

# **Joint National Treatment Agency and Drug Strategy Directorate Workforce Development Plan for the Substance Misuse Field**

**This document outlines the development of a sustainable and long term approach to workforce planning in the substance misuse field.**

**The aim is to develop a competent, dynamic and highly motivated workforce that reflects the diverse population it serves and that responds to changing needs. Creating a field that promotes a positive image will encourage workforce mobility between the sectors.**

## Reader information

Title	Joint National Treatment Agency and Drug Strategy Directorate; Workforce Development Plan for the Substance Misuse Field
Document purpose	The joint NTA/DSD workforce development plan sets out a conceptual framework first developed by Healthwork UK <sup>1</sup> and aims to support local partnerships in workforce planning for the broad workforce involved in implementing the Updated Drug Strategy. It also outlines a programme of work, with milestones previously agreed by the cross government group, the Drug Strategy Delivery Group (DSDG) <sup>2</sup> .
Document format	This document has been structured so that all readers are encouraged to read Section 1 - Introduction, Section 2 The substance misuse workforce and the Interdepartmental Action Plan <u>plus</u> either, Section 3 - aimed at those working with adults in the substance misuse field. or Section 4 – aimed at those working with children and young people in the field.
Authors	Home Office, Drug Strategy Directorate National Treatment Agency
Publication date	April, 2006 DH-External Gateway reference number is 6370.
Target audience	Those involved with workforce planning in the substance misuse field, i.e. Local partnerships e.g. Drug Action Teams. The document will also have relevance for individual practitioners, service managers and commissioners.
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<sup>1</sup> Healthwork UK, now known as Skills for Health, developed an occupational map of this workforce as part of their development of the drug and alcohol national occupational standards (DANOS). (Healthwork UK, 2001). The Joint UK Forum consisting of members from government departments, national training organisations and others oversaw this work.

<sup>2</sup> Drug Strategy Delivery Group, 21<sup>st</sup> July, 2005. Presentation by Alastair Bridges (HO 2005a)– Head of TYPDU.

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1. Alcohol, drugs, volatile substances or substance misuse? This plan aims to support those working to implement the national drug strategy, across prevention, treatment and aftercare. The primary focus of this plan is upon drugs. It is important to note that resources associated with the updated drug strategy are targeted at drugs only, with the exception of the Young People's Partnership Grant that incorporates alcohol. However, differentiating between drugs and alcohol is not always practical at the point of delivery and a common sense approach to this is recommended.
2. All readers are asked to recognise that drug prevention, treatment and aftercare need tackling both through the individual user and through those people that are significant in the user's life.
3. This is a 'living' document and will be amended as further developments take place within the substance misuse field and in the related mainstream sectors, for example, health and social care, justice and children and young peoples sector.

# 1. Introduction

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## Strategic context & objectives

- 1.1 The main objective of this plan is to support the delivery of the Home Office (HO) Public Service Agreement (PSA) targets:
- reduce the use of Class A drugs and the frequent use of any illicit drug among all young people under the age of 25 especially by the most vulnerable young people.
  - reduce drug-related crime, including as measured by the proportion of offenders testing positive at arrest.
  - increase the participation of problem drug users in drug treatment programmes by 55% by 2004 and by 100% by 2008, and increase year on year the proportion of users successfully sustaining or completing treatment programmes.
- 1.2 This plan supports the implementation of the Updated Drug Strategy (HO, 2002). The Drug Strategy Progress Report 2004 *Tackling Drugs. Changing Lives - Keeping Communities Safe from Drugs* (HO, 2004a) sets out where we aim to be by 2008 and states,
- ‘We want the people of this country to have seen a further sustained reduction in the harms caused by illegal drugs. This means safer communities with fewer crimes, fewer lives destroyed by drug misuse, more young people, especially the most vulnerable, achieving their full potential free from drugs, with effective treatment available promptly to all who need it.’
- 1.3 This plan sets out the National Treatment Agency/Drug Strategy Directorate (NTA/DSD) proposals for workforce development in the substance misuse field. The purpose of this plan is not to impose a model of working in the substance misuse field, but rather provides a conceptual framework for the broad workforce required to implement the national drug strategy. It endeavours to set out the direction of future travel and our plans to work with colleagues in related sectors to incorporate working with substance misuse into their mainstream agenda.
- 1.4 The shortage of a skilled workforce has been identified as a risk to the achievement of the national drug strategy. This document describes the current workforce and the key issues affecting the substance misuse field. It sets out how we propose to develop the workforce further, by working in partnership across Government, with partners involved in training and development, commissioners, employers, employees and those in the volunteer workforce.
- 1.5 The Government recognises its role in contributing to the development of this workforce. However, it is not the responsibility of the Government alone. Commissioners and providers of services are required to ensure that robust human resource practice is integral to service delivery and individual practitioners are required to be responsible for their on-going continuing professional development.

- 1.6 The joint NTA/DSD workforce development plan aims to:
- Be a workforce planning and development resource to local partnerships, commissioners, managers and individual practitioners
  - Encourage the development of local workforce strategies that will
    - Increase the workforce capacity in the substance misuse field
    - Improve the substance misuse competence of generic and specialist practitioners working with adults and children and young people in the substance misuse field
    - Develop leadership and managerial skills across the workforce
  - Provide a conceptual framework of the substance misuse workforce
  - Outline the core competence required by those working in the substance misuse field
  - Outline how we will work with our mainstream partners to improve integration and skills sharing with mainstream structures.
- 1.7 These aims reflect and build on an initial workforce strategy developed by the NTA (NTA 2002a) and the ongoing work-plan of the DSD workforce planning team. This plan will be published on both the NTA and DSD websites.

### **Current progress**

- 1.8 The NTA Workforce Strategy has been successful in achieving its initial target, ahead of time, by increasing the adult treatment workforce to 9000 by 2008. (NTA 2005a)
- 1.9 The Drug and Alcohol National Occupational Standards (DANOS) were launched in 2002 and revised in 2005 (DANOS 2005) and a qualifications framework is in place.
- 1.10 In line with the new qualifications framework a number of new awards are being developed. These new awards are called 'Development Awards' (DA).

### **Interdependencies**

- 1.11 The delivery of the Updated Drug Strategy and the additional work outlined above will depend on both specialist substance misuse staff and other professionals such as teachers, doctors, prison staff etc. An appropriate focus on substance misuse within generic employee roles by other government departments and professional bodies will be vital to the successful implementation of the drug strategy.
- 1.12 Long-term sustainability of a competent substance misuse workforce will rely on substance misuse becoming integrated into mainstream service provision and its inclusion in workforce planning within related sectors.

### **Levers and Structures for Change**

- 1.13 Workforce planning operates at national, regional and local level. In order to effect improvements across the entire substance misuse field effective working relationships must be established with a wide range of national, regional and local organisations including other government departments and regional government offices. The following will provide some opportunity for leverage at local level:
- Development of local workforce strategies. For example, as part of the Children's Workforce Strategy, local authorities and their partners should develop integrated local workforce strategies (DfES, 2005a) and the NTA adult drug treatment plans include the development of local workforce strategy (NTA, 2005b)

- performance management (PM) regimes such as the Performance Management Framework for the national drug strategy and the Drug Action Team<sup>3</sup> (DAT) Treatment Plans as required annually by the NTA
- monitoring through existing rating and inspectorate systems, for example, the Comprehensive Performance Assessment (CPA), the Health Care Commission (HCC) and the Office for Standards in Education (Ofsted)
- working with national, regional and local stakeholders, including the Qualifications and Curriculum Authority (QCA), Sector Skills Councils (SSCs), Learning and Skills Councils (LSCs) and the Awarding Bodies (AB). We will also work with others engaged with developing the workforce, e.g., Workforce Confederations/Workforce Development Directorates within Strategic Health Authorities, Department of Health (DH), Higher Education Institutions (HEI), regional development agencies, professional bodies and trade unions
- legislation that establishes statutory requirements of local delivery agents, for example, the Crime and Disorder Act, the Race Relations Act and the new Children's Act<sup>4</sup>
- Government policy for example – 'Choosing Health' (DH, 2004), Skills Strategy White Paper (DfES, 2003)
- service user/carer forums.

## **Accountability structures**

- 1.14 Central oversight of this plan will continue through the following agreed cross departmental structures:
- cross-departmental drug strategy workforce steering group
  - drug Strategy Delivery Group
  - ministerial oversight through the Drugs Working Group which is a sub-group of the Serious and Organised Crime Committee (SOC).
- 1.15 Regional and local oversight by:
- regional government delivery structures: Government Office Drug Teams, the NTA Regional Teams
  - local government delivery structures: DATS, Crime and Disorder Reduction Partnerships (CDRPs) and their associated commissioning bodies, for example Children's Trusts.

## **Resources**

- 1.16 Government commitment to funding through the Comprehensive Spending Review (CSR) 2002 and 2004 has delivered significant additional investment to support the continued implementation of the updated drug strategy.

## **Risks to delivery**

- 1.17 This plan identifies the following key risks:

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<sup>3</sup> Drug Action Teams are non-statutory bodies whose membership includes senior officials from health, social care, education, police, prisons, probation and others. These bodies are responsible for the local implementation of the updated national drug strategy.

<sup>4</sup> Information relating to these and other legislation is available on the HMSO website at [www.opsi.gov.uk](http://www.opsi.gov.uk).

- other government departments and professional bodies fail to recognise their responsibility in ensuring that generic workforces for whom they are responsible include substance misuse in their remit.
- commissioners and service providers fail to incorporate adequate funding or prioritise workforce development at point of delivery
- existing infrastructures for education and training may fail to effectively meet the cross sectoral requirements for the substance misuse field
- the absence of enforceable regulations
- the lack of a locally designed workforce strategy with all partners fully engaged
- insufficient numbers of trained professionals such as doctors, nurses and other allied professions.

1.18 The following mechanisms will be needed to mitigate these risks:

- Dissemination of the joint NTA/ DSD workforce development plan
- guidance and influence through performance management systems
- work with local education and training partners e.g. the LSCs, AB etc. to maximise funding and training opportunities
- influence sector skills agreements for the needs of the substance misuse field
- promote a culture of integrity and professional autonomy.

## **Communication**

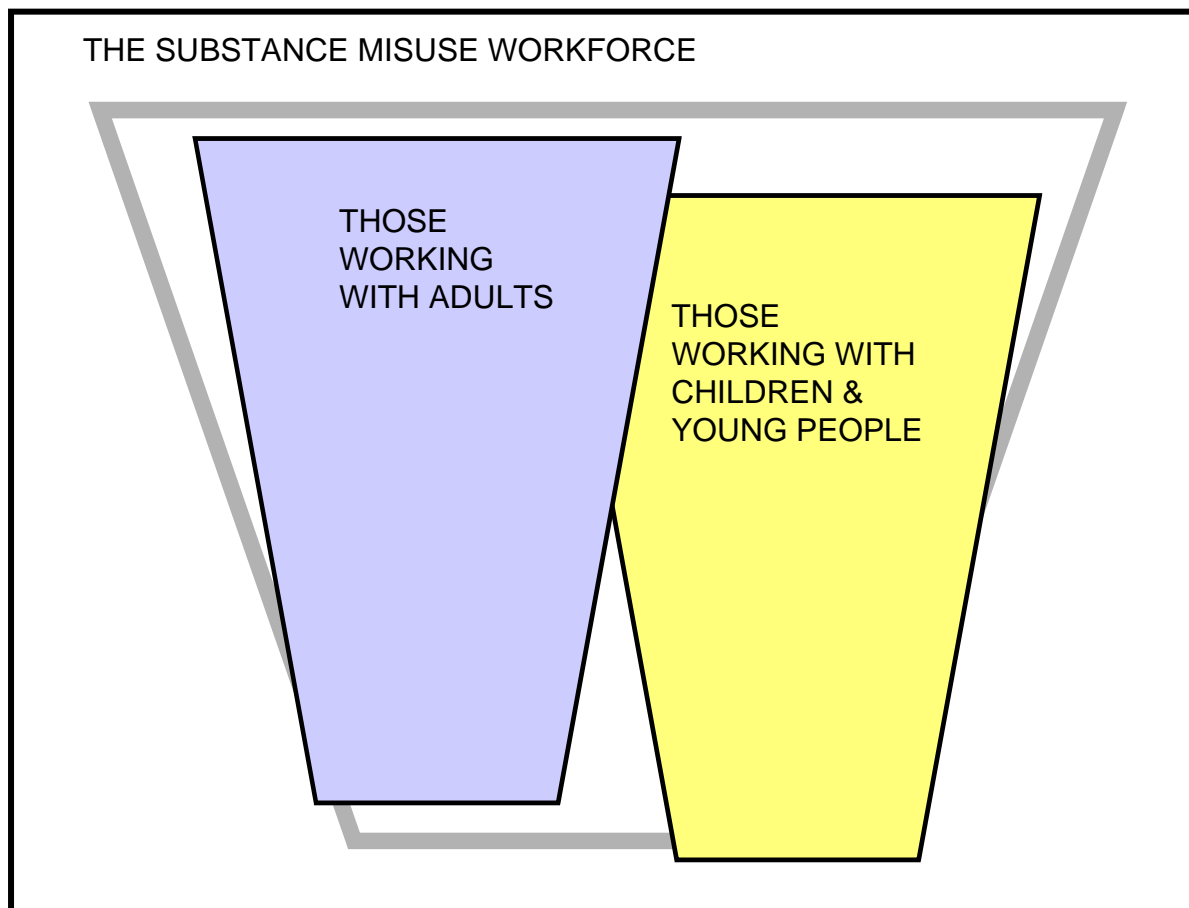
1.19 The implementation of this plan will be supported by the development of key communication messages to promote the substance misuse field as a positive place to work.

1.20 Identification of the key stakeholders is underway and includes a broad range of organisations such as other government departments, sector skills councils, and other bodies with a remit for workforce development; social and health care sector, criminal justice sector, community regeneration bodies, including those in housing and employment, the voluntary sector and many others. Engaging effectively with these key stakeholders will be a major factor in the success of this plan.

## 2. The substance misuse workforce

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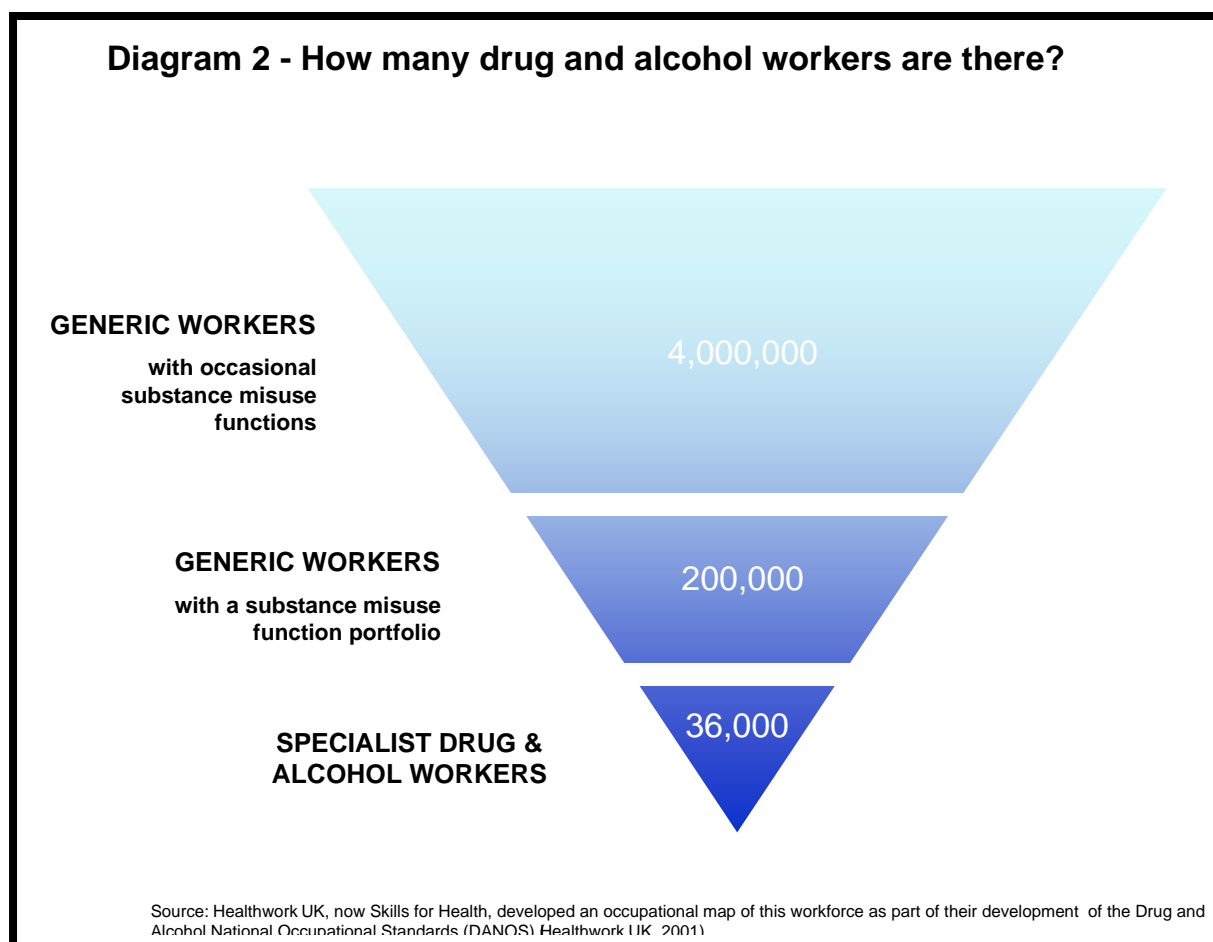
- 2.1 The substance misuse workforce in this document is described in two sections, those working with adults and those working with children and young people.





- 2.2 These workforces operate in a broad range of settings including education, treatment and justice and provide a range of services across prevention, early intervention, specialist treatment and reintegration.
- 2.3 The workforce involved in implementing such a broad ranging strategy will, by necessity, be made up of a wide range of practitioners drawn from diverse backgrounds. Staff may work in statutory services, Education, the National Health Service (NHS), Social Services at primary, secondary and tertiary levels, Housing, Police, and Probation or in non-statutory, voluntary and independent sectors.
- 2.4 The substance misuse workforce includes:
- professionally qualified staff e.g. nurses, social workers, doctors, psychologists, pharmacists, teachers, probation officers
  - practitioners that have become qualified through other pathways, e.g. NVQs or equivalent
  - a large volunteer workforce.




- 2.5 As part of the development of the Drug and Alcohol National Occupational Standards an occupational map was produced. It is estimated that there are some four million employees whose work requires them to have some knowledge of substance misuse issues. (see diagram below)

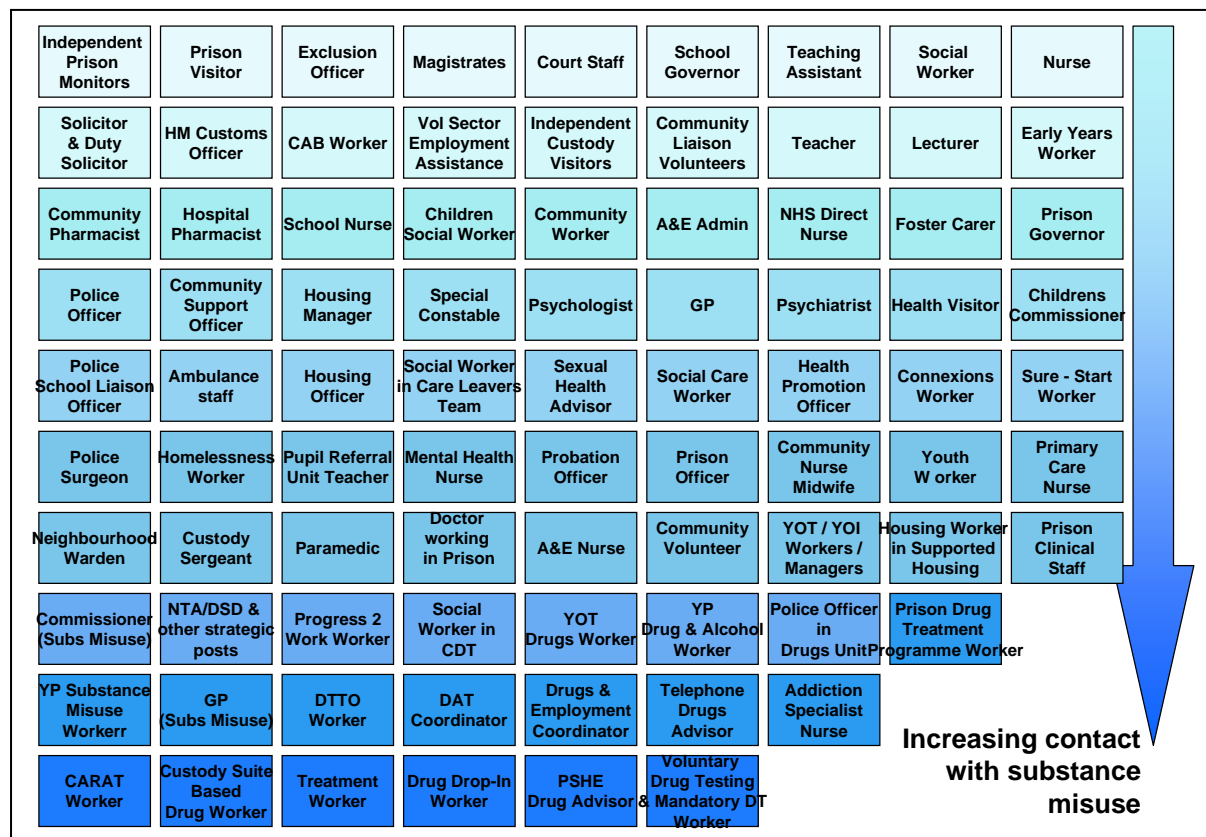


 This wider sector includes those working in education, health and social care and criminal justice that, as part of their work will occasionally have to deal with substance misuse. The DSD and NTA recognise that the wider group of practitioners that make up this group have a significant role to play in substance misuse. However, the need to prioritise at this stage has led to a focus on generic workers with a substance misuse portfolio and specialist workers.

