

A Workforce Development CHECKLIST for the AOD field

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There is increasing interest in workforce development (WFD) in the alcohol and other drugs field. Unless workforce development is tackled effectively the alcohol and other drugs (AOD) field will fail to flourish and its ability to provide optimal service delivery at the level of prevention, policy or clinical care will be under continual threat. The checklist provided here offers a quick overview of some of the key issues that fall under the umbrella of WFD.

Effective workforce development

goes beyond just the provision of education and training to include issues such as recruitment and retention, workforce planning, professional and career development, and worker wellbeing. This broader approach to workforce development involves a wide range of individual, organisational, structural and systemic factors that can impact on the ability of the workforce to effectively and efficiently respond to AOD issues.

There have been substantial changes in the AOD field in recent decades that have major implications for the development of a responsive, effective, and sustainable AOD workforce.

Provision of quality and timely AOD responses has been substantially impacted by:

- changing patterns of substance use,
- increased prevalence of polydrug use,
- a growing recognition of mental health/drug use comorbidity issues,
- an expanding knowledge base,
- advances in treatment protocols, and
- an emphasis on evidence based practice.

There are also other issues facing the wider Australian workforce such as:

- advances in technology,
- an ageing workforce, and
- a tight labour market.

These factors have led to increased recognition of the need for effective workforce development approaches to enhance the capacity of the AOD workforce to respond to current and emerging AOD issues. Traditionally, most WFD effort has been directed to training, and much of that has been at the level of non-accredited short courses.¹

However, what is required is a broad, comprehensive and integrated array of WFD strategies that are tailored to the needs of particular workplaces, services and individual workers – both current and future.

While some excellent WFD initiatives have occurred in Australia over recent years, many key players remain unclear about what constitutes 'workforce development' and how it differs from being more than just training. To address this issue, NCETA has developed a user-friendly check list of issues that fall under the umbrella of workforce development. The checklist highlights pivotal issues that every organisation should address as part of a systematic WFD response.

The checklist is broad ranging, but not exhaustive. There may be other WFD issues of particular relevance to specific situations. Nonetheless, the checklist provides a useful jumping off point in the development of a tailored and comprehensive approach. It is also a useful WFD training tool and can be used to instigate initial discussions and plans.

Why the Need For Workforce Development (WFD)

AOD use and related problems cut across society and impact a wide range of health, education, human service, police, and criminal justice workers. There is also a growing demand for services, policies and programs from specialist AOD agencies as well as generalist workers.

Compounding this increased demand for services are substantial difficulties in recruiting and retaining qualified AOD staff, particularly in rural and remote areas (Duraisingam, Pidd, Roche, & O'Connor 2006; Wolinski, O'Neill, Roche, Freeman, & Donald, 2003; Pitts, 2001).

Workforce Development Defined

In a submission to the Inter-governmental Committee on Drugs (IGCD) in November 2002, NCETA defined workforce development as:

“...a multi-faceted approach which addresses the range of factors impacting on the ability of the workforce to function with maximum effectiveness in responding to alcohol and other drug related problems. Workforce development should have a systems focus. Unlike traditional approaches, this is broad and comprehensive, targeting individual, organisational and structural factors, rather than just addressing education and training of individual mainstream workers.”

This expanded definition highlights the importance of infrastructure, systems and organisational issues as the foundation for training and skills development (see Figure 1).

The primary aim is to facilitate and sustain the AOD workforce by targeting organisational and structural factors as well as individual factors (Roche, 2002).

Not all WFD strategies can be implemented by organisations, managers or workers. Some require national or jurisdictional intervention. Examples include: the issue of accreditation, TAFE-university articulation, career pathways, and awards.



Figure 1. The different levels and components of workforce development

This broader approach to workforce development recognises that education and training is only one of a range of factors that can influence the ability of the workforce to respond to AOD issues (Figure 2).

