

**SUPPORTING THE DEVELOPMENT  
OF SCOTLAND'S  
ALCOHOL AND DRUG WORKFORCE**

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## Introduction

1. This statement is addressed to anyone who has a role in improving outcomes for individuals, families or communities with problematic drug and alcohol use. This statement also sets out the aim of identifying all actions required to deliver the alcohol and drug workforce and to outline the important roles and contributions of those directly involved in workforce development. It acknowledges the need for strategic leadership and expresses the responsibilities of decision makers at national and local level. The statement also sets out learning priorities for all levels of the drug and alcohol workforce. Detailed work to identify and commission particular learning and training should refer to these learning priorities. We are grateful for the work of many partners that has underpinned the development of this statement: COSLA; NHS Health Scotland; Scottish Drugs Recovery Consortium; Alcohol Focus Scotland; NHS Education Scotland; Scottish Training on Drugs and Alcohol and others.

2. Following the publication of the *Road to Recovery* and *Changing Scotland's Relationship with Alcohol*, which set out the strategic direction of the Scottish Government and its partners, Scotland's drug and alcohol workforce has remained committed to improving the lives of individuals, their families and communities affected by problematic drug and alcohol misuse, and to creating environments which help to prevent misuse. This important workforce is pivotal to success in tackling Scotland's drug and alcohol problems. The 2009 delivery framework, *A New Framework for Local Partnerships on Alcohol and Drugs*, outlined the leadership and decision-making arrangements for delivery of action to reduce drug and alcohol misuse. It set requirements for local alcohol and drug strategies that included the requirement to "consider issues such as workforce development and ensuring the workforce is equipped with the skills to deliver".

3. As we enter a period of financial challenges, it is clear that everyone across the public sector in Scotland will have to work within sharply constrained budgets in 2010-11 and beyond, while seeking to maximise the effectiveness of the public services we deliver. Both the Scottish Government and our partners in the drug and alcohol workforce must deliver the maximum impact and value for public spending in the current constrained climate. By working together through these testing times, we can continue to share our commitment to maintaining the best outcomes for our communities. The whole of the public sector in Scotland will be looking to re-shape services to deliver better outcomes with potentially smaller budgets and we need a skilled workforce to do this effectively.

## Aim of action required to develop the alcohol and drugs workforce

4. Scotland's drug and alcohol workforce is drawn from a wide range of sectors, including health, education, social work and the voluntary sector. Our aim is for this workforce to be united around a shared vision, focused on the needs of individuals. The workforce will learn from and value the service user, who is an expert by experience – and enable them to lead satisfying, hopeful and contributing lives. In the near future, it is likely that the more traditional 'workforce' will be joined by people in recovery themselves, recruited because of their 'lived experience' of addiction. Contributing as peer mentors and

supporters of those in recovery, they must also be skilled and trained to become an effective part of the alcohol and drug 'workforce'.

5. To achieve this, the workforce will work to develop competence, skills and expertise to:
  - Effectively assess and respond to the needs of the local population in relation to alcohol and drug misuse;
  - Operate within a recovery focused approach that improves outcomes, fuelled by hope and support for the individual;
  - Provide timely, sensitive, person-centred, evidence-based treatment and support that is appropriate and empathetic which empowers individuals to set their own recovery objectives, manage their own care; and sustain recovery;
  - Inform, educate and raise awareness about alcohol and drugs and deliver early stage interventions where appropriate;
  - Develop 'whole population' approaches that create environments which discourage alcohol and drug misuse and encourage positive health behaviour change;
  - Deliver information and brief interventions that support individuals in changing their behaviour and where necessary, to refer them on to appropriate services;
  - Assess and treat specialist cases;
  - Protect children from harm caused by drug and alcohol misuse by themselves or others;
  - Protect vulnerable adults from harm caused by drug and alcohol misuse by themselves or others;
  - Work with individuals with drug and alcohol problems to prevent or minimise harm;
  - Deliver care that is appropriate for the needs of our diverse population and respects and protects equality and diversity of individuals; and
  - Challenge stigma associated with drug and/or alcohol misuse.
  
