remaining organisation identified this was NOT a barrier within their organisations.
- 87.5% (seven of the eight) of organisations said there was NO barrier as a result of the organisational culture not being supportive of external training, or due to staff resistance to participation.
- Whilst 75% of organisations said insufficient access to technology and IT did not create barriers to training, 25% of organisations stated they had found this to be a barrier.

**OTHER/ADDITIONAL STAFF TRAINING COMMENTS PROVIDED WERE:**

- Many of the skills required in a residential rehabilitation setting are learnt on the job. All of the training on the previous page is of great value and greatly enhances the workers effectiveness.
- AOD staff have years of experience in dealing with Indigenous clients but need refining and updating to keep level with industry standards.
- Since training and topics suitable (eg: suicide, men's violence, mental health, Indigenous, etc) can be offered by many different organisations both within and without the AOD sector there is either a drought or a feast (with clashes and overlapping dates) for training.
- Young staff are often inexperienced in the field and in particular AOD arena.
- Most training is not offered cross culturally for Indigenous staff and clients in the area of Needle Syringe Program work.
- Staff have low literacy skills, in turn making further training difficult.
- Most training is offered interstate or in Darwin which adds travel and accommodation to the cost of training.
- Staff undertook mental health specific training (ie: self harming, ASSIST training).
- Ongoing support needed for some.
- Training needs to be relevant to context (eg: Indigenous remote communities)

***Thank you to all the organisations who have participated in this survey. This survey gives a lot of information about what is most needed by the staff and the organisations providing AOD services in the Darwin region. I hope this final summary is of interest and assistance to each of the agencies who have participated.***

***This summary will be provided to the Comorbidity Training Stakeholders Group, who are to meet again on February 13<sup>th</sup> 2009. I anticipate the information provided will give this group a sound and realistic starting point for the longer term planning of training provision to meet the requirements of the AOD sector.***