NCETA

*Australia's National Research Centre
on AOD Workforce Development*

Workforce Development 'TIPS'

Theory **I**nto **P**ractice **S**trategies

A Resource Kit for the
Alcohol and Other Drugs Field

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AN INTRODUCTION TO WORKFORCE DEVELOPMENT
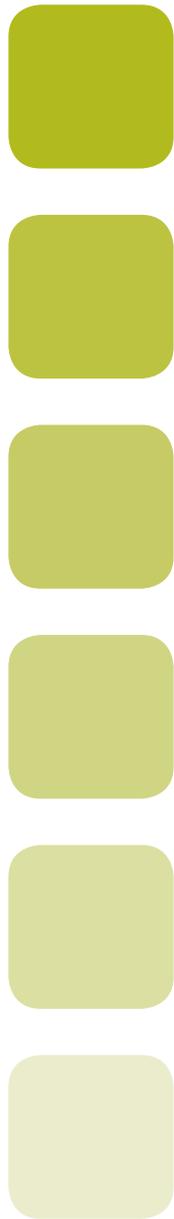
Workforce Development 'TIPS'

Theory Into Practice Strategies

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AN INTRODUCTION TO WORKFORCE DEVELOPMENT

ABOUT THE WORKFORCE DEVELOPMENT TIPS RESOURCE KIT

This Resource Kit aims to provide straightforward and practical guidance, tools and resources to support workforce development activities and initiatives in the Alcohol and Other Drugs (AOD) field.

The Resource Kit comprises 14 chapters: an introduction to workforce development and 13 workforce development topics relevant to the AOD field. Each chapter contains evidence-based strategies to address a particular workforce development issue, as well as resources and tools that can be used to implement the strategies. Each chapter can be treated as a stand alone section, however, as workforce development topics are inherently interrelated, links between chapters are identified throughout the Kit.

An Introduction to Workforce Development is the 1st chapter in the Resource Kit.

CHAPTER

Acknowledgements

Foreword

The NCETA Workforce Development 'TIPS' 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.

This 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.

For ease of use all chapters are presented in alphabetical order. 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., improvements to team cohesion; 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.

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AN INTRODUCTION TO WORKFORCE DEVELOPMENT

Ann M. Roche and Natalie Skinner

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Overview

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.

Introduction to workforce development

The alcohol and drug field has undergone major changes in the last one to two decades. The scientific knowledge base from which the field operates and standard treatment and intervention protocols have changed substantially. So too have the plethora of psychoactive and potentially addictive substances with which communities have to contend. There has also been the emergence of co-morbid conditions and drug related crime and violence exacerbated by the increased prevalence of amphetamine use. These developments require significantly different responses on the part of the workforce.[1]

The strategies required to develop an adequate response to alcohol and drug problems extend well beyond the traditional notion of training individual workers. Systemic and sustainable changes within organisations and agencies are also essential. A major paradigm shift is required to refocus our thinking away from an exclusive orientation on training to one which also encapsulates factors such as organisational development, change management, evidence-based knowledge transfer and skill development.[1] Acknowledgement of this paradigm shift is reflected in the increasing interest in workforce development.

What is workforce development

Workforce development (WFD) is a multi-faceted approach which addresses the range of factors impacting on the ability of the alcohol and other drug (AOD) workforce to function with maximum effectiveness. 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 either of these two more familiar approaches.

An effective AOD workforce has the capacity to provide accessible and high quality treatment, prevention and policy services informed by the best available evidence. Just as the factors that contribute to an individual's high risk or problematic AOD use are often complex and varied, so too are the factors that influence the capacity of health and human service workers to deliver high quality services.

> " Workforce development seeks to enhance policies, systems and structures that create and sustain the capacity of work environments to deliver cost-effective services. [2 (p. 4)] "

Responding effectively to AOD related issues requires a high level of skill and knowledge. However, whilst a good knowledge and skill base provide the necessary foundation for competent work practice, a wide range of additional factors also influence work practice. These include factors at the:

- Individual level (e.g., motivation, skill, stress)
- Team level (e.g., support, cohesion)
- Organisational level (e.g., policies, resources, supervision)
- Systems level (e.g., funding, legislation).

