Workforce Development : The great paradox for the addictions sector

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Flinders University

Workforce is crucial !

But receives relatively little attention from funders, policy makers, or researchers.

Approaches are largely:

- Haphazard
- Subject to fluctuation, political interference, fads and fashions in funding.

  Contested knowledge
  Ideological conflicts
  Stigma and deservingness
  Systems vs Individualised Focus

Training is the default position.

What role for **workforce development** ?

- Workforce is the bedrock of AOD service delivery system.
- **A comprehensive workforce development (WFD) approach** is needed, in contrast to traditional narrow focus on ‘training’.
- WFD is predicated on **a systems approach.**
- The ways in which it is research-informed, and research opportunities it presents, are explored.

Disruptors

1. Regular decimation of AOD sector, loss of critical mass and expertise, costly rebuilding
2. Ageing cohorts of workers (e.g. OST prescribers, NGO workers, AOD nurses)
3. Strong international demand for health and human services workers – *competing for talent*
4. New workforces – basic skill development required
5. Vocational Education and Training sector severely disrupted
6. New providers and funders eg Public Health Networks

Sector Pressures

Changing Priority Areas

1. Indigenous worker's needs
2. Prisoners' AOD related health
3. Social inequalities and AOD
4. Inter-connected issues (eg MH, housing)
5. Child protection
6. Pharmaceutical misuse (prescribed opioids)
7. Ageing population (incl. pain management)

Emerging Areas of Focus

- Pursuit of excellence
- Focus on quality & quality frameworks
- Outcome & performance measure
- Standards & accreditation
- Standardised assessment
- Case management
- Inter-sectoral collaboration
- Co-design
- Data utilisation.

Drivers of Change

- Ageing population
- Competition with other social priorities
- Workforce shortages
- Evidence-based decision-making
- Quality use of scarce resources
- Managing appropriate demand
- Government need for certainty
- Achieving a public/private balance
- Managing and funding technology

Global Imperatives

1. Transforming the Workforce – battling for talent
2. The Knowledge Economy – learning to compete
3. Corporate Social Responsibility
4. Duty of Care – managing your risk
5. Business Continuity

(Simon Carter (2006), Sustaining the vitality of Australian businesses. The critical role of buildings and workplaces. Colliers International)

Training, as the default position, is the traditional approach to improving work practice

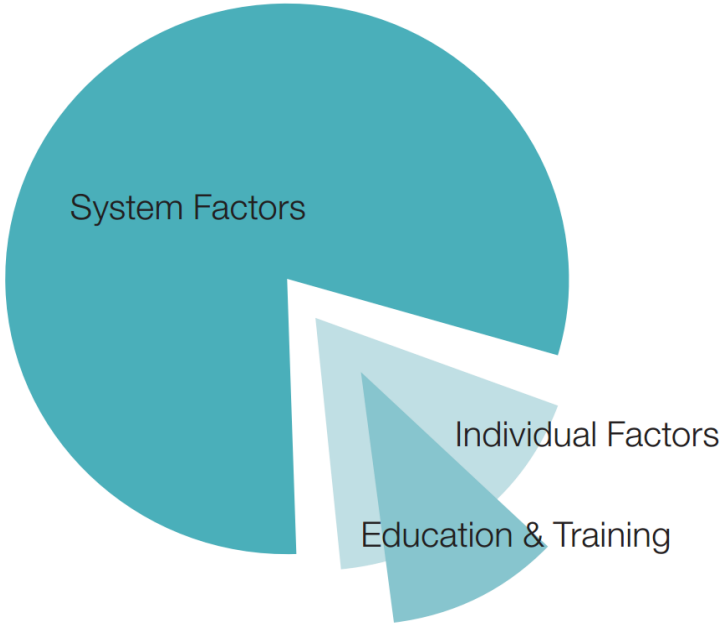
Estimated that as little as 10% of training expenditure pays off in on-the job-performance.
(Baldwin and Ford, 1988)

Beyond Training

- Training is not the driver of change.
- Its an operational response to other change drivers eg changing priorities, new technology and quality assurance.
- Training is not an end in itself. Its one means by which to achieve a particular outcome (Gore, 2001).

- **Workforce development (WFD)** comprises more than just education and training.

- Education and training are a subset of WFD, and require other strategies to be effective.



Training in isolation will always be a failed solution.

Training Transfer Failures

‘Train and Hope’

Training, without follow-up mentoring or coaching on the job, is referred to as the ‘**train and hope’** approach.

Research has shown this approach to be ineffective in achieving practice change.

Systematic Reviews of Training Efficacy

(Walters et al., 2005; Van de Ven, Ritter, Roche, 2018)

Various strategies trialled to recruit, retrain and upskill the workforce – with variable success.

Efforts to develop efficacious treatments have not been accompanied by equally intensive effort to disseminate treatments into widespread practice (Keller & Dermatis, 1999).

17 evaluations of workshop found training tend to:

- Improve knowledge, attitudes and confidence.
- Skills acquired are not always maintained over time.
- Extended contact, followup consultation, supervision and feedback needed for long-term adoption of skills.

LACK OF RESEARCH

Moreover….our recent SR of the impact of WFD initiatives on CLINICAL OUTCOMES found few studies and only a very weak relationship.

(Van de Ven, Ritter, Roche, 2018) Alcohol and other drug (AOD) staffing and their workplace: examining the relationship between clinician and organisational workforce characteristics and treatment outcomes in the AOD field

DRUGS: EDUCATION, PREVENTION AND POLICY
https://doi.org/10.1080/09687637.2019.1622649

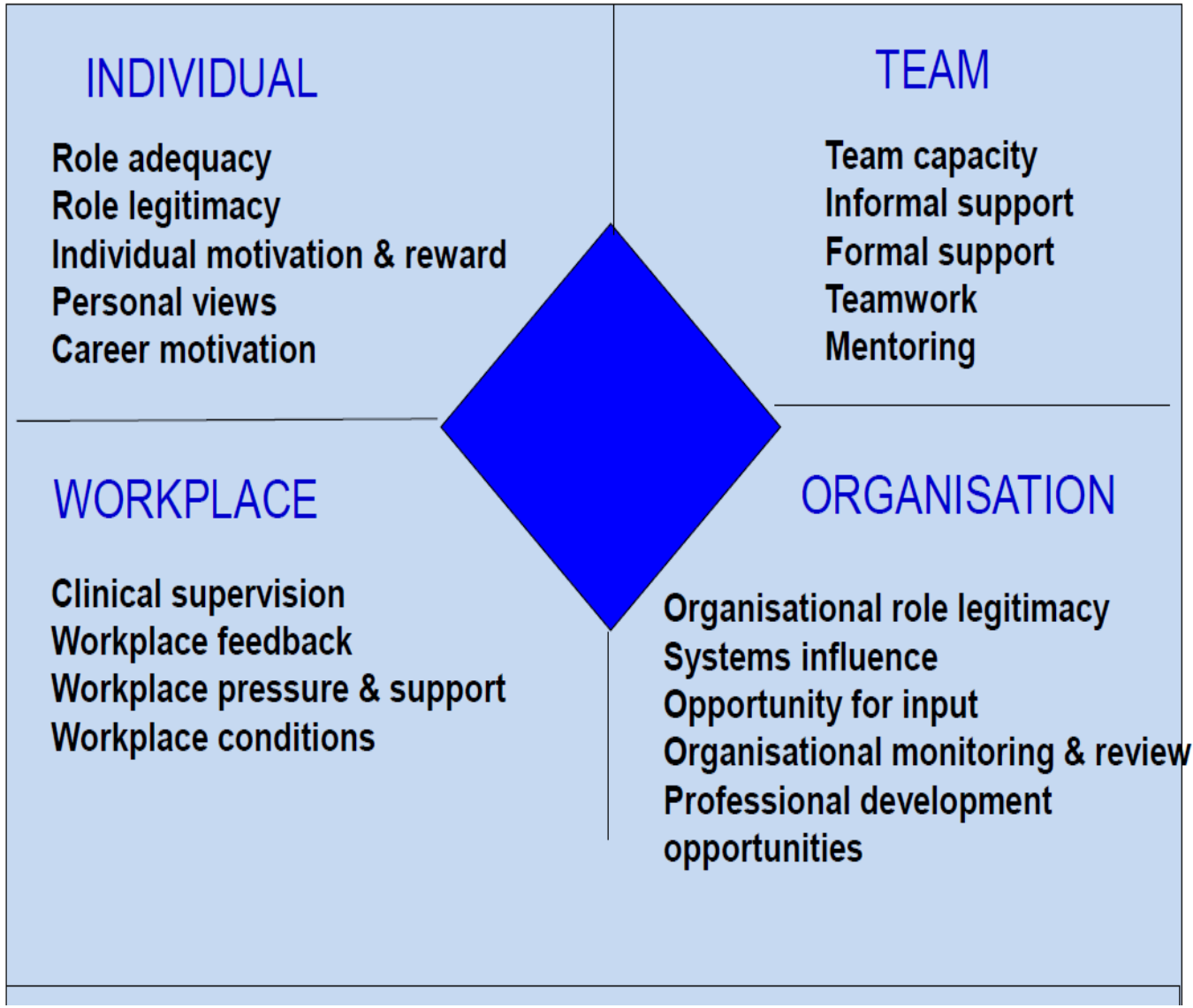
Workforce Development

.....a multi-pronged approach to address factors impacting the ability of the workforce to function with maximum effectiveness.

