



Workforce Development 'TIPS'

Theory Into **P**ractice **S**trategies

A Resource Kit for the
Alcohol and Other Drugs Field

Edited by

Natalie Skinner
Ann M. Roche
John O'Connor
Yvette Pollard
Chelsea Todd

OVERVIEW
BOOKLET
AND CD-ROM

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Department
of Health



Foreword

The NCETA Workforce Development 'TIPS' (Theory Into Practice Strategies) Resource Kit provides straightforward and practical guidance, tools and resources to support workforce development (WFD) activities and initiatives for the Alcohol and Other Drugs (AOD) field. The Kit is intended for managers and supervisors in AOD organisations who wish to:

- Increase their understanding of particular WFD issues
- Take concrete action to address WFD issues in their organisation.

The Kit is comprised of 14 chapters on workforce development topics relevant to the AOD field. The topics are not an exhaustive coverage of WFD issues; rather they represent examples of priority WFD areas that can be applied at different levels. Each chapter can be treated as a stand alone document. However, as many workforce development topics are interrelated, links between chapters are identified throughout the Kit. The chapters contain:

- 1 A discussion of evidence-based strategies to address a particular WFD issue
2. Resources and tools that can be used to implement the strategies in your workplace.

Each chapter provides a 2-page summary Overview, and information and advice in the form of "Practical Tips", "Under the Microscope" and "In Practice" sections.

- *Practical Tips:* Provide useful advice on how to implement particular strategies and initiatives in your workplace
- *Under the Microscope sections:* Provide a more detailed discussion and in-depth analysis of a particular topic or issue
- *In Practice sections:* Discuss a particular topic or issue in the context of AOD related work.

The Resources and Tools section of each chapter provides practical tools and advice on how to implement the strategies discussed in the chapter. The resources and tools include:

- Checklists to support effective implementation of particular WFD strategies
- Case studies of WFD interventions that have been conducted in AOD and public health organisations
- Guidelines to assist the implementation of a particular WFD strategy
- Survey instruments that can be used to collect baseline information regarding a particular WFD issue in a workplace (e.g., job satisfaction), or to evaluate the effectiveness of a WFD intervention (e.g., acceptance of organisational change)
- Forms and templates to support WFD activities and interventions which can be used, modified or adapted for use in your own organisation
- Recommended readings to guide users to a range of further materials on each topic.

NCETA's brief is to support the AOD field and the committed workers within it. As always, we are keen to receive your feedback on this, and other, resources we have developed and to learn of other ways we can assist you. Please feel free to contact us at nceta@flinders.edu.au or 61-8-8201 7549.

Professor Ann M. Roche
Director
NCETA
Flinders University, September 2005

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The principal editors of the Kit were Dr Natalie Skinner and Professor Ann Roche. Additional editorial support was provided by Dr John O'Connor, Yvette Pollard and Chelsea Todd.

The authors and editors would like to gratefully acknowledge the feedback and input received from the Project Reference Group. Input from these contributors has enabled comprehensive AOD experience and relevance to be incorporated into the Resource Kit.

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Thanks also to Dr James Guinan (Northern Sydney Health), Sally Laurie (Uniting Care Moreland Hall), and Kate Marotta (Department of Human Services Victoria) for providing their AOD specific programs and experiences to be used as Case Studies.

In addition to the editors and project reference group, an important role was played by a team of NCETA staff who worked on editing, design, development and overall production of the Kit. They are Yvette Pollard, Chelsea Todd, Anna McKinnon and Belinda Lunnay. The final editorial team comprised Ann Roche, Yvette Pollard and Chelsea Todd.

About this Overview Booklet and CD-ROM

The 14 chapters in the Workforce Development 'TIPS' Resource Kit are:

- 1 An Introduction to Workforce Development
- 2 Clinical Supervision
- 3 Developing Effective Teams
- 4 Evaluating AOD Projects and Programs
- 5 Goal Setting
- 6 Mentoring
- 7 Organisational Change
- 8 Performance Appraisal
- 9 Professional Development
- 10 Recruitment and Selection
- 11 Retention
- 12 Worker Performance
- 13 Worker Wellbeing
- 14 Workplace Support

This Booklet provides the two-page summary Overview sections for each of the chapters contained in the Kit. The Overview Booklet, like each of the chapters, is a stand alone document. Each overview provides both a quick guide to the full contents of the chapter and an “at-a-glance” introduction to key workforce development topics.

The workforce development topics covered in the Kit are not exhaustive, rather they are indicative of the range of issues that fall under the umbrella of workforce development.

The CD-ROM contains a copy of this Overview Booklet plus the **full contents of each of the 14 chapters** of the Kit. The 14 chapters vary in length from approximately 30 to 60 pages. The files on the CD are presented in PDF format to allow them to be easily accessed and copied.

The full contents of the Kit are also available in electronic format and can be downloaded from NCETA's website at www.nceta.flinders.edu.au.

CHAPTER 1 - OVERVIEW

AN INTRODUCTION TO WORKFORCE DEVELOPMENT

Workforce development (WFD) is a broad umbrella term used to encapsulate a wide range of factors pertaining to individuals, the organisations within which they operate and the systems that surround them. Workforce development represents a multi-faceted and multi-level approach to supporting and sustaining effective AOD work practice. It includes strategies at the level of the individual worker, team, organisation and broader system (i.e., government policy, funding, legislation and regulations).

This chapter provides an introduction to the concept of workforce development and attempts to clearly differentiate it from training or professional development. Workforce development embodies much more than these two more familiar approaches that target knowledge or skill deficits within individual workers.

A shift in emphasis

Attention needs to be directed not only to individuals but also to the organisations, systems and structures within which the individual operates.

