

Middlesex University Research Repository

An open access repository of

Middlesex University research

<http://eprints.mdx.ac.uk>

Thom, Betsy ORCID: <https://orcid.org/0000-0003-4975-7613>, Duke, Karen L. ORCID:
<https://orcid.org/0000-0002-2567-4218> and Herring, Rachel ORCID:
<https://orcid.org/0000-0002-8588-5842> (2017) Workforce development: is there a paradigm
shift? *Drugs: Education, Prevention and Policy*, 24 (6) . pp. 427-429. ISSN 0968-7637 [Article]
(doi:10.1080/09687637.2017.1385725)

Final accepted version (with author's formatting)

This version is available at: <https://eprints.mdx.ac.uk/22941/>

Copyright:

Middlesex University Research Repository makes the University's research available electronically.

Copyright and moral rights to this work are retained by the author and/or other copyright owners unless otherwise stated. The work is supplied on the understanding that any use for commercial gain is strictly forbidden. A copy may be downloaded for personal, non-commercial, research or study without prior permission and without charge.

Works, including theses and research projects, may not be reproduced in any format or medium, or extensive quotations taken from them, or their content changed in any way, without first obtaining permission in writing from the copyright holder(s). They may not be sold or exploited commercially in any format or medium without the prior written permission of the copyright holder(s).

Full bibliographic details must be given when referring to, or quoting from full items including the author's name, the title of the work, publication details where relevant (place, publisher, date), pagination, and for theses or dissertations the awarding institution, the degree type awarded, and the date of the award.

If you believe that any material held in the repository infringes copyright law, please contact the Repository Team at Middlesex University via the following email address:

eprints@mdx.ac.uk

The item will be removed from the repository while any claim is being investigated.

See also repository copyright: re-use policy: <http://eprints.mdx.ac.uk/policies.html#copy>

Workforce development: Is there a paradigm shift?

Betsy Thom, Karen Duke & Rachel Herring, Drug and Alcohol Research Centre, Middlesex University. Contact: b.thom@mdx.ac.uk

To cite this article: Betsy Thom, Karen Duke & Rachel Herring (2017) Workforce development: is there a paradigm shift?, *Drugs: Education, Prevention and Policy*, 24:6, 427-429, DOI: 10.1080/09687637.2017.1385725

The alcohol and drugs field has changed considerably over the decades. In line with the emergence and decline of different theories, perspectives and definitions of the nature of the problem, various professional groups have entered the field, resulting in the rise and decline of different prevention and treatment responses. Professional groups have come from a variety of disciplinary backgrounds, notably psychiatry and other medical specialisms, clinical psychology, social work and nursing. More recently, recognition of the value of experiential knowledge and skills has opened up opportunities for volunteers and ex-service users to enter the workforce and build careers in service provision. One paper in this special issue (Cameron) provides a personal account of how such changes have occurred, Cameron outlines the challenges to psychiatric treatments for alcohol problems posed by psychologists and psychological theories in the 1970s. Using this example he illustrates the links between shifts in the conceptualisation of the problem and the activities of professionals and organisations that both initiated and responded to the changes. Other papers in this collection also take up the theme of changes in the composition of the workforce and acknowledge the importance of this for workforce planning.

The provision of education and training has been the cornerstone of workforce development efforts in the alcohol and drugs field, and attempts have been made to introduce education on substance use and addiction at varying levels in undergraduate, post-graduate and continuing professional development programmes. The distinction between education as compared to training is noted by Galvani (this issue). She suggests that training is perceived to be skills based with specific outcomes whereas education includes training but also requires a learning process that enables students to synthesise complex information problem solve and deal with unknown and unexpected outcomes. In the last few years, the number of specialized education programmes has been increasing both globally and in Europe. There has also been a proliferation of training courses, many of which are transient. We know very little about the extent to which these programmes and courses address the needs of the workforce or are taken up by the intended target group. Three papers in this special issue (Pavlovska et al.; Forberger et al; Calder et al) offer a snapshot of educational approaches and highlight the diversity in training and education in the alcohol and drugs field.

The paper by Pavlovska et al (this issue) provides an overview of university study programmes in the alcohol and drugs field (USPA) in Europe with the aim of facilitating information sharing and other forms of cooperation in addictions education among professionals. They found a total of 34 USPA located in 25 universities in eight different European countries with 18 at Master's level, 6 at Bachelor's level and 4 at PhD level. Whilst a few of the programmes have attempted collaboration across countries, the different European countries involved have developed their own concepts of 'addiction' and education based on their different histories. The programmes vary in terms of their orientation and include medical, social and psychological foundations.