6. A range of organisations and individuals have important roles to play in the development of the drug and alcohol workforce:
  - **Commissioners of services** have responsibility to ensure their needs assessment and planning takes account of the capabilities of the current workforce. This means that commissioned services can support an integrated services approach that is person-centred and responsive to the changing needs of individuals and delivered in a flexible way;
  - **Professional bodies and education and training providers** will ensure professional qualifications and standards reflect the needs of the workforce and the service users and support the aims of the *Road to Recovery* and *Changing Scotland's Relationship with Alcohol*;
  - **Service providers** have a responsibility to ensure that their workforce has the appropriate values and attitudes, knowledge and skills, and are supported, developed and supervised;
  - **Service providers and managers** should recognise that a skilled and competent workforce and strong clinical governance are a vital link to improved outcomes and high quality services, and support these developments;
  - **Individuals** within the drug and alcohol workforce should be supported in taking responsibility for their own continuous learning and development.

## **The Policy Landscape**

7. As a result of the Scotland-wide reform of delivery arrangements for drug and alcohol services and support, the landscape for operational delivery is changing and evolving. A new delivery framework signed jointly by Ministers, NHS and CoSLA confirmed the creation of Alcohol and Drug Partnerships (ADPs), from 1 October 2009. ADPs are embedded within the Community Planning Partnership structure, with clear lines of accountability through the Single Outcome Agreements, the NHS and partners. The Delivery Framework requires local partners to ensure joint strategic decision making and to work together to achieve agreed local outcomes based on local need. The Framework is accompanied by an outcomes toolkit to help support partnerships in working with an outcomes approach, <http://www.scotland.gov.uk/Publications/2009/04/23084349/1>.

8. The transition to outcomes-focused working and the development of new leadership structures has opened up demand for new skills and competencies in the workforce and is influencing our understanding of the scope of that workforce. Alongside the drug and alcohol frameworks, several key policies and documents set the context for the direction of the drug and alcohol workforce that we can learn from and can complement the delivery framework: the *NHS Quality Strategy; A Force for Improvement*; the *Skills Strategy; Towards a Mentally Flourishing Scotland*; the *Early Years Framework*; and *Equally Well*. All of these approaches acknowledge the development of the delivery workforce. All that we do to develop and shape the drug and alcohol workforce must also align with the attributes of these wider strategies. Further information on these policies that influence the development of the drug and alcohol workforce is available at Annex B.

9. The *NHS Quality Strategy* is a critical new document which aims to make Scotland one of the leading countries in the world in healthcare quality. Centred on the NHS and its delivery partners, it echoes the principles of the drug and alcohol workforce in that it aims to deliver the best for individuals, their families and carers. In particular it emphasises a person-centred approach, which is critical if we are to tackle problem drug and alcohol use based on the concept of recovery.

10. *A Force for Improvement*, the NHS's workforce development strategy, makes clear that workforce planning is to be integrated with financial and service planning, leading to services that are both affordable and sustainable. However, this document also recognises and supports the changing nature of service delivery at local, regional and national level and realises that adopting a partnership approach is crucial. This is especially true in the context of the drug and alcohol delivery framework.

11. *Skills for Scotland: A Lifelong Skills Strategy* sets out the Scottish Government's intentions to equip individuals with flexible skills that meet the needs of today and tomorrow, giving opportunities for all of Scotland to flourish, and in turn making a contribution to the Government's overarching purpose of increasing sustainable economic growth. To do this, we need to think about the skills and competencies of people operating in the drug and alcohol workforce including flexibility to move about and progress within a wider workforce in Scotland.