Workforce development involves a major paradigm shift. It refocuses our thinking away from an exclusive orientation on training to one which encapsulates factors such as organisational development, change management, evidence-based knowledge transfer and skill development.

Workforce development also involves strategies to facilitate and support evidence-based practice and focuses on removing or reducing barriers to effective work practice. The ultimate goal of workforce development is to provide more effective treatment and prevention services.

Workforce development is a complex construct that operates at multiple levels across a diverse range of issues. Application of only a single workforce development strategy is likely to be of limited effectiveness. For optimal impact, workforce development requires the simultaneous implementation of strategies across multiple levels.

The four levels at which workforce development strategies can be applied are:

- Level 1.** Systems (e.g., funding, legislation)
- Level 2.** Organisations (e.g., policies, resources, supervision)
- Level 3.** Teams (e.g., support, cohesion)
- Level 4.** Individuals (e.g., motivation, skill, rewards).

Principles of best practice in workforce development

Best practice in workforce development incorporates policies, programs and initiatives that are:

- Evidence-based
- Multi-level
- Sustainable
- Continuously evaluated
- Participatory and involve key stakeholders.

Workforce development is a crucial factor in providing effective responses to AOD problems. While not a new concept, it is not one that is generally well understood. The term is often used synonymously with “training”. In reality, it means much more. Workforce development involves a wide range of factors that impact on work practices. Importantly, it also involves a systems perspective.

Workforce development can address individual factors such as attitudes, willingness to intervene, confidence in providing responses, role legitimacy, as well as knowledge and skills.

It also encapsulates factors related to the working environment, such as collegiate and organisational support, management and feedback mechanisms, professional development opportunities, and reward and remuneration.

Finally, it addresses infrastructure and policy issues that impact on services.

CHAPTER 2 - OVERVIEW

CLINICAL SUPERVISION

Clinical supervision is directed at developing a less experienced worker's clinical practice skills through the provision of support and guidance from a more experienced supervisor. The clinical supervision relationship is characterised by regular, systematic and detailed exploration of a supervisee's work with clients or patients. Clinical supervision is usually a collaboration between an experienced practitioner and one or more less experienced practitioners. It can also involve two practitioners of equal seniority and breadth of experience.

It is important not to confuse clinical supervision with administrative or managerial supervision, which focuses on the worker's day-to-day administrative issues.

Benefits of clinical supervision for the AOD workforce

Clinical supervision has a range of benefits for clinicians and the organisation. Benefits include:

- Availability of support for supervisees, and a forum to discuss clinical issues
- Maintenance of clinical skills and quality practice
- Promotion of standardised performance of core skills across the organisation and / or field
- Improvement and / or attainment of complex clinical skills
- Increased job satisfaction and self confidence
- Improved communication amongst workers
- Improved worker retention
- Reduced professional development and administration costs.

Setting up a clinical supervision program

Setting up a clinical supervision program involves three stages:

1. Program Planning
2. Program Implementation
3. Program Evaluation.

1. Program planning

Six key issues should be considered when planning a clinical supervision program:

- i Identify and engage with the target groups (including supervisors and supervisees)
- ii Establish clear goals and objectives for the supervision program
- iii Develop recruitment strategies for supervisors and supervisees
- iv Develop a supervisor-supervisee matching strategy
- v Ensure sufficient training and support for supervisors
- vi Establish a clinical supervision organisational policy.

2. Program implementation

There are some underlying protocols / procedures that should be followed when implementing clinical supervision:

- Confidentiality
- Professional boundary setting and conduct
- Therapy for supervisee's personal issues is not to be conducted
- Supervisors should not force the adoption of a theoretical orientation
- Dispute resolution protocols should be clearly defined.

Each clinical supervision relationship is further negotiated and built by the participants. However, it can be useful to establish general guidelines regarding the role of supervisees and supervisors in a clinical supervision program.

Regular clinical supervision sessions are more likely to occur if the clinical supervisor:

- Builds a solid working relationship with the supervisee
- Assesses the supervisee's counselling skills
- Writes a contract that ensures regular supervision sessions
- Determines the supervisee's learning goals.

3. Program evaluation

Three key issues should be addressed in evaluations of clinical supervision programs:

1. To what extent have the program objectives been achieved (as established in the planning stage)?
2. Has the program met the needs and expectations of supervisors, supervisees and the organisation?
3. Has the program produced benefits or improvements to work practice?

For a comprehensive guide on clinical supervision in the AOD field, refer to NCETA's Clinical Supervision Kit. Components include:

- An **Overview Booklet** containing information about the Kit
- A **Practical Guide** including practical recommendations for conducting supervision programs and sessions
- A **DVD** containing a scripted demonstration with discussion breaks and **DVD Discussion Booklet**
- A **CD Rom** containing the Guide, PowerPoint slides with notes, and training booklet.

National Centre for Education and Training on Addiction (NCETA). (2005). *Clinical Supervision Resource Kit for the Alcohol and Other Drugs Field*. National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

Available at www.nceta.flinders.edu.au

Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

CHAPTER 3 - OVERVIEW

DEVELOPING EFFECTIVE TEAMS

Identifying and optimising the factors that contribute to effective team work is a central alcohol and other drugs (AOD) workforce development strategy. Changing to team-based working arrangements has been linked with improved organisational performance and worker wellbeing. The following three issues should be considered as central priorities when a new team is set up, or when reviewing the effectiveness of an established team.

Priority 1: Establish the team's goals and objectives

Effective teams have a "shared mission" that is identified by explicit team goals.

Priority 2: Set up team structure and processes

Careful thought and planning is required to ensure team membership achieves a balance between maintaining a manageable size, and inclusion of the required mix of skills, knowledge and experience.