The authors argue that the current picture does not suggest the emergence of a new independent profession, rather professionals and practitioners remain connected to specialisations in the medical, psychological and social fields.

The paper by Forberger et al (this issue) highlights the attractiveness and value of multi-disciplinary approaches for those pursuing research careers in the alcohol and drug use field. It reports specifically on the work of the European Graduate School in Addiction Research (ESADD) which aims to educate and support PhD/MD students developing a research career in the alcohol and drug use field in Europe. The approach to the training was multidisciplinary in order to allow for various perspectives on research on alcohol and drug use with the hope of transferring this multi-disciplinarity into the day-to-day work and practice of the students and to provide examples of how to apply and synthesise findings from different disciplines.

Calder et al (this issue) examine the contemporary shift towards online training for substance misuse workers by providing a systematic review of online interventions. Their review reveals few studies of online learning for the alcohol and drug use workforce and those that have been reviewed, appear to be designed for an end user about whom there is very little knowledge and understanding. The potential of online learning to improve coverage, dissemination and personalized learning remains underexplored. The authors conclude that there is a need to develop an evidence base that provides more detailed information about the specific aspects of online learning initiatives and the needs and preferences of the alcohol and drug use workforce using them.

Frequently, however, attempts to develop and improve professional education and training have met with difficulties, especially in securing space on already crowded undergraduate curricula, countering the stigma attached to substance use and those who work in this specialism, and addressing competing priorities and tensions arising from academic demands on time (Crome 1999; Crome and Shaikh 2004). Other factors have also thrown up barriers, as examined by Galvani (this issue) in relation to social work. The paper by Galvani highlights that there has been a historic and well-documented failure to engage with alcohol and drug use in social work education and practice. Social workers are not alone in their reluctance to become involved in clients' alcohol or drug use and other professional groups have evidenced 'a shared ideology' that substance use is not part of their mainstream role. But, as Galvani notes, wider cultural, social and economic factors have a part to play. Cuts in resources affect not only social work services, but also the wider range of linked services and partnerships where there are competing priorities and pressures on resources and on individuals' time. Education and training alone cannot change individual behaviour. Galvani explores the relationship between social work education and practice, and wider systemic and situational constraints that have helped or hindered social work's engagement with substance use issues. She suggests the need for a more comprehensive approach based on ecological systems theory (which already informs social work education and practice), which takes cognisance of the individual within a nested structure of 'systems' and incorporates individual agency as well as the dynamics of interaction between people, organisations and contexts.

Thus, as argued above, consideration of workforce development has focused mainly on the individual, or at best, has included examination of organizational factors as

facilitators or barriers. It is only recently that consideration has been given to the role of systemic and structural factors as facilitators or barriers. This is addressed in three papers in this issue (Roche and Nicholas; Johnston and Burton; Nelson) in relation to the development of the workforce as a whole. While Galvani argues the need for a systems approach, these three papers describe efforts to implement a systems model within which education and training is one (important) element. The new 'workforce development' concept, as defined in the three papers in this issue, offers a broader perspective. It is

...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 (Roche, 2002, p.9 in Roche and Nicholas, this issue).

In other words, a shift away from a focus on the individual to a focus on the system as a whole is required. Worker education and wellbeing continues to be an important goal but it is not the whole story. As Roche and Nicholas (this issue) point out, however, the term 'workforce development' is comparatively new and attempts to understand the new conceptualization and respond in a comprehensive way have been slow. There are few national workplace development strategies in operation in the alcohol and drugs field. The papers in this special issue bear witness to the continuing emphasis on education and training as the primary method used to influence and change professional behaviour and as a main mechanism for ensuring appropriate and adequate staffing in services. Securing a shift to a workforce development approach requires a 'paradigm shift' which challenges entrenched 'silo' working, reluctance to share information and resources, and failure to engage strategic leaders and decision makers.

The three papers in this special issue (Roche and Nicholas; Johnston and Burton; Nelson) provide an analysis of the challenges and describe how the shift to a systems approach has emerged and evolved in Australia, Scotland and New Zealand. Most notably, in Australia, a leader in the field, work over the past two decades has resulted in the publication of Australia's National Alcohol and other Drug Workforce Development Strategy (Intergovernmental Committee on Drugs, 2014). In Scotland, influenced by the 'conceptual leap' towards a systems approach, workforce development emerged as a ministerial priority in 2010 and the National Workforce Development Statement was published in the same year. Workforce development in New Zealand is embedded in the 2002 Mental Health (Alcohol and other Drugs) Workforce Development Framework, which resulted in a national workforce development programme that is recognised as essential in providing 'complexity capable services'. These papers highlight the importance of gaining and keeping high priority for workforce development on the policy agenda and the need for a national strategy and implementation framework to guide and support local efforts. They do not fully explain why or how workforce development becomes a political issue that merits a place on the policy agenda and this is a question that requires attention if a paradigm shift is to be sustained as well as initiated. The adoption of a systems model does not exclude the provision of education and training. Rather it sees this as one important component of a more comprehensive approach and its success as subject to multiple

influences within each specific implementation context.