The purpose of workforce development is to ensure that the requisite supports and facilitating factors needed to optimise effective work practice are in place across all these levels. That is, attention needs to be directed not only to individuals but also to the organisations, systems and structures within which the individual operates. Workforce development is also focused on removing or reducing barriers and impediments to effective work practice and addressing infrastructure concerns.[2-4] Shared care approaches to drug treatment are a good example of a workforce development strategy designed to enhance use of existing systems and structures and to optimise the efficient use of services already available.[5]

> Workforce development is a broad term used to encapsulate a number of key factors pertaining to individuals, the organisations within which they operate and the systems that surround them.

Who are the AOD workforce?

The Australian workforce involved in the prevention and minimisation of drug and alcohol problems is highly varied, spanning diverse employment sectors, industries, communities and cultures. There is a mix of specialist and other (non-specialist) workers, employed in a range of levels, contexts and combinations as indicated in the box below.

Roles vary from clinical treatment to policy, education, research and advocacy. Specialists include nurses, doctors, psychologists and social workers with expertise in drug and alcohol work. Many workers, while not drug and alcohol specialists, may be required to deal with drug and alcohol problems in varying situations. They are likely to be involved in "frontline" activities such as providing brief interventions, initial assessment and referral to specialist help. The provision of AOD training therefore needs to cater for all these groups of workers in their myriad roles.

Generic health and medicine	nurses, general practitioners, medical specialists, pharmacists, ambulance officers and emergency medicine staff
Mental health workers	mental health workers, counsellors, psychiatrists, psychologists and psychiatric nurses
Human services and community workers	community nurses, case workers, youth workers, family support workers, child care workers, health workers, social workers, community development officers, Aboriginal health workers, migrant workers and accommodation officers
Police, corrections and criminal justice system workers	judiciary, staff in court diversion, probation and parole, prisons and corrections, police and juvenile justice
Others	teaching and school support, security, hospitality, drug and alcohol regulation and compliance, sport and recreation, occupational health and safety and other therapies

Some groups of workers also have particular needs that warrant special consideration and specifically tailored WFD strategies. These include Aboriginal health and community workers, those working primarily with youth, those dealing with co-morbid conditions and workers in rural and remote areas of Australia.

Why is AOD workforce development needed?

While not without significant rewards, the demands placed on the field in general, and frontline workers in particular, are increasingly challenging. These include:[3, 6]

- An increase in complexity of AOD issues, including clients' treatment needs
- A rapidly expanding knowledge base of increasing technical sophistication
- Present and future increases in demand for AOD and poly-drug treatment services
- Limited funding and resources
- High workloads and levels of stress / burnout
- Low salaries and limited career paths and options
- Difficulty recruiting and retaining qualified and skilled staff
- Public stigma and misunderstanding of the nature of AOD problems and their resolution.

As these challenges demonstrate, a worker's ability to respond effectively to AOD issues extends beyond their own skills, capacities and motivation. Cost effective, evidence-based and sustainable strategies are required that address infrastructures, as well as organisational and individual worker's needs.

What are the benefits of workforce development?

Workforce development aims to support the capacity of individuals, teams, organisations and the workforce as a whole to respond effectively to AOD related issues. The ultimate goal is to provide more effective treatment and prevention services.

There is evidence that the characteristics of the working environment can influence client outcomes. A recent NCETA survey of managers of AOD agencies found that approximately half doubted their ability to respond adequately to predicted increases in drug use problems in the next 3-5 years and over two thirds had difficulty recruiting staff.[7] A study of AOD treatment centres in the U.S. compared healthy and unhealthy workplaces.[15] Healthy workplaces were characterised by high supervisory and coworker support and autonomy and low levels of managerial control and pressure. Healthy workplaces were associated with more positive client outcomes including higher rates of client participation in formal treatment programs, greater satisfaction with treatment and higher client confidence in their capacity to meet their drug management goals and avoid relapse on discharge.[15]

Similar findings were observed in a more recent study of U.S. AOD treatment centres.[16] Treatment units that had higher levels of staff autonomy, good communication, openness to change and adequate staffing levels were associated with higher levels of client satisfaction and client-counsellor rapport.[16] There is also evidence to suggest that workers' wellbeing can impact on treatment outcomes. A study of mental health treatment teams in the U.S. found that teams with higher levels of worker burnout were associated with lower levels of client satisfaction in regard to (a) their treatment and therapist, and (b) their capacity to live more independently on discharge.[17]

Why training is not the "magic bullet" of workforce development

Workforce development is often mistaken to be synonymous with education and training. However, it is clear that education and training alone are not sufficient to address the challenges facing the workforce. Workforce development represents a multi-level approach to supporting and sustaining effective work practice that includes strategies at the level of the individual worker, team, organisation and broader system (i.e., government policy, funding, laws and regulations).