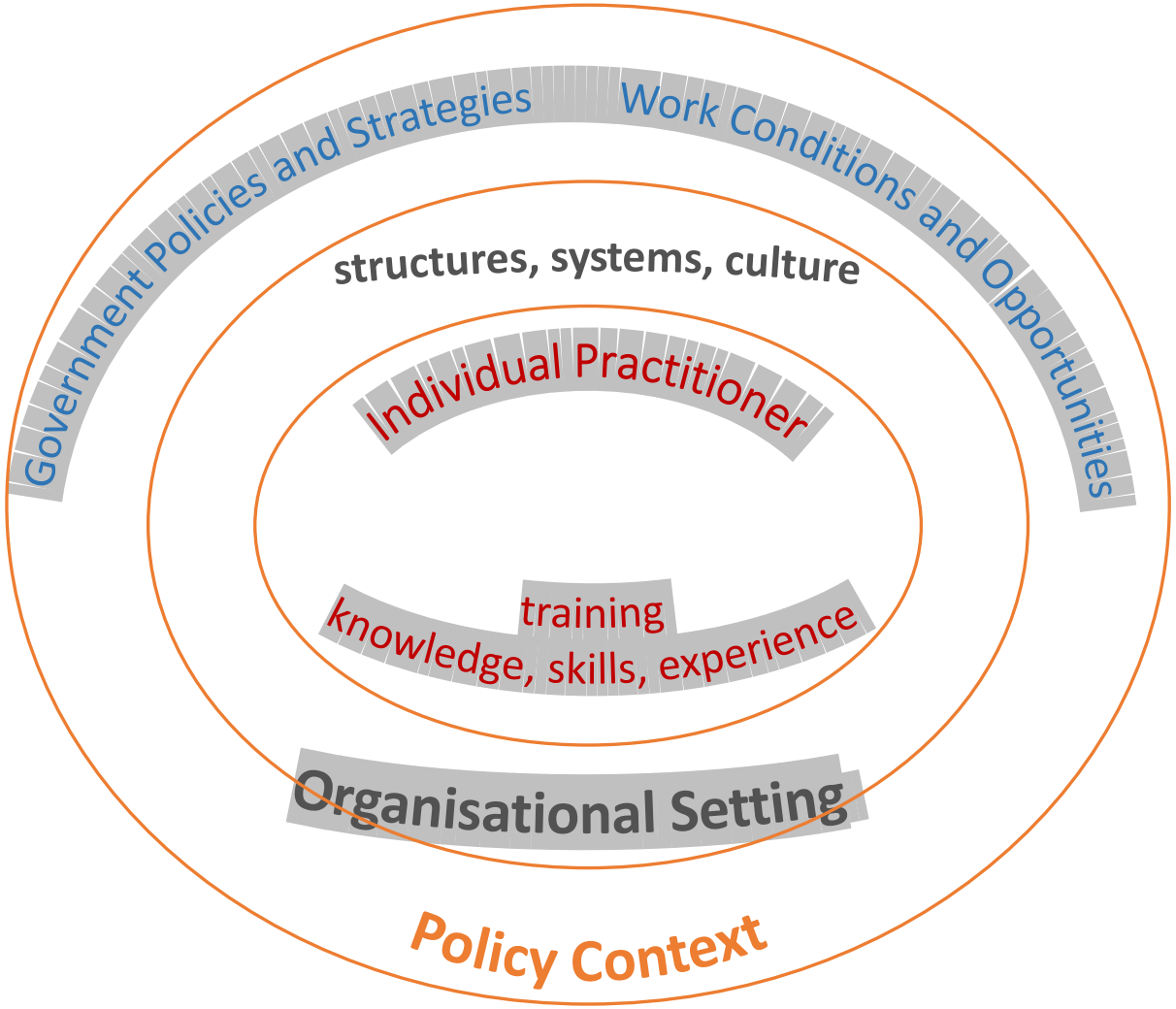
…involves **a systems focus**.

It is broad and comprehensive, targeting individual, organisational and structural factors,

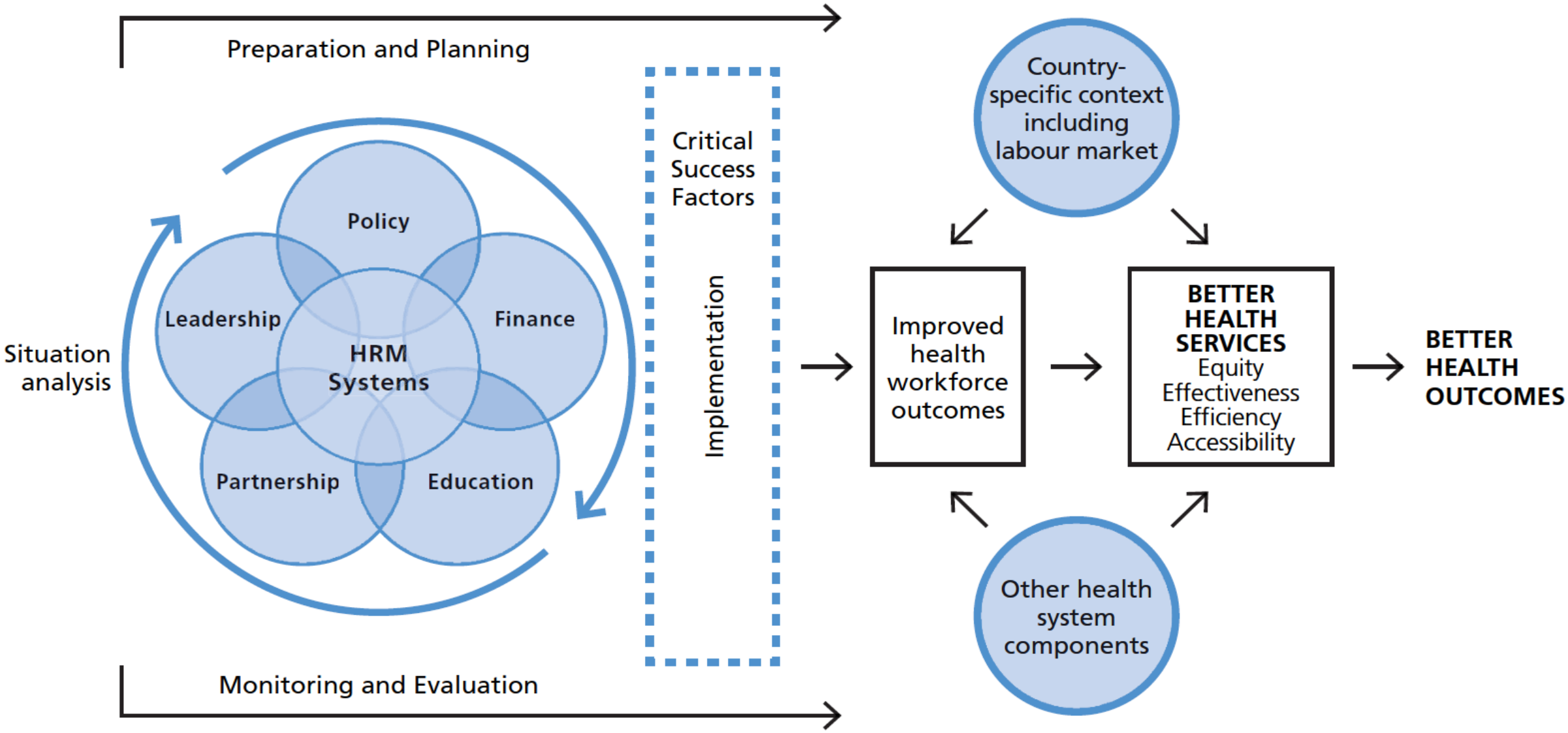
rather than just addressing education and training of individual workers (Roche, 2002).



Systems Perspective



1. Develop organisational policies
2. Develop models of care to enhance client outcomes
3. Recruitment and retention issues
4. Information management, knowledge transfer and research dissemination strategies
5. Clinical supervision, leadership and mentoring
6. Enhance teamwork
7. Education/training to enhance evidence-based practice
8. Evaluate programs and projects
9. Workplace support
10. Professional and career development
11. Clarification of staff roles and functions
12. Measures to enhance workforce wellbeing.



The Human Resources for Health Action Framework

(WHO, 2010)

A systems focus =
a major paradigm shift

- Clinical supervision
- Team work
- Program evaluation
- Goal setting
- Mentoring
- Organisational change
- Performance appraisal
- Recruitment and selection
- Retention
- Worker performance
- Worker wellbeing
- Workplace support

CCSA
Systems Approach Workbook (2012)
Change management modules

Slow Progress Toward >>>>
Australia's AOD Workforce Development Strategy

1997 Evaluation of National Drug Strategy (NDS) 1993-1997 - no reference to workforce development

1998 National Drug Strategic Framework 1998-2002/03 - passing reference to workforce development

2003 NDS evaluation - workforce development noted 17 times

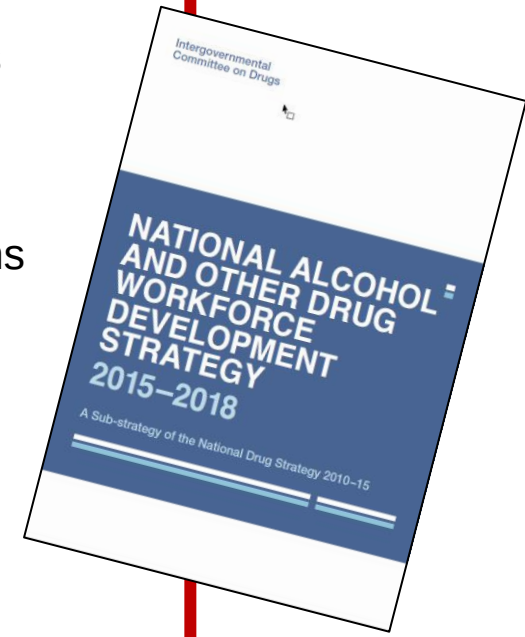
2004 NDS - only one mention but an entire paragraph devoted to discussion of the issue

2005 Intergovernmental Committee on Drugs (IGCD) Annual Report to the Ministerial Council on Drug Strategy (MCDS) mentions workforce development 10 times

2009 The NDS Evaluation highlighted the extent to which workforce development had been largely overlooked in any systematic and planned efforts at the national level.