Maintaining an optimal team size

In general, teams of 4-7 members are likely to be most effective. Groups of this size avoid difficulties with coordination, communication and decision-making that come with larger groups.

Managing diversity of team membership

Diverse teams are best used for problem-solving, creative work or clinical care. The following strategies may assist in the management of teams containing members from diverse professional or personal backgrounds:

1. Include more than one expert from each field
2. Rotate the team leader role
3. Model desired attitudes and behaviours as part of team leadership.

Providing teams with autonomy

Teams can operate with various degrees of autonomy. An autonomous work group is more likely to be effective when:

- Team members are comfortable working autonomously (i.e., not everybody is comfortable with certain types of autonomy)
- Team members have the necessary skills and knowledge to operate within an autonomous group (i.e., goal setting, planning, coordination)
- Managers and supervisors have the capacity to adapt their work practice to support the needs of an autonomous team
- The organisational culture, policies and procedures support independent and innovative work practices.

Clarifying roles and responsibilities

A lack of clarity (ambiguity) regarding team members' roles and responsibilities can interfere with team effectiveness. Where some degree of role flexibility and overlap is required, it is important that a shared understanding is developed amongst team members of the boundaries of role flexibility (i.e., are certain tasks or roles "quarantined" for specific group members).

Priority 3: Establish workplace supports

Three key workplace supports for teams are feedback, rewards and support.

1. Providing performance feedback

Effective teams need clear and timely performance feedback. Feedback should be provided to both the team as a whole and to individual team members in terms of their contribution to team performance. It is recommended that feedback is provided on a private one-to-one basis to individual workers, and publicly for a group or team.

2. Providing rewards linked to performance outcomes

Recognising and rewarding high quality performance has an important influence on workers' job satisfaction and motivation. Rewards do not have to be financial. Most workers place importance on a range of outcomes that provide recognition and encouragement. Wherever possible, it is best to provide rewards and recognition to all team members based on the team's performance.

3. Providing managerial / supervisory support

The impact of supervisory and managerial support on a team's capacity to operate effectively should not be underestimated. In general, managers and supervisors can support effective team functioning by:

- Providing access to human and material resources (practical support)
- Providing encouragement to the team (symbolic support)
- Allowing sufficient time for effective performance.

CHAPTER 4 - OVERVIEW

EVALUATING AOD PROJECTS AND PROGRAMS

Using evaluation techniques to address workforce development challenges

Evaluation is an important component of any workforce development intervention or program initiated in the workplace. Many of the principles and practices described in this chapter may be useful for the evaluation (and continuous improvement) of workforce development initiatives such as:

- Implementing a new performance appraisal system
- Conducting a clinical supervision or mentoring program
- Developing a stress management program
- Implementing a professional development program
- Engaging in an organisational change initiative.

Evaluation is the systematic assessment of the process and / or outcomes of a project or program, compared to a set of explicit or implicit standards. The findings from an evaluation can be used to contribute to the improvement of a project or program.

Evaluation is conducted for three purposes:

1. Rendering judgments – to determine if the project / program has done what it set out to do (an accountability perspective)
2. Facilitating improvement – monitoring the project / program to identify what is working well and what is not in order to modify the approach where necessary
3. Knowledge generation – contributing an understanding to the area addressed by the project / program.

Evaluations need to be conducted systematically and rigorously, using appropriate methods of data collection which address clearly defined project / program:

- Processes – the actions and strategies employed
- Impacts – the shorter-term effects or changes which the project / program aims to achieve (specified in the objectives)
- Outcomes – the longer-term effects or changes related to the overall goal of the project / program.

Four steps in planning an evaluation are:

1. Establishing a reference group
2. Designing an evaluation plan
3. Deciding on the types of indicators to be used
4. Deciding on the data collection methods.

1. Establishing a reference group

Consider using a reference group comprised of a range of people who have knowledge of the field or the program / project to be evaluated. It may also be beneficial to include some representation from a member of the target population in order to gain further insight from their perspective.

2. Designing an evaluation plan

It is important to clearly define what a project / program is trying to achieve and how. These details need to be set out in an evaluation plan which identifies the:

- Goal – overall desired long-term outcome of the initiative
- Objectives – shorter-term specific, measurable changes you are trying to obtain in making progress toward achieving the goal
- Strategies – the main activities you will employ to achieve the change stated in the objectives
- Indicators – information that needs to be collected to assess how well the strategies worked (process indicators), and the extent to which they have brought about the changes sought (impact and outcome indicators)
- Evaluation methods needed to collect the information
- Stakeholders from whom information is to be obtained.

3. Deciding on the types of indicators to be used

The identification of indicators guides the kind of evaluation questions you need to ask in order to gauge the effectiveness of the strategies and the extent to which objectives have been met. Each indicator should be clear, precise and measurable, and should be relevant to the purposes of the evaluation.

4. Deciding on the data collection methods

When considering which data collection methods to use, it is important to consider:

- The cost of applying the method and analysing the data
- Whether technical assistance is required to gather and analyse the data
- If the method will fully address the indicators you have identified and if not, whether you need to use an additional or alternative method
- If there are any potential problems that applying the method will create in relation to the accuracy, validity, reliability and “truthfulness” of the information obtained about the project / program
- If the data can be readily gathered systematically as part of the project / program by those involved in its delivery.

Please note: This chapter primarily addresses program evaluation. For a comprehensive guide on conducting evaluations of education and training programs in the AOD field, refer to the NCETA resource:

National Centre for Education and Training on Addiction (NCETA). (2004). *Guidelines for Evaluating Alcohol and Other Drug Education and Training Programs*. National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

Available at www.nceta.flinders.edu.au

Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au

CHAPTER 5 - OVERVIEW

GOAL SETTING

Goal setting is a valuable technique to support the effective performance of individual alcohol and other drug (AOD) workers and teams.