 Others, around 200,000, are employed in posts with a more significant substance misuse role. The successful implementation of the national drug strategy is reliant upon our colleagues in related sectors recognising and undertaking their roles in relation to substance misuse. The substance misuse field does not only relate to the specialised treatment of problematic drug users but to the broader agenda of prevention and aftercare. Prevention covers a broad remit and includes the prevention of first drug use and non-escalation of drug use, including interventions and approaches which reduce harms associated with drug and alcohol use. Aftercare encompasses wider community issues including housing and employment. If viewed with this wider perspective it becomes clear how the roles of generic workers can contribute to the substance misuse field. For further information please refer to [www.drugs.gov.uk](http://www.drugs.gov.uk) to view a piece of work commissioned by the DSD, in association with the NTA, undertaken by Cranfield School of Management, *A Whole Systems Approach to Workforce Planning within the Substance Misuse Sector*.

 This workforce is made up of specialist practitioners, whose roles primarily involve working with substance misuse.

The diagram below identifies a range of different workers and attempts to indicate their position on the generic – specialist continuum. Please note, these are examples only and do not represent the entire substance misuse workforce.



2.6 The joint NTA/DSD workforce development plan is further sub-divided into three strands of work:

1. increasing capacity
2. improving competence
3. mainstreaming substance misuse skills.

### Increasing capacity

2.7 The substance misuse workforce needs to increase considerably to support the implementation of the Updated Drug Strategy:

- the young people's specialist workforce is estimated to consist of approximately 1000 practitioners. Whilst increases are likely it is difficult to quantify precise numbers as many of these services are integrated into mainstream provision.
- an extra 300+ extra CJIT practitioners and managers are required to implement the expansion of the Drug Intervention Programme compared to the baseline of approximately 320 in 2004/05. (HO, 2005b)
- the revised estimate for the adult specialist treatment workforce is 12,500 by 2008 (NTA, 2005b).

2.8 Establishing clear routes of entry to the field are crucial in encouraging new recruits, for example:

- development of apprenticeship schemes
- promotion of Level 3 NVQ in Health and Social Care, or equivalent

- removing barriers to ex-users wanting to pursue careers in the field
  - working with our partners in higher education to increase graduate entry
  - developing a volunteer strategy to increase the role of volunteers within the field
  - exploring and considering the role of paraprofessionals in the field.
- 2.9 Improving recruitment practice in the substance misuse field by working with our partners in Job Centre Plus and other recruitment specialists to access industry expertise.
- 2.10 Ensuring that the substance misuse workforce reflects the diverse populations it serves and that structures are in place to attract and support those from minority groups.
- 2.11 Encouraging workforce mobility across sectors by highlighting the importance of shared competence and transferable skills. Development Awards will help to address gaps in knowledge and skills for staff moving over from other professional areas.

### **Improving competence**

- 2.12 Core competencies have been identified within the care sector and the children's workforce. These competencies are also considered core to the substance misuse field. Commissioners and employers should ensure that they recruit substance misuse practitioners with these core competencies or provide training pathways to support their development.
- 2.13 The Care Standards Review identified a core set of competencies required by those working in the care sector. The same core competencies would apply to those working with adults in the substance misuse field, and are as follows:
- communication skills
  - health and safety
  - continuing professional development
  - principles of care.
- 2.14 The core competencies for those working with children and young people have been set out in the Common Core of Skills and Knowledge for the Children's Workforce (DfES, 2005b). These same core competence would apply to those working with children and young people in the substance misuse field, and are as follows:
- child and young person development
  - safeguarding children and promoting welfare
  - effective communication and engagement
  - supporting transitions
  - multi-agency working
  - sharing Information.
- 2.15 To underpin these core competencies, substance misuse specific knowledge and understanding is required. Developing this competent substance misuse workforce, including both generic and specialist practitioners, is crucial to ensuring a high standard of service delivery.
- Drug and Alcohol National Occupational Standards (DANOS) have been developed and provide a specific set of standards for those working with drug and alcohol users.
  - Skills for Health in co-operation with a number of other SSCs have developed a drug and alcohol qualifications framework. This framework incorporates the broad range of existing qualifications as well as a number of new awards applicable to the substance misuse field. These new awards will include a foundation

qualification for generic workers, Development Awards (DAs) for both generic and specialist practitioners and an NVQ level 3 for practitioners working in the specialist end of the field as well as vocationally related qualifications (VRQs).

- This new qualifications framework will require an extensive and robust training and assessment infrastructure to ensure that these new awards are accessible to both generic and specialist practitioners.

2.16 The development of career pathways for the substance misuse field is important to recruiting and retaining an effective and diverse workforce and should include:

- specialist career pathways
- generic career pathways that include temporary placements/secondments within the substance misuse field.

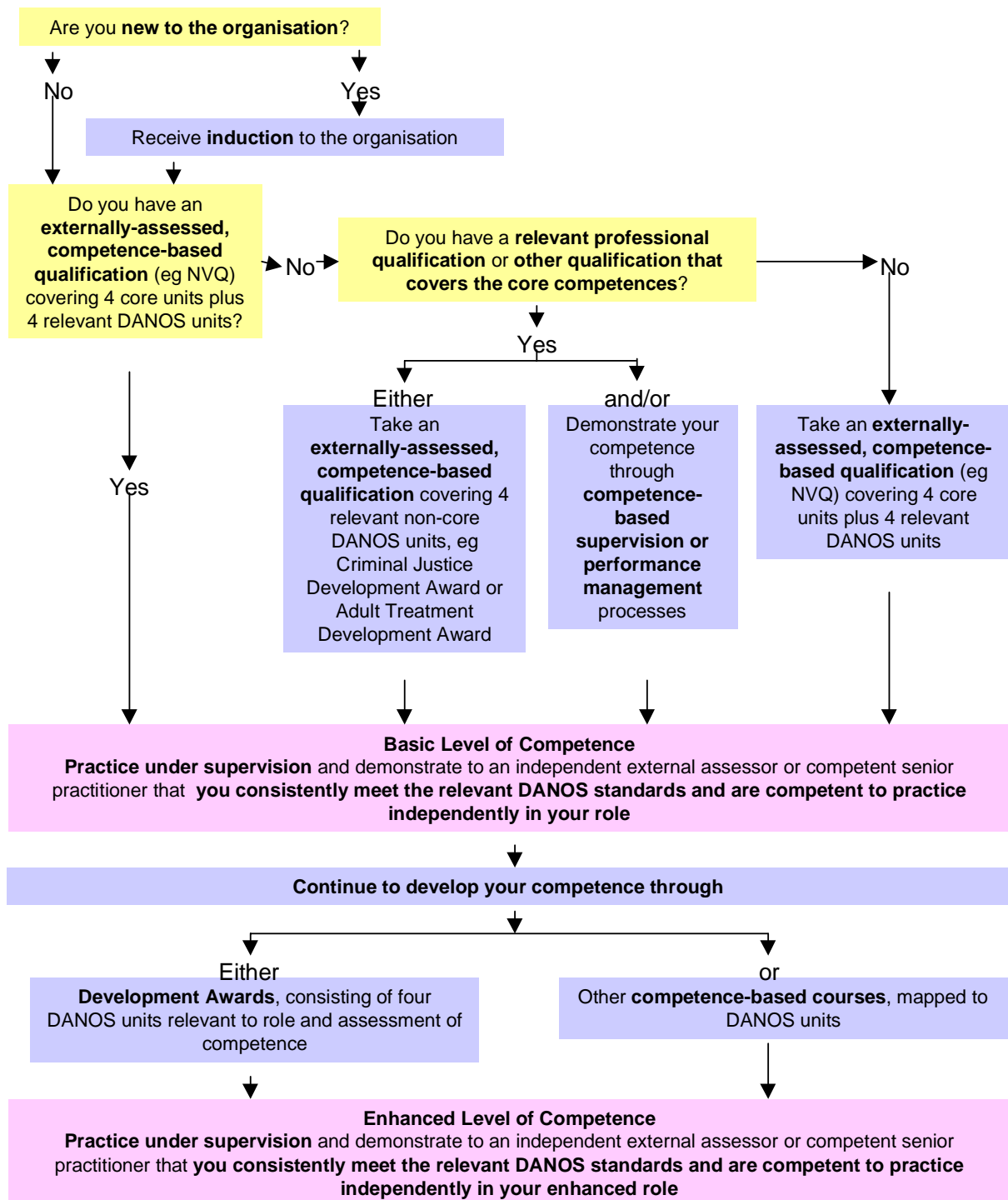
### **Mainstreaming substance misuse skills**

2.17 The successful implementation of the national drug strategy requires that colleagues in related sectors recognise the significant contribution they can make to addressing substance misuse. Various initiatives, including the NHS Agenda for Change, the development of the National Offender Management Service (NOMS) and Every Child Matters: Change for Children provide an opportunity for DSD and NTA to illustrate the benefits of mainstreaming substance misuse into these agendas.

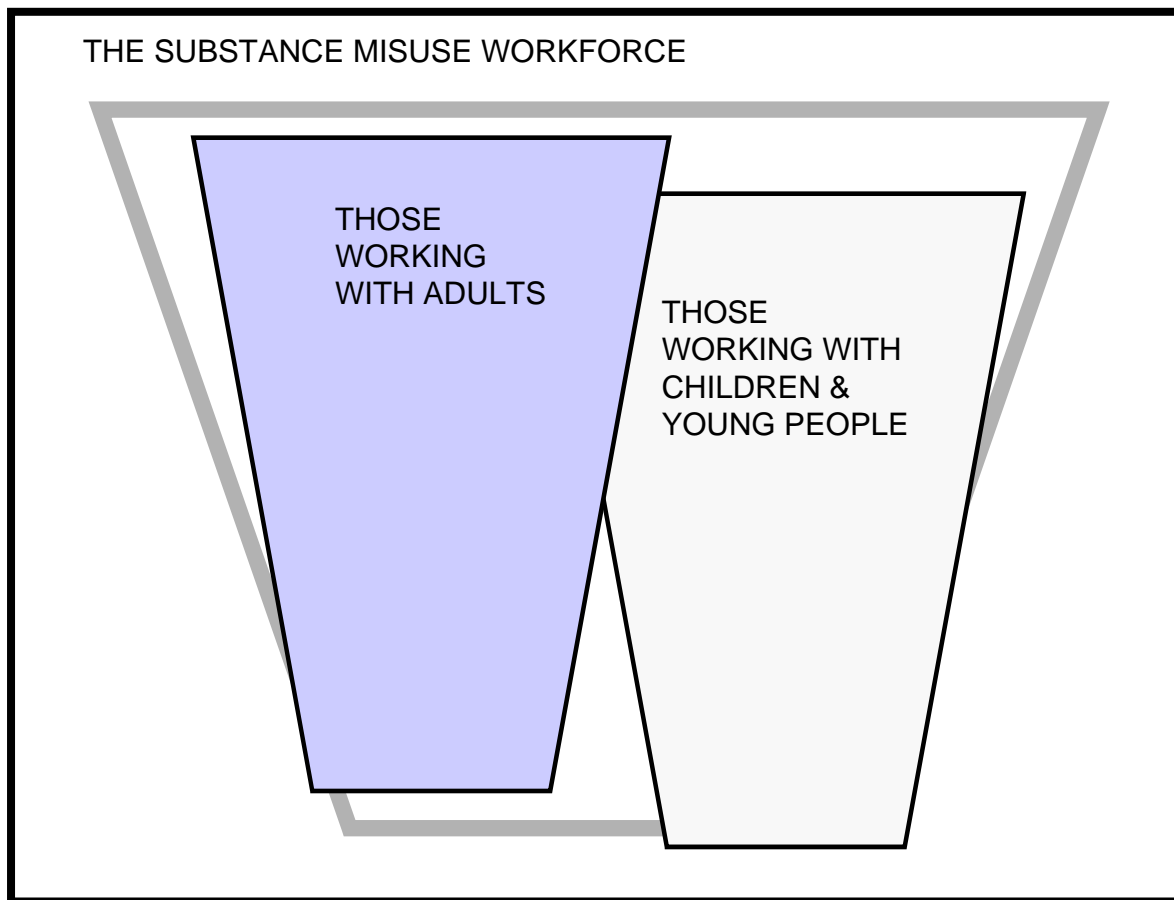
### **In addition**

2.18 Working with substance misuse specific membership bodies to clarify their role and contribution to the substance misuse workforces.

## Competence and Qualifications in Adult Substance Misuse Services



### **3. Working with Adults in the Substance Misuse Field**



- 3.1 The two main objectives of this part of the plan are to support the delivery of the Government Public Service Agreement (PSA) targets:
- reduce drug-related crime, including as measured by the proportion of offenders testing positive at arrest
  - increase the participation of problem drug users in drug treatment programmes by 55% by 2004 and by 100% by 2008, and increase year on year the proportion of users successfully sustaining or completing treatment programmes.
- 3.2 The two main areas of focus within the substance misuse field are criminal justice and treatment. Within each of these areas the work can include prevention, early intervention, specialist treatment and re-integration.

#### **Criminal Justice**

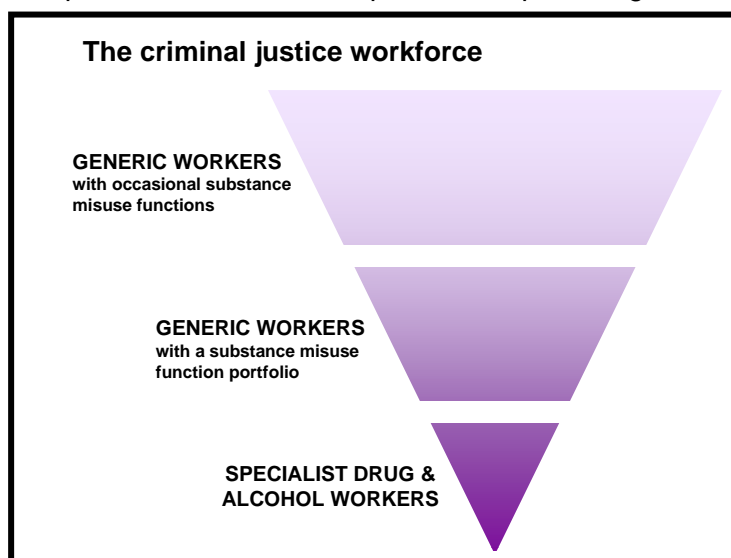
- 3.3 The criminal justice (CJ) sector has been the focus for significant expansion as part of the government's plan to reduce crime. Links between substance misuse and crime are well established. Early developments included the establishment of adult arrest referral schemes, the counselling, assessment, referral, advice and throughcare services (CARATS) within the prison service and new court sentences including the drug testing and treatment orders (DTTOs) implemented by the probation service. The move towards a more integrated approach has led to the development of the Drug Intervention Programme (DIP), formally known as the Criminal Justice Intervention Programme (CJIP) which is now well underway across England.

- 3.4 The implications for workforce planning include:
- increased effectiveness and new ways of working for existing personnel
  - improving practitioners competence to accommodate expanding roles
  - requirement to recruit more staff.
- 3.5 Developing and expanding the workforce required to deliver the CJ elements of the drug strategy is a priority for the workforce unit in the DSD.
- 3.6 This diagram is a diagrammatic representation of an occupational map of the generic and specialist workforces engaged in working within the criminal justice sector and substance misuse.



**Generic workers with occasional substance misuse functions**

This wider sector includes all those working within the criminal justice sector. For example, police officers, probation staff, court personnel, admin and support staff etc. Whilst it is likely that all those working in the criminal justice sector will need to be aware of substance misuse issues some staff are more likely to be involved than others.



**Generic workers with a substance misuse portfolio**

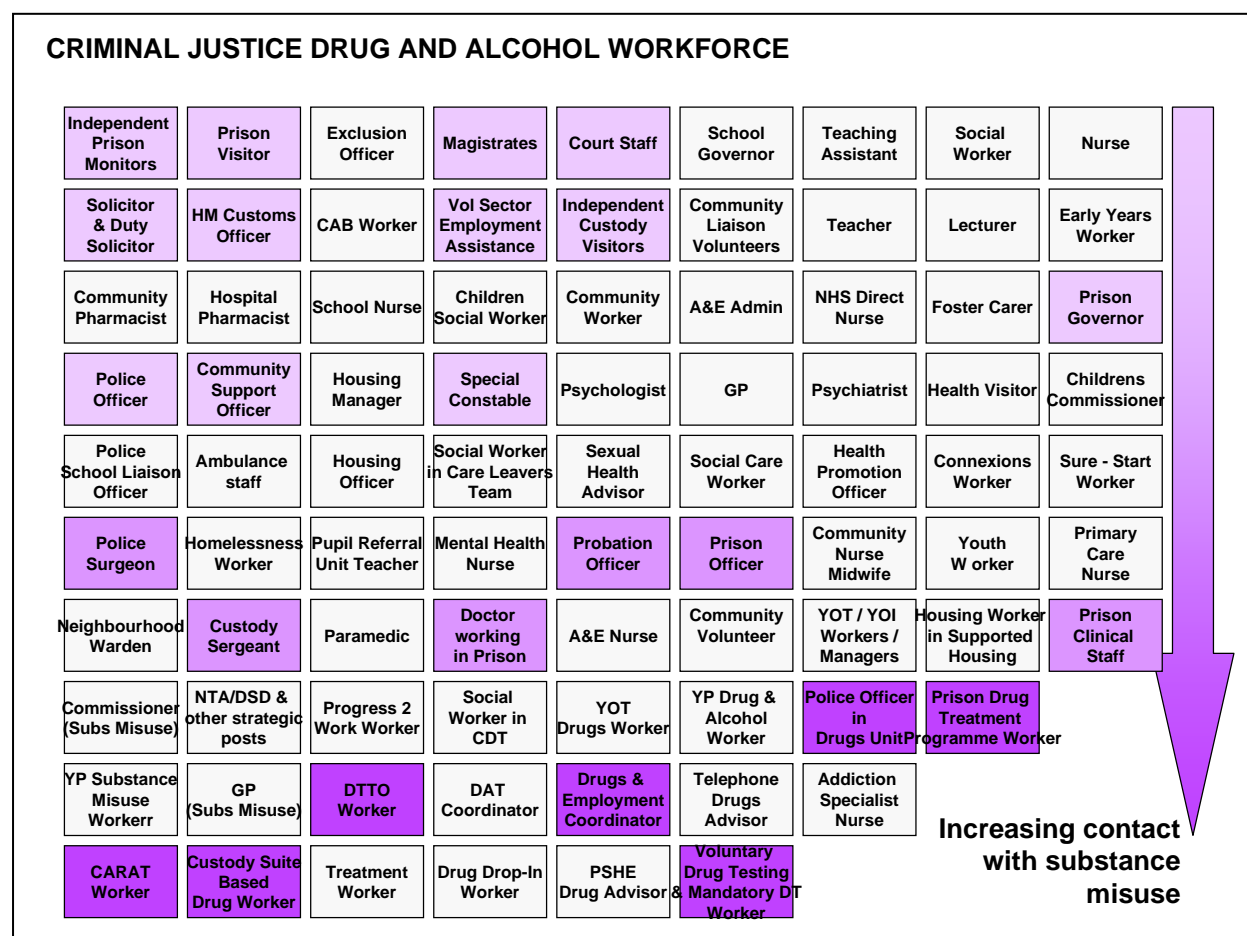
Many workers are employed in environments in which they are more likely to come across substance misuse. For example, within the police, a custody sergeant will have regular contact with those arrested for substance misusing or related offences. Probation officers who are responsible for Drug Rehabilitation Requirement (DRR) and other drug related community sentences will regularly work with substance misusing offenders. Prison officers will work closely with substance misusing prisoners, however, those on designated wings such as Voluntary Testing Units (VTU) may have a more substantial substance misuse focused role.



**Specialist substance misuse workers**

Finally, the specialist practitioners whose roles are defined by their work with substance misuse. These specialist workers may include for example, police officers working in specialist drug teams, drug workers working in custody suites or court settings, staff working in CARATS teams and probation officers seconded to work with community drug teams.

The diagram below identifies a range of different workers and attempts to indicate their position on the generic – specialist continuum. Please note, these are examples only and do not represent the entire criminal justice and substance misuse workforce.



## Drug Intervention Programme

- 3.7 The Drug Intervention Programme is a critical part of the Government's strategy for tackling drugs. It began as a three-year programme to develop and integrate measures for directing adult drug-misusing offenders out of crime and into treatment. The programme will continue for the foreseeable future. These processes will become the normal way of working with drug-misusing offenders across England and Wales.
- 3.8 The Drug Interventions Programme involves the criminal justice and treatment agencies working together with other services to provide a tailored solution for adults – particularly those who misuse Class A drugs – who commit crime to fund their drug misuse. The programme draws together and builds on the best existing solutions available and introduces new elements. Delivery at a local level is through the DATs using criminal justice integrated teams (CJITs) with a case management approach to offer access to treatment and support. This begins at an offender's first point of contact with the criminal justice system through custody, court, sentence and beyond into resettlement.



The Drug Intervention Programme comprises of

- conditional cautioning
- custody based contacts
- close links with Prolific and other priority Offender Scheme
- drug Testing
- restrictions on bail
- community Sentencing
- through-care and aftercare (which prisons work within)
- in conjunction with the Youth Justice Board (YJB) developing a range of targeted interventions for young people

3.9 Key partners to the Home Office are the criminal justice agencies such as the police, prisons, probation officers and the courts, along with DH, the NTA and treatment service providers and those who provide linked services such as housing and job-seeker support.