2015-2018 WFD Strategy Addresses:

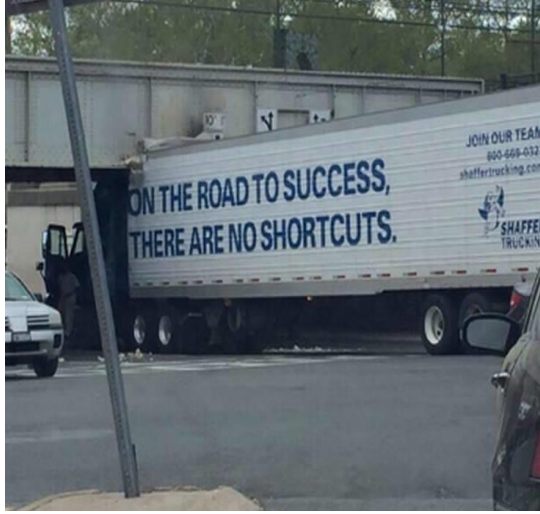
- workforce mapping, monitoring, and planning
- recruitment and retention
- awards, remuneration and career paths
- professional development - EBP
- accreditation and minimum qualifications
- clinical supervision and mentoring
- leadership and management
- workforce support
- worker wellbeing, stress/burnout, compassion fatigue



Why A Workforce Development Strategy ?

Provides a plan of action to address:

- Professional and personal attributes of workers
- Professional development and training
- Service delivery and program elements
- Organisational structures, processes, supports and resources
- System or sector features (silos, fragmentation, gaps)
- Workforce supply
- The changing knowledge and evidence base with consideration of local/regional/national context and priorities
- Policy and operational drivers.

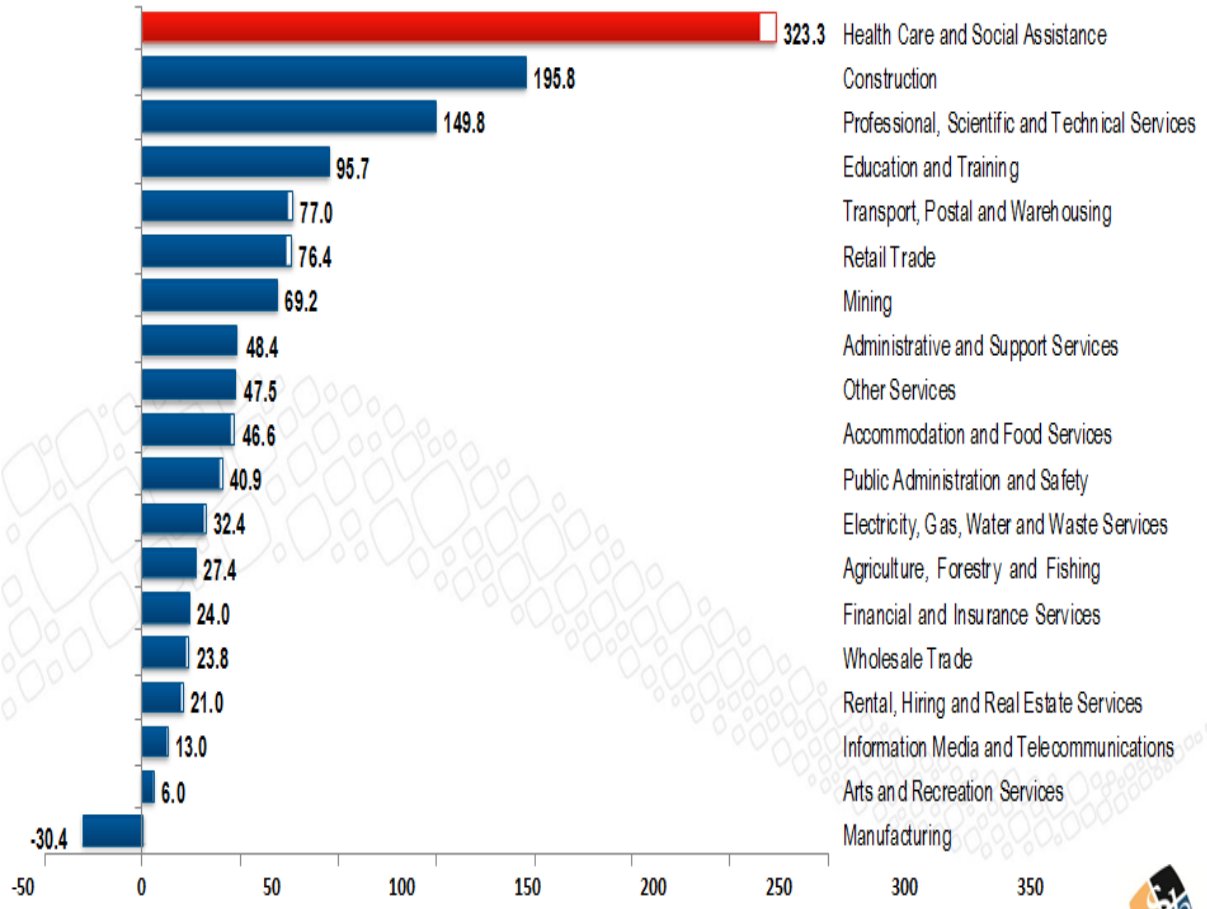


Any workforce development strategy needs to consider funding arrangements, and:

- workforce supply
- employment conditions
- multiple industrial awards
- the relationship between qualifications and remuneration, and
- career pathways.

E-Scan: Industry Intelligence

Predicted workforce growth in the 5 years to 2015-16 all industries



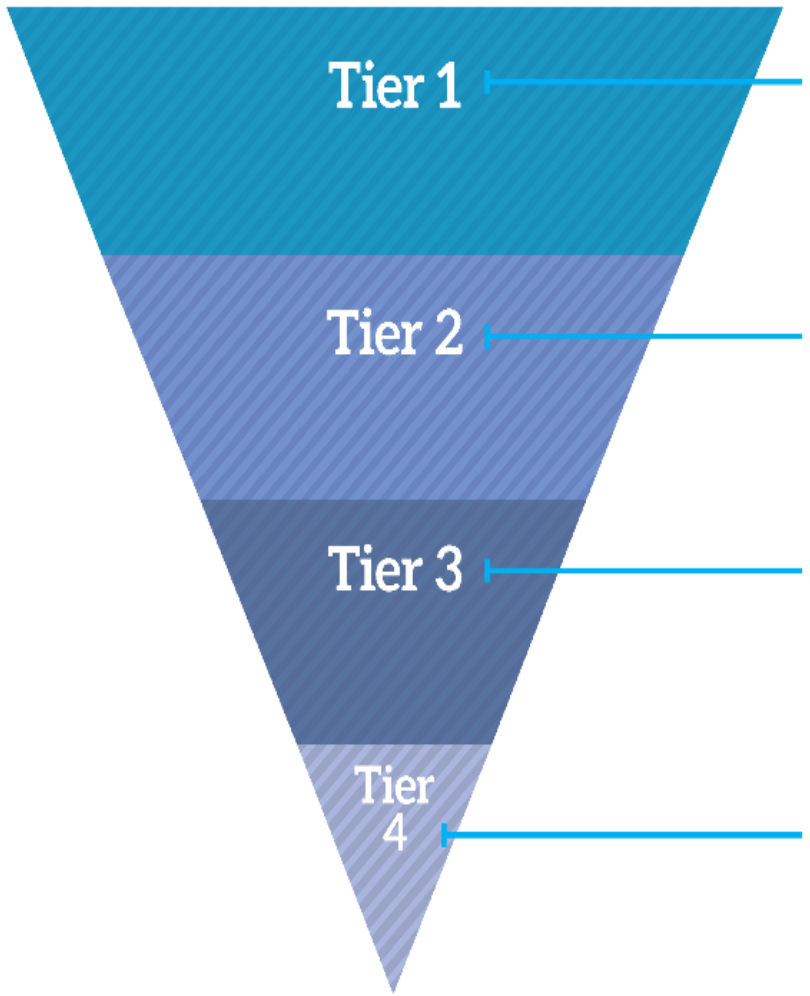
Community Services & Health Industry Skills Council

Islamic State Scrambles to Stem Exodus of Skilled Workers

Militants step up propaganda to try to woo doctors, teachers and others who are increasingly fleeing to Europe

Wall Street Journal, October 2015

WFD in Context of the Service Delivery System:
what are the problems/issues to be addressed?