Education and training is a necessary but not sufficient strategy for effective workforce development. The transfer of newly acquired knowledge and skills often does not occur, or it occurs less frequently,

than is often assumed. For example, Baldwin and Ford (1988) estimate that as little as 10 percent of training expenditure in the U.S. pays off in on-the job-performance. Although no comparable Australian statistics are available, it is reasonable to assume that a similarly low rate of return-on-investment from training is also common in the Australian context.

Education and training programs do not occur in isolation. A wide range of factors may influence trainees' capacity to benefit from education and training including motivation to learn, expectations, needs, attitudes, existing knowledge, and learning styles. In addition, factors in the work environment and organisational systems and structures may also impact on the uptake of learning and the transfer of training to work practice. As Landy and Farr (1983) explain:

> *"Characteristics of the individual and the situation interact to yield the work performance of the individual (in both the global and specific sense). Individual characteristics include ability (such as cognitive, physical, social, and emotional factors, past work experience, education, training), motivation (level of effort expenditure), and role perceptions (the individual's beliefs about what constitutes effective performance of his or her job; cf. Porter & Lawler, 1968). Situational constraints are broadly defined here as all aspects of the work setting other than the single individual whose performance we are considering. These characteristics include the supervisor, peers, work design, reward system, organisational structure and policies, etc." (p. 9)*

A study of workforce development issues in the Australian AOD workforce conducted by NCETA[7] identified a range of important WFD issues including:

- Access to education and training
- Funding limitations which impact on effective service provision
- Difficulties in recruiting and retaining qualified professionals
- Poor remuneration
- The need for management support and training.

There is increasing recognition in many countries of the need for multi-level interventions to support the sustainability and effectiveness of the AOD workforce. In a study of drug and alcohol treatment programs in the U.S. McLellan et al.[8] identified three issues that impact on the sustainability and effectiveness of programs. These are:

1. Inadequate organisational and administrative infrastructure
2. Unstable workforce (high turnover) at all levels of the organisation from frontline workers to directors
3. High administrative data collection and reporting burdens.

Furthermore, McLellan et al. argue that where these three issues are present they call into serious doubt the capacity of treatment programs to implement new and innovative therapies and interventions. Solutions suggested by McLellan et al. include:

- Financial incentives to encourage health professionals to pursue a career in the AOD field
- Programs to support and train directors of treatment centres in organisational and program management
- A universal streamlined data collection system based on clinically relevant information.

> "Addiction treatment needs financial and technical investment as well as incentives to raise quality and attract the best personnel. [8] (p. 121)"

In a recent study of drug treatment agencies in Canada, Ogborne and Graves[1] identified a range of workforce development issues impacting on service delivery including:

- Workload
- Paperwork and other "bureaucratic issues"
- Difficulties with staff recruitment and retention
- Concerns regarding job security
- Lack of opportunities for staff advancement
- Concerns regarding wages and remuneration
- Lack of resources and limited opportunities for professional development.

UNDER THE MICROSCOPE

Factors influencing health professionals' conduct of brief interventions

Increasing generalist frontline workers' willingness and capacity to respond to AOD related issues is a key workforce development challenge for the AOD field. An Australian study conducted by Cooke et al. (1998) provides a good demonstration of the range of factors that may influence health professionals' AOD related work practice.

In their study of doctors and midwives in 20 antenatal clinics in New South Wales, Cooke et al. (1998) explored the factors that facilitate / obstruct the use of brief interventions for smoking cessation.

Key barriers to conducting interventions included:
- Low perceived ability to intervene and doubts regarding intervention effectiveness
- Lack of materials and training
- Lack of teamwork
- Lack of time.