3.10 The intensive elements of the programme have been rolled out to 67 DAT areas around the country. From April 2004 the throughcare and aftercare parts of the programme became nation-wide elements and were phased in across the whole of England and Wales. In England, therefore, all 82 Drug Action Team areas that are not “intensive” are

nonetheless actively involved in delivering some of the most important features of the programme.

3.11 The success of the program is dependent to a large extent upon its workforce. This must be big enough and have the right competence to carry out the range of interventions within the programme. The difficulty in recruiting and retaining workers has also been identified as a major cause of front-end attrition, i.e. between initial contact in courts/custody suites and assessment.

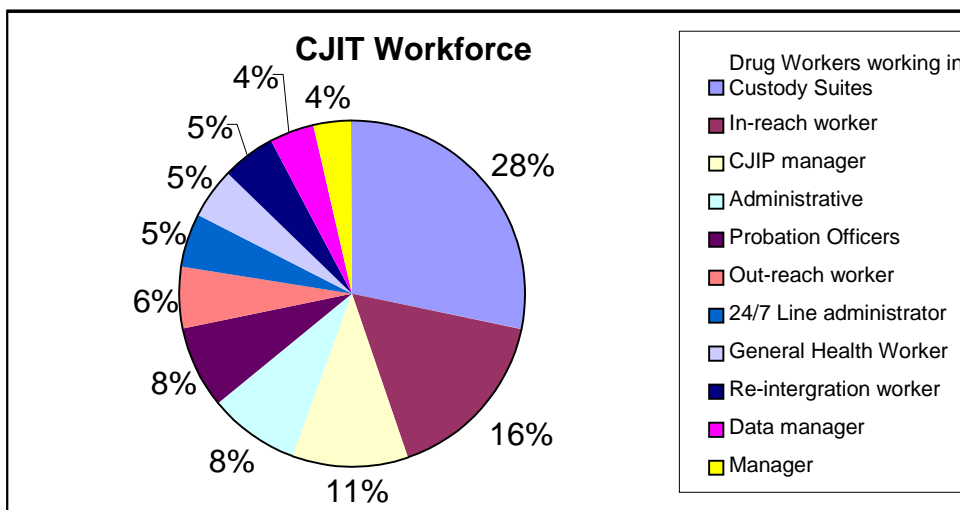
3.12 The Drug Interventions Programme has developed a recruitment and development plan. This plan sits under the Joint NTA/DSD workforce development plan and has the following two objectives:

- to recruit and retain a full complement of workers for the programme
- to ensure that the workforce is sufficiently competent to perform its roles.

Key actions in this plan will be referred to elsewhere within this chapter.

### **Workforce numbers – estimated trajectories**

3.13 Efforts have been made to predict the size of the future DIP workforce. Home Office analysts were asked to develop projections around estimated workforce growth. As part of these efforts to estimate the projected growth of the CJITs, Phase 1 DIP DATs were approached for workforce information (HO, 2004b). A total of 23 DATs responded to the CJIT workforce planning survey. Based on the CJIT workforce planning returns the shape of the current CJIT workforce was analysed. The following chart shows the current composition of the CJIT workforce using the job titles as specified in the workforce planning questionnaire.



- 3.14 We see that the key roles are drug workers working in custody suites, in-reach workers, CJIT managers and administrative staff. Together they make up about 63% of the CJIT workforce with arrest referral workers (now referred to as criminal justice drug workers based in custody suites) the largest group making up 28% of the total. Probation officers, outreach workers, 24/7 line administrators and general health workers are the next most important set of job titles. They make up 24% of the total workforce. The other job titles combined make up about 20% of the total CJIT workforce.
- 3.15 Given the current focus on improving performance and reducing front end attrition, the immediate need is likely to be in the criminal justice worker and criminal justice integrated team manager roles, particularly that of the CJ worker. This will be increased with the roll out of the Testing on Arrest and Required Assessment provisions of the Drugs Act. However, the success of the programme will also depend on there being enough qualified workers available to staff the latter part of the DIP process.
- 3.16 The analysis assumes that future CJ worker numbers will be driven by the numbers of people arrested who are later assessed. Based on DIP throughput data and a survey of the current DIP workforce it has been estimated that there are currently 321 DIP CJ workers, and that each worker carries out on average 79 assessments per year. Based on the envisaged 30% efficiency savings, the Drugs Modelling Analysis Team at the Home Office developed the following estimates of workforce need. The projections, set out in the table below, include upper and lower estimates in order to indicate the variability of the estimates. This variability is caused by a number of factors including the estimates of CJ worker productivity savings; the assumption that required assessment will be introduced in 2005/6; the assumption that required assessments will require the same level of resources as voluntary assessments; and the difficulty in measuring the (often variable) impact of the CJ worker's case management role on these projections.

<b>CJ WORKFORCE PROJECTIONS</b>			
<b>Year</b>	<b>CJ workforce Lower limit</b>	<b>CJ workforce Base case</b>	<b>CJ workforce Upper limit</b>
2004/05	256.8	321	385.2
2005/06	310.4	388	465.6
2006/07	401.6	502	602.4
2007/08	479.2	599	718.8

- 3.17 The Drug Interventions Programme has commissioned an evaluation of criminal justice integrated teams from Kings College, London. This will provide a greater understanding of workforce issues across the Drug Interventions Programme.

## **Police**

- 3.18 All police officers receive training at various points throughout their service, the nature and depth of information provided is dependent upon their role. Training is both nationally and locally delivered. Each constable receives basic training on legislation and drug awareness during their initial training. More detailed information is provided to those who progress to higher levels of drug enforcement. In addition training is conducted according to local needs typically covering such topics as arrest referral and Drug Intervention Programme (DIP) awareness. Some forces have provided training around motivational interviewing techniques for custody staff in order that they may encourage detainees to access custody based drug workers.

Note: Police operate within a Integrated Competency Framework (ICF) incorporating National Occupational Standards from April 2003 all CPD, recruitment and retention and performance management processes should be carried out using the ICF

## **National Offender Management Service**

- 3.19 The National Offender Management Service (NOMS) was created in 2004 following a review of the correctional services. NOMS brings together the work of the Prison and Probation services as a new single service to oversee the end-to-end management of offenders. The National Reducing Re-offending Action Plan (HO, 2004c) states that end-to-end offender management will enable the custodial and community supervision elements of an offenders sentence to be managed as a whole.

Prison Health is a partnership between the Prison Service and DH. The NOMS Health Partnership has as its principal objective to improve health, address health inequalities and reduce crime by maximising the opportunities provided by better integration of health, social care and criminal justice systems. This work includes facilitating access to supportive programmes that assists offenders with substance misuse problems in prison and in the community. NOMS healthcare partnership is a learning-based organisation that gives priority to pursuing evidence-based solutions and to building the body of evidence.

## **Probation**

- 3.20 The core qualification for probation officers is the Diploma in Probation Studies. Substance misuse is included in the diploma and the modular content consistent with the drug and alcohol national occupational standards (DANOS).

Probation services operate at area level and access substance misuse training either in house or externally depending on the needs of the organisation. Other significant training opportunities around working with substance misusers have also been developed by the Probation Service.

## **Prisons**

- 3.21 NOMS offers a comprehensive range of drug interventions for drug misusers in custody. These address low, moderate and severe drug dependency and address the needs of both sentenced prisoners as well as those on remand.

The interventions comprise:

1. Clinical services (detoxification and/or maintenance prescribing programmes), available in all local and remand prisons
2. CARATs (Counselling, Assessment, Referral, Advice and Throughcare services), available to all prisoners who are eighteen and over
3. The Juveniles Substance Misuse Service delivered across the Juvenile estate
4. Drug Rehabilitation Programmes, including, 116 drug rehabilitation programmes, 40 of which are the Short Duration Programme, running in 103 establishments. Short Duration Programmes are aimed primarily at remand prisoners and those serving short sentences (for whom the duration of their sentence would otherwise preclude their engagement in longer-term rehabilitation programmes but who still have access to clinical services and CARATs)

with treatment being supported by a range of mandatory and voluntary drug testing programmes.

- 3.22 Prison officer entry level and on-going training includes elements of substance misuse. This basic training has been enhanced by individual packages developed by the Home Office and the Drug Strategy Unit to support prison staff who come into regular contact with substance misusing prisoners.
- 3.23 The introduction of CARATs in 1999, the advent of the DIP for all prisons in England and Wales in 2003 and the expansion in intensive drug treatment programmes has further increased the demand for training around substance misuse in the custodial setting. Drug treatment programmes currently have their own individualised training package which facilitators are required to pass before working on any of the programmes.
- 3.24 Prisons use a 'mixed economy' workforce whereby the majority of CARAT teams and drug treatment programme staff consist of both prison officers and contracted- in providers. This multi-disciplinary approach is seen as a key strength of custodial drug interventions and allows prisons to draw on existing staff to increase the skill and knowledge base of prison officers whilst widening the pool of specialist drug workers. The NOMS Drug Strategy Unit has also worked closely with the NTA and Skills for Justice on the Advanced Modern Apprenticeship scheme and has recruited seven apprentices in the London area with plans to increase the scheme to other areas if funding permits.

- 3.25 There are currently approximately 1500 specialist drug treatment staff working in prisons. This includes both CARATs (850 staff) and prison drug treatment staff (approx. 650 staff). In 2004 the introduction of DIP in prisons led to an increase in prison CARAT teams by 166 additional staff (taking staff numbers from approximately just under 700 workers to 850 CARAT workers). With further developments and expansion of drug treatment in prisons, particularly with the advent of the Integrated Drug Treatment System (IDTS), there is likely to be an expansion in the number of qualified staff required to deliver drug treatment services in prison. IDTS aims to increase the volume and improve the quality of treatment. Current projected figures estimate that the IDTS will require up to 400 additional CARAT workers by 2008 and 450 clinical staff. A workforce element of IDTS has been set up to ensure that prisons are linked to current developments in the field and that this area is an integral element of IDTS
- 3.26 The National Drug Programme Delivery Unit (NDPDU) was set up in June 2004 to oversee the operational rollout of drug treatment programmes and since June 2005 the inclusion of the operational implementation of CARATs. The unit is responsible for supporting programme delivery by:
- training all programme facilitators
  - providing operational support
  - ensuring treatment integrity.

A review of CARATs training is also currently underway.

The DH and Prison Health Policy Unit have developed substance misuse training for all levels of health and clinical staff working within the secure estate. Cross-departmental working is endeavouring to ensure that these training initiatives complement each other and will, over time, become a coherent system of training for the criminal justice sector.

- 3.27 Further work to explore recruitment and retention of substance misuse personnel is underway, the findings of which will be incorporated in the prisons IDTS workforce plans. This will link with wider developments in creating sustainable solutions.

## **Aftercare**

- 3.28 The focus on safer communities and regeneration has led to an increase in the number of substance misuse specialists working within the wider community. These workers can range from those working in substance misuse and supported housing and targeted employment initiatives to substance misuse community project workers employed to explore local substance misuse related issues.
- 3.29 The roles of these workers will become increasingly important as aftercare services are developed. Aftercare is a key element of the DIP, acknowledging that drug treatment is not the only need of a drug-misusing client. Housing, employment and family issues, as wraparound services, are need-based interventions, necessary to complete and sustain gains. DAT partnerships may wish to consider commissioning training for this group of workers to ensure that they have a better understanding and an ability to respond to the needs of drug users and/or, conversely, housing needs.

Professional training such as this should allow for greater exchange of information and advice on clients housing and substance misuse needs, informing the better case management of drug using individuals.

## Families

- 3.30 The families of drug users have significant influence over the treatment, from engagement to retention and the sustainability of outcomes. With appropriate information and support these families could effectively become an additional 'volunteer workforce'. Also, the link between reduced re-offending and strong family ties and the accommodation that families can provide is well established. Therefore, constructively mobilised and supported, these families would make a significant contribution towards meeting the Home Office PSA target.
- 3.31 Lastly, parental problem drug use - and parental imprisonment - can and do cause serious harm to children from conception to adulthood. These children and young people are at greater risk of developing problematic substance use too. Therefore these children's needs should be recognised and addressed as part of the interventions and treatment of their parents.

## Treatment

- 3.32 The treatment workforce has been experiencing considerable expansion. The initial target for this workforce was to increase the number of drug treatment practitioners by 3000 by 2008. The first NTA workforce strategy was developed and implemented in 2002. The strategy focused on increasing the competency and capacity of the drug treatment workforce. The achievement of the NTA target to double the numbers of individuals in treatment by 2008 is almost entirely dependent on the capacity and competence of the drug treatment workforce.
- 3.33 The *Models of Care* (NTA 2002b) and the more recent *Models of care: update* (NTA, 2005d) provide the strategic framework for drug treatment in England. The workforce involved in implementing these programmes consists of the full range of multi-disciplinary professionals including medical staff, nurses, social workers and counsellors, managers and commissioners. The medical workforce includes psychiatrists and GPs who are providing prescribing services. This workforce is monitored through the treatment planning process and quarterly reporting of numbers by each DAT.
- Models of Care 2002 – provides a conceptual framework for drug treatment in England. The MOC four tier framework includes

Tier 1 – Non-substance misuse specific services requiring interface with drug and alcohol treatment, for example

Tier 2 – Open access drug and treatment services, for example

  - Advice and information
  - Harm minimisation interventions e.g. needle exchange

Tier 3 - Structured community-based drug treatment services, for example

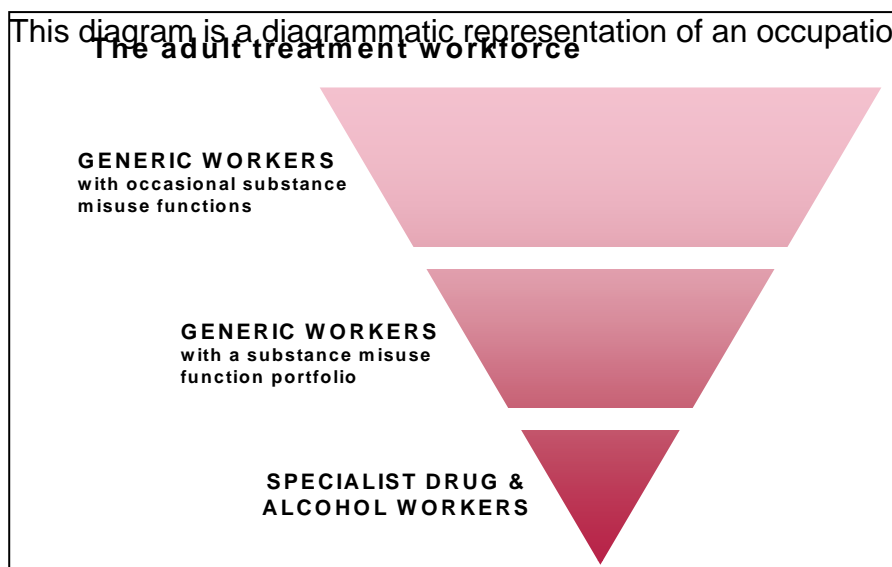
  - Care-planned counselling (Tier 2/3)
  - Structured day programmes
  - Community prescribing




Tier 4 – Residential services for drug and alcohol misusers, for example,

  - In-patient substance misuse treatment
  - Residential rehabilitation

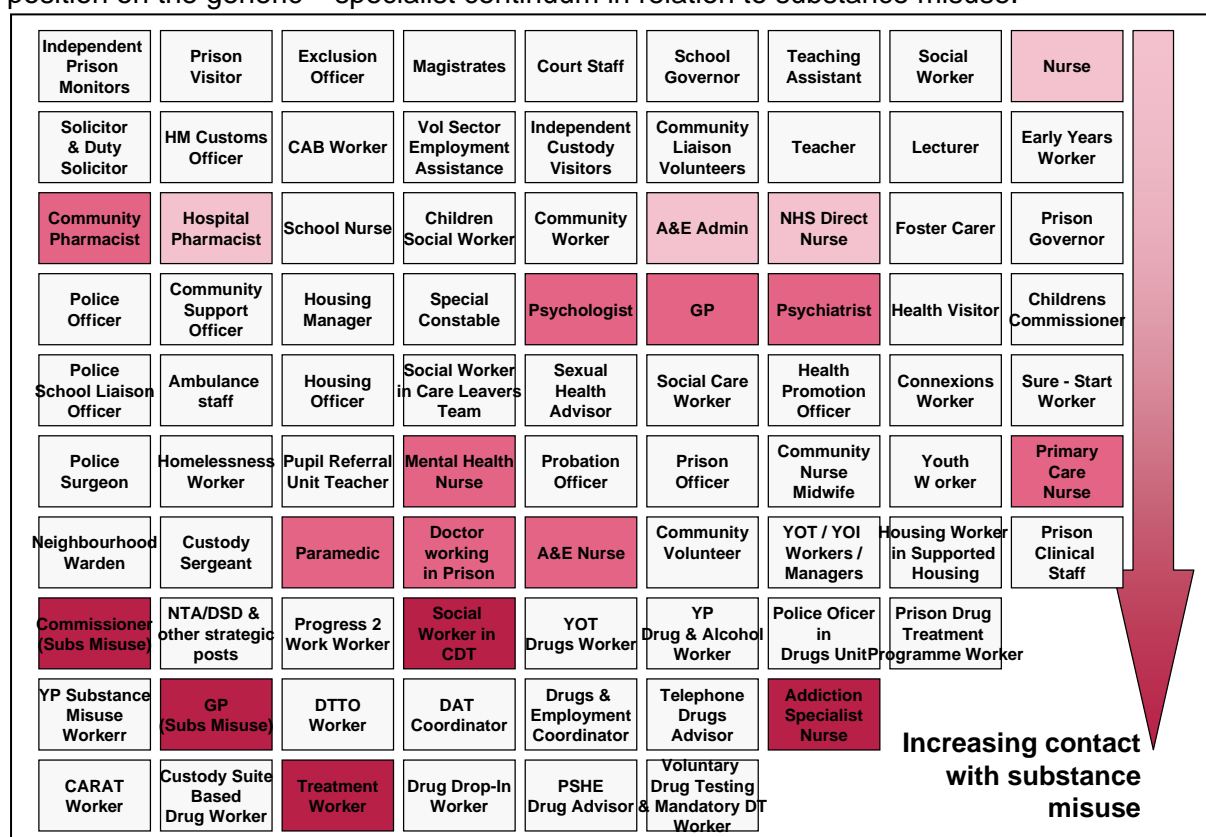
- 3.34 The NTA Treatment Effectiveness Strategy (NTA 2005c) reinforces the need for a competent workforce to deliver the aim of getting 40,000 extra clients into treatment throughout England and increasing the effectiveness of treatment through:
- increasing the number of specialist drugs workers to deal with the most problematic clients in the community
  - developing more residential and in patient detoxification services
  - Improving the management of cases to adapt treatment to individual circumstances.
- 3.35 A clear, sustainable, comprehensive and achievable approach to workforce development is therefore critical. The 2002 NTA strategy and the 2006 joint workforce development plan identify that sustainability will be achieved by mainstreaming the drug treatment capacity and capability agenda into the workforce development mechanisms for health, social care and criminal justice.

- 3.36 This diagram is a diagrammatic representation of an occupational map of the generic and sp



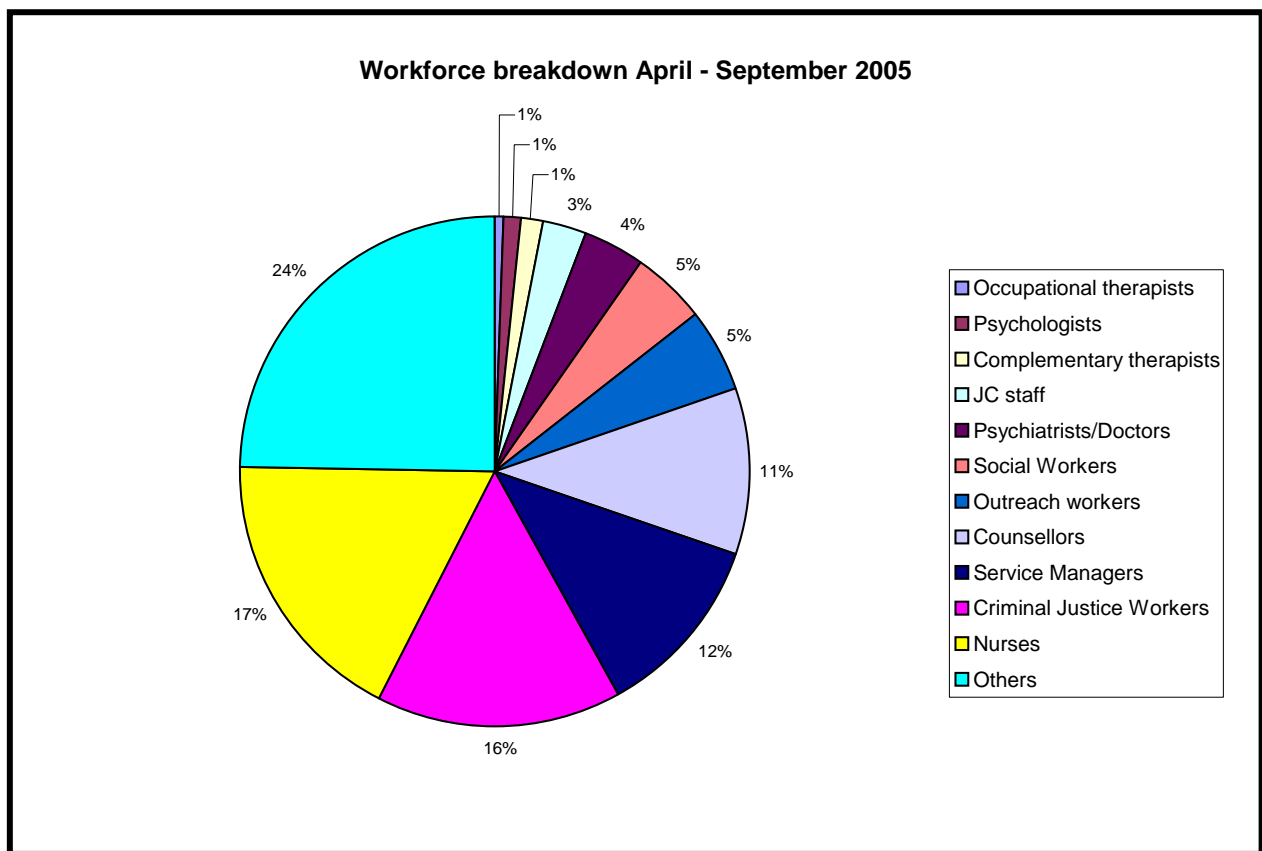
-  **Generic workers with occasional substance misuse functions**  
This wider sector includes those working with adults in, for example, health and social care, education, housing and justice. Most of these are generic workers whose work will occasionally require them to deal with substance misuse concerns.
-  **Generic workers with a substance misuse portfolio**  
This group includes those who have a more substantive substance misuse role as part of their function e.g. general psychiatrists, psychologists, pharmacists or those working in areas such as Accident and Emergency.
-  **Specialist substance misuse workers** this describes all whose role is solely concerned with the treatment of substance users.