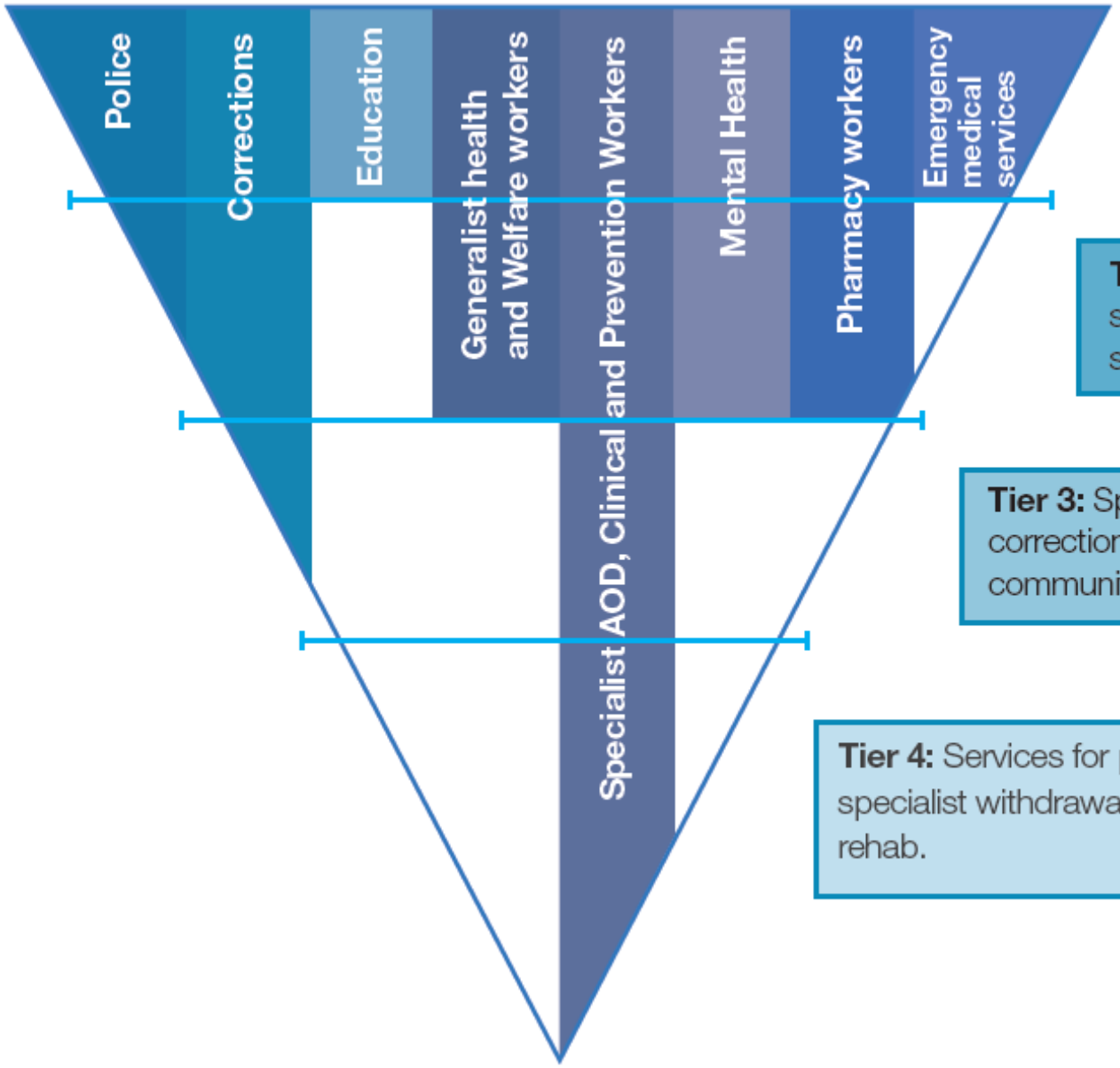
Whole of population focus, prevention, social determinants, education, law enforcement, community services

Primary healthcare, community services, information services, NSP's peer support, self help groups

Specialist assessment and referral, corrections, case management, relapse prevention, community pharmacotherapy, counselling

Services for people with complex needs,specialist withdrawal management, residential rehab

Which workforces for what AOD roles ?

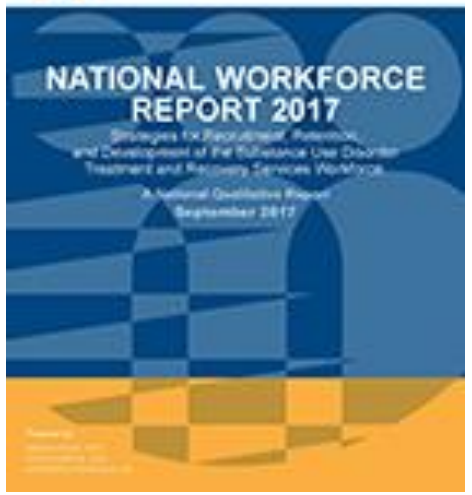


Tier 1: Whole of population focus, prevention, social determinants, education, law enforcement, community services.

Tier 2: Primary healthcare, community services, information services, NSPs, peer support, self-help groups.

Tier 3: Specialist assessment and referral, corrections, case management, relapse prevention, community pharmacotherapy, counselling.

Tier 4: Services for people with complex needs, specialist withdrawal management, residential rehab.



Shift in Strategic Direction

2017-2022

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

What does this shift in focus mean?

- ↓ Stand-alone, face-to-face training events
- ↓ Number of people served
- ↓ Educational events focused solely on developing the competencies of individuals

- ↑ Connected learning series and communities
- ↑ Organizational development and systems change projects
- ↑ Technical assistance to organizations, localities and states

SAMHSA

Our Audience

- Practitioners
- Students
- Systems

ATTC Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

What else is changing?

- Emphasis on self-paced and online courses
- Emphasis on distance learning paired with a hub and spoke technology framework (e.g., Project ECHO)
- Option of building mobile apps that support individuals in using newly learned skills
- Capacity building on the *National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare* (National CLAS Standards)
- Stronger role for ATTC Network Coordinating Office

SAMHSA

Worker Wellbeing & Demands of Emotional Labour

Often overlooked

'The Unbearable Fatigue of Compassion'

(Fahy, 2007, Clin Soc Work J)

Work stress and alienation

Workplace Conditions:

- **Hot & dusty conditions**
- **Dangerous or stressful work**
- **Boring or monotonous work**
- **Lack of control over work**

- Client presentations
  - Violent & aggressive clients cause "a lot" to "extreme" pressure (50%)
  - Co-morbidity presentations cause "a lot" to "extreme" pressure (28%)
- High workloads
  - 41% never have enough time to get everything done

Stigma

…alcohol and drug use problems are heavily moralized territories, often resulting in stigma and marginalization.

….and these factors are important in adverse outcomes.

Room, 2005

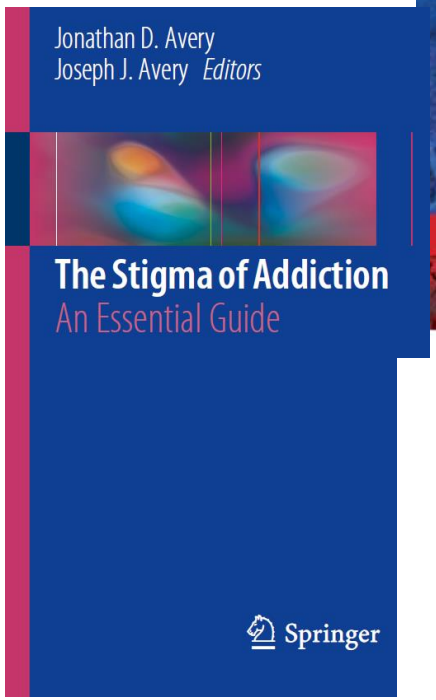
The Ethical Dilemma of Deservingness

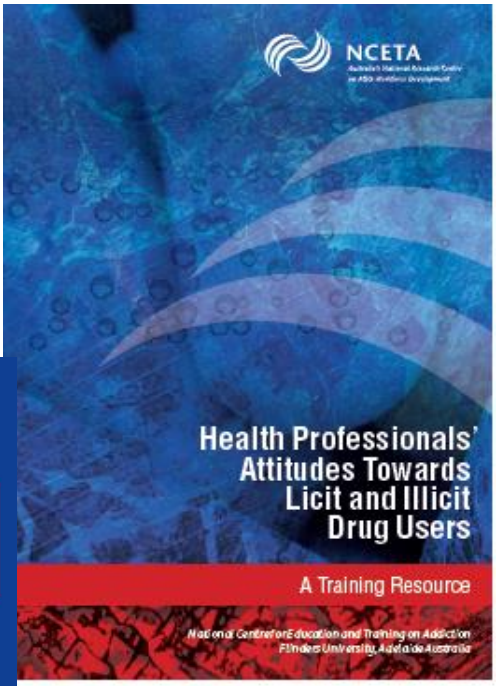
What are the social justice implications of providing care to individuals with stigmatised conditions?

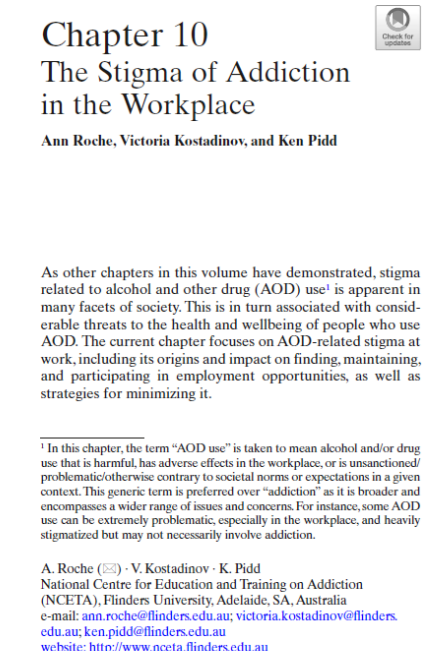
Provision of health care represents a dilemma of social justice (equitable access to high quality care) and distributive justice (high quality care is a scarce resource).

Judgements of deservingness relate to the justice or fairness of an outcome; a just and deserved outcome is likely to be viewed with satisfaction and approval, whereas an unjust and underserved outcome will be met with disapproval and displeasure.