Key facilitators for conducting smoking interventions included:
- High perceived ability to intervene
- High autonomy (i.e., opportunity for staff to make their own choices about work-related tasks).

The (limited) role of training
This study also demonstrates that training is not the "magic bullet" of workforce development. Training increased the frequency of interventions performed by doctors and midwives. However, the impact of training was limited as it:

- *Did not* increase reported assessment for smoking
- *Did not* increase perceived ability to provide counselling
- *Did not* decrease perceived barriers to intervention.

The importance of organisational policies
In hospitals with written procedures, doctors and midwives were more likely to:

- Be offered training in smoking cessation interventions
- Perceive that the hospital had a policy for smoking cessation interventions
- Report smoking cessation intervention use.

Cooke et al.'s findings suggest quality of practice could be improved by:

- Implementation of organisational policies and training programs
- Increased staff involvement in task performance decisions.

Source: Cooke, M., Mattick, R., & Campbell, E. (1998). The influence of individual and organizational factors on the reported smoking intervention practices of staff in 20 antenatal clinics. *Drug and Alcohol Review, 17,* 175-185.

On the other hand, 90% of participants in the Ogborne & Graves[1] study indicated they obtained "quite a lot" or "a great deal" of satisfaction from their work. This indicates the potential for the AOD field to provide meaningful and rewarding work for health and human services professionals. From a workforce development perspective this is an important finding. Promoting the fact that workers in the AOD field report high levels of reward and satisfaction from working in this area is important in terms of recruiting new workers and de-stigmatising the field and those associated with it.

How is workforce development different from workforce planning?

The term workforce development is often used synonymously with workforce planning. In reality the terms are related but different. A recent U.K. report (Department of Health, 2000 cited in Ridoutt et al.[9]) locates workforce planning as a component part of the broader context of workforce development and advocates for a holistic approach to workforce planning. It argues that the full range of human resource policies need to be brought together in a process of workforce development. These include education, training, pay, skill mix, recruitment and retention, and career structure issues as well as technical supply and demand modelling. Workforce planning as traditionally defined (i.e., supply and demand modelling) is only a part, albeit an important part, of this process.[9]

Workforce development and research dissemination / knowledge transfer

Another important focus of workforce development relates to the manner in which research, knowledge and skills are translated into practice. There is a substantial body of new information being generated in the AOD field. The challenge of dealing with a rapid knowledge expansion is exacerbated by changes such as globalisation and the information technology explosion. These changes create special dilemmas for workers and organisations in terms of the strategies required to filter, synthesise and absorb new knowledge.

The disconnect between research and practice has been amplified by calls for a greater emphasis on technology transfer.[10, 11] The transfer of new treatment techniques, for instance, into the practice of substance abuse treatment is an issue of concern for the twenty-first century.[12]

The gap between research and practice in the AOD field has significant implications for a range of stakeholders. As Hocking[13] argues:

> "this [gap between research and practice] should be of concern to researchers, practitioners, service purchasers, policy makers and most importantly, clients. The goal of all these actors is to achieve an improvement in the health status and quality of life of the individuals seeking treatment. If the recommendations of research are not incorporated into practice they cannot play a role in improving clinical outcomes. If practitioners cannot access research findings, they may not feel confident that treatment interventions have the ability to achieve their aims. If service purchasers cannot buy services that are supported by research evidence, they may not be able to justify the cost. And if clients know they are the recipients of treatment programs of questionable efficacy, then they may not feel it is worth entering into treatment at all." (p. 11)

A critical component for achieving best practice in responding to drug problems is development of mechanisms to translate the latest research findings and innovative developments into practical implementation strategies for the wide range of workers in this field. To increase the uptake and sustained use of research innovations in the AOD field, any dissemination effort requires substantial change at the level of the individual, the organisation and the system. An exploration of the theoretical basis for understanding behavioural change may provide insights into which elements of effective dissemination strategies influence the decision to adopt new research. The diversity of theoretical frameworks and conceptual models that underpin approaches to research dissemination is captured in Table 1 below.