The diagram below identifies a range of different workers and attempts to indicate their position on the generic – specialist continuum in relation to substance misuse.



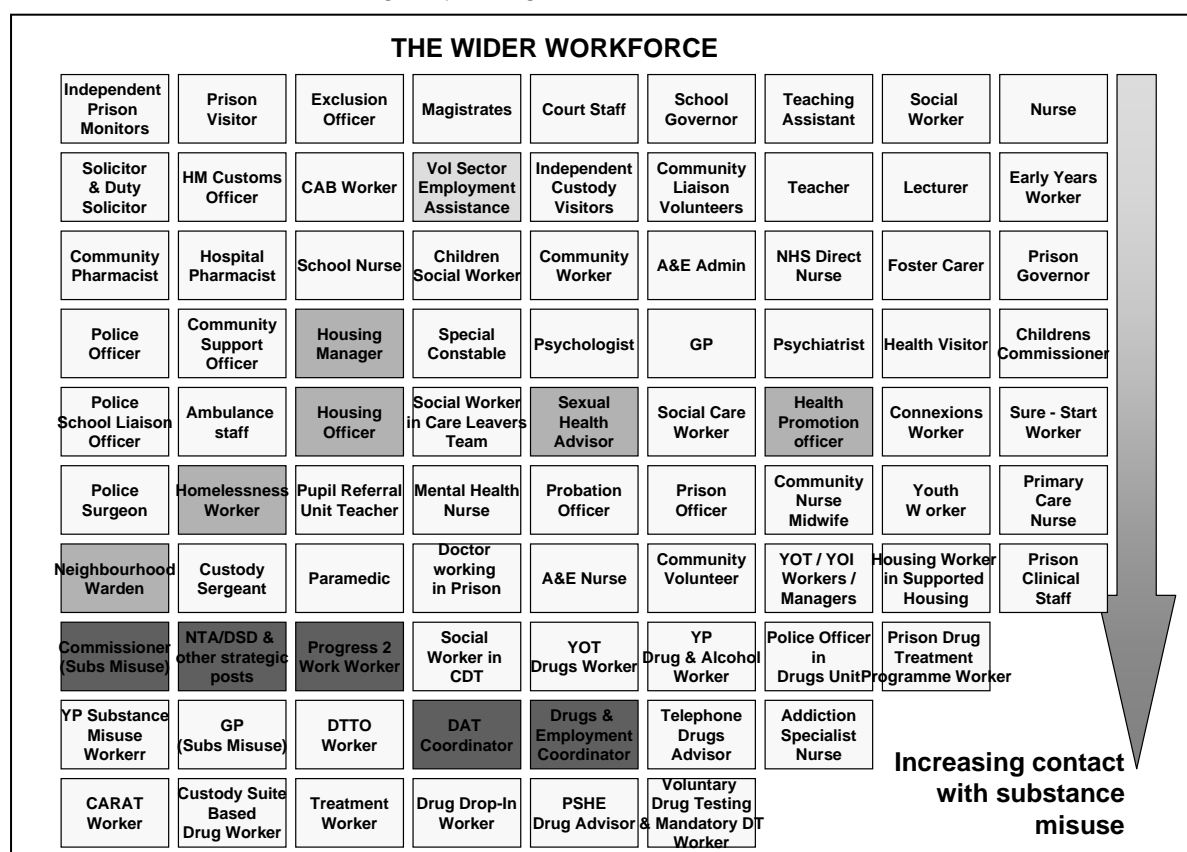


The NTA collects workforce data on a six monthly basis from local partnerships. Based on these workforce planning returns, the following chart shows the current composition of the treatment workforce.



## Wider Workforce

- 3.37 There are of course a broad range of workers that do not fit neatly into the parameters described above. For example those involved primarily with prevention activities, those with the wider remit of reintegration, including housing, employment and those in strategic roles which may include those working for Government Departments, the National Treatment Agency, Drug Action Teams etc.



- 3.38 However, the same approach can be taken with these workers in determining the level of knowledge and skills required for their individual roles. For example, those working in management positions will need to look to mainstream qualifications or courses to support their on-going continuing professional development, for example, a Certificate or Diploma in Management. Similarly the needs of those in strategic and policy development roles will be adequately catered for by generic mainstream training in these areas.

## Increasing capacity

- 3.39 The primary objective here is to make sure there are enough of the right workers with the right skills to implement the Updated Drug Strategy.
- 3.40 There are two distinct approaches to increasing capacity, the first involves recruiting more of the right people to the field, the second improving the effectiveness of the existing workforce to work more effectively with those at risk from substance misuse.
- 3.41 Attracting new workers to the field is important. The DSD is working with:
- national and regional partners to expand the Advanced Apprenticeship Scheme initiated by the NTA in partnership with Skills for Justice. The DIP Advanced Apprenticeship Scheme began recruiting in September 2005

- higher education organisations to encourage graduates to consider careers in the substance misuse field
- stakeholders to develop promotional material to promote the substance misuse field as a positive place to work
- recruitment specialists to access a broader range of applicants through cross-sectoral targeting e.g. the DIP London targeted recruitment campaign.

3.42 Increasing the effectiveness of the existing workforce by:

- establishing training and assessment infrastructures to ensure that all staff have access to induction and on-going professional development
- improving career pathways to ensure that we are able to retain and develop the existing workforce.

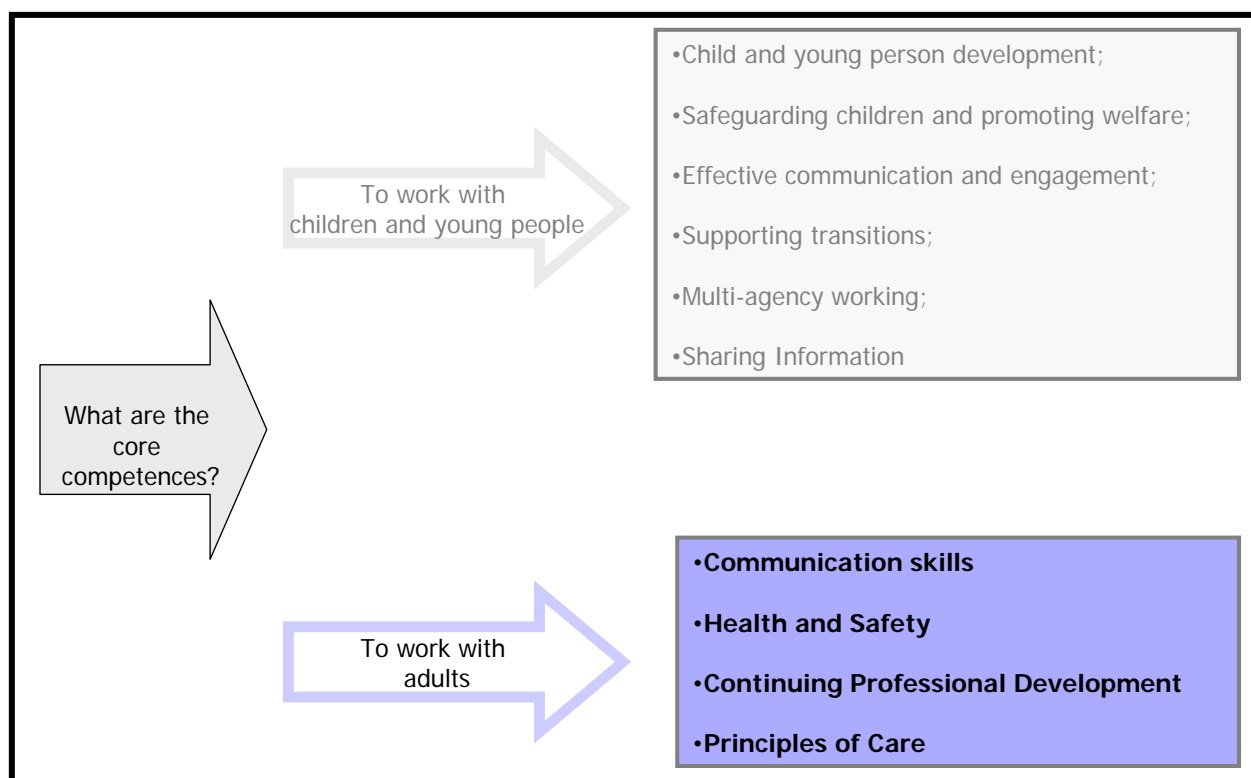
### Improving Competence

3.43 Competence is the application of skills and knowledge necessary to perform to an agreed standard.

3.44 The Care Standards Review identified a core set of competencies required by those working in the care sector. These core set of competencies include:

- communication skills
- health and safety
- continuing professional development
- principles of care.

The diagram below sets out the basic competence required by those working with adults in the substance misuse field.



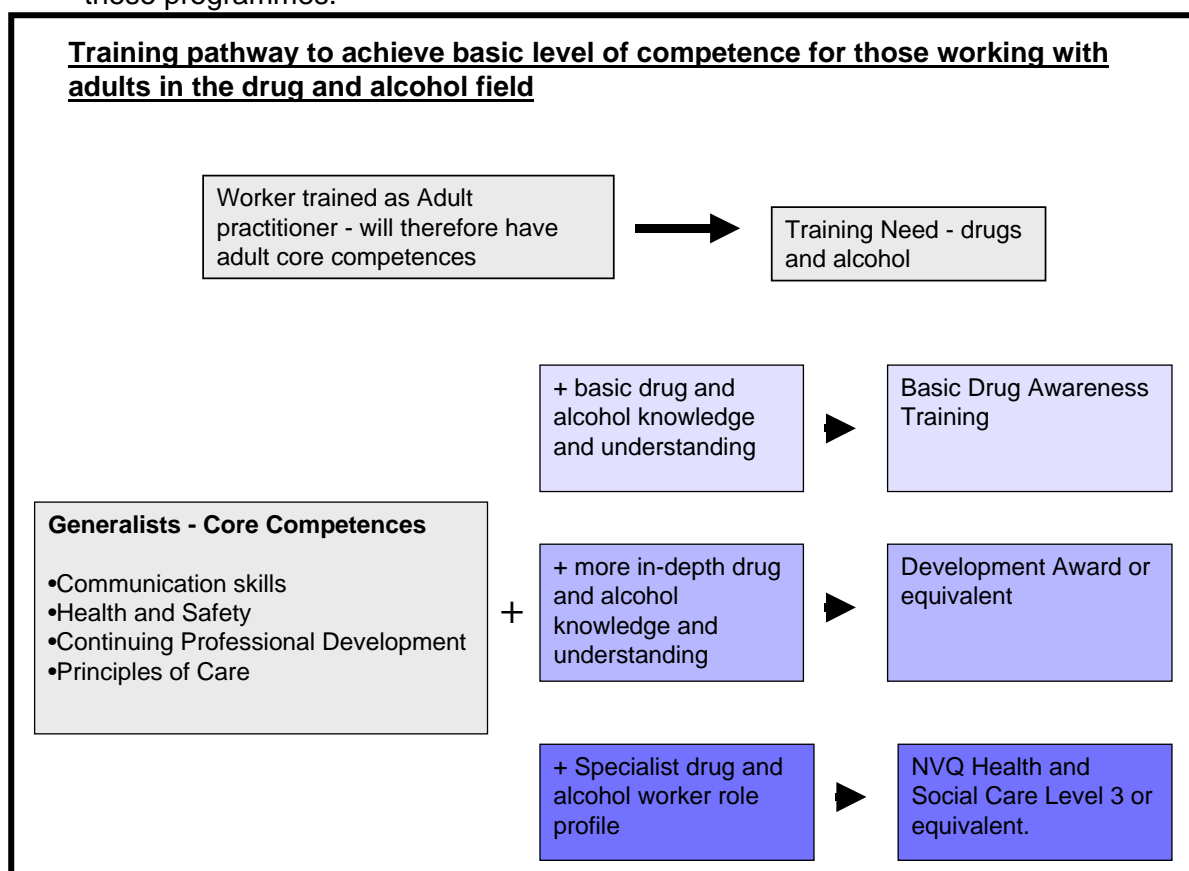
3.45 However, substance misuse knowledge and understanding is required to underpin these core skills.

It is important to ensure that all adult workers across the field have the additional basic substance misuse knowledge and understanding to underpin their core competencies. All local drug action team areas should provide access to basic substance misuse training and employers should ensure that all staff have the opportunity to participate in this type of training. It is important that, over time, this basic substance misuse training is incorporated into core professional training of all those working in education, health, social care and criminal justice.

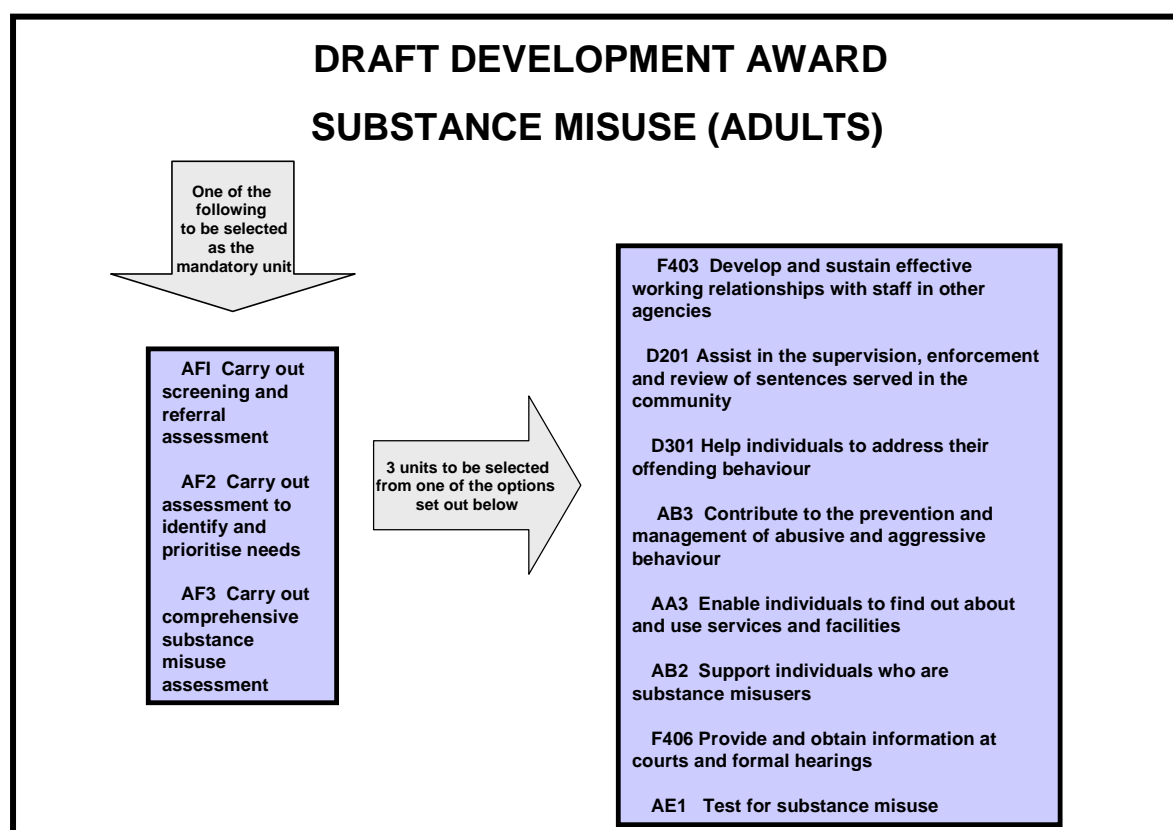
Many of those working with adults in the substance misuse field will be employed in roles that bring them more routinely to engage with substance misusing offenders. This workforce will require a more in-depth knowledge and understanding of substance misuse.

Specialist substance misuse workers will, whilst requiring the core competencies as defined above, will also require extensive knowledge, understanding and advanced skills in substance misuse. Significant work has been undertaken by the NTA in identifying the training needs of the specialist treatment workforce. (NTA, 2003a)

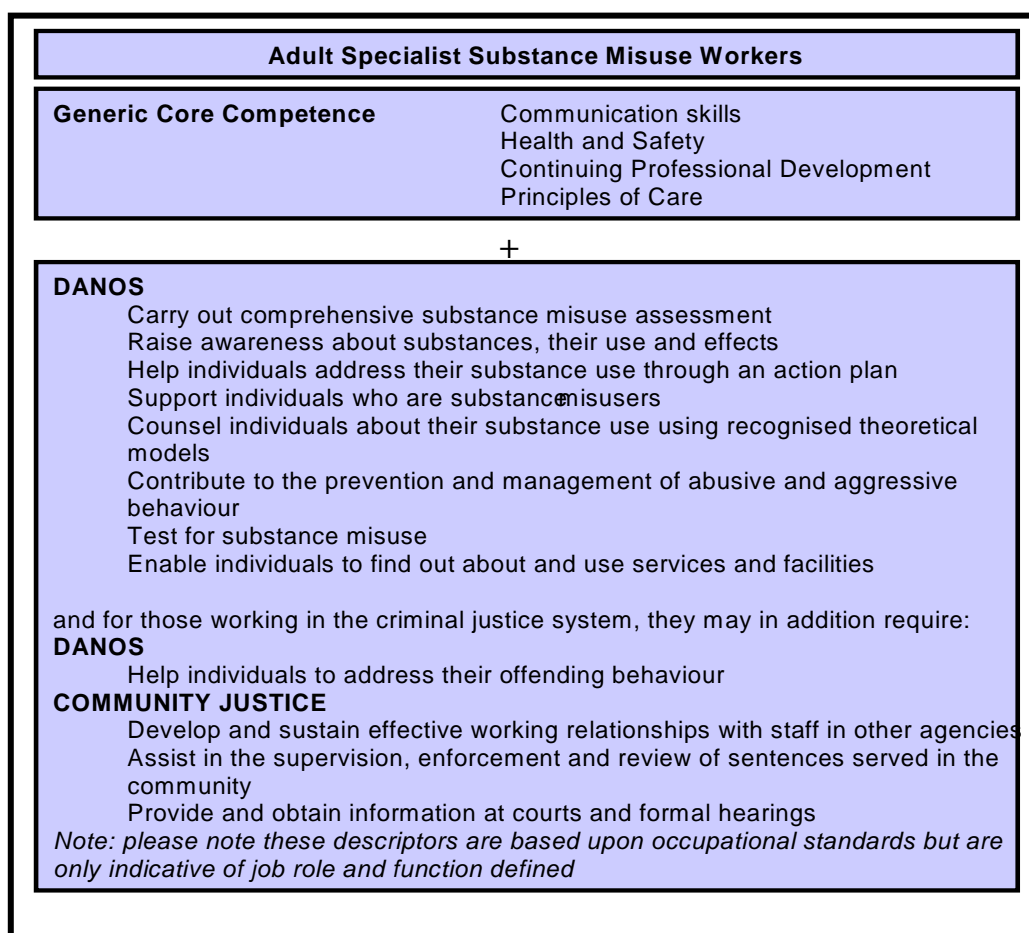
3.46 A limited range of appropriate training is available in many areas and service providers should provide staff with the opportunity to access the appropriate training as required. The development of on going continuing professional development programmes should reflect this requirement with the inclusion of substance misuse in these programmes.



- 3.47 The Drug & Alcohol National Occupational Standards (DANOS) developed by Skills for Health will be a cornerstone of training in the substance misuse field. DANOS specifies the standards of performance that all staff in the drugs and alcohol field should be working to. They also explain the knowledge and skills which workers need in order to achieve and meet the required standard. It is important to note that whilst DANOS will relate to many aspects of the role undertaken by those working with substance misusing offenders it may be appropriate to refer to other national occupational standards, for example, Community Justice National Occupational Standards.
- 3.48 The newly developing Drug and Alcohol Qualifications Framework and accompanying vocational qualifications (forthcoming) will complement the existing and numerous non-vocational qualifications that are available to the field. The DSD is working with a number of SSCs to establish a small competency based award, the 'development award' for those working with adults in the substance misuse field. This award is designed to provide a flexible approach that will meet the needs of all workers in both specialist and generic settings. This award is designed to build upon existing core skills by applying the relevant substance misuse knowledge and understanding. A modular approach allows the practitioner to select the appropriate units that relate to their particular area of work. This award has been the subject of a successful pilot and plans for further roll out are currently being developed. The diagram below outlines the potential structure of this new award.