(Skinner, Freeman, Feather and Roche, 2007)







Chapter 10

The Stigma of Addiction in the Workplace

Ann Roche, Victoria Kostadinov, and Ken Pidd

As other chapters in this volume have demonstrated, stigma related to alcohol and other drug (AOD) use[1] is apparent in many facets of society. This is in turn associated with considerable threats to the health and wellbeing of people who use AOD. The current chapter focuses on AOD-related stigma at work, including its origins and impact on finding, maintaining, and participating in employment opportunities, as well as strategies for minimizing it.

[1] In this chapter, the term "AOD use" is taken to mean alcohol and/or drug use that is harmful, has adverse effects in the workplace, or is unsanctioned/problematic/otherwise contrary to societal norms or expectations in a given context. This generic term is preferred over "addiction" as it is broader and encompasses a wider range of issues and concerns. For instance, some AOD use can be extremely problematic, especially in the workplace, and heavily stigmatized but may not necessarily involve addiction.

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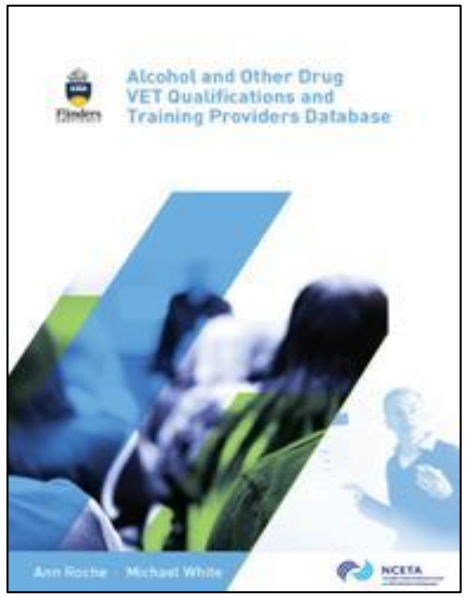
website: http://www.nceta.flinders.edu.au

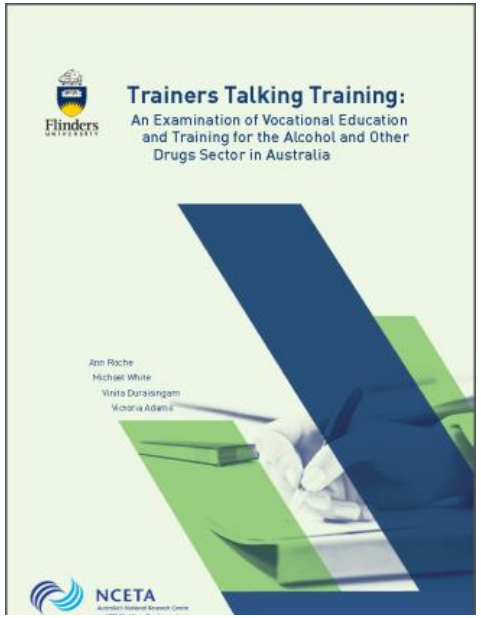
Successful stigma reduction training

Brener, Cama and Treloar (2017). Evaluation of an online injecting use stigma intervention targeted at health providers in New South Wales, Australia. *Health Psychology Open*; Jan-Jun:4(1).

First known study to successfully change health care workers attitudes towards PWID.

AOD Sector Training Issues





Minimum Qualifications

Survey AOD managers (n=186; 44% NGO sector)

- Most managers (82%) support a Minimum Qualification
- VET quals are consider 'sufficient', but more than half think it should be higher than Cert IV
- One in three support quals at undergraduate or postgraduate level

Increasing interest in upskilling workers dealing with alcohol and drug problems. NCETA research shows:

- Training (especially VET sector) is heavily relied upon.
- Increasing concerns identified re quality and efficacy.

Need for:

- Reform of training qualifications including
  - New qualifications and skill sets
  - Better focus on multiple morbidities and cross sectoral practice
- better resources to support trainers (PD, training materials, RPL guidelines)
- Improved quality control of content

- Roche, A., Adams, V. & White, M. (2014). Up in Smoke: Cannabis Content in Alcohol and Other Drug Qualifications. Drugs: Education, Prevention and Policy, 21(2): 140-146. doi: 10.3109/09687637.2013.819567
- Roche, A., Kostadinov, V. & White, M. (2014). Have Vet Reforms Resulted in Improvements in Quality? Illustrations for the Alcohol and Other Drugs Sector. International Journal of Training Research, 12(3), 170-181. doi: 10.1080/14480220.2014.11082039

Training Evaluation: AOD Workshops

DRUG and ALCOHOL FIRST AID

DELIVERING UP TO DATE AND ESSENTIAL INFORMATION TO SERVICE PROVIDERS AND COMMUNITY MEMBERS ABOUT DRUG AND ALCOHOL MISUSE.

Workshops for human services sector workers.

- 1 x 6-hour session
  - Recognise problematic drug and alcohol use
  - Information about AOD use and its effects
  - Harm reduction treatment options
  - Responding to overdose and crisis
  - Communicating with people who use AOD

Accredited trainers delivered 24 courses to > 350 participants.

Sig increased Knowledge, Self Efficacy, Attitudes and Motivation to Engage.

Kostadinov V, Roche AM, McEntee A et al. (2017) Brief workshops to teach drug and alcohol first aid: A pilot evaluation study. *Drug and Alcohol Review* DOI: 10.1111/dar.12619

Research Questions

T1-T2 and T2-T3 did participants demonstrate:

- Increased AOD knowledge?
- Improved self-efficacy & motivation in responding to AOD use?
- More favourable attitudes towards individuals who use AOD?

Measures

- Knowledge: multiple response questions based on workshop content
- Role adequacy : adapted from Role Adequacy Scale of the Work Practice Questionnaire
- Motivation to respond : adapted from Individual Motivation and Reward Scale of the Work Practice Questionnaire
- Personal views : adapted from Personal Views Scale of the Work Practice Questionnaire
- Attitudes : adapted from Attitude Measurements: Brief Scales

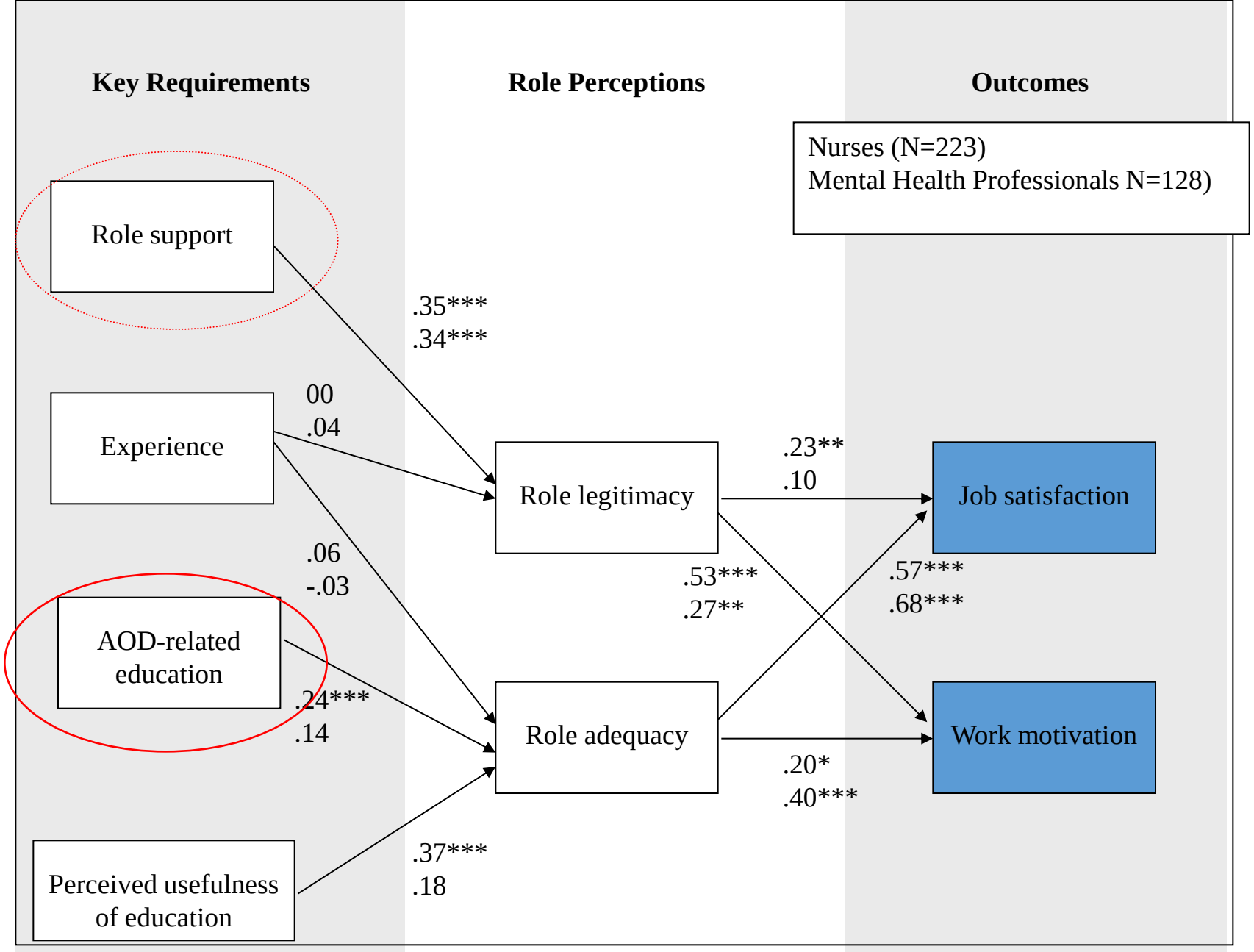
Role Legitimacy and Role Adequacy

- Role adequacy addresses a professional's sense of self-efficacy.
- Role legitimacy concerns their perceived boundaries of professional responsibility.