12. *Towards a Mentally Flourishing Scotland* (TAMFS), published in 2007, outlines the proposed future direction for mental health improvement in Scotland and has six priority areas ranging from addressing stigma, prejudice and discrimination to prevention of suicide

and self-harm. All of these have potential links and parallels with the drug and alcohol agenda. This strategy includes a number of key commitments involving a wide-ranging workforce and offers scope for joining up across agendas.

13. Like the drug and alcohol workforce, the development of the children's workforce outlined within the *Early Years Framework* also covers a wide variety of sectors and roles and depends on a partnership based approach to deliver outcomes. This crucial work will enable the drug and alcohol workforce to develop more effective responses to children at risk of parental substance misuse (CAPSM), ensure that the child is at the centre of agency responses and that the principle of early intervention is embedded. As the implementation of *TAMFS*, the *Early Years Framework* and other social policies such as the health inequalities framework, *Equally Well*, continues, the Scottish Government will work to ensure that workforce development across different sectors is aligned.

14. Additionally, the Scottish Social Services Council (SSSC) has developed the *Sector Skills Agreement* and ongoing *Sector Skills Assessment*, the latter of which has been developed in conjunction with key stakeholders such as Skills Development Scotland and the Scottish Government. The Sector Skills Assessment for the social services workforce in Scotland highlights key issues for the sector and the skills that will be required to provide services now and in future. The findings from the Sector Skills Assessment will form an important part of the SSSC's work with key stakeholders, particularly in relation to: highlighting the current and future issues that will have an impact on the sector's workforce; focusing on the key skill needs and issues identified by the sector; and exploring methods of supporting their development.

## **Responsibilities**

15. The Scottish Government and its partners recognise their role in the development of the drug and alcohol workforce in Scotland, which is to help create the conditions to enable the workforce to respond to challenges posed by alcohol and drug misuse, and deliver a range of flexible and adaptive interventions focused at the individual level on the individual's recovery, as well as on communities and their wellbeing.

## **Scottish Government**

16. The Scottish Government has a responsibility to provide direction to partners responsible for delivering alcohol and drug services and therefore the **Scottish Government will:**

- Work with partners across the public and private sectors to ensure a shared understanding of action required to develop the drug and alcohol misuse workforce in alignment with agreed national outcomes and targets;
- Work with partners to identify and share evidence for effective interventions; examples of best practice in service delivery; and examples of effective learning and development. In many cases, this work will highlight examples such as qualification frameworks and workforce development options which are already in place;
- Work with partners to identify the minimum level of alcohol and drug awareness required as a general competence standard for the drug and alcohol misuse workforce and others;
- Promote the use of workforce development tools that are relevant to the drug and alcohol workforce and work with others to develop a suite of workforce development & training tools and learning resources to address any gaps in terms of delivering: a

recovery-focussed approach; equality and diversity training to address discrimination and stigmatisation; and understanding better complex needs of individuals;

- Work with appropriate bodies to consider/develop a consistent and minimum level of input on alcohol and drugs within SVQ qualifications and within relevant undergraduate degrees;
- Work with appropriate bodies to consider/develop an appropriate space in relevant undergraduate curricula for alcohol and drugs learning and training; and;
- Work with others to explore ways of ensuring that learning and development opportunities are provided to employers and managers at all levels to raise awareness of alcohol and drugs (and their impacts on many aspects of peoples lives), address institutional cultures and attitudes, and highlight the recovery approach.

### **Alcohol and Drug Partnerships**

17. The delivery framework which established ADPs encourages partners to work together in order to deliver positive outcomes within the community planning partnership structure and to contribute towards the shaping of Single Outcome Agreements (SOAs). In this context, **ADPs will:**

- Promote the agreed national learning priorities for development of the drug and alcohol misuse workforce;
- Identify and articulate local workforce development needs aligned with national learning priorities and develop local workforce strategies and costed implementation plans to meet these needs; and
- Encourage multi-disciplinary and multi-sector training in generic competences to develop a shared vocabulary and understanding of alcohol and drug problems, promote an integrated approach across services that support individuals on their road to recovery.