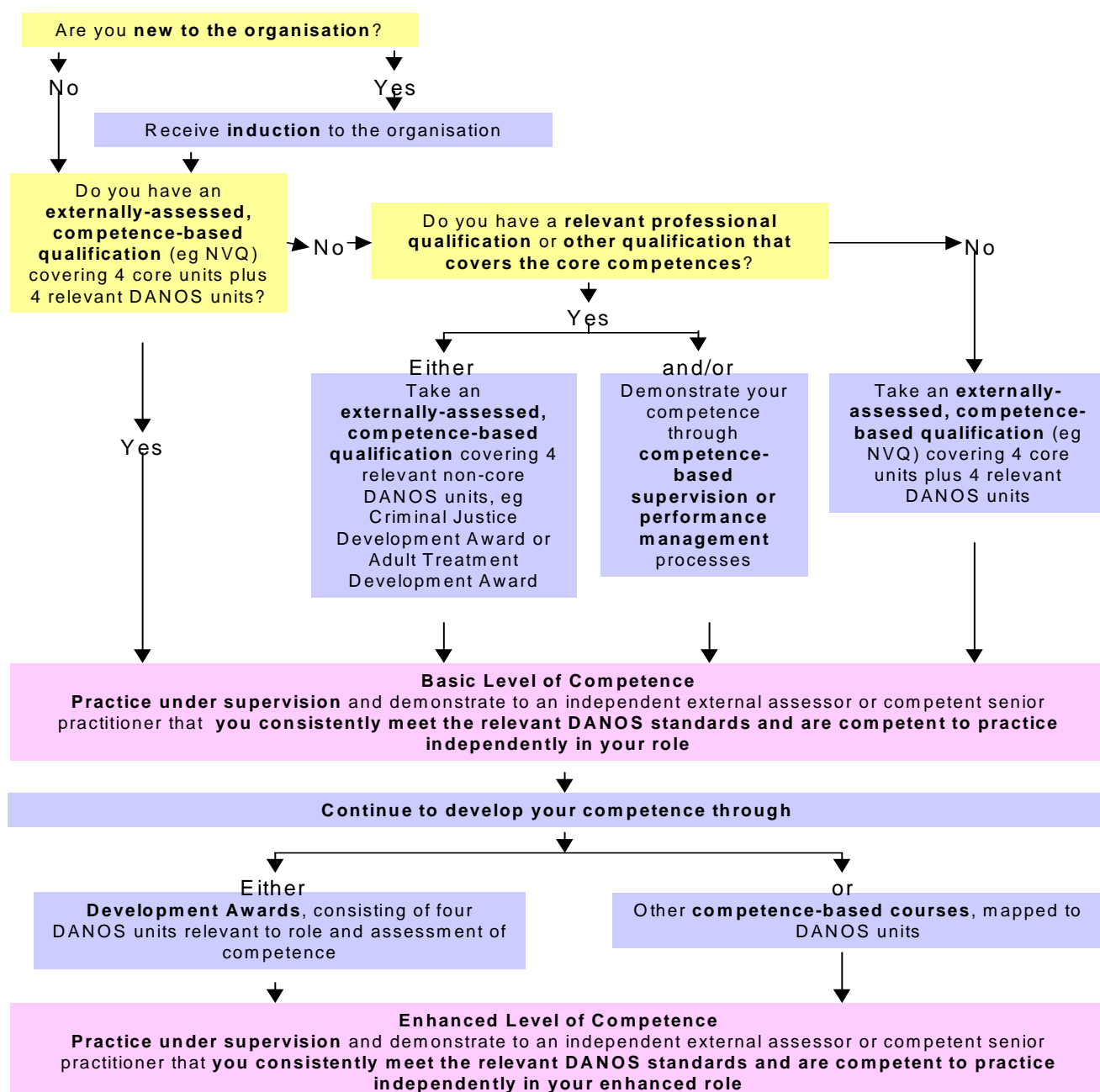
- 3.49 However, many of the wider roles in the substance misuse field will have a different focus, for example, those managing services, commissioners, those delivering training etc. Those in these roles should look to mainstream training provision, as, for example, management is not a substance misuse specific set of skills, but has a far broader application.



- 3.50 This role profile has been included as an example of a profile for a specialist worker in the substance misuse field. A number of projects have been undertaken to identify the competencies required by those working in the field and their training need. This information is available on [www.skillsforhealth.org](http://www.skillsforhealth.org) and [www.drugs.gov.uk](http://www.drugs.gov.uk).
- 3.51 It is good practice for all practitioners to develop and maintain professional portfolios outlining their competence gained and maintained in both the adult core competencies as well as sector specific competence. Many professionally qualified staff are required to maintain up to date continuing professional development records to maintain their professional status, for example, doctors, psychologists, social workers, nurses and pharmacists.
- 3.52 It is the responsibility of the employer to monitor, manage and develop the performance of all staff. The NTA produced the *Staff Development toolkit for drug and alcohol services* (NTA, 2003b). This document is aimed at managers in drug and alcohol services and aims to 'provide straightforward and practical guidance on staff development for drug and alcohol services'.

- 3.53 A qualification framework is in development that will include a range of qualifications and awards. This will be added to as qualifications are developed. The qualification framework will support the development of competence. The following is a diagram of the route into and through the adult treatment field and describes the core competencies and the route to continued professional development.

### **Competence and Qualifications in Adult Substance Misuse Services**



## **Mainstreaming substance misuse skills**

- 3.54 Our long-term goal is to ensure that working with substance misuse becomes integrated into mainstream service provision and is included in workforce planning within related sectors, for example, within our health, care and justice sector partners
- 3.55 The criminal justice sector is undergoing considerable change. The new National Offender Management Service is establishing itself as a joined-up approach to offender management. The three National Training Organisations (NTO)<sup>5</sup> responsible for workforce developments in the criminal justice sector have combined to form one inclusive Sector Skills Council (SSC), Skills for Justice.

All those who work with offenders have a key role to play in addressing substance misuse and that reducing drug misuse should be regarded as core business for all those working in the criminal justice sector. The recent introduction of new interventions such as drug testing and restriction on bail have heightened the need for our statutory partners such as the police and court services to work more closely with the substance misuse field. As a consequence the police, probation and prison services have developed strategies to respond efficiently to the increasing demands from these substance misuse initiatives. This requires increases in the level of skills, knowledge and understanding of all those working with offenders.

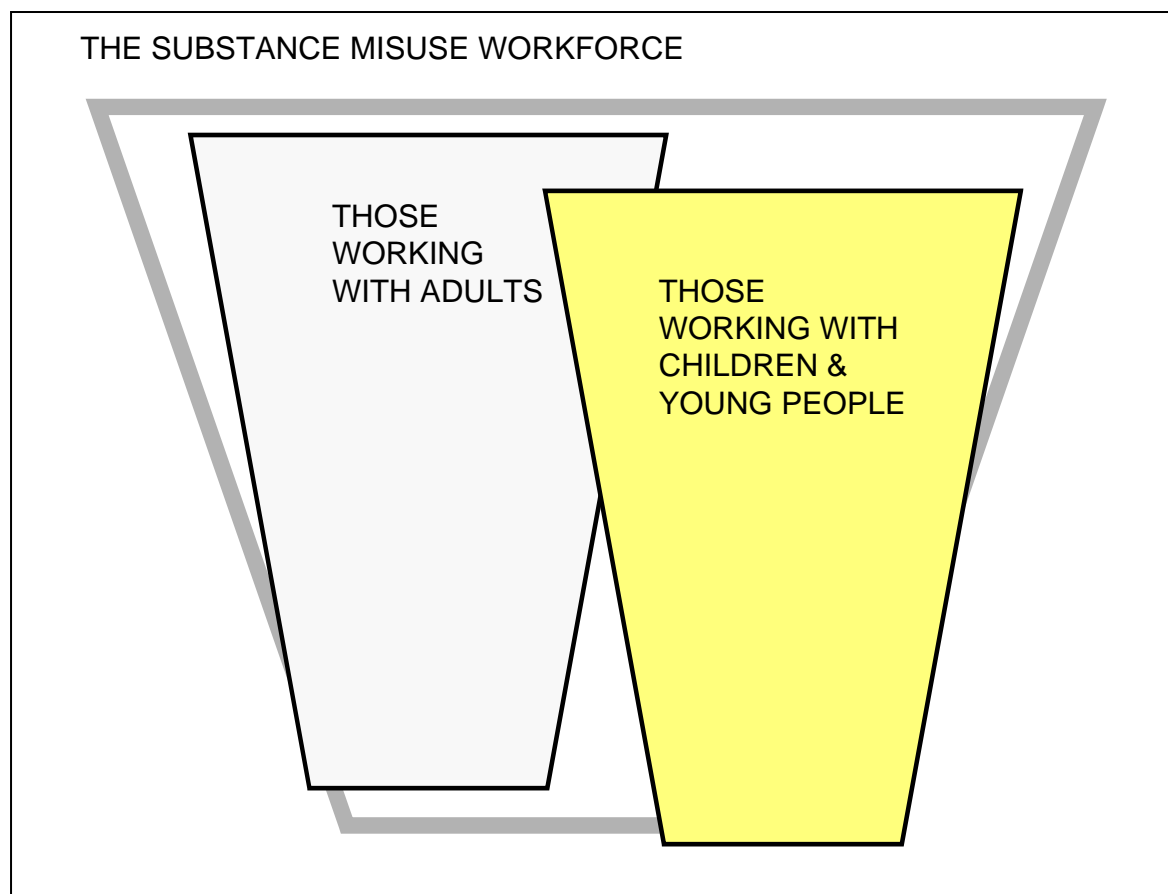
- 3.56 Similarly, the health and care sectors are restructuring, with changes to the Sector Skills Councils in Care (and Development) and the implementation of the Agenda for Change within the National Health Service.
- 3.57 We will work with our mainstream partners to incorporate the knowledge and understanding required to address substance misuse into the basic and on-going continual professional development of all professionals and practitioners working with offenders.

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<sup>5</sup> The three national training organisations (NTOs) merged to form Skills for Justice included Custodial Care NTO, Community Justice NTO and the Police Skills and Standards Organisation.



## 4. Working with Children and Young People in the Substance Misuse Field



- 4.1 The main objective of this part of the plan is to support the delivery of the Home Office Public Service Agreement target:
- reduce the use of class A drugs and the frequent use of any illicit drug among all young people under the age of 25 especially by the most vulnerable young people.
- 4.2 Tackling drug use among young people has been central to the Government's drug strategy since the launch of Tackling Drugs to Build a Better Britain (Cabinet Office, 1998). Good progress has been made but more needs to be done if we are to reduce drugs misuse by young people and help more of them reach their full potential. To this end significant work has been undertaken to more fully integrate substance misuse into the Every Child Matters; Change for Children Programme.
- 4.3 It is clear therefore, that the implementation of the *Updated Drug Strategy* and the Young People's and Drugs PSA Delivery Plan (DfES, HO, DH 2004) is dependent upon a broad range of practitioners effectively working with children and young people (C&YP) around a broad range of substance misuse issues. It is important to recognise that this does not only refer to substance misuse by the children or young people themselves but also to misuse by others and its subsequent impact. The various solutions available, from education and harm reduction to treatment and aftercare, do not just lie in the hands of specialist workers. Many more practitioners come into frequent contact with misusers and those affected by other's substance misuse.

- 4.4 However, many of those workers do not recognise they have a role in relation to substance misuse. The recent piece of work undertaken by Cranfield School of Management, *A whole systems approach to workforce planning within the substance misuse sector* (Mills 2004) identified:

“An important finding to come out of all strands of this research was that many contacts within organisations did not recognise their workers fell into Group B. In particular, workers within the education and employment sectors and some areas of the housing sector commonly declined to participate in the research because they felt that they were not within this worker group. In some cases, especially with some housing associations, it may be true that employees do not necessarily encounter substance misusers on a regular basis. However, in many cases respondents changed their view after a short conversation.” (Mills 2004)

The report concluded that:

“This implies that some work will be necessary to convince managers in organisations that they are part of the wider substance misuse sector.”

- 4.5 As part of the Children’s Workforce Strategy, local authorities and their partners should develop integrated local workforce strategies (DfES, 2005a). For further information on developing children and young people’s workforce strategies please go to [www.cwdcouncil.org.uk/advice/index.htm](http://www.cwdcouncil.org.uk/advice/index.htm).

### **The children & young people’s workforce**

- 4.6 The two main areas of focus within the substance misuse field are criminal justice and treatment. Within each of these areas the work can include prevention, early intervention, specialist treatment and re-integration.

Below is a diagrammatic representation of an occupational map of the generic and specialist workforces engaged in working with children and young people and substance misuse.

## How many drug and alcohol workers are there?

### CHILDREN AND YOUNG PEOPLE'S WORKERS

with occasional substance misuse functions

### CHILDREN AND YOUNG PEOPLE'S WORKERS

with a substance misuse function portfolio

### CHILDREN AND YOUNG PEOPLE'S SPECIALIST DRUG & ALCOHOL WORKERS

1,000

Source: Healthwork UK, now Skills for Health, developed an occupational map of this workforce as part of their development of the Drug and Alcohol National Occupational Standards (DANOS) (Healthwork UK, 2001).

4.7 The Every Child Matters: Change for Children – Young People and Drugs (DfES, 2005c) states:

“All people working with children have a key role to play in addressing substance misuse among children and young people.”

“No one service, professional or sector can deliver any outcome for children or young people on their own. Therefore the best way for professionals to improve the effectiveness of their services is to work together – to create packages of care focused on the systemic outcomes for the user. In this way, the whole is greater than the sum of the parts, and professionals deliver outcomes more efficiently.”

#### **Children and young people's workforce with occasional substance misuse functions**

This wider sector includes those working with children and young people in, for example, health and social care, education, youth work and youth justice. Some of these are generic workers whose work will occasionally require them to deal with substance misuse concerns.

#### **Children and young people's workforce with a substance misuse portfolio**

Others are employed in posts with a more substantial substance misuse role. For example teachers working in pupil referral units, social workers in care leavers teams, those working in children's homes, foster carers etc. Those working with vulnerable children and young people will have significant opportunities to address substance misuse issues in their client base.

The Young People's and Drugs PSA Delivery Plan has identified that a key area for development is targeted interventions within generic children and young people's services for those most at risk and states that:

- we need to ensure that tackling drugs becomes part of the core business of children and young people's services. We need to intervene earlier so that problems are not allowed to drift to crisis point and carry over into adult life – almost 20,000 young people feed into the adult problem drug user population each year
- those most likely to start using drugs at a young age - the children of problem drug users, looked after children, persistent truants and school excludees, and offenders – are often known to children and young people's services
- in too many cases, emerging drug problems are either not identified or, if they are, are not addressed within the agency leading to an inappropriate referral to specialist provision rather than a holistic intervention.

Substance misuse problems should be identified early on and addressed as part of an holistic assessment of needs, leading to the development of an individual plan for care and support, co-ordinated by a lead professional or case manager.



### **Children and Young People's Specialist Substance Misuse Workers**

Finally, the specialist practitioners whose roles are defined by their work with substance misuse. This part of the workforce includes those in youth justice and treatment and incorporates other specialist practitioners, for example, substance misuse advisory teachers.

## **Youth Justice**

- 4.8 The updated drug strategy has further accentuated the focus upon C & YP and substance misuse within the criminal justice sector. Research shows that young people within the criminal justice sector have higher rates of substance misuse than those in the general community and problematic users are more likely to be involved in offending than non-users. Successful substance misuse interventions in the youth justice system have a key role in preventing re-offending and give young offenders a better chance of achieving their future potential. Effective intervention can prevent the development of problematic substance use amongst those offenders who are at early stages of drug use or provide specific treatment to those who already have more problematic substance use issues.
- 4.9 A range of targeted interventions for C & YP is being developed by the Drug Interventions Programme and the YJB for young people in contact with the criminal justice system. In brief these include:
- child/youth centred arrest referral pilots
  - the named substance misuse worker in Youth Offending Teams
  - piloting of testing for specified Class A substances after charge
  - piloting of drug treatment and (where appropriate) testing requirements as part of an Action Plan Order or Supervision Order
  - a new substance misuse service for juveniles in custodial facilities
  - Resettlement and aftercare provision (RAP).
- 4.10 The interim evaluation report on the Drug Interventions Programme Children and Young People pilots found that recruitment and staffing was one of the key challenges in setting up the arrest referral pilots for children and young people. Most sites aimed to recruit applicants with the necessary skills and experience to work with young people, rather than looking for specific substance misuse skills. However, some still experienced difficulties in attracting applicants with the required skills and experience. The report identified the good practice in respect of the recruitment of arrest referral workers: "with a youth work background who had the skills to engage with young people and provided training and support on substance misuse once in post. For example, in one site, arrest referral workers, who were recruited for their

experience in working with young people, were supported in their substance misuse work by clinical supervision from a local young people's substance misuse service.”<sup>6</sup>

- 4.11 Any expansion of the arrest referral pilots for children and young people would require considered planning from a workforce perspective. The next phase of the evaluation will therefore continue to look at this issue and we will utilise action learning from the evaluation to inform both the development of the pilot and of the broader workforce strategy. Further work is required to support these groups of workers that are being created by these and other criminal justice interventions. In the long term we shall work with our colleagues in the children workforce unit in the DFES to fully integrate our agenda into the mainstream children workforce reform.

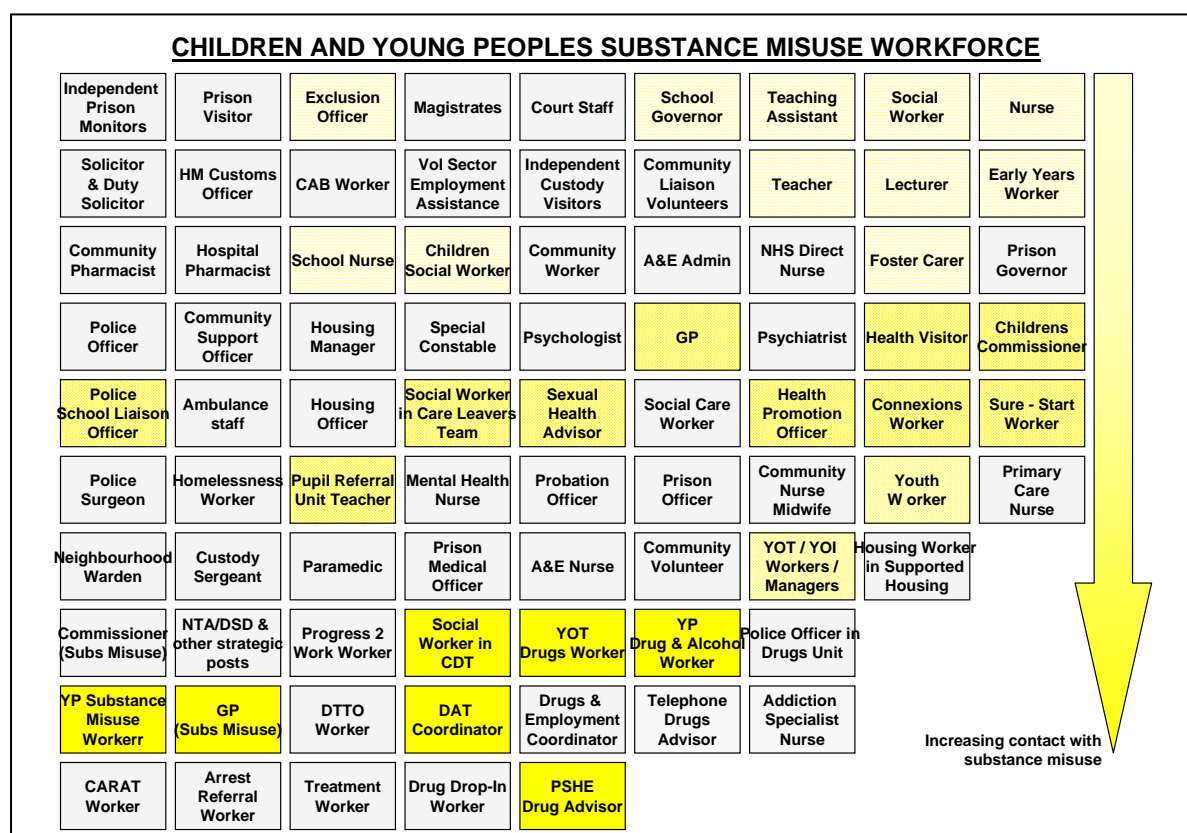
## **Treatment**

- 4.12 The young people's specialist workforce includes those working in Tier 3 and Tier 4 treatment services (HAS, 2001) whose primary role is to work with children and young people who are misusing substances. The NTA have estimated that there are approximately 1000 specialist workers whose primary role is to work with problematic young substance misusers.
- 4.13 The provision of substance misuse services for children and young people is a new and developing area. Increasing drug use amongst children and young people has required that increasing numbers of specialist services for young problematic drug users are developed. The Young People's and Drugs PSA Delivery Plan specifies that the preferred model for young people's substance misuse services is that they become an integral part of C & YP services, rather than a separately planned add on.