Table 1. Theories and Models of Diffusion[14]

Theoretical Framework	Description / Characteristics	Specific Models / Theories	Examples of Interventions that may be Incentives to Change
Learning Theory	Focus is on the **individual** (e.g. individual health professional)	**Motivational Theories:** Theory of planned behaviour Social learning theory Operant conditioning theory	Educational interventions Audit and feedback Reminder systems Academic detailing ± feedback
Social Cognition	Focus is on the **individual** and receptivity to change within the context of a broader social system	**Stage Models of Behaviours:** Transtheoretical model of change Health action process Precaution adoption process	Opinion leaders Mentoring Role-playing Clinical supervision
Organisational Change	Focus is on **organisational** contexts (e.g. health care settings)	Community readiness theoretical model **Diffusion Theories:** Theory of innovation diffusion Technology transfer model	Educational interventions Audit and feedback Opinion leaders Participatory action research Peer review
Planning Framework	Uses a **systematic** approach to identify factors that drive change	Social marketing theory PRECEDE-PROCEED model	Educational interventions Audit and feedback Reminders Incentives

Tackling the complexity of research dissemination and adoption of new evidence-based practices is an essential workforce development task if Australia is to achieve the best outcome for its enormous investment in health, welfare, education and law enforcement systems. But this translation process is insufficient to achieve change by itself; it must be augmented by other strategies which focus on encouraging the adoption of evidence-based practice in the workplace.

Workforce development strategies

Workforce development is a complex construct that operates at multiple levels across a diverse range of issues. The optimal impact of workforce development requires the simultaneous implementation of strategies across multiple levels. Application of only a single workforce development strategy is likely to be of limited efficacy. Listed below are examples of the types of workforce development strategies that can be simultaneously applied at systems, organisational, team and individual levels:

Systems strategies include:
- Ensuring adequate funding arrangements for AOD organisations
- Development and revision of policy and legislation to ensure effective and efficient functioning of organisations
- Development and review of award structures to ensure fair and adequate remuneration
- Provision of workforce development grants and scholarships
- Support for research on workforce development in the AOD field
- Development and support for AOD related curriculum in health and human services tertiary education
- Development, facilitation and support for shared care arrangements across services and professions
- Development and support for AOD specialist qualifications in tertiary institutions
- Build organisational and individual capacity.

Organisational strategies include:

- Development and implementation of workforce development policies
- Provision of clinical supervision and mentoring programs
- Provision of professional development opportunities
- Ensuring adequate rewards and recognition
- Negotiation of job redesign and job enrichment with workers
- Provision of a healthy, safe and pleasant working environment
- Participation and support for workforce development programs and research
- Ensuring opportunities for input into organisational decision-making for workers at all levels within an organisation.

Team / individual strategies:

- Identification of professional development needs / priorities
- Pro-active development of mentoring and clinical supervision relationships
- Provision of support, guidance and encouragement to coworkers and colleagues
- Openness to change and innovation in work practices
- Implementation of shared care arrangements
- Development of professional / collegial networks
- Innovative rewards.

Principles of best practice in workforce development

Workforce development encompasses a diverse range of issues and strategies. There is, however, a set of principles which represent best practice in workforce development, and these should be considered in the design and implementation of workforce development policies, programs and initiatives.

Best practice principle	Rationale
Evidence-based	Programs and interventions based on the best available evidence are more likely to be effective.
Multi-level	A range of factors are likely to impact on a particular workforce development issue. A comprehensive WFD program recognises the complexity of "real life" work practice and includes interventions at more than one level (e.g., individual *and* organisational).
Sustainable	WFD interventions and programs often involve a change to policies, procedures or work practices. Sustainable change that is continued in the longer term requires ongoing support and resources. Strategies to ensure sustainability are an important issue to be addressed at the planning stage of any WFD initiative.
Ongoing evaluation	Regular evaluation of the process and outcomes of WFD interventions can provide (a) valuable feedback to participants and stakeholders, (b) opportunities for continual improvement, and (c) useful information regarding the most effective strategies and interventions (and also what doesn't work!).
Participation of key stakeholders	WFD interventions often impact on a range of stakeholders including frontline workers, managers / supervisors, clients, funders and policy-makers. Providing opportunities for key stakeholders to have input into the design, implementation and evaluation of a WFD intervention or program is likely to enhance support for, and participation in, a particular initiative. This will also ensure that a WFD intervention meets the needs of its various stakeholders.