Goals appear in various forms in the workplace, including:

- Project deadlines and outcomes (products, deliverables)
- Best practice or performance standards
- Clinical guidelines for work practice (e.g., treatment guidelines).

Features of effective goal setting

Setting goals and objectives alone is not likely to enhance motivation or improve performance. In order for goal setting to be most effective, six strategies are recommended:

1. Set specific and challenging goals and objectives
2. Build and support workers' commitment to achieving the goal and objectives
3. Provide feedback on achievement of shorter-term objectives, as well as final goal achievement
4. Provide rewards and recognition for achieving shorter-term objectives and final goal achievement
5. Ensure sufficient resources and support are available
6. Ensure workers have the appropriate knowledge, skills and abilities required to achieve the goal and objectives.

The importance of a collaborative approach to goal setting

Approaching goal setting as a collaborative activity between workers and managers / supervisors can strengthen commitment and motivation.

Goals and objectives assigned by others (e.g., a supervisor) can sustain high commitment when:

- The individual assigning the goal is perceived to be trustworthy, knowledgeable and to have legitimate authority
- A rationale or explanation for the goal is provided
- Reward and recognition is provided for achievement of goals and objectives
- Support and encouragement are provided.

Troubleshooting

Setting goals for client outcomes

Improved client outcomes are a central goal for treatment providers in the AOD field. However, the relationship between the work practices of an individual or work team and client outcomes is often complicated, and can be difficult to assess fairly and accurately.

Give careful consideration to goal setting for client outcomes. The key principles of setting specific (measurable) goals that are challenging (but realistic) are particularly important. Where possible, negotiating with individual workers and teams to identify appropriate and realistic goals is also recommended.

The quantity / quality dilemma

A common goal setting dilemma is distinguishing between goals focused on the quantity of work (i.e., frequency of a task / behaviour performed) and goals focused on the quality of work (i.e., standard of work that reflects “best practice”).

Effective goals include targets for *both* the quantity and quality of performance. If goal setting is focused only on quantity the quality of a worker’s performance may suffer. The reverse is also likely to occur – goals that focus only on quality are likely to result in a decrease in the quantity of a worker’s output.

Constructive responses to difficulties

Goal setting doesn’t guarantee successful or satisfactory performance. Failure to achieve a goal is likely to result from a combination of factors related to:

- The work environment (e.g., availability of feedback and support)
- The individual worker or team (e.g., sufficient knowledge / skill)
- The goal itself (e.g., unrealistic expectations).

Constructive responses to difficulties with goal achievement include:

- Re-evaluating the goal (are the timeframes, outcomes etc. realistic?)
- Reviewing the supports and resources available (are they sufficient?)
- Assessing the strategies and techniques workers / teams are using to achieve the goal (are they appropriate, efficient, effective?)
- Considering the need for further professional development for workers and / or teams (do workers have sufficient knowledge, skill and confidence?).

Goal setting to address workforce development challenges

Used effectively, goal setting can be used to address a range of workforce development challenges such as organisational change, worker performance, and teamwork. The emphasis for effective goal setting is to:

- (1) Set challenging but realistic goals, and
- (2) Ensure feedback, support and rewards during the process of striving toward a goal.

CHAPTER 6 - OVERVIEW

MENTORING

Mentoring is an informal and flexible approach to leadership, supervision and professional development. It involves the mentor and protégé setting goals that are focused on the protégé's professional and personal development needs. Mentoring relationships can occur between a mentor and a protégé or a small group of protégés, or it may involve peers who act as mentors for each other.

Mentoring can occur through formal programs or informal arrangements. Formal mentoring involves the development of structured programs for the progression of the mentoring relationship. In contrast, informal mentoring programs are formed spontaneously and rely on natural rapport between the mentor and protégé.

Irrespective of the type of arrangement, mentoring involves:

- The mentor encouraging the protégé/s to find solutions themselves, rather than acting as the expert and simply providing answers
- The protégé/s drawing on the mentor's experience to meet goals.

Benefits of mentoring for AOD workers

- Building and sustaining skills and knowledge
- Offering support for AOD related work practices
- Facilitating work practice change.

Benefits of mentoring for the AOD workforce

- Acts as an incentive to attract skilled and qualified workers to the field and to retain those already in the field
- Links different professions and institutions within the field
- Offers support and accessible professional development for those working in rural and remote areas
- Offers support during periods of change.

The mentoring lifecycle

Mentoring relationships usually progress through four phases:

1. Initiation: formation of the relationship, settling in period
2. Maintenance: development of protégé skills and knowledge, and broadening of network of contacts in the field
3. Separation: protégé begins to become independent of the mentor
4. Redefinition: contact becomes characterised by mutual support (i.e., protégé becomes a colleague of the mentor).

Key characteristics of a formal mentoring program

- Clear purpose and objectives
- Consistency with workplace culture and policies
- Integration with other professional development activities
- Careful selection and matching of mentors and protégés
- Professional development and ongoing support
- Flexibility and sensitivity
- Ongoing evaluation.

Setting up a formal mentoring program

A formal mentoring program is set up in four main steps.

1. Assessment: assessing need, consistency of program with workplace culture, availability of resources to implement the program
2. Preparation: formation of advisory team to coordinate the development of the mentoring program (goals, objectives, policies, administration, information collection, appointment of coordinator)
3. Implementation: promotion, recruitment and selection, matching mentors and protégés, preparing participants, negotiating an agreement
4. Evaluation: assessing protégé progress, mentor experience, protégé outcomes, participant retention in the program, costs of development and administration of the program.

Developing a culture supportive of mentoring

Strategies to encourage informal and formal mentoring relationships include:

- Reference to mentoring in policies and guidelines
- Education and professional development in mentoring skills, self-management or networking
- Creating opportunities for the facilitation of mentoring relationships.