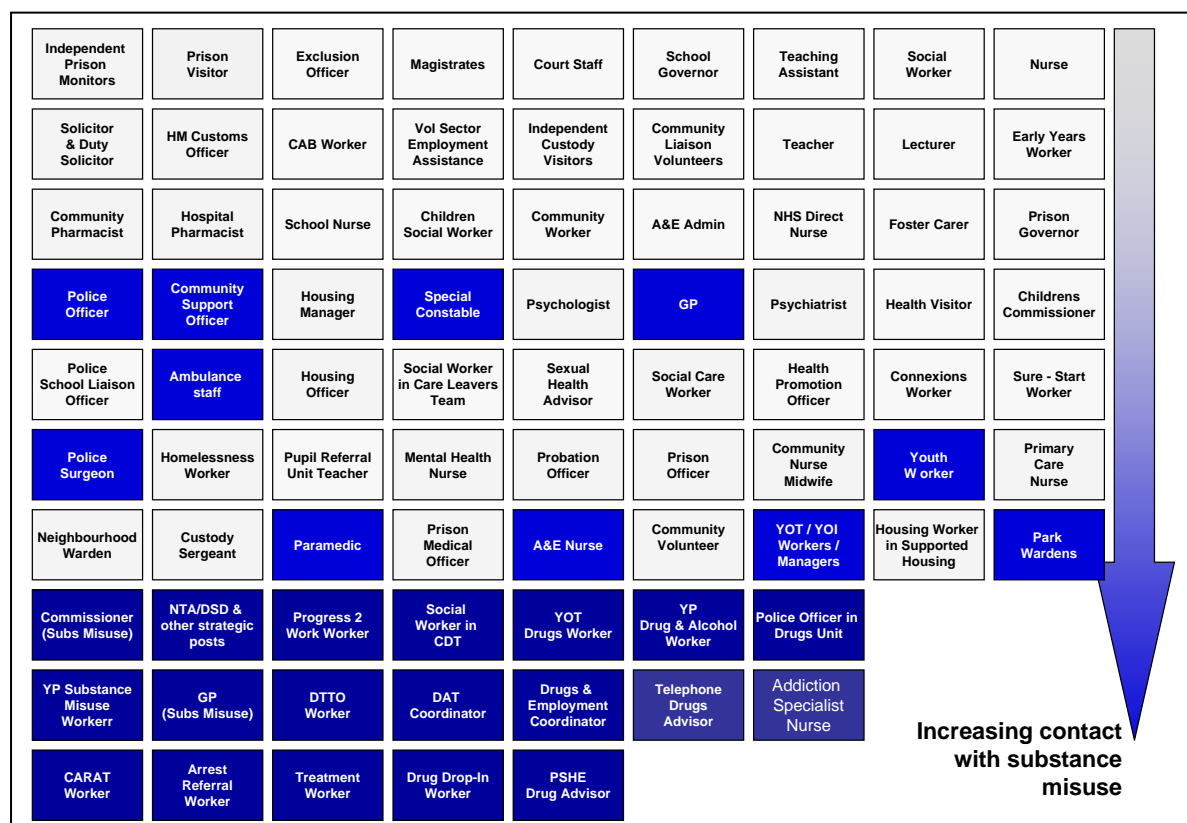
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<sup>6</sup> Early Evaluation findings, published as a Matrix knowledge briefing at:  
[http://www.matrixrcl.co.uk/pdfs/knowledge\\_cjipyp.pdf](http://www.matrixrcl.co.uk/pdfs/knowledge_cjipyp.pdf)

The diagram below identifies a range of different workers and attempts to indicate their position on the generic – specialist continuum. Please note, these are examples only and do not represent the entire C & YP substance misuse workforce.



One further group of workers requires a specific focus. This group includes those practitioners who as part of their daily work may come into contact with intoxicated young people, including those abusing volatile substances.



## Increasing Capacity

- 4.14 The primary objective here is to make sure there are enough of the right workers with the right skills to implement the Young People's and Drugs PSA Delivery Plan.
- 4.15 There are two distinct approaches to increasing capacity, the first involves recruiting more of the right people to the field, the second improving the effectiveness of the existing workforce to work more effectively with those at risk from substance misuse.
- 4.16 Recruit more of the right people to do the job.
  - Attracting new workers to the field. This would involve exploring the potential of apprenticeship schemes and working with HE to encourage graduates to consider careers in the field
  - Improving career pathways to ensure that we are able to retain and develop the existing workforce
  - Creating opportunities to attract colleagues from related sectors to work within the children and young people's specialist field for a limited period of time. This has the potential of enhancing their individual career opportunities whilst returning to their parent sector with increased levels of substance misuse knowledge and understanding.
  - The children and young people's specialist workforce should be drawn from the C & YP workforce, that is, practitioners competent to work with C & YP. Being competent to work with C&YP is the most important consideration when employing to a C&YP specialist substance misuse post.

- 4.17 Support the existing workforce to work more effectively with those at risk from substance misuse:
- by ensuring that the children and young people's workforce has sufficient substance misuse knowledge and understanding to underpin their core competencies, appropriately differentiated according to their role
- 4.18 Inform and support parents in how to prevent drug use, have a positive influence over substance use and support substance treatment.

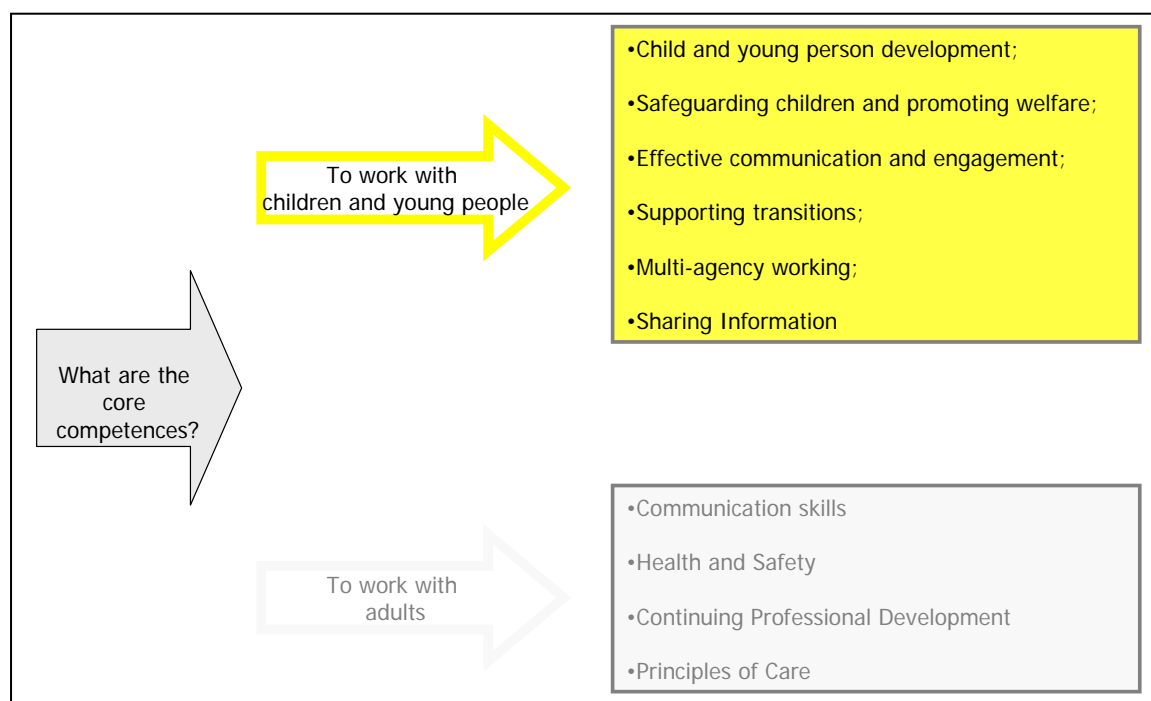
## Improving Competence

Competence is the application of skills and knowledge necessary to perform to an agreed standard.

- 4.19 The Change for Children Programme has established the importance of developing a C&YP workforce that shares a common core set of competencies. These core competencies have now been published under the following six headings:

1. Child and young person development
2. Safeguarding children and promoting welfare
3. Effective communication and engagement
4. Supporting transitions
5. Multi-agency working
6. Sharing Information

The diagram below sets out the core competencies required by those working in the substance misuse field.





4.20 However, substance misuse knowledge and understanding is required to underpin these child centred skills.

It is important to ensure that all of the children's and young people's workforces have additional basic substance misuse knowledge and understanding to underpin their child-focused competencies. All local drug action team areas should provide access to basic substance misuse training and employers should ensure that all staff have the opportunity to participate in this type of training. As the Change for Children Programme develops it is hoped that this basic substance misuse training is incorporated into core professional training across all the C&YP workforce.

The children and young people's workforce engaged with vulnerable groups, for example, those in care, truants, young offenders etc. will require a more in-depth knowledge and understanding of substance misuse. Those working in these areas will be required to assess, refer and work with children and young people at risk from substance misuse.

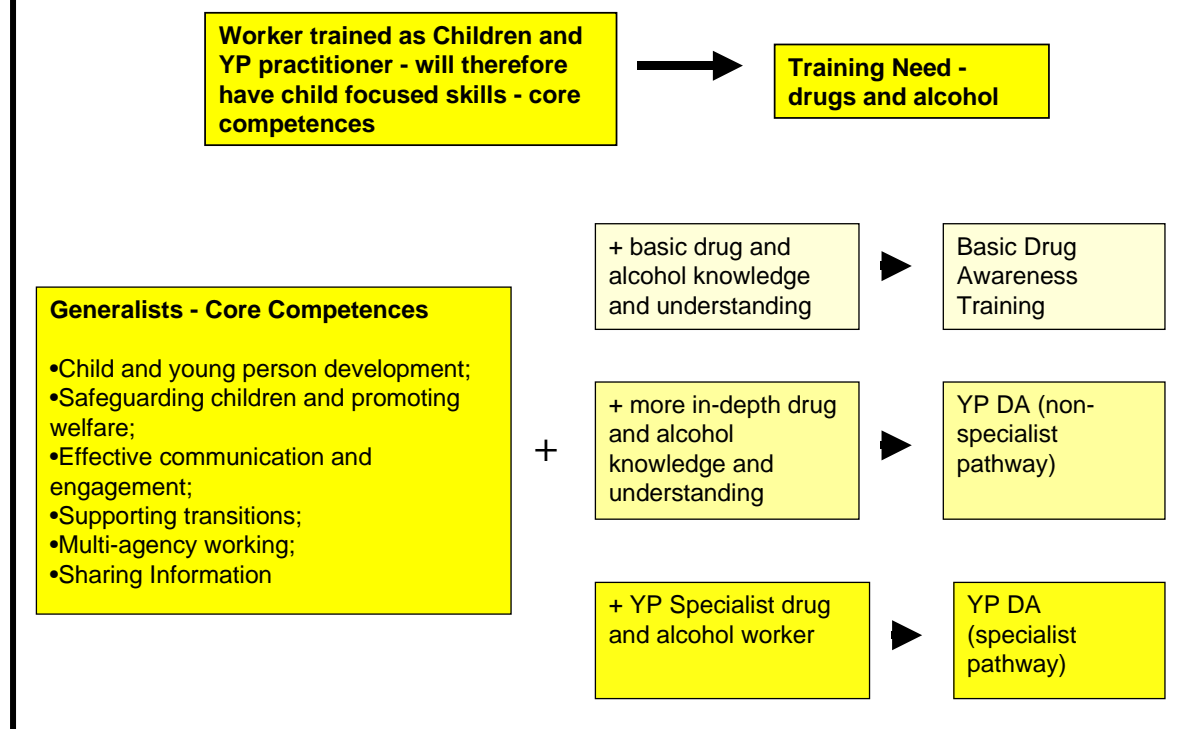
It is important to emphasise that 'at risk from substance misuse' includes personal use, and these workers may have a significant role to play in preventing first use or the escalation of experimental substance misuse, and the impact of other's substance misuse, for example parental substance misuse.

Specialist substance misuse workers will, whilst requiring the children and young people core competencies as defined within the *Every Child Matters* agenda, also require extensive substance misuse knowledge and understanding. It is important to emphasise the importance of recruiting specialist staff that are competent to work with children and young people. The additional substance misuse knowledge and understanding required to underpin these child centred skills can be more readily acquired than can the development of child focused skills. However, we recognise that many existing C&YP substance misuse specialists have been drawn from adult specialist services and may not therefore have received the appropriate training/skills to work with C&YP. These workers will need to access these basic child focused skills by accessing children and young people's training, for example, the Health and Social Care NVQ Level 3 (C&YP Pathway) or equivalent.

Specialist substance misuse workers will need to have an awareness of the significant influence that parents/carers have over the prevention of use, actual use and treatment of their child. Their influence may be constructive or inadvertently undermine the work of professionals. Workers would need an understanding of how to inform, support and empower these parents/carers in constructively supporting their child, so they compliment the work of professionals.

A limited range of appropriate training is available in many areas and service providers should provide staff with the opportunity to access the appropriate training, for example, the developing YP Development Award or equivalent. The development of on going continuing development programmes should support this requirement by ensuring that substance misuse is included in all of these types of programmes.

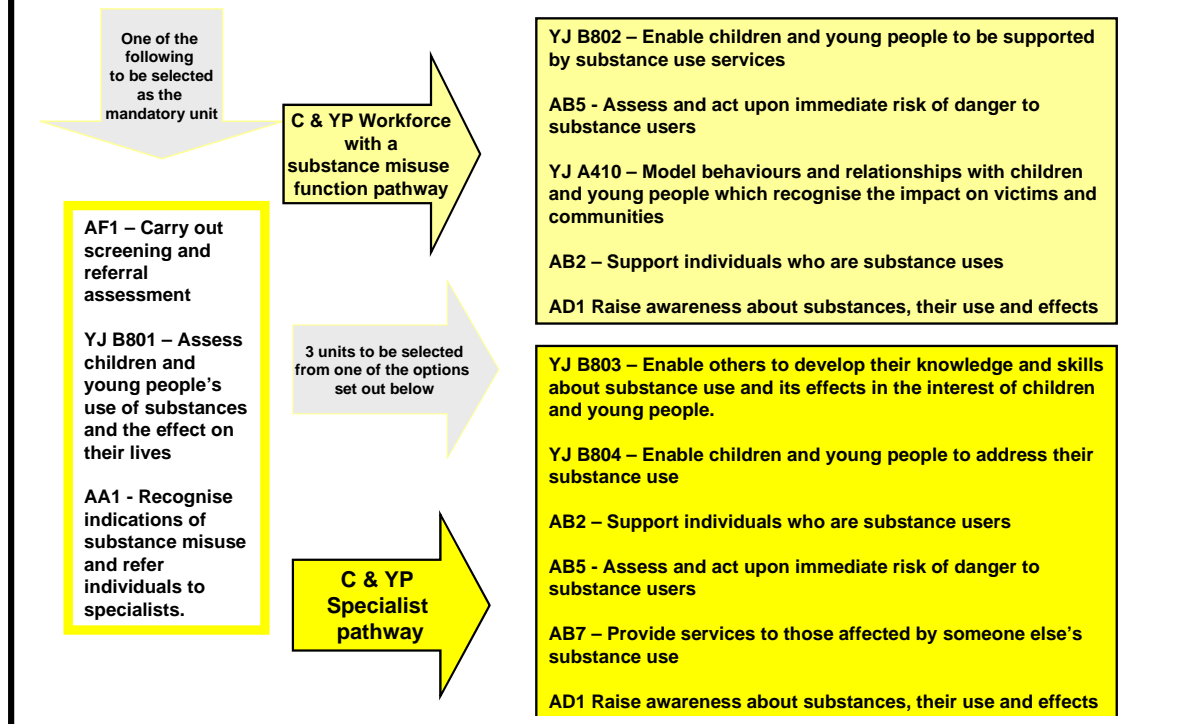
**Training pathway to achieve basic level of competence for those working with children and young people in the drug and alcohol field**



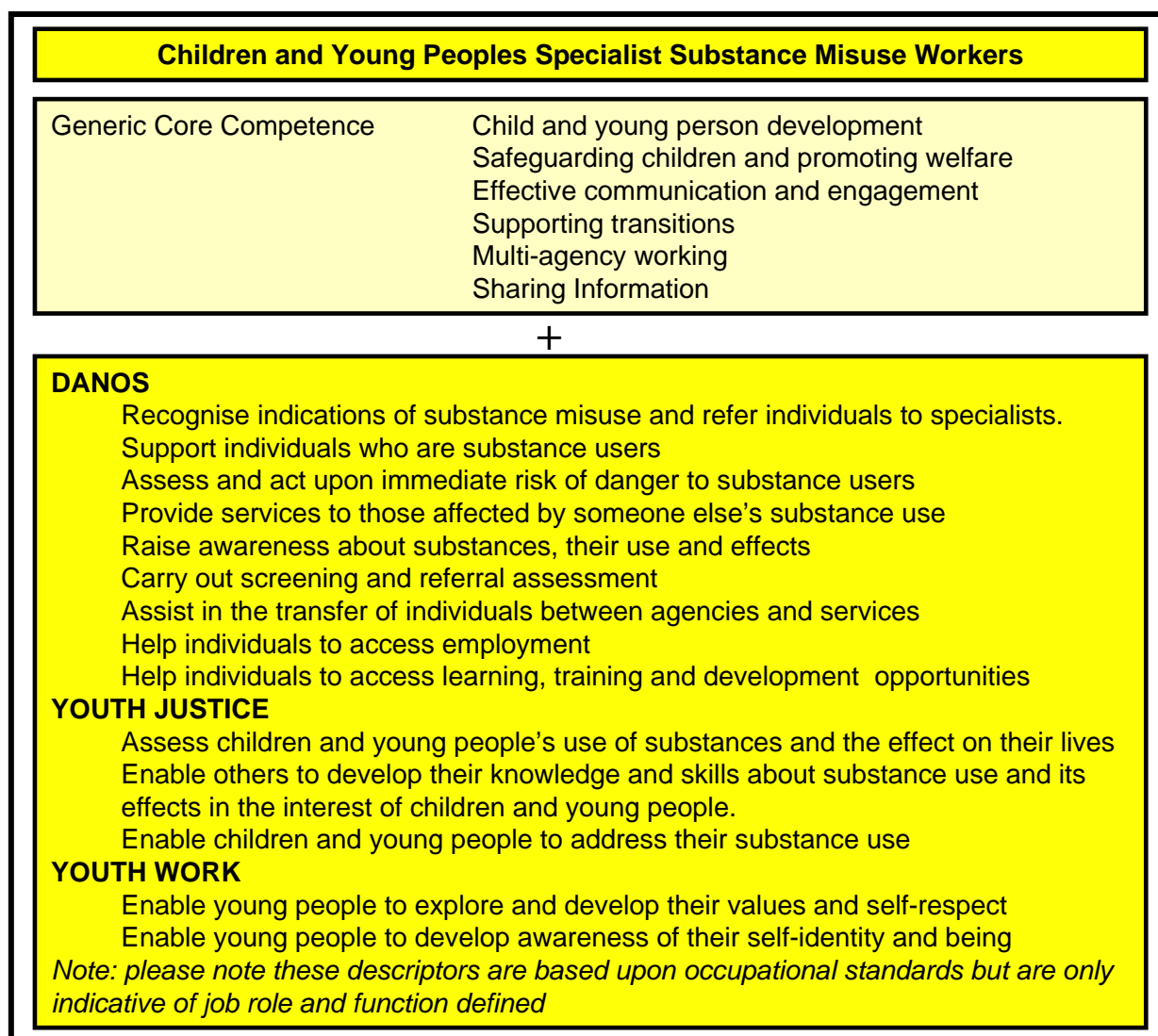
- 4.21 The Drug & Alcohol National Occupational Standards (DANOS) developed by Skills for Health will be a cornerstone of training in the substance misuse field. DANOS specifies the standards of performance that all workers in the drugs and alcohol field should be working to. They also explain the knowledge and skills which workers need in order to perform to the required standard. It is important to note that whilst the DANOS will relate to occupational standards, some aspects of the role undertaken by those working with young people and substance misuse it will be necessary to refer to other national occupational standards as well. These include youth justice national occupational standards, Children and Young People with Acute and Chronic Illness, and the wider range of social care and health national
- 4.22 The development of vocational qualifications in line with the newly developed drug and alcohol qualifications framework are forthcoming and will complement the existing and numerous non-vocational qualifications that are available to the field.
- 4.23 The Drug Strategy Directorate is working with a number of SSCs to develop a small competency based award, the 'development award'. This award is designed to provide a flexible approach that will meet the needs of both specialist workers and generic workers with a substance misuse portfolio, including those working with young offenders. The award is designed to build upon existing core skills by applying the relevant substance misuse knowledge and understanding. A modular approach allows the practitioner to select the appropriate units that relate to their particular area of work. The diagram below outlines the draft structure of this new award.

## DRAFT DEVELOPMENT AWARD

### WORKING WITH CHILDREN & YOUNG PEOPLE (an example)



The diagram below has been included to provide an example of a role profile for a specialist children and young people's drug worker. A number of projects have been undertaken to identify the competencies required by those working in the field and their training need. This information is available on [www.skillsforhealth.org](http://www.skillsforhealth.org) and [www.drugs.gov.uk](http://www.drugs.gov.uk).