Best predictors of RA & RL are

support and AOD education.

(Skinner, Roche et al., 2005)



Skinner, Roche, Freeman, Addy (2005). Responding to alcohol and other drug issues: the effect of role adequacy and role legitimacy on motivation and satisfaction. Drugs: Education, Prevention and Policy.

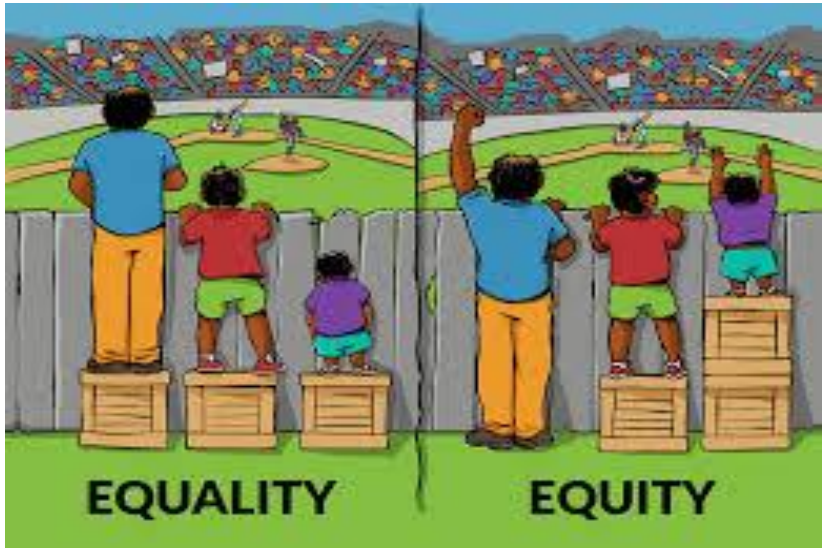
International Collaborations: Growing (but still limited)

1. ‘International Program on Addiction’ (UK, Aus, USA)
2. ASSIST (WHO, Asia)
3. MOOCs (UK, Aus, NZ)
4. UKCTAS

Resilient People, Resilient Planet:
A Future Worth Choosing

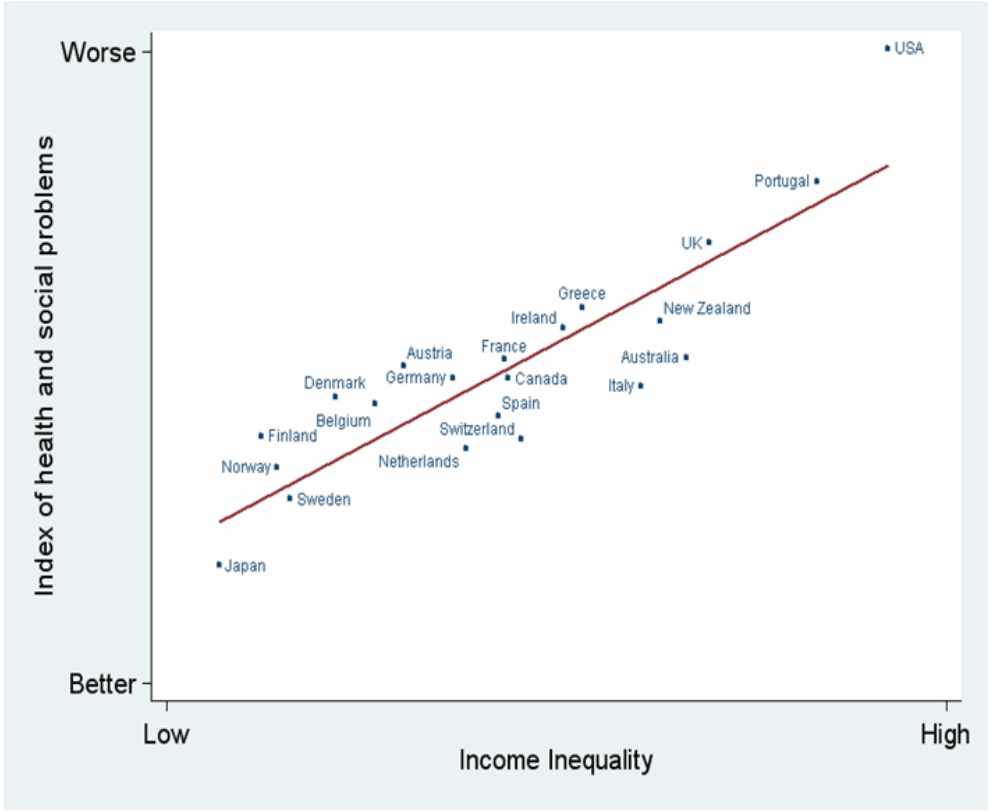
United Nations Report, 2012

- Period of global volatility and uncertainty
- Economies are teetering
- Inequality is growing.



Health and Social Problems are Worse in More Unequal Countries

Index of:
- Life expectancy
- Math & Literacy
- Infant mortality
- Homicides
- Imprisonment
- Teenage births
- Trust
- Obesity
- Mental illness – incl. drug & alcohol addiction
- Social mobility



Source: Wilkinson & Pickett, The Spirit Level (2009)

A solid rationale exists for
“Top Down and Bottom Up”
initiatives
to ensure a holistic approach
to
Workforce Development.

What Is Needed

Systemic, broad & comprehensive approach to WFD

A roadmap (**Strategic Plan)** for WFD needs & workforce planning

Research and evidence-informed WFD initiatives.

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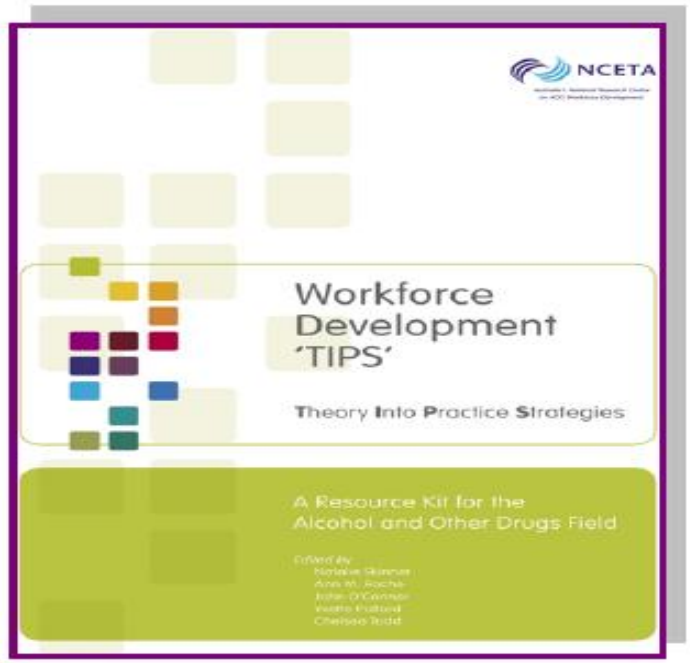
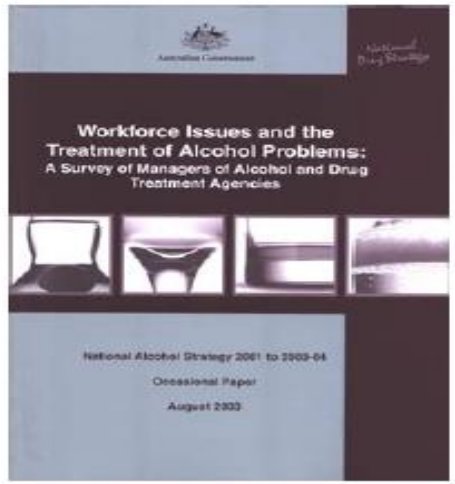
NCETA
Australia's National Research Centre on AOD Workforce Development

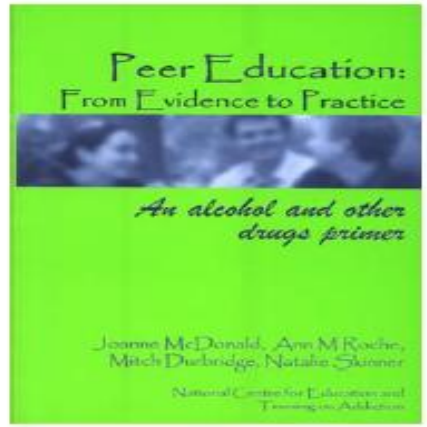
NCETA WFD Tools

- Practical tools:
  - Stress & Burnout Booklet
  - Clinical Supervision Resource Kit
  - TIPS Kit – WFD Tools & Resources