A new model of workforce development

Workforce development can be understood as comprising elements that cluster along two dimensions:

1. The level at which workforce development initiatives operate
2. The aim or purpose of workforce development.

A new model is presented below that incorporates these two dimensions of WFD. The model identifies four levels at which workforce development operates, and three central aims of workforce development. The model builds on previous work undertaken by NCETA[3, 18-21] and others.[4, 6, 22, 23] It also draws on literature related to capacity building, organisational psychology and professional practice change.

The four levels at which WFD operates are:

Systems

Organisations

Teams

Individuals

The three central aims of WFD are:

Best **P**ractice

Effectiveness

Sustainability

Best Practice refers to the commitment by workers, organisations, policy makers and funders to the achievement of high quality practice that reflects the best available evidence. This involves ensuring support for and maintenance of existing systems and structures that facilitate best practice, and encouraging flexibility to embrace new and improved techniques and work practices.

Effectiveness refers to the availability of high quality accessible services (e.g., treatment, prevention, health promotion) of established efficacy that are based on the best available evidence and meet the needs of the diverse range of client groups and populations.

Sustainability refers to the establishment of enduring mechanisms to secure the human and financial resources required for delivery of high quality and effective service.

The SOTI - BES model of workforce development is presented in Figure 1 below .

	Best Practice	Sustainability	Effectiveness
Systems	Creation of effective channels for information dissemination on evidence-based best practice and strategies for practice improvement. Support and recognition of cutting edge research to further improve AOD work practice.	Provision of sufficient funding to ensure high quality services (for research, service delivery, infrastructure). Availability of skilled and qualified workers. Availability of structured career paths within the AOD field.	Availability and accessibility of opportunities for professional development. Dissemination of information on best practice in the AOD field to frontline workers.
Organisations	Development of organisational policies, procedures, culture and norms that support and encourage evidence-based best practice, innovation and work practice change.	Capacity to recruit new staff and retain existing staff. Capacity to access sufficient funding to ensure high quality service delivery.	Provision of high quality services that meet clients' needs. Provision of policies, procedures and resources to support and improve workers' skills & abilities.
Teams / Individuals	Willingness and capacity to access the best available evidence regarding AOD related work and to implement and sustain work practice change and improvement based on this evidence.	Capacity to access sufficient resources (human, infrastructure, supervisory) to work effectively and maintain well being.	Capacity to effectively apply existing skills and knowledge to work practice. Ability to engage in effective team work to achieve best practice. Awareness of, and capacity to implement, best practice in AOD work.

Figure 1. The SOTI - BES model of workforce development

Summary

AOD work can be complex, challenging and highly rewarding. The aim of workforce development is to ensure that workers, organisations and systems function with maximum effectiveness to ensure high quality service delivery and optimise client outcomes. To achieve this goal, a multi-level approach to workforce development is necessary which incorporates individuals, teams, organisations and the systems and structures which operate across the AOD and wider public health fields. At each of these levels, a range of workforce development strategies is available.

One of the challenges of workforce development is that there is no set formula or single strategy that will guarantee success. Rather, the key to effective workforce development lies in the capacity of the field to engage in workforce development endeavours that represent a coordinated and collaborative approach across multiple levels.

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21. Pidd, K., Freeman, T., Skinner, N., Addy, D., Shoobridge, J., & Roche, A. M. (2004). *From training to work practice change: An examination of factors influencing training transfer.* National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

22. Network of Alcohol and Other Drug Agencies. (2003). *Workforce development resource kit. A guide to workforce development for alcohol and other drug agencies.* Sydney, New South Wales: Network of Alcohol and Other Drug Agencies.

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NCETA Workforce Development Resources and Tools
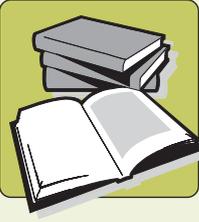
Recommended Readings

NCETA Workforce Development Resources and Tools

The information, tools, and resources provided in the NCETA Workforce Development 'TIPS' Resource Kit are based on the best available evidence regarding the most effective strategies to address a particular workforce development issue. NCETA has also produced a range of other tools and resources to support and guide workforce development programs and initiatives in the AOD field. Some of these are described below.