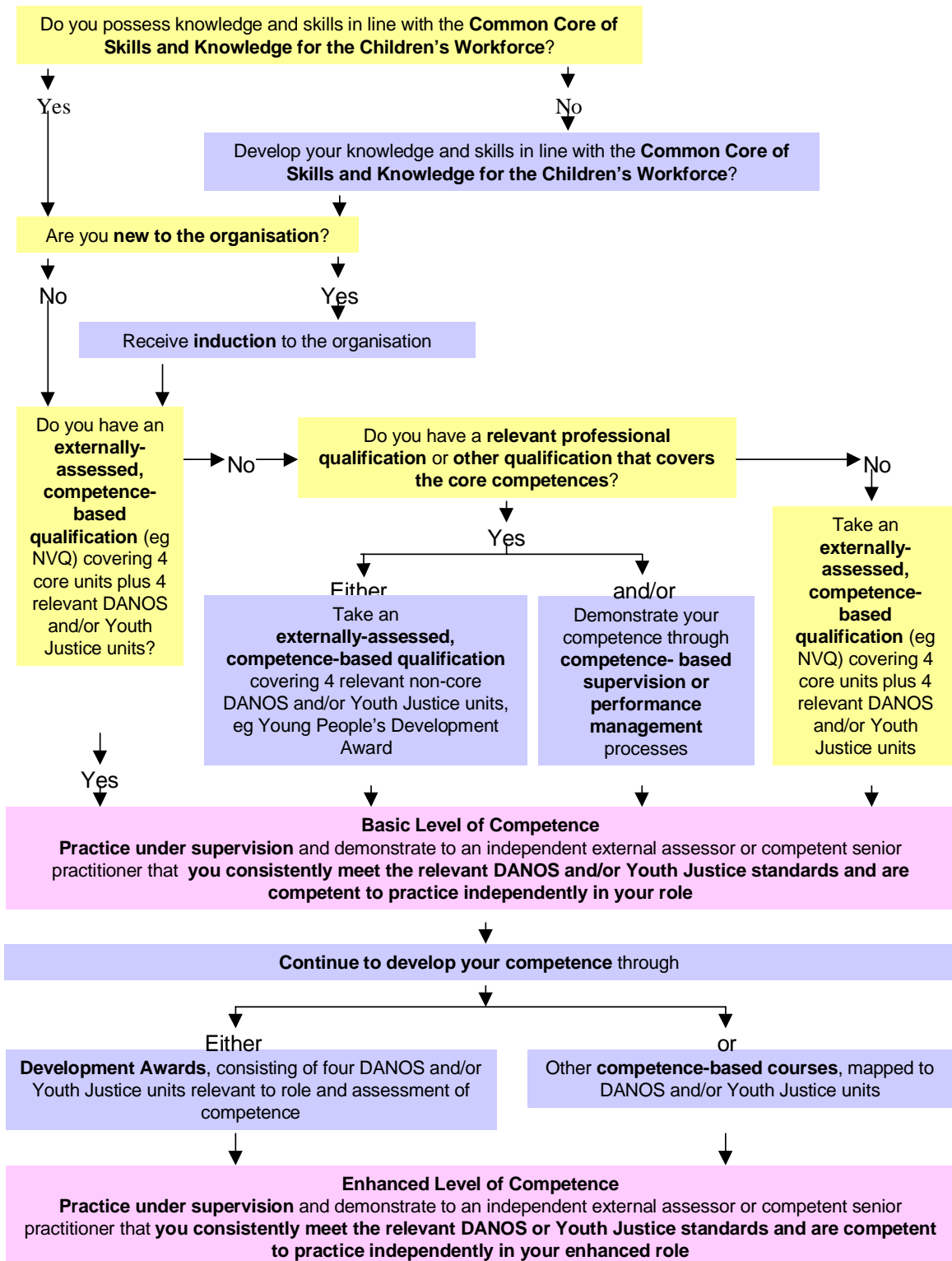


- 4.24 It is good practice for all practitioners to develop and maintain professional portfolios outlining their competence gained and maintained in both the children and young people core competencies as well as sector specific competence. Many professionally qualified staff are required to maintain up to date continuing professional development records to maintain their professional status, for example, doctors, psychologists, social workers, nurses and pharmacists.

- 4.25 It is the responsibility of the employer to monitor, manage and develop the performance of all staff. The NTA produced the Staff Development toolkit for drug and alcohol services (NTA, 2003b). This document is aimed at managers in drug and alcohol services and aims to “provide straightforward and practical guidance on staff development for drug and alcohol services”.
- 4.26 A qualification framework is in development that will include a varying range of qualifications and awards. This will be added to as qualifications are developed. The qualification framework will support the development of competence. The following is a diagram of the route into and through the children and young people substance misuse sector and describes the core competencies and the route to continued professional development

A limited number of training packages are currently available to support this level of work and some will be listed at [www.skillsforhealth.com](http://www.skillsforhealth.com).

## Competence and Qualifications in Children and Young People's Substance Misuse Services



## Mainstreaming substance misuse skills

- 4.27 Our long-term goal is to ensure that the substance misuse workforce development plan is integrated into the children and young people's workforce strategies
- 4.28 The children and young people's sector is undergoing considerable change. Central to the development of the substance misuse young people's workforce is the Change for Children Programme. A review led by Lord Lameing recommended fundamental changes to how we currently work with children and young people<sup>7</sup>. The report identified several issues required to establish an effective children's and young people's workforce and included:
- increasing the attractiveness of careers working with children
  - developing a more coherent, stable and flexible children's workforce
  - setting a common core of occupational standards for those working with children
  - building a modular framework to enhance skills, effectiveness and coherence of the children's workforce
  - improving skills, trust and team working
  - creating a sector skills council for children and young people
  - widening the role of the Teacher Training Agency to cover the wider school workforce
  - establishing a children's workforce unit within DfES.

The implementation of the Change for Children Programme is being led by Department for Education and Skills in partnership with other Government departments and has led to the publication of the Children's Workforce Strategy.

- 4.29 Significant progress has now been made through the Change for Children Programme and the importance of developing a children and young people's workforce that share a common core set of competencies. All those who work with children and young people have a key role to play in addressing substance misuse and reducing substance misuse should be regarded as core business. This requires increases in the level of skills, knowledge and understanding of all those working with children and young people.
- 4.30 We will work with our mainstream partners to incorporate the knowledge and understanding required to address substance misuse into the basic and on-going continual professional development of all professionals and practitioners working with children and young people.
- 4.31 The direction of this strategy aims to integrate substance misuse into the *Every Child Matters* agenda whilst being mindful of the specialist role that some children and young people's workers require.
- 4.32 We will work with the newly developing Children's Workforce Development Council (CWDC) and the Children's Workforce Network (CWN) to incorporate DANOS into the review of the appropriate national occupational standards.

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<sup>7</sup> The term 'children' refers to all those individuals who are under the age of 18, in accordance with the UN Convention on the Rights of the Child (1989). The term 'young people' is also used in this document refers to under 18s.

## Additional Information

### DfES – Teachers

- 4.33 To improve the quality of Personal, Social Health Education (PSHE) provision in schools, the DfES and the DH have established two PSHE continuing professional development (CPD) programmes one for teachers and one for community nurses. The programmes involve demonstrating competence in the generic skills of delivering PSHE, followed by an additional module on delivering either sex and relationships education (SRE), or **drug education**. The certification programmes run for approximately 1 year (April to April), during which time participants are required to develop a portfolio of evidence, which is independently assessed. Each local area (150) has a nominated PSHE lead that manages the delivery of the programme at the local level. They are responsible for recruiting participants, organising local network meetings, lays on bespoke training where necessary.

Funding for the certification programmes is shared between DfES and DH. The programme is currently free to schools/community nurses with the DfES Teenage Pregnancy Unit paying for participant costs (£750 per person for supply cover) and the DfES PSHE Team and DH sharing the costs for administration. Total programme allocation stands at just under £3m for 2005-06.

It is expected that the programmes in their current forms will continue for one further year (2006-07). Options for the maintenance of these programmes in the mid- to long-term are now being considered due to the increased devolvement of funding and the move towards more strategic and enabling roles for Government Departments, reflected in a reduction in central budgets.

- 4.34 The **Healthy Schools Programme** is gaining momentum and is on course for 50% of all schools to have achieved Healthy School status by Dec. 2006. This programme ensures that standards in drugs education are achieved in participating schools.

Note: The DfES has recently commissioned research for the *Mapping of Qualifications and Training Developments across the Children and Young People's Workforce*. This research will help to build an accurate and comprehensive picture of all existing qualifications, training and development routes, at different levels in the children and Young people's workforce. The project is scheduled for completion in summer 2005.

### DfES - Connexions

- 4.35 Other work includes the training of Connexions personal advisors (CXS PAs). Funding solely to support substance misuse training for CXS PAs was made available and during the period September 2001 – March 2004 over 3500 CXS PAs received substance misuse training. An evaluation of this training, *Summary report and analysis of responses to the questionnaire on Substance Misuse Training Programmes for Connexions Personal Advisers*, reported that following training CXS PAs felt better informed and much better able to help clients rethink issues, had better knowledge of drug related issues, drugs and the law and the impact of drug use, a deeper understanding of why people take drugs and knowledge around when to refer clients to Tier 3 drugs services.



## Home Office – Blueprint

- 4.36 *Blueprint* is the Government's drug education research programme. It is a multi-component programme involving an intensive set of school-based lessons at Year 7 and 8, as well as work with parents, the wider community, health professionals and the local media. Lessons were delivered in spring term 2004 and 2005 and final results of the research will be available in December 2007.

## Home Office - Positive Futures

- 4.37 *Positive Futures*, a sport based social inclusion programme, has prioritised workforce development as key to its future expansion. With reference primarily to DANOS, a work programme has been established to ensure front line staff are competent to support young people. This approach has been welcomed by Positive Futures' partners and may be extended to include other sport and activity based social interventions.

Note: The national management of Positive Futures transfers to Crime Concern from April, 2006.

## Youth Justice

- 4.38 In England and Wales, the youth justice system comprises youth offending teams (YOTs), the police, youth courts and the institutions in which young people are held in **custody**. There is a YOT in every local authority in England and Wales. They are made up of representatives from the police, probation service, social services, health, education, drugs and alcohol misuse and housing officers. YOT managers are responsible for co-ordinating the work of the youth justice services. The YOT identifies the needs of each young offender by assessing them with a national assessment. It identifies the specific problems that make the young person offend as well as measuring the risk they pose to others. This enables the YOT to identify suitable programmes to address the needs of the young person with the intention of preventing further offending.
- 4.39 Significant work has been targeted at developing this workforce. The Youth Justice National Qualifications Framework (NQF) is centred on the Professional Certificate in Effective Practice (Youth Justice)<sup>8</sup>. This certificate is at the level of a second year undergraduate degree that can be tailored to focus on a specific Key Element of Effective Practice (KEEP) such as substance misuse in its final module. The NQF provides development opportunities for existing staff as well as encouraging new entrants to the youth justice workforce.
- 4.40 The Gateway programme offers access routes, via the Effective Practice Unit Award and Study Skills module. Modular, targeted Effective Practice In-Service Training (INSET) addresses each of the KEEP and ensures that the workforce has the necessary skills to do the job. YJB human resources and Learning Development advisers have received ring-fenced grants to support substance misuse INSET delivery across each English region and in Wales.

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<sup>8</sup> The YJB target was to support 80% of the youth justice workforce gaining the Professional Certificate in Effective Practice (Youth Justice) by March, 2006.

- 4.41 In the juvenile secure estate elements of substance misuse have been incorporated into the new Juvenile Awareness Staff Programme (JASP). The prison service has undertaken to train 80% of staff working with juveniles in JASP or other training within the NQF by March 2006, in line with the YJB's broader corporate target on staff training. Secure training centres (STC's) and Local Authority Secure Children's Homes (LASCH's) were included in the target. A review of this training provision in STCs and LASCH's is underway.

The completion of the Professional Certificate in Youth Justice provides one-third of the points required towards the Foundation Degree in Youth Justice.

For further information relating to YJB qualifications please go to [www.youth-justice-board.gov.uk](http://www.youth-justice-board.gov.uk)

### **Family support agencies**

- 4.42 The training and project support provided to agencies by family support agencies recognise the influence families have on children and young people. This influence may be positive and supportive; or detrimental and inadvertently encourage drug use. Attention therefore needs to be given to families, through information and support, to improve outcomes for children and young people.
- 4.43 **And finally** - a wide range of substance misuse training is available across the country. The substance misuse field has always recognised its responsibility towards networking and training colleagues in related sectors and features highly across the field. By working with training providers and awarding bodies we will aim to ensure that consistency in training content and delivery is assured and is integrated and coherent with those in related sectors.

## JOINT NTA/ DSD WORKFORCE DEVELOPMENT PLAN for the SUBSTANCE MISUSE FIELD

### ACTION PLAN

**This action plan is based upon the key milestones as set out in the paper agreed by the DSDG on 21<sup>st</sup> July, 2005.**

Objective	Indicator	Action	Key milestone
Develop, publicise and monitor the Joint NTA/ DSD workforce development plan for the substance misuse (SM) field	<ul style="list-style-type: none"> <li>Joint NTA/ DSD workforce development plan document published</li> <li>Communications Strategy published.</li> <li>Workforce dataset incorporated into existing drug data collection mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Draft, approve and publish joint departmental plan</li> <li>Identify key stakeholders in the SM and generic sectors and develop a communications strategy, including regional workforce planning seminars</li> <li>Establish and agree common data sets and reporting mechanisms to monitor progress against plan</li> </ul>	<ul style="list-style-type: none"> <li>Analysis of overall workforce needs of Drug Strategy available to steering group, as basis for testing robustness of plans, <i>September 2005</i></li> </ul>

INCREASING CAPACITY			
Objective	Indicator	Action	Key milestone
To improve recruitment practice in the substance misuse field.	<ul style="list-style-type: none"> <li>Recruitment plan published, capable of delivering the recruitment needs of the SM field</li> <li>Local recruitment plans reflected in the adult treatment plan and children and young peoples substance misuse workforce strategies</li> </ul>	<ul style="list-style-type: none"> <li>Research existing successful recruitment initiative and consult with colleagues across health and social care, education, children and young people's services, housing and employment to develop a partnership approach to recruitment into the wider 'caring' sector and the SM field in particular</li> <li>Fund a recruitment initiative aimed at recruiting the workforce required to implement the expanding DIP</li> <li>Explore targeted recruitment initiatives</li> <li>Explore overseas recruitment</li> <li>Work with ODPM and the Housing Corporation to ensure SM staff are included in Key Worker Housing Initiatives</li> <li>Publish Recruitment – Good Practice Guidance for the field</li> <li>Produce guidelines for commissioners and service providers on local, regional and national workforce structures.</li> <li>Encourage national bodies or groups of services representing residential treatment to establish mechanisms to share recruitment costs</li> </ul>	<ul style="list-style-type: none"> <li>Targeted recruitment campaign begins in London by specialist recruitment agency. <i>July, 2005</i></li> <li>Interim guidance to DATs on effective recruitment practice, <i>July 2005</i>.</li> <li>Achieve recruitment of 100 skilled staff through specialist recruitment campaign in London. <i>November, 2005</i></li> <li>Final guidance to DATs on recruitment and retention good practice, incorporating lessons from London recruitment pilot, <i>January 2006</i>.</li> <li>300+ extra CJIT workers and managers in place, compared to baseline of approx 320 in 2004/05. <i>March 2006</i></li> <li>Sign-off of long-term DIP recruitment strategy, <i>April 2006</i>.</li> <li>Review effectiveness of DIP recruitment, retention and continuing professional development methods. <i>By March 2008</i>.</li> </ul>

INCREASING CAPACITY			
Objective	Indicator	Action	Key milestone
Ensure the SM workforce reflects the diversity of substance users	<ul style="list-style-type: none"> <li>The adult specialist SM workforce reflects the diversity (race, gender, age and social background) of the SM population</li> </ul>	<ul style="list-style-type: none"> <li>Ensure new entrants to the substance misuse field reflect the diverse communities they serve e.g. Advanced Apprentices.</li> <li>Work with the Federation to encourage services to take positive action in recruitment and promotion and to support Drug Action Teams (DATs) in delivering a diverse workforce</li> <li>The Drug Intervention Programme Drug Unit has commissioned a Community Engagement Project, to be managed by the University of Central Lancashire, the aims of which include ensuring the delivery to the work-force of BME employees and identifying gaps within DIP projects in relation to the needs of BME communities. The Federation is also engaged in the development of the plan.</li> </ul>	<ul style="list-style-type: none"> <li>Diversity: implementation by Federation of Black and Asian Alcohol Workers of programme 2-3 DAT areas to recruit and retain new staff from diverse communities and identify good practice. Interim evaluation results, <i>September 2006</i>.</li> </ul>
Prioritise SM workers as a key skill shortage to be addressed by Learning and Skills Councils (LSCs)	<ul style="list-style-type: none"> <li>SM workers are recognised as a key skill shortage and prioritised by LSCs, Workforce Confederations/Workforce Development Directorates, SHAs, SSCs, and included in sector skills agreements at the local level</li> </ul>	<ul style="list-style-type: none"> <li>Work with regional and local partners to encourage LSCs, SSCs, SHAs and others to recognise SM workers as a key skills shortage to be prioritised and funded</li> </ul>	

INCREASING CAPACITY			
Objective	Indicator	Action	Key milestone
Establish a range of Apprenticeship Schemes to recruit young workers to the field	<ul style="list-style-type: none"> <li>The proportion of apprentices entering the field and completing the 2 year programme continues to increase.</li> </ul>	<ul style="list-style-type: none"> <li>Expand the Advanced Apprenticeship Scheme to the criminal justice sector to include the Counselling and Assessment and Referral and Advice and Throughcare Service (CARATS) and Drug Intervention Programme (DIP workforce and those working with problematic young substance misusers.</li> </ul>	<ul style="list-style-type: none"> <li>Dedicated resource in place in Skills for Justice to oversee implementation of YP apprenticeship award and continuing professional development programme, <i>September 2005</i></li> <li>Recruitment of DIP apprentices begins through Advanced Apprenticeship Scheme substance misuse pilots (London, West Midlands, NE, Sussex). <i>January, 2006</i></li> <li>Proposals for developing Young People Advanced Apprenticeship to YP Programme Board. <i>January, 2006</i></li> <li>Roll-out of Young People Advanced Apprenticeship begins. <i>July, 2006</i></li> <li>40 DIP apprentices recruited under advanced apprenticeship scheme in first two years. <i>September, 2006</i></li> <li>100 extra trainees recruited in Advanced Apprentices scheme in five regions, <i>September 2006</i>.</li> <li>100 trainees recruited under Young People Advanced Apprenticeship scheme. <i>January 2007</i>.</li> </ul>

INCREASING CAPACITY			
Objective	Indicator	Action	Key milestone
Increase the proportion of volunteers working in the SM field	<ul style="list-style-type: none"> <li>The proportion of volunteer workers continues to increase as a proportion of the total workforce</li> </ul>	<ul style="list-style-type: none"> <li>Work with voluntary sector providers to identify ways of increasing the number of volunteers working in the field</li> <li>Work with the Active Communities Unit to identify ways of funding the increase of capacity (and developing the competence) of the voluntary sector</li> </ul>	
Understand roles of paraprofessionals in tackling SM	<ul style="list-style-type: none"> <li>Agreed statement about the roles of paraprofessionals in tackling SM</li> </ul>	<ul style="list-style-type: none"> <li>Research and consult with paraprofessionals to understand and agree their potential roles</li> </ul>	
Raise the profile of the substance misuse field as a positive place to work		<ul style="list-style-type: none"> <li>Commission the Central office of Information (COI) to develop a Communications Strategy</li> <li>Sponsor the Drug Work Exhibition, that aims to highlight career opportunities within the substance misuse field.</li> <li>Produce a DVD/Booklet – ‘Careers in the Drug and Alcohol Field’ to be produced for distribution at all HE/FE, Connexions services etc. May also form part of any recruitment and marketing initiatives.</li> </ul>	<ul style="list-style-type: none"> <li>Communications Strategy produced, <i>July 2005</i>, materials, including DVD, to promote the field as positive place to work, <i>March 2006</i>.</li> </ul>

INCREASING CAPACITY			
Objective	Indicator	Action	Key milestone
Increase the number of specialist psychiatrists, Specialist Registrars and associate specialists	<ul style="list-style-type: none"> <li>Adult treatment plan and workforce return will indicate an increase</li> </ul>	<ul style="list-style-type: none"> <li>NTA to continue to work with Royal College of Psychiatrists on attracting and retaining psychiatrists</li> </ul>	<ul style="list-style-type: none"> <li>Sufficient number of specialist doctors to meet locally assessed need by March 2008</li> </ul>
Increase the number of General practitioners (GPs) who are trained to work with drug users	<ul style="list-style-type: none"> <li>Adult treatment plan will indicate an increase</li> </ul>	<ul style="list-style-type: none"> <li>NTA to continue to work with Royal College of GPs to influence the linkage of GP training with National occupational standards (NOS)</li> <li>NTA will encourage participation in the training regionally through performance monitoring systems</li> </ul>	



IMPROVING COMPETENCE			
Objective	Indicator	Action	Key milestone
Ensure all workers, practitioners and managers, in the substance misuse field are competent to fulfil their roles	<ul style="list-style-type: none"> <li>• All workers (employees and volunteers) in the Substance misuse field know the NOS to which they should be working.</li> <li>• By 2008 all mainstream workers with occasional substance misuse functions will have received basic substance misuse training in their first year by 2008</li> <li>• All mainstream workers with a substance misuse portfolio have access to substance misuse DAs (or equivalent)</li> <li>• All substance misuse specialists working with C &amp; YP can demonstrate competency in line with the ECM core competencies</li> <li>• From 2005 steady progress is made in the numbers participating in vocational training so that, as a minimum, 75% of non professional workers in specialist services are undertaking or have achieved an appropriate vocational qualification by 2008</li> </ul>	<ul style="list-style-type: none"> <li>• Substance Misuse Specialist C &amp; YP Services to be audited to identify the extent to which the workforce is competent in line with the ECM core competencies.</li> <li>• Develop and maintain a comprehensive and comprehensible framework of qualifications for both the specialist and generic workforce, including vocational qualifications, e.g. an NVQ level 3 for non-professionals, development awards (DAs) for professional staff, a foundation qualification for generic workers, vocationally related qualifications (VRQs) and HE qualifications</li> </ul>	<ul style="list-style-type: none"> <li>• Decision on potential national roll-out of Development Award: Criminal Justice (Substance Misuse), <i>July 2005</i>.</li> <li>• Audit core competence of existing YP Specialist workforce, <i>November 2005</i></li> <li>• Percentage of treatment workforce working towards or achieving an appropriate qualification or engaged in continuing professional development by 2008 set as formal target, <i>by September 2005</i>.</li> <li>• Development of treatment Development Award, <i>November 2005</i></li> </ul>

