

Training for drugs work - facing up to the challenge

Kathryn Leafe describes the gap left when creation of services takes place without investment in worker training.

The Wednesday edition of *The Guardian* has always been a 'must' amongst drug workers, an opportunity to review the jobs section to see who has moved and who has received money for new services. Today, I still review the section but now I'm less curious about who has moved. I'm still interested in who has money and I'm also looking to see which posts are frequently re-advertised.

As we all know there has been unprecedented change and growth within the substance misuse field. Only a few weeks ago I counted 60 drug job vacancies in one edition — vacancies on such a scale tend to be the rule rather than the exception.

Getting a job, or changing jobs within the substance misuse field was not an easy task three, four or even five years ago. It was also a time of 'sideways moves' — workers would gain experience in a number of different areas of substance misuse work before looking to move into management. When I was considering career moves I remember canvassing amongst friends and colleagues as to whom they thought or knew might be going for certain posts.

Times have changed. The phenomenal expansion across all sectors of substance misuse related work has created exciting new opportunities for drug workers, especially within the criminal justice field. However, from the outset concerns were raised as to where all the workers to fill these vacancies would come from. The answer we all know can be found within the jobs section of Wednesday's *Guardian* - there are not sufficient numbers of suitably qualified workers or managers out there. There are some very skilled and well-trained individuals working within the field, however there are simply not enough of them to go around.

So what is happening on the ground and when did the problem start?

One of the perennial problems has been what I would term the perceived absence of professionalism. Until recently there was neither a formalised entry route into the field or a qualification which demonstrated competency as a drug worker. Historically workers have evidenced their abilities based on work experience or through related qualifications. The lack

of any 'formal qualification' and thus entry route has been a stumbling block to 'professional acceptability' and has also created barriers to entry into the 'profession'.

I have often heard people refer to the introduction of the Counselling, Assessment, Referral, Advice and Throughcare (CARAT) services in the summer and autumn of 1999 as the beginning of the problem. However, our experience is that the difficulties began earlier than this. By the mid 1990s schemes such as Cranstoun Drug Services Prisoners Resource Service (the old Parole Release Scheme), Exeter Drugs Project and SARU / Compass were already working in prisons. Additionally, the Criminal Justice Act 1991 allowed for the development of probation partnership work. Recruiting to such posts was far from easy as this type of work within the drugs field was very 'new'. Drug workers had little prior experience of working 'within' the criminal justice system. Indeed many services still refused to work within the system itself. We have moved on from this stance but the difficulty was all too evident then - quite simply there were not enough drug workers who were appropriately trained, understood the criminal justice process and could or would work within it.

This situation was only exacerbated with the introduction of CARAT services across England and Wales. Providers were now contracted to deliver drug services in areas where previous provision was either patchy or non-existent. In urban areas recruitment to CARAT services often drained other local services, and in more rural areas there was often a shortage of people suitably experienced or qualified to deliver drug services.

DTTOs and Arrest Referral Schemes followed CARATs. We shouldn't be surprised when drug workers with mortgages and family responsibilities, with only 12 months remaining on their current contracts with no guarantee of renewal, apply for new initiative posts with new three year contracts. Inevitably, the vacancies they leave behind, with perhaps only six, 12 or 18 months to run on current contracts, are difficult to fill.

So the question is how did we get into this position? The answer on one level is quite simple - investment in services and unprecedented growth without any accompanying investment in training. In all the discussions and working groups which explored the development of drug services, how much

discussion or thought was given to where the staff would come from to deliver these services? When these issues were raised with the Prison Service in relation to CARAT recruitment the responsibility for this was seen to lie with providers as opposed to being shared with the purchasers - an unhelpful attitude as the joint efforts of purchasers and providers is necessary to ensure effective service delivery.

There are two other significant developments. The National Treatment Agency is now in place and it is evident from its work to date that there will be a move towards the 'licensing' or 'accreditation' of both workers and services.

Professionalisation

Such 'professionalisation' of the field should be welcomed in many respects. Trainees, volunteers and workers transferring in from other professions (e.g. nursing, probation); all need appropriate courses leading to 'accreditation'. Examples of such initiatives already exist: university / college based masters degrees and diplomas, the Advanced Certificate in the Management of Substance Misusers: Practitioners Skills, and accredited volunteer programmes. It is essential that such courses are accessible and relevant to the wider community addressing issues of diversity. Service providers need to be confident that 'graduates' of such schemes are competent to deliver services. Courses need funding and here there is a balance to be struck. Current staff should be supported in gaining

and it should be recognised that this cannot be met by a one or two day course. It is not acceptable to hear staff talk of clients who lapse in the final week of treatment programmes as 'failures' who have learnt little from the course. Equally specialist drug workers are often dependent for referrals on other agency staff, so these staff need a baseline of knowledge which facilitates the making of appropriate referrals. Training does not apply only to staff involved in service delivery but also to commissioners within the criminal justice sector. Managers at all levels in the commissioning process need to understand and differentiate between the type and appropriateness of services. An appreciation of the support and training needs of partner agency staff including the necessity of supervision is required.

Similarly drug services managers must also be competent in both line management skills and understanding clinical practice. Project managers are arguably the most 'influential' managers in terms of service delivery as they ensure that services are maintained effectively in line with contract requirements. There is a real need for the NTA along with providers to address this issue, as at the current time there are no specific clinical supervision or line management qualifications specifically tailored towards these managers.

The contract and competitive culture meant that providers took on work with intentions of trying to respond to the challenge. This we have done with varying degrees of success. It's not always been an easy task, services have had to balance

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qualifications which validate their experience but once acquired organisations can lose these qualifications as the staff move from post to post. In establishing apprenticeships and trainee schemes we need to be mindful of the fact that trainees also need to earn a living wage and that if we rely solely on volunteer-status based apprenticeships then this might exclude significant numbers of potential workers. An additional difficulty is the shortage of suitably qualified specialist practitioners who are able to deliver such courses. I have been involved in the delivery at one of the six pilot centres of the Advanced Certificate in the Management of Substance Misusers: Practitioner Skills. It has been difficult to obtain tutors who meet the set requirements, as there are currently a limited number of experienced practitioners who hold such qualifications themselves and have experience of teaching.

Secondly, the Joint Prison and Probation Accreditation Panel through which all prison and probation based programmes must be accredited set requirements for the training of tutors. Along with the prison and probation services, there are a number of drug service providers seeking to accredit drug treatment programmes for use in prison. It appears as yet unresolved as to whether such tutors will be expected to attain 'licensed practitioner status' as drug workers.

While I believe that multi-disciplinary approaches to the delivery of drug strategies are essential, their effectiveness is dependent upon the awareness and training of all staff involved in the process. Partner agencies need to be prepared to invest and release staff in order that they can obtain relevant training

responding to the competitive and at times 'aggressive' market place against investing in infrastructure and ensuring consolidation. There are some excellent examples of developments within the field including volunteer training and in-house training programmes.

There can be no doubting the crucial importance of addressing training needs for both providers and purchasers of services. No matter what the targets set, how good the interventions are in their design or how much additional money is provided, if there are not the staff on the ground to deliver and manage services then both local and national strategies will not be met. Providers and purchasers are jointly responsible for achieving these goals.

Finally, let's not forget the service users — a suitably qualified and trained workforce is essential in delivering the variety and high quality services they need and deserve.

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