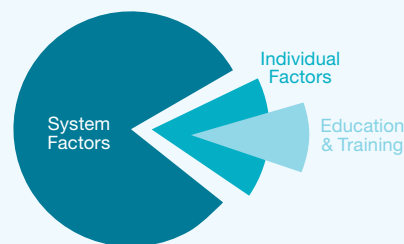


Figure 2. Education and training as a sub-set of workforce development

A multi-level approach is needed as illustrated in NCETA's 4-level model shown in Figure 3. Figure 3 shows how each of these different levels of WFD intervention involves inherently different issues. The 4-level model comprises:

1. the individual
2. the team
3. the workplace
4. the organisation.

A Systems Approach

Central to the definition of workforce development provided above is the focus on the systems within which the workforce operates. The basic premise of a systems approach to workforce development is that while education and training are important, more attention needs to be given to the organisational context in which workers operate and the wider systems at large which ultimately determine whether specific policies or practices can be put in place (Roche, 2001).

This approach to workforce development focuses on the need for systemic approaches to organisational, services and structural change in order to build the capacity of individual workers. Capacity building refers to:

“strategies and processes which have the ultimate aim of improving health practices which are sustainable” (Crisp, Swerissen, & Duckett, 2000, p99)

A systems approach to workforce development has two important implications for the development and implementation of a national AOD workforce development strategy. It involves:

1. supporting the sustainability of the AOD workforce
2. facilitating and supporting frontline workers to effectively apply their knowledge and skill to work practice.

Issues that extend well beyond a focus on education and training alone include:

- Recruitment and retention
- Professional and career development
- Leadership and supervision
- Knowledge transfer and research dissemination
- Mentoring and supervision
- Workforce wellbeing
- Workplace support
- Evidence based practice
- Information management
- Legislation
- Policy
- Clarification of staff roles and functions.

For an examination of the broader issues captured under the umbrella of workforce development the reader is referred to NCETA's WFD Theory Into Practice (TIPS) resource², which covers issues such as:

- Clinical supervision
- Effective teamwork
- Evaluating AOD programs and projects
- Goal setting
- Mentoring
- Organisational change
- Recruitment and retention
- Professional development
- Workforce wellbeing
- Workplace support.

Any workforce development strategy needs to incorporate a broad sweep of workforce development related issues as highlighted in the checklist below.

If some of the terms and concepts used in the checklist are unfamiliar, the reader is referred to the references provided here and also to the NCETA resources noted as providing more detail on these issues.

A workforce development checklist for the AOD field³

1. Do you regularly undertake training/professional development needs analyses ?			
2. Do you have strategies in place to address knowledge and skills gaps identified in needs analyses ?			
3. Do you have a training/professional development plan in place?			
4. Do you have a strategy in place to identify and implement training/professional development opportunities ?			
5. Do you provide supervisors and managers with supervision/management training ?			
6. Do you have strategies in place to ensure effective training transfer ?			
7. Do you evaluate the impact of training on work practice?			
8. Do you have strategies in place to optimise staff recruitment ?			
9. Do you ensure up-to-date job descriptions are provided to potential new staff?			
10. Do you have employee retention strategies in place?			
11. Do you monitor staff turnover levels?			
12. Do you conduct staff exit interviews ?			
13. Do you conduct regular staff performance appraisals ?			
14. Have you identified key performance criteria for staff positions?			
15. Does your staff performance appraisal process undergo regular evaluation?			
16. Do you have staff reward and recognition strategies in place?			
17. Have you implemented strategies to ensure effective teamwork ?			
18. Have you developed and disseminated clear work team goals and objectives?			
19. Do you have strategies in place to monitor work team performance ?			
20. Do you have strategies in place to provide teamwork performance feedback to work teams?			
21. Do you have work team reward and recognition strategies in place?			
22. Do you have a clinical supervision program in place?			
23. Is your clinical supervision program regularly evaluated ?			
24. Do you have a staff mentoring program in place?			
25. Is your mentoring program regularly evaluated ?			
26. Do you have strategies in place to ensure workers are aware of, and meet, work orientated goals and objectives?			
27. Do you have strategies in place to build and support workers' commitment to work-orientated goals and objectives?			
28. Do you have strategies in place to provide feedback on achieving work orientated goals and objectives?			
29. Do you have strategies in place to monitor staff workloads and levels of work stress ?			
30. Are supervisors/managers trained to be able to recognise signs of work stress in staff?			
31. Do you have strategies in place to deal with work stress ?			
32. Do you monitor levels of staff job satisfaction ?			
33. Do you have strategies in place to optimise job satisfaction ?			
34. Do you have strategies in place to enhance worker wellbeing ?			
35. Do you have policies and strategies in place to ensure organisational support to staff?			
36. Do you have policies and strategies in place to ensure supervisor/management support to staff?			
37. Do you have policies and strategies in place to ensure co-worker support to staff?			
38. Do you apply organisational change strategies when introducing new work practices and procedures?			
39. Do you evaluate organisational change strategies that are introduced to ensure effective work practices and/or procedural change?			
40. Do you regularly evaluate work programs and work practices?			