For a comprehensive guide on mentoring in the AOD field, refer to NCETA's Mentoring Monograph and Mentoring Resource Kit:

McDonald, J. (2002). *Mentoring: An age old strategy for a rapidly expanding field*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

National Centre for Education and Training on Addiction (NCETA). (2005). *A Mentoring Resource Kit for the Alcohol and Other Drugs Field*. NCETA, Flinders University, Adelaide, Australia.

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CHAPTER 7 - OVERVIEW

ORGANISATIONAL CHANGE

Organisational change is increasingly common in the AOD sector. Changes to work practice and procedures may be driven by:

- The introduction of new or modified clinical guidelines
- Awareness of new evidence regarding best practice
- Workers' / supervisors' / managers' awareness of flaws or difficulties in current work practices and procedures
- Changes to organisational funding arrangements and deliverables.

Organisational change is best understood as a process that occurs over time, rather than a single, one-off event. It can be helpful to think of organisational change as a three-stage process: unfreezing, changing, and confirming / supporting.

Stage 1: Unfreezing

Investing time at the start of a change program to prepare and support workers is an essential step to minimise reluctance to change and ensure successful implementation of new work practices.

Issues to be addressed at the unfreezing stage include:

- Acknowledging current work practices
- Supporting workers' readiness for change
- Providing sufficient organisational resources for change
- Providing professional development (e.g., education, training) for new work practices
- Managing uncertainty associated with change.

Stage 2: Changing

Strategies to assist the transition from old to new work practices include:

- Conducting trials of change
- Engaging in ongoing monitoring and evaluation
- Supporting workers to change their behaviour (e.g., support, feedback, rewards, professional development).

Stage 3: Confirming and supporting

Strategies to ensure new behaviours become standard work practice include:

- Continuing to offer workplace support for the new work practices
- Continuing with monitoring and evaluation of change – including making required modifications to the new work practices.

Strategies for effective organisational change

Four strategies to achieve successful organisational change are:

1. Effective communication

Effective communication strategies form the foundation for successful organisational change. Strategies to increase workers' knowledge and awareness of change include:

- Persuasive communications from management, supervisors and change agents (e.g., speeches, articles in newsletters, posters, emails)
- Face-to-face meetings including question-and-answer forums
- Active participation by workers (e.g., consultative committees).

To be effective, change-related communication should be conducted:

- Via multiple channels (e.g., face-to-face, email, written documents, DVD / video)
- Over repeated occasions (i.e., more than just once or twice).

2. Using appropriate change agents

Change agents are people involved in organising, implementing and supporting change. Change agents include:

- CEOs and other management leaders
- Supervisors and others in leadership roles
- Informal (non-supervisory or management) opinion leaders.

In order to be effective, change agents must be:

- Credible (i.e., have knowledge of the workplace and workers, the change process, potential difficulties / challenges)
- Trusted by workers
- Perceived to be implementing the change in a fair and just way.

3. Participation in decision-making

The most consistent message throughout the research literature is that workers must be actively involved in a change initiative for it to be successful and result in sustained and long-term practice change. Common strategies for participation include:

- Formal meetings
- Representation on organisational change committees
- Informal discussions, including "brainstorming" of goals and strategies.

4. Organisational and coworker support

Support from the organisation, managers / supervisors and coworkers can have a strong impact on organisational change. Key workplace supports to facilitate effective change include:

- Development and promotion of a policy outlining the organisation's support for work practice change
- Sufficient number and quality of staff
- Provision of training and professional development opportunities to support required change.

CHAPTER 8 - OVERVIEW

PERFORMANCE APPRAISAL

What is performance appraisal?

Performance appraisals are a systematic way of evaluating the standard of a worker's performance.

Benefits of performance appraisals

Performance appraisals can be used to:

- Make employment decisions such as determining pay and promotions
- Identify professional development needs
- Identify factors in the work environment that help or hinder performance effectiveness.

Fundamentals of an appraisal system

In order to be effective, an appraisal system needs to be perceived by workers as:

- Relevant and applicable to everyday work
- Acceptable and fair
- A mutual collaboration between management and workers.

A performance appraisal system that meets these criteria is likely to have the greatest impact on workers' satisfaction with the appraisal process and their motivation to improve performance.

Steps for developing a systematic performance appraisal

A five-step approach to conducting a performance appraisal is recommended.

1. Identify key performance criteria

Development of key performance criteria should be based on a comprehensive job description and undertaken in consultation with workers. Four dimensions of performance can be considered:

Competencies	Knowledge, skills, and abilities relevant to performance
Behaviours	Specific actions conducted and / or tasks performed
Results / outcomes	Outputs, quantifiable results, measurable outcomes and achievements, objectives attained
Organisational citizenship behaviours	Actions that are over and above usual job responsibilities

2. Develop appraisal measures

In order to obtain accurate and valid performance appraisals, appraisal measures should be tailored to the specific job or “job family” (i.e., groups of similar jobs). An evaluation of factors in the work environment which help or hinder performance is also recommended. This ensures that realistic expectations are set for workers’ performance, and is also likely to increase the perceived fairness and acceptability of performance appraisals.

3. Collect performance information from different sources

Traditionally, it has been the sole responsibility of managers / supervisors to assess performance. However, other organisational members (e.g., clients, coworkers, subordinates) can be a valuable source of information as they are likely to have exposure to different aspects of a worker’s performance. Collecting information from multiple sources can increase the accuracy of performance evaluation (i.e., reduce bias), and increase workers’ perceptions of fairness.

4. Conduct an appraisal interview

The two central purposes of the appraisal interview are to:

1. Reflect on past performances to identify major achievements, areas for further improvement, and barriers / facilitators to effective performance
2. Identify goals and strategies for future work practice.