The papers in this special issue explore the issues faced by the alcohol and drug field in relation to workforce development. They also provide examples of how the field has attempted to understand and respond to these changes and challenges. Multi-disciplinary education programmes recognise the limitations of traditional professional boundaries but have not resulted in the creation of a new ‘addictions profession’. New technologies provide opportunities to deliver education and training in different ways and to reach more people, but remain in the early stages of development and further work is required to ensure the needs of both individual workers and the field as a whole are met. The critique of education and training programmes is that they are insufficient to address workforce development needs on their own and must form part of a more comprehensive vision. There are different models and theoretical bases available from countries that have attempted to implement a national systems approach to workforce development. Papers in this issue highlight the value of a comprehensive systems approach, but drive home the importance of political buy-in at all levels of policy (national, regional, local) and of clear mechanisms for implementation if the vision is to be achieved. Without such a whole system approach, problems will perpetuate, as so clearly illustrated by Galvani’s examination of social work in England. While there appears to be growing understanding of the limits of educational efforts and recognition of the need for more comprehensive, integrated responses, on current evidence it would seem premature to conclude that there has been a paradigm shift.

Disclosure statement

Betsy Thom has been a member of the research advisory group of IARD (International Alliance for Responsible Drinking, formerly ICAP) since 2012. The other authors have no further interests to declare.

References

Calder, R., Ainscough, T., Kimergård, A., Witton, J., & Dyer, K.R. (2017). Online training for substance misuse workers: A systematic review. *Drugs: Education, Prevention and Policy*, 24, 430–442. doi:10.1080/09687637.2017.1318113.

Cameron, D. (2017). What has psychology ever done for British alcohol studies? *Drugs: Education, Prevention and Policy*, 24, 492–494. doi:10.1080/09687637.2016.1223604.

Crome, I.B. (1999). The trouble with training: Substance misuse education in British medical schools revisited. What are the issues? *Drugs: Education, Prevention and Policy*, 6, 111–123. doi:10.1080/09687639997331.

Crome, I.B., & Shaikh, N. (2004). Undergraduate medical school education in substance misuse in Britain iii: Can medical students drive change? *Drugs: Education, Prevention and Policy*, 11, 483–503. doi:10.1080/09687630410001701322.

Forberger, S., Riedel, O., & Buhringer, G. (2017). European Graduate € School in Addiction Research: A contribution to the research of PhD/MD students in Europe. *Drugs: Education, Prevention and Policy*, 24, 477–494. doi:10.1080/09687637.2016.1223602.

Galvani, S. (2017). Social work and substance use: Ecological perspectives on workforce development. *Drugs: Education, Prevention and Policy*, 24, 469–476. doi:10.1080/09687637.2017.1282421.

Intergovernmental Committee on Drugs. (2014). National alcohol and other drug workforce development strategy 2015–2018. Canberra: Intergovernmental Committee on Drugs.

Johnston, L., & Burton, G. (2017). What is this thing called workforce development? A Scottish perspective. *Drugs: Education, Prevention and Policy*, 24, 455–460. doi:10.1080/09687637.2016.1239698.

Nelson, A. (2017). Addiction workforce development in Aotearoa New Zealand. *Drugs: Education, Prevention and Policy*, 24, 461–468. doi:10.1080/09687637.2017.1311841.

Pavlovska, A., Miovosky, M., Babor, T., & Gabrhelik, R. (2017). Overview of the European university-based study programmes in the addictions field. *Drugs: Education, Prevention, and Policy*, 24, 485–491. doi:10.1080/09687637.2016.1223603.

Roche, A.M. (2002). Workforce development: Our national dilemma. Adelaide: National Centre for Education and Training on Addiction, Flinders University.

Roche, A., & Nicholas, R. (2017). Workforce development: An important paradigm shift for the alcohol and other drugs sector. *Drugs: Education, Prevention and Policy*, 24, 443–454. doi:10.1080/09687637.2016.1262823.