### **NHS Boards**

18. Scotland's drugs and alcohol services will be delivered by a workforce with the necessary values and attitudes, skills, knowledge and understanding to confidently deliver a person-centred and integrated service which embodies the principles of the NHS Quality Strategy.

19. NHS Boards are accountable to the Scottish Government for achieving HEAT (Health Improvement, Efficiency, Access to Services and Treatment) targets. The HEAT H4 target was introduced with the objective of delivering 149,449 alcohol brief interventions by the end of March 2011. The A11 target was introduced with the expectation that by 2013 90% of service users will wait no longer than 3 weeks from referral received to appropriate drug treatment that supports their recovery. Waiting times appropriate to alcohol treatment will be defined and incorporated into a target covering both drugs and alcohol by April 2011. The HEAT targets apply to NHS services which NHS Boards fund to act on their behalf. However, since 2004 waiting times data have been collated for all drug treatment services, including those within the voluntary sector and local authorities.

20. **NHS Boards, Local authorities and the voluntary sector will:**

- Work through ADPs to ensure workforce development plans are developed by ADPs as part of their overall strategies and used to drive progress in workforce development;
- Ensure workforce development is specified in Service Level Agreements;

- Commission training and education to ensure appropriate levels of competence in those who deliver services;
- Ensure all staff, including managers, attendance at training; and
- Promote multi-agency training, induction and job shadowing to allow supported transition between sectors.

21. **Employers** are therefore encouraged to:

- Work to identify individual competencies and development needs that demonstrate a commitment to continuous improvement, and a clear understanding of national workforce development goals and learning priorities;
- Ensure the workforce is able to demonstrate and evidence current competence (through personal development plans, portfolios/qualifications, job descriptions) including but not limited to agreed national learning priorities;
- Support a culture of learning and development that enables learning to be shared and, where appropriate, rapidly put into practice;
- Promote the organisational and individual benefits of evidence-based, integrated working.

22. **Individuals** are encouraged to:

- Develop and maintain evidence portfolios of skills and competences gained in the national learning priorities and maintained throughout their career; and
- Contribute to a culture of learning and development to deliver good practice and benefit from evidence-based integrated working.
- Sign up to a formal user assessment of providers, using training needs assessments.

## **Resources**

23. To support ADPs in assessing workforce development needs, a [Training Needs Analysis Guide](#) is provided on the NHS Health Scotland website where you will find key policy drivers, a list of existing skills and competences and a training needs questionnaire template.

24. In addition there is a report on [service users' views of workforce development needs](#) which provides a good example of how to engage with service users and explore key issues that impact on their perception of services.

## ANNEX A – LEARNING PRIORITIES FOR THE DRUG AND ALCOHOL WORKFORCE

1. The Scottish Government has recently endorsed a [health behaviour change framework](#) which aims to identify the competencies required by any agency delivering health behaviour change (HBC) across different health behaviours and to different clients and client groups – supporting a person-centred approach. Health behaviours such as diet, physical activity, smoking, alcohol consumption and drug misuse, to name some, make a significant contribution to the health status of individuals, communities and populations. The framework is, therefore, designed to be used by a wide variety of individuals, groups and organisations charged with promoting positive health behaviour and reducing health inequalities.

2. The structure of HBC is sufficiently succinct to be of practical use to policy makers, provides sufficient detail for the design and delivery of services to support HBC and can be related to existing training frameworks such as the NHS Knowledge and Skills Framework and Skills for Health Occupational Standards (NOS). It should therefore be of recognisable use to policy makers, managers and frontline staff at any level and can be used in conjunction with any workforce development aimed at the specific drug and alcohol workforce (identified within the learning priorities below).

3. Learning priorities have been developed by NHS Health Scotland who gathered evidence in consultation with organisations and individuals with relevant interests in Scotland’s drug and alcohol workforce. The learning priorities were developed as part of a programme of preparatory work to map pre- and post- qualification training and learning for the workforce dealing with alcohol and drugs, scope the continuing education and learning provision, explore the workforce learning and development needs from the perspective of service users, managers and workforce, and identify learning priorities.