The appraisal interview should be a constructive, two-way exchange between the supervisor and worker, with preparation for the interview done by both parties beforehand.

5. Evaluate the appraisal process

The performance appraisal process should undergo regular review and improvement. For example, focus groups or surveys could be conducted to gauge workers’ perceptions of the appraisal process. A successful performance appraisal process should demonstrate a change in both the ratings of workers’ performance and aspects of the work environment that impact upon work performance.

Best practice in performance appraisal

In essence, best practice in performance appraisals involves:

- Integrating performance appraisal into a formal goal setting system
- Basing appraisals on accurate and current job descriptions
- Offering adequate support and assistance to workers to improve their performance (e.g., professional development opportunities)
- Ensuring that appraisers have adequate knowledge and direct experience of the workers’ performance
- Conducting appraisals on a regular basis.

CHAPTER 9 - OVERVIEW

PROFESSIONAL DEVELOPMENT

Professional development is the ongoing provision of opportunities to develop and improve skills, competencies and knowledge.

Benefits of professional development

Professional development has a range of benefits for individuals, organisations and clients, including:

- Improved worker performance and skill base
- Increased confidence and motivation
- Improved retention
- Improved service delivery
- Higher levels of organisational commitment.

A five-step approach to professional development

A systematic approach to professional development will ensure that individual and organisational goals and needs are met. The five steps in a professional development program are:

1. Conduct a needs assessment for individuals, teams and the organisation

A comprehensive needs assessment will consider the professional development requirements of individual workers, teams and the organisation as a whole.

2. Set goals for professional development

A range of knowledge and skill gaps may be identified on completion of a needs assessment. Setting goals and objectives for professional development is a useful process for individuals, teams and organisations to ensure that professional development activities are of greatest relevance and benefit.

3. Develop a professional development plan

A professional development plan is used to coordinate all aspects of a program including the individual, team and organisational goals and needs identified in the previous two steps.

4. Identify and implement professional development activities

Professional development activities extend beyond education and training. A range of alternative approaches can be provided in-house to capitalise on “corporate” skills and knowledge already held in the organisation and to provide highly tailored practical learning. Alternatives to education and training include mentoring, clinical supervision, study groups, site visits, cross-organisational exchanges and online learning.

5. Conduct an evaluation

Evaluation of professional development initiatives is an important strategy to ensure that the greatest benefit is obtained from an activity, and to identify potential improvements for future initiatives. A comprehensive evaluation will provide an assessment of the process and content of the professional development initiative and associated outcomes (e.g., increased skill and confidence, work practice change).

Strategies to enhance work practice change

In essence, the aim of professional development is to change or improve an individual's (or team's) AOD work practice to achieve particular gains or benefits (i.e., efficiency, effectiveness) for clients, services or programs.

Workers' ability to transfer new knowledge and skills to their work practice can be influenced by a range of workplace and organisational factors. An overview of these factors is provided below. As this list demonstrates, it is crucial that managers, supervisors, and organisations recognise their pivotal role in providing opportunity, support, recognition and incentives for workers' professional development.

Work environment	Impact on work practice change
Supervisor support	Supervisor behaviour is one of the most important determinants of training transfer and work practice change.
Coworker support	Negative or unsupportive coworkers can inhibit training transfer.
Antecedents and consequences of training	Situational cues (e.g., reminders) and consequences (i.e., rewards vs punishment) can significantly impact work practice change.
Organisational culture	In a non-supportive workplace where workplace pressures or procedures inhibit work practice change, workers lose both opportunity and knowledge, therefore skill decline is likely to occur.
Organisational goals or strategic direction	Work practice change is more likely in organisations that have policies that support training and training transfer.
Endorsement and reward of training and work practice change	Work practice change is more likely when support, recognition and incentives are provided by managers and supervisors.

CHAPTER 10 - OVERVIEW

RECRUITMENT AND SELECTION

Recruitment of skilled and effective staff is a central workforce development issue for the AOD field. Recruitment and selection is not only about choosing the most suitable candidate. The recruitment and selection experience can also impact on the likelihood that a candidate will accept a job offer and on their subsequent commitment to remaining with the organisation.

Undesirable consequences of poor recruitment

Poor recruitment choices (i.e., poor person-job fit) can have a range of undesirable consequences for the organisation and the worker including:

- Higher rates of turnover
- Reduced performance effectiveness
- Lowered job satisfaction
- Reduced work motivation.

Effective recruitment steps

Three steps to develop an effective recruitment process are:

Step 1: Ensure an up-to-date job description which contains information related to:

- Specific tasks and activities required for a job
- The knowledge, skills and abilities required for effective performance by the job incumbent.

Step 2: Develop an effective recruitment strategy which considers:

- Appropriate sources of recruitment (i.e., advertisements, personal referrals, employment agencies, direct applications)
- Appropriate recruiters (e.g., supervisor or co-worker).

Step 3: Evaluate the recruitment strategy to determine its efficacy. For example:

- Conduct a cost-benefit analysis in terms of the number of applicants referred, interviewed, selected, and hired
- Compare the effectiveness of applicants hired from various sources.

Overview of selection techniques

Evidence-based best practice for three of the most commonly used selection techniques is outlined below.

1. Curriculum vitae / résumés and written applications

A curriculum vitae (CV) / résumé provides valuable information relating to a person's professional qualifications and experience. All information in the CV should be verified where

appropriate (e.g., asking applicants to explain gaps in employment history). Requesting job applicants to address specific selection criteria (i.e., essential and desirable) can improve the efficiency of reviewing CVs.