IMPROVING COMPETENCE			
Objective	Indicator	Action	Key milestone
Ensure all workers, practitioners and managers, in the substance misuse field are competent to fulfil their roles	<ul style="list-style-type: none"> <li>From 2005 steady progress is made in the numbers participating in continuing professional awards so that, as a minimum, 60% of professional staff in specialist services are undertaking or have achieved an appropriate continuing professional development by 2008</li> <li>From 2005 steady progress is made in the numbers participating in management training so that, as a minimum, 90% of managers in specialist services are undertaking or have completed an appropriate management qualification by 2008.</li> </ul>	<ul style="list-style-type: none"> <li>Development Awards established for the substance misuse workforce.</li> <li>Maintain a website for the exchange of information and good practice in competence development in SM services.</li> <li>Maintain an online searchable database of qualifications, training and learning resources mapped to DANOS.</li> <li>Publish guidance for managers on accessing management training</li> </ul>	<ul style="list-style-type: none"> <li>Proposals for roll-out of young people Development Award to Young People Programme Board, in light of current pilots. <i>January 2006</i></li> <li>Roll-out of YP Development Award begins, <i>April 2006</i>.</li> <li>Roll out of Treatment Development Award, <i>April 2006</i>.</li> <li>Local DAT partnerships existing performance management systems show an increase in professional development across the treatment workforce by 2008</li> </ul>
Ensure 'a competent workforce' is an integral part of commissioning services	<ul style="list-style-type: none"> <li>Commissioners specify the need for competent staff required (in terms of DANOS and other NOS) when commissioning services</li> </ul>	<ul style="list-style-type: none"> <li>Develop guidance to assist the commissioning process to deliver a competent workforce</li> <li>Deliver training and development for adult/young people's commissioners</li> </ul>	<ul style="list-style-type: none"> <li>Development programme for Joint Commissioning Managers in place; delivery to groups of commissioners begins, November 2005</li> <li>Development programme for YP commissioners in place, November 2005</li> </ul>
Inform and support the families of drug users to positively influence treatment.	<ul style="list-style-type: none"> <li>Families of drug users able to source local support and information with how to support drug user</li> </ul>	<ul style="list-style-type: none"> <li>Develop good practice guidelines</li> </ul>	<ul style="list-style-type: none"> <li>Produce good practice guidelines, July 2006</li> </ul>

IMPROVING COMPETENCE			
Objective	Indicator	Action	Key milestone
Establish a training and assessment infrastructure to meet the needs of the SM field	<ul style="list-style-type: none"> <li>Individuals can identify and access a range of relevant learning resources.</li> <li>Candidates have access to qualified NVQ assessors, and trainers either locally or via Internet</li> </ul>	<ul style="list-style-type: none"> <li>All local partnerships to develop a local substance misuse training strategy.</li> <li>Produce resources to support the development of local Training Strategy's.</li> <li>Substance misuse to be included in the sector skills agreements which are negotiated at the strategic health authority</li> <li>A national forum established to work with AB, HE, FE and other training providers to support the development of a coherent training infrastructure in line with the drug and alcohol qualifications framework.</li> <li>Explore different models of assessment including an electronic assessment facility and employing full time assessors in conjunction with SSCs, awarding bodies and others as appropriate.</li> <li>Services to receive guidance about how to use mainstream training resources including Social Care Learning and Resource centres.</li> </ul>	<ul style="list-style-type: none"> <li>Implementation by Sector Skills Councils of drugs and alcohol qualifications framework, including establishing training and assessment infrastructure and a continuing professional development programme. Includes development by Skills for Justice, in partnership with other SSCs, of sector-specific initiatives identified in individual strands of above plan <i>Sign-off of programme by SSCs, July 2005.</i></li> <li>NTA guidance to partnerships on workforce development strategies as part of the treatment plan process, <i>September 2005</i></li> <li>Training Providers Forum established to standardise training/education resources to support the implementation of the Drug and Alcohol Qualifications Framework, <i>October 2005.</i></li> <li>Review of local partnerships' training strategies, within young people delivery planning framework, <i>October 2005.</i></li> <li>Partnerships' workforce development strategies reviewed as part of Treatment planning process, <i>January 2006.</i></li> <li>All High Focus Areas to have in place a training strategy within the delivery planning framework, to ensure staff working with vulnerable groups have necessary skills and competencies. <i>March, 2006</i></li> <li>All High Focus Areas traffic-lighted green for workforce strand of effective practice checklist, <i>March 2007.</i></li> </ul>

Mainstreaming Substance Misuse Skills			
Objective	Indicator	Action	Key milestone
Ensure tackling SM is a priority in the strategic plans of statutory bodies	<ul style="list-style-type: none"> <li>• Departmental workforce strategies and plans reflect the framework outlined in the joint substance misuse workforce development plan</li> <li>• Criteria about tackling SM included in audits and inspections carried out by statutory inspectorates</li> <li>• SM units are included within the National occupational standards (NOS) &amp; NVQ frameworks of relevant SSCs and training in tackling SM is included in their priorities</li> </ul>	<ul style="list-style-type: none"> <li>• Work in partnership with the Healthcare Commission to provide drug treatment service specific audits and inspections</li> <li>• Consult with other inspectorates (e.g. Comprehensive Performance Assessment, OFSTED, CSCI) about inclusion of SM criteria</li> <li>• Consult with the Sector Skills Development Agency and relevant SSCs (justice, care, housing and health) to ensure SM units of NOS are available within their NOS and NVQ frameworks, and that training to help workers develop competence in tackling SM is included in their training priorities agreed with the Learning &amp; Skills Council (LSC)</li> </ul>	<ul style="list-style-type: none"> <li>• Substance misuse units embedded in emerging Qualifications Framework following DfES review of existing C &amp; YP professional qualifications. <i>March 2007.</i> [To be agreed]</li> <li>• Drug and Alcohol National Occupational Standards (DANOS) incorporated in mainstream suites of national occupational standards, <i>March 2008.</i></li> </ul>

Mainstreaming Substance Misuse Skills			
	Indicator	Action	Key milestone
Ensure all generic and mainstream workers have the basic knowledge and understanding of substance misuse	<ul style="list-style-type: none"> <li>Tackling SM is included in all initial professional training &amp; continuing professional development (CPD)</li> <li>Tackling SM modules are available within mainstream courses offered by education &amp; training providers</li> </ul>	<ul style="list-style-type: none"> <li>Consult with professional bodies and providers of professional education/training to ensure the inclusion of tackling SM within the initial education/training and (CPD) of mainstream professional workers, e.g. teachers, nurses, social workers, police, probation etc</li> <li>Consult with FE, HE, other education and training providers and their funders to encourage the funding and development of SM modules within mainstream courses</li> </ul>	
Understand roles of SM membership bodies	<ul style="list-style-type: none"> <li>Agreed statement about the roles of SM membership bodies</li> </ul>	<ul style="list-style-type: none"> <li>Research and consult with SM membership bodies to understand and agree their potential roles</li> </ul>	

## GLOSSARY

AB	Awarding Bodies	Various Awarding Bodies offer qualifications relevant to the Substance misuse field. For example, City & Guilds: <a href="http://www.city-and-guilds.co.uk">www.city-and-guilds.co.uk</a> Edexcel: <a href="http://www.edexcel.org.uk">www.edexcel.org.uk</a> NOCN: <a href="http://www.nocn.org.uk">www.nocn.org.uk</a> NCFE <a href="http://www.ncfe.org.uk">www.ncfe.org.uk</a>
ACU	Active Communities Unit	Part of the Home Office aimed at supporting communities and encouraging more active citizenship.
Agenda for Change	Agenda for Change	Agenda for Change was implemented in the NHS across the UK on 1 <sup>st</sup> December, 2204. It was the biggest overhaul of NHS-wide pay, terms and conditions in over 50 years.
BME	Black & Minority Ethnic Groups	
C & YP	Children & Young People	
CARAT S	Counselling, Assessment, Referral, Advice and Throughcare (CARAT) services.	CARATs is an abbreviation for Counselling, Assessment, Referral, Advice and Throughcare service. CARATs is the key non-clinical gateway drug treatment service in prison. Based on sound assessments the primary aim of the service is to provide a specialist advice and support drug treatment service to prisoners, in order to reduce the harm caused by drugs.
CBT	Cognitive Behavioural Therapy	CBT is a form of psychotherapy that emphasises the important role of thinking in how we feel and what we do.
CDRP's	Crime & Disorder Reduction Partnerships	The CDRP is a statutory partnership formed as a result of the Crime and Disorder Act (1998). There is one in every local government area in England and Wales, a total of 376. The CDRP is accountable to the Crime Reduction Director, Regional Government Office. Every three years the CDRP must conduct an audit of crime, disorder and substance misuse in its area and develop a three year Crime, Disorder and Substance Misuse Reduction Strategy.
Centrex	Centrex <a href="http://www.centrex.police.uk">www.centrex.police.uk</a>	Centrex is the working name of the non-departmental public body called Central Police Training and Development Authority, which aims to define, develop and promote policing excellence.
COI	Central Office of Information <a href="http://www.coi.gov.uk">www.coi.gov.uk</a>	COI is the Government's centre of excellence in marketing communications. COI works with Whitehall departments and public bodies to produce information campaigns on issues that affect the lives of every citizen – from health and education to benefits, rights and welfare.
CXS	Connexions Services <a href="http://www.connexions.gov.uk">www.connexions.gov.uk</a>	Connexions offers advice on education, careers, housing, money, health and relationships for 13-19 year olds in the UK.
CPA	Comprehensive	CPA was introduced in the White Paper 'Strong

	Performance Assessment	Local Government – Quality Public Services’. The CPA is a key element of the Government’s performance framework for local government. It aims to support improvement planning in local authorities and lead to co-ordinated and proportionate audit and inspection and increased freedom and flexibilities for local government.
CPD	Continuing Professional Development	CPD is the means by which practitioners maintain, improve and broaden their knowledge and skills and develop the personal qualities required in their professional lives
CRB	Criminal Records Bureau	The CRB’s aim is to help organisations in the public, private and voluntary sectors by identifying candidates who may be unsuitable to work with children or other vulnerable members of society
CSCI	Commission for Social Care Inspection <a href="http://www.scie.org.uk">www.scie.org.uk</a>	Independent public body set up under the Care Standards Act 2000 to regulate social care and private and voluntary health care services throughout England.
CSR	Comprehensive Spending Review	Treasury review of public spending across all Government departments to examine productivity and plan expenditure. The review takes place every three years.
CWDC	Children’s Workforce Development Council <a href="http://www.cwdcouncil.org.uk">www.cwdcouncil.org.uk</a>	The Children’s Workforce Development Council (CWDC) aims to improve the lives of children and young people. It does this by ensuring that the people working with children have the best possible training, qualifications, support and advice. It helps children and young people’s organisations and services to work together, so that the child is at the centre of all our services
CWN	Children’s Workforce Network	An alliance committed to creating and supporting a world-class children’s workforce in England. The Children’s Workforce Network (CWN) is a strategic body, bringing together the relevant Sector Skills Councils (including the Children’s Workforce Development Council) and other partners. It is a voluntary grouping of independent partners, who recognise that collaboration will help them to achieve the more effective implementation of their individual and joint roles
DA	Development Awards	Newly emerging flexible awards designed to reflect progress or development within an occupational role – made up of a combination of 3 or 4 units.
DA(D)	Domestic Affairs (Drugs)	A ministerial sub-committee for tackling drug misuse. Its terms of reference are ‘to co-ordinate the Government’s national and international policies for tackling drugs misuse and report as necessary to the Committee on Domestic Affairs. Membership includes Home Secretary; Secretary of State for Health; the Chief Secretary, Treasury; the Secretary of State for Education and Skills; the Minister of State, Cabinet Office; Parliamentary Under Secretary of State, Foreign and Commonwealth Office.

DANOS	The Drug and Alcohol National Occupational Standards <a href="http://www.skillsforhealth.org.uk/danos">www.skillsforhealth.org.uk/danos</a>	DANOS specify the standards of performance that people in the drugs and alcohol field should be working to. They also describe the knowledge and skill workers need in order to perform to the required standard.
DAT's	Drug Action Teams	DAT's are strategic bodies made up of senior officers from leading statutory agencies such as Health, Probation, Police and Local Authorities. Set up in 1995, the role of the DATs is to ensure that the key aims of the National Drug Strategy are implemented locally. (DAT's are expected to work closely with CDRPs in two tier local authority areas, and should have integrated their work in unitary authorities areas by April, 2004) Note: Some DAT's include alcohol in their remit and may be described as Drug and Alcohol Action Teams (DAAT's).
DfES	Department for Education and Skills <a href="http://www.dfes.gov.uk">www.dfes.gov.uk</a>	The DfES was established with the purpose of creating opportunity, releasing potential and achieving excellence for all.
DH	Department of Health <a href="http://www.dh.gov.uk">www.dh.gov.uk</a>	Government department with responsibility for the Nation's health.
DIP	Drug Interventions Programme <a href="http://www.drugs.gov.uk/drug-interventions-programme">www.drugs.gov.uk/drug-interventions-programme</a>	DIP began in 2003 and is a critical part of the Government's strategy for tackling drugs. It aims to help adult drug-misusing offenders out of crime and into treatment.
DRR	Drug Rehabilitation Requirement	Drug rehabilitation requirement - the offender is required to have treatment to reduce or eliminate his/her dependency on or propensity to misuse drugs and provide samples for testing whether or not s/he has any drug in his/her body. This requirement can only be given with the consent of the offender.
DSD	Drug Strategy Directorate <a href="http://www.drugs.gov.uk">www.drugs.gov.uk</a>	Home Office department responsible for the Updated Drug Strategy
DSDG	Drug Strategy Delivery Group	A cross departmental group of senior officials established to oversee the implementation of the national drug strategy.
DSU	Drug Strategy Unit	DSU is the Home Office unit responsible for developing and implementing the strategic policy framework for the custodial elements of the NOMS Drug Strategy.
DTTO'S	Drug Treatment & Testing Orders	DTTO's were introduced to the UK in 2000 as a new community sentence, aimed at breaking the link between drug use and crime.
ECM	Every Child Matters <a href="http://www.everychildmatters.gov.uk">www.everychildmatters.gov.uk</a>	Every Child Matters: Change for Children is a new approach to the well being of c & yp from birth to age 19. The Government's aim is for every child, whatever their background or their circumstances, to have the support they need to <ul style="list-style-type: none"> <li>▪ Be healthy</li> <li>▪ Stay safe</li> <li>▪ Enjoy and achieve</li> <li>▪ Make a positive contribution</li> </ul>



		<ul style="list-style-type: none"> <li>▪ Achieve economic well-being</li> </ul>
FE	Further Education	Further Education provides education and courses in a wide range of subjects and levels. These include A Level, AS Levels, Vocational A Levels, National Diplomas and key skills and can be offered in school 6th forms, Further Education Colleges, Adult Education Colleges etc.
HCC	Healthcare Commission <a href="http://www.healthcarecommission.org.uk">www.healthcarecommission.org.uk</a>	The Healthcare Commission promotes improvement in the quality of the NHS and independent healthcare. HCC has a statutory duty to assess the performance of health care organisations and award annual performance ratings for the NHS and co-ordinate review of healthcare by others.
HE	Higher Education	Higher education courses are generally above the standard of GCE A-levels or National Vocational Qualification (NVQ) Level 3. They include degree courses, postgraduate courses and Higher National Diplomas. Higher education takes place in universities and higher education colleges, and in some further education colleges
HO	Home Office <a href="http://www.homeoffice.gov.uk">www.homeoffice.gov.uk</a>	The Home Office oversees the Police and the National Offender Management Service. The HO also sponsors the Youth Justice Board, Criminal Injuries Compensation Authority and the Criminal Cases Review Commission. The HO works to reduce crime and the fear of crime; combat terrorism and other threats to national security; ensure the effective delivery of justice; deliver effective custodial and community sentences; reduce the availability and abuse of dangerous drugs; regulate entry to and settlement in the UK; and support equal opportunities including race relations.
ICF	Integrated Competency Framework	The ICF is a series of national standards and guidelines, which will enable forces and individuals to improve quality and consistency of performance and behaviour in jobs throughout the police service.
IDTS	Integrated Drug Treatment System	A comprehensive treatment system developed to improve drug treatment for drug misusers in prisons.
JASP	Juvenile Awareness Staff Programme	JASP is a seven day training programme available to those working in YOIs of which one day focuses upon substance misuse.
JC+	Job Centre Plus	Jobcentre Plus gives help and advice on jobs and training for people who can work and the right financial help for those who cannot.
LASCH	Local Authority Secure Children's Home	Local Authority Secure Children's Homes provide secure accommodation for children who have been through the criminal justice system and those who are placed there for welfare reasons.
LSC's	Learning and Skills Councils <a href="http://www.lsc.gov.uk">www.lsc.gov.uk</a>	<p>The Learning and Skills Council is responsible for all post-16 education and training other than in universities.</p> <p>The Learning and Skills Council's national office is in Coventry, with 47 local Learning and Skills Councils across England.</p>

NHS	National Health Service	
NOMS	National Offender Management Service <a href="http://www.hmprisonservice.gov.uk">www.hmprisonservice.gov.uk</a>	NOMS was created in 2004 following a review of the correctional services. NOMS covers a number of organisations- including the prison and probation services- to deliver end to end management of offenders.
NOS	National Occupational Standards	NOS are tools for supporting operational and human resource management, They are agreed statements of competence, which describe the work outcomes required for an individual to achieve the standard expected of them in work. NVQ's are the foundation on which NVQ's and SVQ's are developed.
NTA	National Treatment Agency for Substance Misuse <a href="http://www.nta.nhs.uk">www.nta.nhs.uk</a>	An arms length body of the Department of Health the NTA is a special health authority responsible for the delivery of the treatment target within the Updated Drug Strategy
NVQ's / SVQ's	National Vocational Qualifications	NVQ's are work-related competence-based qualifications. They reflect the skills and knowledge needed to do a job effectively, and show that a candidate is competent in the area of work the NVQ represents. NVQ's are based on national occupational standards.
OFSTED	Office for Standards in Education <a href="http://www.ofsted.gov.uk">www.ofsted.gov.uk</a>	Ofsted is the inspectorate for children and learners in England. It aims to contribute to the provision of better education and care through effective inspection and regulation. They achieve this through a comprehensive system of inspection and regulation covering childcare, schools, colleges, children's services, teacher training and youth work.
OGD's	Other Government Departments	Government department's other than the Home Office.
PSA	Public Service Agreement	Public Service Agreements represent an agreement between Government and the public, reflecting the key priorities across all areas of the public services. The PSAs incorporate ambitious goals for key service improvements across the whole of the government.
PSHE	Personal, Social and Health Education	PSHE is an element of the state school curriculum in England
PM	Performance Management	PM has been defined as a process that contributes to the effective management of individuals and teams in order to achieve high levels of organisational performance.
QCA	Qualifications Curriculum Authority <a href="http://www.qca.org.uk">www.qca.org.uk</a>	QCA is a non-departmental public body, sponsored by DfES. It is governed by a board, whose members are appointed by the Secretary of State for Education and Skills. QCA maintains and develops the national curriculums and associated assessments, tests and examinations: and accredits and monitors qualifications in colleges and at work.
RCPsych	Royal College of Psychiatrists	Professional body representing the interests of psychiatrists.

	<a href="http://www.rcpsych.ac.uk">www.rcpsych.ac.uk</a>	
RCGP	Royal College of General Practitioners  <a href="http://www.rcgp.org.uk">www.rcgp.org.uk</a>	Professional body representing the interests of general practitioners
SHA	Strategic Health Authority	Strategic health authorities were set up in 2002 to develop plans for improving health services in their local areas and to make sure their local NHS organisations were performing well, The whole of England is split into 28 SHA's
SOC	Serious & Organised Crime	
SpRs Specialist Psychiatrists	Specialist Psychiatrist	A medically qualified doctor who has specialised in the field of mental health.
SSC	Sector Skills Council	A network of UK wide Sector Skills Councils has been charged to lead the skills and productivity drive in industry or business sectors recognised by employers. They bring together employers, trade unions and professional bodies working with government to develop the skills and UK business needs.
SSDA	Sector Skills Development Agency <a href="http://www.ssda.org.uk">www.ssda.org.uk</a>	The SSDA funds, supports and champions the new UK wide network of influential employer-led Sector Skills Councils.
STC	Secure Training Centre	Secure Training Centres are purpose-built centres for young offenders up to the age of 17. They are run by private operators according to Home Office contracts, which set out detailed operational requirements.
VRQ	Vocational Related Qualifications	
WDC	Workforce Development Confederations  <a href="http://www.nationalworkforce.hs.uk">www.nationalworkforce.hs.uk</a>	WDCs were established in April, 2001. They bring together local NHS and non-NHS employers to plan and develop the whole healthcare workforce. During 2003/04 it was agreed nationally that WDC'S should be formally integrated with their respective strategic health authorities
YOI	Youth Offending Institutions	Young Offender Institutions (YOIs) are facilities run by the Prison Service. They accommodate 15 to 21-year-olds.
YJB	Youth Justice Board  <a href="http://www.youth-justice-board.gov.uk">www.youth-justice-board.gov.uk</a>	The YJB for England & Wales is an executive non-departmental public body. The principal aim of the youth justice system is to prevent offending by children and young people under the age of 18.

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