4. Mapping identified 4 levels. These are described in detail in Appendix 1 of the [Training Needs Analysis Guide](#):

- Level 1 – wider workforce – role in prevention or likely to come in to contact with general public, where there is already an alcohol or drug related problem. An example of a Level 1 worker is social worker or school nurse.
- Levels 2 and 3 – workers who engage on regular basis and provide services directly to people with alcohol and/or drug related problems. An example of a Level 2 and a Level 3 worker is GP.
- Level 4 – workers who provide intensive specialist services. An example of a Level 4 worker is addiction specialist nurse.

### Learning Priorities for each level of the workforce:

Level within workforce	Learning Priority
<p>Level 1 : Wider Workforce</p> <p>(Workers who have a role in preventing alcohol and drug misuse, or who are likely to come into contact with members of the public where there is already an alcohol – and / or drug related problem and there is an</p>	<ul style="list-style-type: none"> <li>• Understanding of the values and attitudes associated with a successful recovery-focused workforce.</li> <li>• Awareness and understanding of the wider range of effects (social and economic effects and also effects on physical and mental health) that alcohol and drug misuse can have on</li> </ul>



<p>opportunity to address this)</p>	<p>individuals, their families, and their role as workers in reducing it.</p> <ul style="list-style-type: none"> <li>• Understanding the principles of sustainable recovery (including a person centred approach).</li> <li>• Understanding referral, signposting, and availability of other services as an essential component of a person-centred approach.</li> <li>• Skills to recognise and identify alcohol and drug related problems.</li> <li>• Ability to use basic screening tools.</li> <li>• Understanding of responsibilities in relation to children who may be at risk from alcohol and drug misuse by a parent or carer, skills to recognise these risks and knowledge to act promptly and appropriately to protect such children.</li> <li>• Skills in reducing immediate harm (basic life support training and suicide prevention skills).</li> <li>• Skills in providing harm – reduction messages.</li> </ul>
<p>Levels 2 and 3</p> <p>(Workers who engage on a regular basis with and provide services to people who have alcohol – and / or drug related problems).</p>	<p>All of the above plus:</p> <ul style="list-style-type: none"> <li>• Ability to select and use appropriate screening and assessment tools.</li> <li>• Skills to tailor and co-ordinate person-centred treatment and support through effective engagement and partnership with other service providers.</li> <li>• Skills in carrying out appropriate interventions (relating to behaviour change and / or treatments).</li> <li>• Ability to recognise complex needs; and, for level 3, skills in supporting those with complex needs).</li> <li>• Skills in advising and supporting those affected by another person's alcohol and or drug related problem.</li> </ul>
<p>Level 4:</p> <p>(workers who provide intensive specialist services, such as residential services).</p>	<p>All of the above plus:</p> <ul style="list-style-type: none"> <li>• Ability to recognise, assess and treat multiple and complex needs.</li> </ul>

## **ANNEX B – THE POLICY CONTEXT: SOME USEFUL DOCUMENTS**

[The Road to Recovery](#)

[Changing Scotland's Relationship with Alcohol](#)

[A New Framework for Local Partnerships on Alcohol and Drugs](#)

[A Force for Improvement: The Workforce Response to Better Health, Better Care](#)

[NHS Quality Strategy](#)

[Towards a Mentally Flourishing Scotland](#)

[Skills for Scotland: A lifelong Skills Strategy](#)

[Early Years Framework](#)

[Equally Well](#)

[Sector Skills Assessment for the Scottish Social Service Sector](#)

[Post Registration Training and Learning Guidelines \(SSSC\)](#)

[Codes of Practice for Social Service Workers and Employers of Social Service Workers](#)

[Health Behaviour Change Competency Framework](#)