2. Conducting interviews

Structured interviews are recommended. A structured interview involves asking each candidate the same set of questions and assessing their responses on the basis of pre-determined criteria. Questions and assessment criteria should be based on accurate, updated job descriptions. It is also helpful to develop criteria to categorise responses (e.g., as excellent, good, average and unsatisfactory). An interview panel consisting of a representative selection of people may also be helpful.

Two common types of structured interview questions are:

- **Situational questions** which ask candidates about hypothetical scenarios that may be encountered in the job and how they would respond in that situation
- **Experienced-based questions** which focus on specific examples of the candidate's prior work experiences and their responses to past situations that are relevant to the job in question.

3. Reference checks

Referees are useful for identifying past employment problems and clarifying the accuracy of information presented in an interview or CV. Only a small percentage of all reference checks are negative, therefore, it is often difficult to differentiate between candidates on the basis of reference checks alone.

Induction and orientation of new workers

An effective induction helps new workers understand their role and where they “fit” within the organisation. It also equips them with the tools they need to perform their work role. Two useful induction tools are:

1. Induction manual / kits which may contain:

- An induction checklist
- Organisational philosophy / ethics / history
- Strategic values of the organisation
- An organisational chart / structure
- An employment manual on policies and procedures
- An orientation to the workplace (including parking and safety issues)
- Information about episodes of care, the duty system, supervision, staff meetings, etc.

2. Mentoring / “buddy” system

New workers can be paired with experienced workers from a similar area to “show them the ropes”. Alternatively, a more formal / structured mentoring system can be a useful induction strategy in which new workers are paired with a mentor who can assist them with their ongoing professional development.

CHAPTER II - OVERVIEW

RETENTION

Retention is a central issue for the AOD workforce. It serves a range of important purposes. It ensures:

- An available pool of mentors and supervisors exists
- The organisation receives a return-on-investment for formal and informal training of workers
- Development of cohesive work groups and teams
- A highly skilled and effective workforce exists.

Factors that affect turnover / retention

Although a range of factors may influence a worker's decision to leave, there are three key issues:

1. Inadequate salary and remuneration
2. Lack of career development opportunities
3. Work-related demands and stress.

Turnover costs

Turnover can be costly, particularly when it involves the unplanned loss of workers who leave voluntarily and whom employers would prefer to keep.

In addition to the direct costs of recruiting a replacement, indirect costs of turnover include:

- Lost productivity
- Decreased worker morale
- Increased stress
- Reduced quality and availability of services.

Note – reducing turnover is not necessarily an optimal outcome. Workers who choose to remain in their jobs but are disaffected and do their job poorly can be just as costly to productivity as having high staff turnover.

Strategies to retain effective workers

Eight strategies that have received strong support in the research literature are:

1. Maintain good supervisor-worker relationships which allow for open communication
2. Provide professional development opportunities to give workers the chance to develop their knowledge, skills and abilities
3. Provide challenging and varied work to workers
4. Ensure adequate clinical supervision
5. Offer rewards and recognition for good work
6. Support workers' capacity to balance work and family life
7. Provide new or potential workers with realistic work expectations in regard to:
 - Promotion opportunities
 - Professional development opportunities
 - Career mobility
8. Conduct exit interviews to identify organisational issues or problems.

CHAPTER 12 - OVERVIEW

WORKER PERFORMANCE

Alcohol and other drugs (AOD) related work is challenging and complex and the factors influencing performance are multifaceted. Two aspects of worker performance are addressed in this chapter:

1. Factors likely to impact on AOD workers' performance of core tasks, roles and responsibilities
2. Organisational citizenship behaviours.

Determinants of effective performance: A simple model

A simple scheme that can be useful for understanding the diverse influences on performance in the AOD field is to consider three important factors:

1. Can do (personal capacity)
2. Will do (motivation)
3. Opportunity to do (work environment).

1. Can do (personal capacity)

Workers' knowledge, skills, abilities and other personal capacities form the foundation of effective performance (e.g., ability, health, intelligence, confidence).

2. Will do (motivation)

Motivation refers to an individual's desire to achieve certain standards of performance and to achieve particular outcomes. High motivation contributes to effective performance and is driven and sustained by:

- Perceptions that work is meaningful and significant
- Confidence that a task / role can be performed successfully
- Clear performance standards, expectations (goals), and availability of performance feedback
- Perceptions that fair and adequate rewards (i.e., pay, status, promotion) are provided.

3. Opportunity to do (work environment)

The most skilled and motivated workers will not be able to perform effectively unless their work environment maximises supports and minimises constraints.

Factors in the work environment that facilitate or inhibit effective performance include:

- Tools, materials and equipment
- Working conditions
- Actions of coworkers
- Leader behaviour (e.g., clarifying roles, providing rewards for performance)
- Organisational policies, rules and procedures
- Availability of required information
- Time availability.

Organisational citizenship behaviours

Organisational citizenship behaviours are important voluntary actions which can increase an organisation's effectiveness and are often not formally recognised or rewarded. These types of actions are often designed to create and support a positive social and psychological working environment that benefits organisational effectiveness.

Organisational citizenship behaviours include:

- Helping behaviour (assisting others with work-related problems)
- Organisational loyalty (promoting the organisation)
- Organisational compliance (acceptance and adherence to organisational rules, policies and procedures)
- Individual initiative (contributing to the organisation with creativity, innovation, and enthusiasm "beyond the call of duty").

Benefits of organisational citizenship behaviours include:

- Enhanced productivity
- Facilitation of retention by creating positive, supportive and cohesive workplaces
- Increasing the organisation's capacity to adapt to change and take on new roles / responsibilities
- Reducing stress and tension.

Organisational citizenship behaviours are encouraged by:

- Receiving fair and just treatment
- Having a supportive leader
- Being supported by the organisation.