Figure 3. Multiple levels of WFD intervention required to achieve work practice change

Examples of resources on AOD workforce development include the following from NCETA



¹ See NCETA's recent review of training: Roche AM, Duraisingam V, Wang P, Tovell A. (2008) Alcohol and Other Drugs, Mental Health and Co-morbidity: A Training Review. National Centre for Education and Training on Addiction, Flinders University.

² Skinner, N., Roche, A.M., O'Connor, J., Pollard, Y., & Todd, C. (Eds.). (2005). Workforce Development TIPS (Theory Into Practice Strategies): A Resource Kit for the Alcohol and Other Drugs Field. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia. Available at <http://www.nceta.flinders.edu.au/wdt/>

³ For more information on any of the issues contained in the checklist, the reader is referred to the following publications, which can be downloaded from www.nceta.flinders.edu.au

Addy, D., Skinner, N., Shoobridge, J., Freeman, T., Roche, A., Pidd, K., & Watts, S. (2003). The work practice questionnaire: A training evaluation measurement tool for the alcohol and other drug field. Commissioned by the Australian Government Department of Health and Ageing, NCETA, Adelaide.

Crisp, B.R., Swerissen, H., & Duckett, S.J. (2000). Four approaches to capacity building in health: Consequences for measurement and accountability. *Health Promotion International*, 15, 99-107

Duraisingam, V., Pidd, K., Roche, A. & O'Connor, J. (2006). *Satisfaction, Stress & Retention. An Examination of Critical Workforce Development Needs of AOD Specialist Frontline Workers*. A final report to the Alcohol Education and Rehabilitation Fund. NCETA, Flinders University, Adelaide.

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, South Australia.

Pidd, K., Freeman, T., Skinner, N., Addy, D., Shoobridge, J., & Roche, A. (2003). From training to work practice change: An examination of factors influencing training transfer. A report commissioned by the Australian Government Department of Health and Ageing, NCETA, Flinders University, Adelaide.

Pitts, J. A. (2001) Identifying workforce issues within the alcohol and other drugs sector: responses to a national survey. In Roche, A.M. & McDonald, J. (Eds). *Systems, Settings, People: Workforce Development Challenges for the Alcohol and Other Drugs Field*. Adelaide: National Centre for Education and Training on Addiction.

O'Neill, M., Addy, D., Roche, A.M., (2004). Guidelines for Evaluating Alcohol and Other Drugs Education and Training Programs. Adelaide: National Centre for Education and Training on Addiction (NCETA).

Roche, A.M. (2001). What is this thing called workforce development? In Roche, A.M. & McDonald, J. (Eds). *Systems, Settings, People: Workforce Development Challenges for the Alcohol and Other Drugs Field* (pp.5-22). Adelaide: National Centre for Education and Training on Addiction.

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Skinner, N. & Roche, A.M. (2005). *Stress and Burnout: A Prevention Handbook for the Alcohol and Other Drugs Workforce*. National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

Wolinski, K., O'Neill, Roche, A., Freeman, T. & Donald, A. (2003). *Workforce issues and the treatment of alcohol problems*. Australian Government Department of Health and Ageing, Canberra.