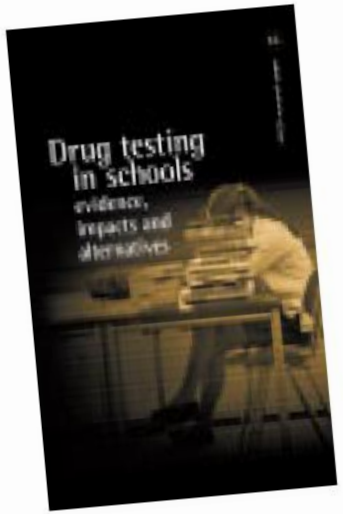


Workforce Development

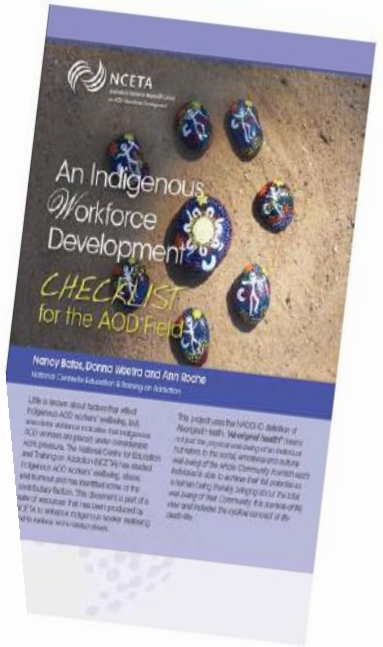





A Profile of Workers in South Australian Alcohol and Other Drugs Non-Government Organisations
NCETA
Amanda Terrill | Ann M Roche | Allan Trifonoff
SA AOD NGO Sector Survey
Workforce Demographics


Drug testing in schools
evidence, impacts and alternatives

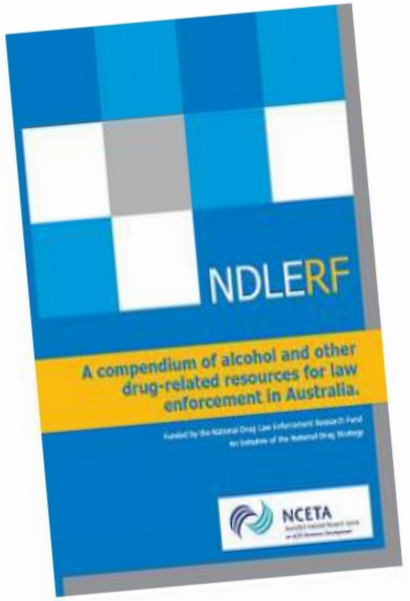

Alcohol and Other Drugs Workforce Development Issues and Imperatives:
Setting the Scene
National Centre for Education and Training on Addiction (NCETA)
Ann M Roche
Keri Pidd
NCETA

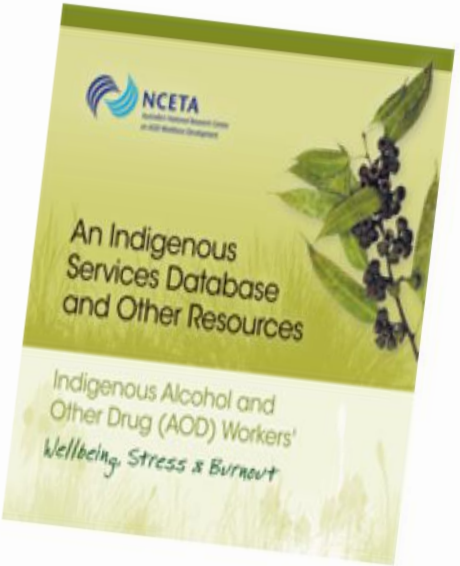

NCETA
An Indigenous Workforce Development
CHECKLIST for the AOD Field
Nancy Bates, Donna Weetra and Ann Roche

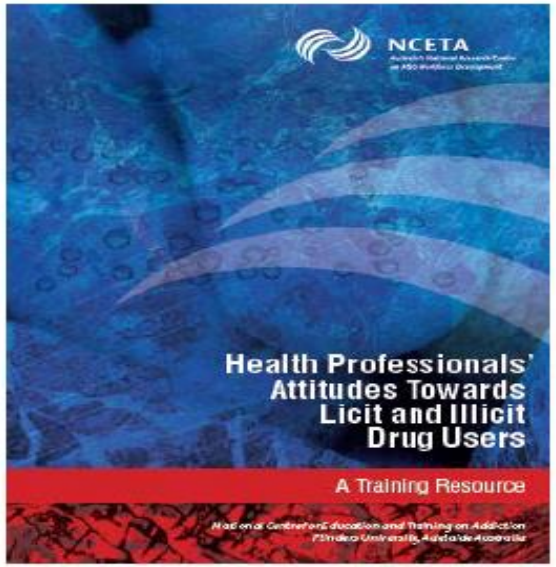

NCETA
Indigenous Alcohol and Other Drug (AOD) Workers' Wellbeing, Stress & Burnout
Background and Context

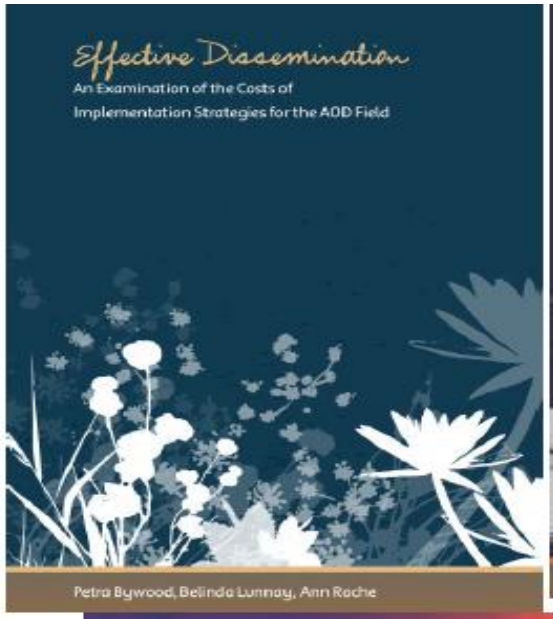

FOR KIDS' SAKE:
A workforce development resource on Family Sensitive Policy and Practice for the Alcohol and Other Drugs sector
NCETA


IN PURSUIT OF EXCELLENCE:
Alcohol- and Drug-Related Workforce Development Issues for Australian Police into the 21st Century
National Centre for Education and Training on Addiction (NCETA)
NCETA


NDLERF
A compendium of alcohol and other drug-related resources for law enforcement in Australia.
NCETA


NCETA
An Indigenous Services Database and Other Resources
Indigenous Alcohol and Other Drug (AOD) Workers' Wellbeing, Stress & Burnout


NCETA
Health Professionals' Attitudes Towards Licit and Illicit Drug Users
A Training Resource


Effective Dissemination
An Examination of the Costs of Implementation Strategies for the AOD Field
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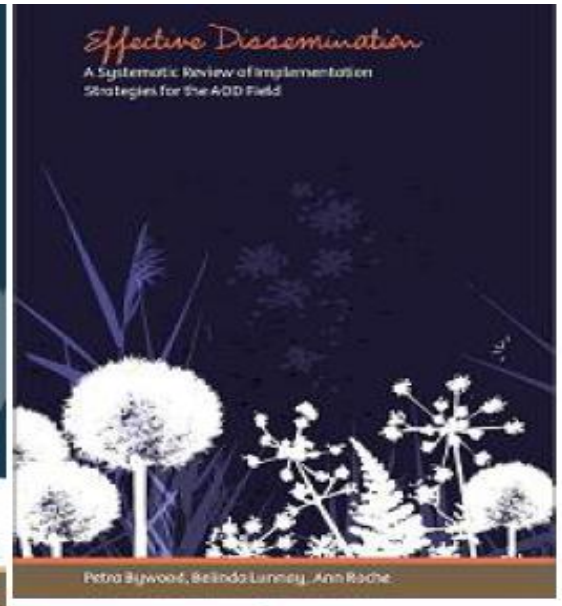
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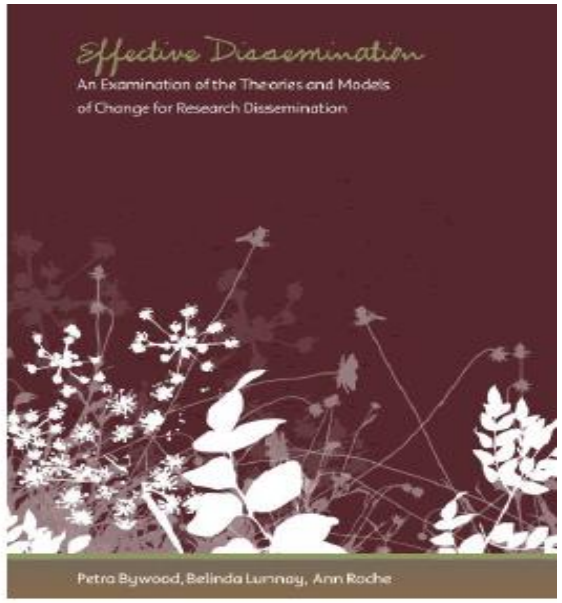
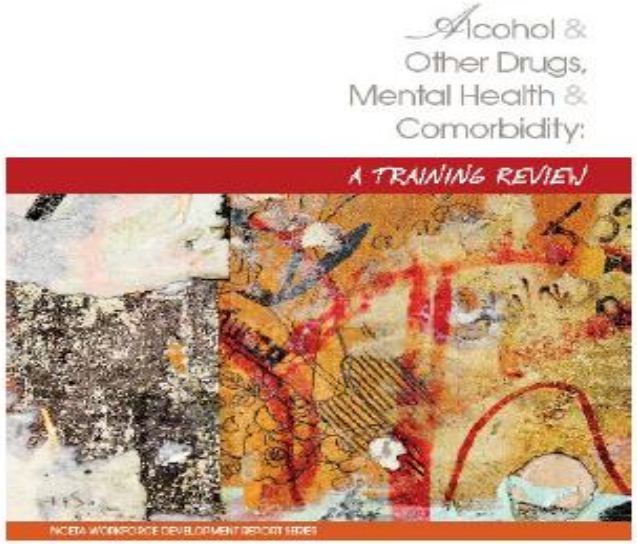

Effective Dissemination
An Examination of the Theories and Models of Change for Research Dissemination
Petra Bywood, Belinda Lunnay, Ann Roche


NCETA
A Workforce Development CHECKLIST for the AOD field
There is increasing interest in workforce development (WFD) in the alcohol and other drugs field.