CHAPTER 13 - OVERVIEW

WORKER WELLBEING

Stress and burnout

Alcohol and other drug (AOD) workers in health and human services fields often experience high levels of work-related demands and stressors (e.g., complex cases with comorbidity and polydrug use, negative community attitudes) which make them particularly vulnerable to stress and burnout.

Stress refers to psychological (e.g., anxiety), physical (e.g., high blood pressure) and behavioural responses (e.g., sleeping difficulties, irritability) to work-related demands over a discrete or short-term period.

Burnout is a form of chronic strain that develops over time in response to prolonged periods of high stress. It is a long-term process characterised by “chronic malfunctioning” and negative and cynical attitudes towards clients and work in general.

Consequences of stress and burnout

A range of undesirable consequences for the organisation have been linked with worker stress including:

- Reduced job satisfaction
- Lower job performance (quality and quantity of work)
- Increased absenteeism and turnover
- Reduced organisational commitment.

Strategies to address stress and burnout

The best strategy to prevent (or reduce) stress and burnout is to take a two-pronged approach that focuses on:

- The organisation (focus on changing the work environment or conditions that are causing stress / burnout)
- The individual worker (e.g., teaching coping strategies and stress management techniques).

Organisational strategies

Most organisational strategies start with a stress audit to identify the particular aspects of the work situation that cause difficulties for workers.

Organisational factors contributing to stress and burnout can be understood in terms of:

- **Job demands** that have been linked to an increase in stress and burnout (e.g., workload, role conflict, role ambiguity, time pressure, stressful events, physical working environment)
- **Job resources** linked to a reduction in stress and burnout (e.g., career development opportunities, supportive relationships with colleagues, availability of high quality and supportive supervision, autonomy / opportunity for control, opportunity to use skills, task variety, remuneration, reinforcement and rewards).

Individual worker strategies to prevent stress and burnout

The nature of AOD work can be stressful and demanding at times. Therefore, it is important that workers play an active role in managing their own levels of stress and burnout.

Common stress management techniques include:

- Learning cognitive coping techniques to change perceptions of stressors
- Reducing the effects of long-term stress
- Learning new strategies to cope with demanding situations.

Job satisfaction

Addressing health and wellbeing in the workplace extends beyond alleviating stress and burnout. A healthy workplace is one in which workers experience fulfilment and satisfaction with their work.

Maintaining good levels of job satisfaction should be a high priority for the AOD field for two important reasons. Satisfied workers are more likely to:

1. Produce a higher standard of performance
2. Stay with the organisation longer (i.e., less turnover).

Factors that contribute to job satisfaction

In general, three themes emerge from research on sources of job satisfaction for AOD workers:

1. The importance of providing an important and valued social service
2. Having input in regard to treatment approaches and strategies
3. Support for career development.

In the wider research literature, some organisational factors that have received the most consistent support include:

- Job characteristics: skill variety, task identity, task significance, autonomy and feedback
- Clarity of job roles and responsibilities, and consistency between multiple job roles
- Work / leisure life balance
- Availability of support from colleagues, supervisors and the workplace
- Job conditions (e.g., salary).

CHAPTER 14 - OVERVIEW

WORKPLACE SUPPORT

Workplace support refers to actions and work practices that are designed to facilitate workers' effectiveness and wellbeing.

Support has two key functions:

1. Ensure workers' wellbeing (social / emotional support)
2. Ensure workers are capable of effective performance (instrumental support).

Support can be provided by the organisation, managers / supervisors, and coworkers.

Social / emotional support refers to support that is focused on meeting workers' needs to feel valued, cared for, respected and liked.

Instrumental support refers to support that provides workers with practical assistance in terms of their roles, responsibilities and tasks.

Support strategies

Strategies to provide support include:

	Social / emotional support	Instrumental support
Organisation	<ul style="list-style-type: none">• Ensuring fairness of treatment• Providing valued rewards• Ensuring supportive supervision	<ul style="list-style-type: none">• Ensuring good job conditions (physical safety, job security, promotion paths, autonomy)
Managers / supervisors	<ul style="list-style-type: none">• Channeling / facilitating organisational support• Providing positive social interaction (praise, encouragement, caring, respect)• Recognising and rewarding good work• Involving workers in decision-making	<ul style="list-style-type: none">• Addressing work overload• Addressing role ambiguity or conflict• Providing access to high quality resources and equipment
Coworkers	<ul style="list-style-type: none">• Providing positive social interaction (praise, encouragement, care, respect)	<ul style="list-style-type: none">• Providing help and advice• Filling in when others are absent• Assisting with heavy workloads• Providing constructive feedback• Appreciation and recognition• Sharing duties and responsibilities

Social / emotional support needs to be managed carefully, particularly when demands and pressures are high and a worker is having difficulties. Effective support addresses the specific needs and circumstances of an individual worker or team. Therefore, like most workforce development initiatives, the most effective strategies to provide support are those that are developed in consultation and collaboration with the workers themselves.

Social / emotional support may actually increase stress when:

- Communication highlights and reinforces the problems and difficulties being experienced (e.g., coworkers talking about how stressful the work is without moving towards any practical resolution)
- Supervisors engage in contradictory behaviours by creating a stressful situation (e.g., setting high workloads, setting tight deadlines) and then attempting to provide emotional support.

Instrumental support is likely to be most beneficial to workers' performance and wellbeing when it is:

- Offered to (not imposed on) workers
- Arranged by negotiation with managers / supervisors
- Clear that workers actually require help and assistance.

The impact of organisational support extends beyond the immediate effect of ensuring that workers have the required resources, and that they are not experiencing high levels of stress or dissatisfaction.

The perception that an organisation values their contributions and wellbeing can have a powerful effect on workers' attachment and commitment to the organisation.