The NCETA resources described below can be downloaded at www.nceta.flinders.edu.au
Or contact NCETA: ph 08 8201 7535, nceta@flinders.edu.au to enquire about the availability of hard copies.

Clinical supervision

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

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 (NCETA), Flinders University, Adelaide, Australia

Mentoring

For a comprehensive guide on mentoring, refer to NCETA's Mentoring Monograph or 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.

Stress and burnout

For further information on evidence-based strategies to prevent and alleviate stress and burnout, refer to NCETA's Stress and Burnout Booklet:

Skinner, N., & Roche, A.M. (2005). *Preventing stress and burnout and maintaining engagement: A Workforce Development Resource for the AOD Workforce.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

Training evaluation and work practice change

For a comprehensive guide to the evaluation of AOD education and training programs, and work practice change initiatives, refer to NCETA's Evaluation Project resources:

1. The *Work Practice Questionnaire* (WPQ) is a purpose-built measurement tool designed to assess a wide range of factors that influence training transfer and work practice change in relation to alcohol and other drugs.

2. The document *Handbook for the Work Practice Questionnaire (WPQ): A Training Evaluation Measurement Tool for the Alcohol and Other Drugs Field* provides a detailed description of the WPQ and its psychometric properties.

3. The monograph *From Training to Work Practice Change: An Examination of Factors Influencing Training Transfer in the Alcohol and Other Drugs Field* examines the factors influencing training transfer and work practice change in relation to alcohol and other drugs.

4. The resource *Guidelines for Evaluating Alcohol and Other Drugs Education and Training Programs* provides user-friendly information for evaluating alcohol and other drug education.

Workforce development theory and research

For further information regarding workforce development theory and research see NCETA's monograph:

Skinner, N., Freeman, T., Shoobridge, J. & Roche, A.M. (2003). *Workforce Development and the Alcohol and Other Drugs Field: A Literature Review of Key Issues for the NGO Sector.* National Centre for Education and Training on Addiction (NCETA), Flinders University, Adelaide, Australia.

Roche, A.M. (2002). Workforce development: Our national dilemma. In A.M. Roche & J. McDonald (Eds.), *Catching clouds: Exploring diversity in workforce development in the alcohol and other drugs field.* (pp. 7-16). National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

This paper provides a good introduction to the concept of workforce development, the major workforce development issues and challenges facing the Australian AOD workforce, and Australian and international workforce development initiatives.

Allsop, S.J., & Helfgott, S. (2002). Whither the drug specialist? The workforce development needs of drug specialist staff and agencies. *Drug and Alcohol Review, 21,* 215-222.

This paper discusses the workforce development needs and priorities of specialist drug and alcohol workers. The challenges associated with evidence-based practice and work practice change are considered. The importance of organisational development as a strategy for workforce development is highlighted. Strategies to ensure the greatest benefit from education and training are also discussed.

Schubert, K., Pond, A.S., Kraft, M.K., & Aguirre-Molina, M. (2004). The adolescent addiction treatment workforce: Status, challenges, and strategies to address their particular needs. *Journal of Psychoactive Drugs, 36,* 483-488.

This paper reviews the workforce development challenges in the adolescent AOD treatment workforce in the U.S. – most of which are applicable to the Australian AOD workforce. Concrete recommendations regarding workforce development initiatives are suggested at systems / policy, organisational, and staff levels. In addition, examples of workforce initiatives from various U.S. treatment organisations are provided.

Skinner, N., Freeman, T., Shoobridge, J., & Roche, A.M. (2004). *Key Workforce Development Issues for the Alcohol and Other Drugs Non-Government Sector: A Literature Review.* National Centre for Education and Training on Addiction, Flinders University, Adelaide, Australia.

This monograph examines the range of systematic, organisational and individual factors that contribute to effective workforce development. An overview of research regarding key workforce development issues is provided (e.g., recruitment and retention, mentoring, management development and support), and practical examples of workforce development in the AOD field are discussed.

A list of workforce development readings and resources is contained on NCETA's website.

www.nceta.flinders.edu.au