Effective workforce development
Why the Need For Workforce Development (WFD)


Making Sense of Australia's Alcohol Guidelines
AN NCETA WORKFORCE DEVELOPMENT TOOL
NCETA
Ann M Roche*
The question of how much alcohol should be consumed is an important one, but it is one that is harder to answer than it might seem at first glance.


The New Alcohol Guidelines
The new alcohol guidelines released by NHMRC in February 2009 comprise the following 4 guidelines:
Guideline 1. Reducing the risk of alcohol-related harm over a lifetime
Guideline 2. Reducing the risk of injury on a single occasion of drinking
Guideline 3. Children and young people under 18 years of age
Guideline 4. Pregnancy and breastfeeding
This document provides explanatory information about the new NHMRC alcohol guidelines and, where relevant, contrasts them with the previous guidelines. It aims to assist health and human services workers to understand their content and orientation. It may also assist them to operationalise the guidelines and make it easier for health workers and others to apply the new guidelines in their day-to-day practice.


Alcohol & Other Drugs, Mental Health & Comorbidity:
A TRAINING REVIEW
NCETA WORKFORCE DEVELOPMENT REPORT SERIES
Ann M Roche
Vinita Duraisingam
Paina Wang
Amanda Fovell

THANK YOU

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10 Contributors to Work-related Stress among Indigenous Alcohol and Other Drug Workers

Factors	Descriptor
1. Workloads	Workloads were invariably high and not commensurate with the resources available to meet the needs.
2. Expectations	Workers consistently demonstrated high levels of personal commitment to their work role and their community. In addition, there is a complex set of community obligations that workers need to fulfil.
3. Boundaries	Many workers saw being available 24/7 was part of a cultural obligation; others were increasingly learning to place appropriate limits and boundaries in culturally secure ways to prevent burnout.
4. Recognition, Respect and Support	Workers reported that recognition or respect was often not afforded to them. They also were often solo or isolated workers with insufficient support.
5. Working Conditions	Difficult and stressful working conditions were common, especially among workers in rural and remote settings.
6. Racism and Stigma	High levels of stigma were associated not only with alcohol and other drug work but also the Aboriginality of the clients and the workers. Racism was commonly experienced from co-workers and mainstream community and constituted a major source of stress.
7. Complex Personal Circumstances	Many workers were single parents or responsible for dependent children, elderly and other family members. Many had experienced significant bereavements, domestic violence, and previous problems with alcohol or drugs. Family members were also often alcohol and other drug clients.
8. Loss and Grief and Sorry Business	Heavy community losses through premature deaths including suicides. Traditional bereavement leave was rarely adequate. The importance of Sorry Business, and loss overall, was also often not understood.
9. Culturally Safe Ways to Work	Although noted to be improving, there was a significant lack of understanding about Indigenous ways of working. This created regular conflict and clashes with mainstream colleagues and services and undermined the health and wellbeing of both clients and workers.
10. Funding, Job Security and Salaries	Short term funding and short term appointments with low salaries contributed to high stress levels and high turnover rates.

10 Principal Workforce Development Strategies to facilitate Indigenous Alcohol & Other Drug Worker Wellbeing and Reduce Work-Related Stress

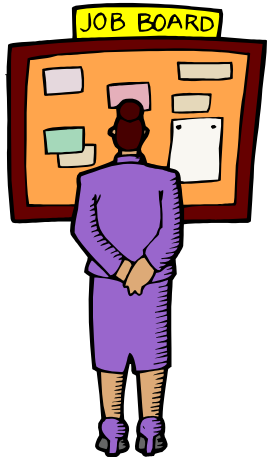
Factors	Descriptor	Response Strategies
1. Capacity Building	Building capacity of workers, organisations and communities to provide culturally appropriate (Indigenous) and culturally safe (mainstream) alcohol and other drug services is a crucial social determinant of health.	Address organisational funding issues to provide continuity of funding, provide sufficient funds to allow appointment of adequate numbers of staff, implement appropriate workforce planning, and management and leadership training programs.
2. Salary	Recognition of work demands and the unique role played by this workforce to improving the overall health status of Indigenous people through more equitable salaries across all sectors.	A move to parity of salaries for all levels of staff across all sectors including government, community controlled and non-government health services.
3. Recruitment, Retention and Turnover	Complex and difficult work and employment conditions, especially in remote areas, create a constant strain on alcohol and other drug workers and acts to discourage new recruits from entering the field and fuels high turnover.	Promote a positive image of the alcohol and other drug field. Recruit Indigenous high school students into tertiary education pre-employment workshops, support for literacy and numeracy, pre-vocational courses, introductory, job rotations, and flexible traineeship and apprenticeship on-the-job programs that involve managers in additional responsibilities.
4. Career Paths	Lack of career pathways and opportunities for professional advancement for Indigenous people in alcohol and other drug work was commonplace and compounded recruitment and retention challenges.	Create new staffing categories that workers can aspire to that provide incentives and promotional and further skill development opportunities.
5. Role Clarity	Very broad and overly inclusive roles and lack of role clarity were common.	Better definition of worker's roles within their organisations are required. Providing resources to support workers through clinical supervision, mentoring and debriefing could be achieved at relatively low cost.
6. Qualifications and Training Issues	Alcohol and other drug workers often did not have sufficient knowledge or adequate access to training. Training at higher levels was also indicated.	Extend the focus beyond the Indigenous workers at the level of Certificate III and Certificate IV and provide management training.
7. Mentoring	Mentoring was recognised as a valuable professional development tool.	Implement mentoring as a standard support strategy.
8. Clinical Supervision	Clinical supervision was recognised as an effective strategy to prevent or manage stress but was not widely implemented.	Implement clinical supervision as a standard strategy to prevent or manage stress. Develop Indigenous-specific clinical supervision guidelines for the alcohol and other drug sector.
9. Debriefing	Debriefing was recognised as an effective mechanism to reduce stress; however debriefing opportunities and preferences were highly varied and were often found to be non-existent.	Identify and promote various forms and sources of debriefing suitable for Indigenous workers and their working contexts.
10. Team and Co-Worker Support	The need for diverse forms of support for workers was a priority.	Worker support is needed at various levels and in various forms and includes mentoring, clinical supervision, formal and informal debriefing opportunities as well as recognition of good work.

Conceptual framework
Methodological issues
Theoretical considerations
Contextual factors
Research opportunities

Multiple Workforce Development Issues

Training effectiveness/ training transfer/clinical impacts 1. Knowledge/attitude change 2. Behaviour change 3. Improved clinical outcomes **Pedagogical issues** **Role of technology** **Needs analyses** **Gaps analyses**	**Systems approach** Top down not bottom up. Start with service system response to identified problems (otherwise tail wagging the dog). Population needs, high risks groups, priority issues Managers vs frontline workers needs Contextual issues ; eg stigma, inequity	**Strategic planning** Workforce demand and supply (discipline shortages, aging workforces and populations, lived experience workers, Indigenous workforces) Recruitment and retention Worker wellbeing, career paths, remuneration Etc etc

Turnover Intention (Workforce 'Churn')



- 54% had thought about leaving
- 31% intended looking for a new job in the next 12 months
- 20% intended to look for new job outside the AOD field

Recruitment & Retention

AOD field faces workforce recruitment and retention difficulties.

Common contributory factors include:

- Poor salary, terms and conditions
- Lack of professional and career development opportunities
- High workloads and work stress
- Complexity of roles
- Poor public profile (& stigma of work)
- Difficult work environments
- Uncertainty of tenure due to short-term funding
- Limited clinical supervision and managerial support
- Limited recognition for effort

(Duraisingam et al., 2006; NADA, 2003; VAADA, 2003; WANADA, 2003a, 2003b).

Retention Strategies

- Retention strategies:
  - Salary increases **(21%)**
  - Recognition / appreciation of effort **(15%)**
  - Career opportunities **(12%)**
  - Training opportunities **(11%)**
  - Supportive workplace **(11%)**

- Barriers to entry:
  - Low salary / poor benefits **(28%)**
  - Perceptions of difficult clients **(20%)**
  - Stigma / lack of respect **(17%)**

Workforce development issues (positives)

- High autonomy
  - Freedom to make own decisions (76%)
  - Control in work role (58%)
- High job satisfaction (79%)
  - Successful outcomes, client interactions
- High social support
  - Supervisor & co-workers (75%)
- Low to moderate stress levels (81%)

Workforce development issues (negatives)

- Pay
  - 49% not satisfied
- Contractual arrangements
  - 24% not satisfied
- Professional development
  - Provided with opportunities (61%)
  - No provision of back-up staff (55%)
- Clinical supervision
  - ≈ 40% did not receive supervision on a regular basis and/or level received was not adequate to needs
- Substantial proportion with high stress levels
  - 19% emotionally exhausted

Training Transfer

Also captured under heading of ‘Technology Transfer’

‘Transfer of Training: a meta-analytic review’

(Blume et al., 2010)

Predictors of transfer: cognitive ability, conscientiousness, motivation, and supportive work environment.

Technology transfer is a behaviour change process.

It involves modifying the thinking and behaviours of individuals in organisations. And, it involves modifying the policy and/or practices of organisations.

Organisational Factors

- Extant literature on organisational factors that can influence workers' behaviour eg:
  - autonomy
  - workload
  - support
  - organisational policies

- In fields such as alcohol and other drugs, there is a tendency to measure the effect of such factors *without an overarching theoretical framework*