

# **“Competencies and Attitudes of Staff in Prevention and Treatment - What makes a confident, competent and valued workforce?”**

## DRAFT SPEECH

### **KEY PP 1**

#### **INTRODUCTION**

**Thanks** to the organising Committee of ICAA for inviting me to give this keynote speech on Competencies and Attitudes of Staff in Prevention and Treatment. It is particularly heartening to have received this invitation as it is so rare for staff skills and attitudes, and therefore education and training, to be given publicity/ attention at conferences such as this.

### **KEY PP 2**

#### **Sources**

In this presentation I shall be drawing on material from:

- STRADA’s evaluation data from 2001; and experience and information from carrying out five analyses of training needs in various parts of Scotland to support training strategies on drug and alcohol misuse.

- I shall also comment on the work of continuous professional development and the learning theory on which it draws.

### **KEY PP 3**

#### **About STRADA**

I think a brief word of explanation about STRADA is necessary here. It is not a secret police force in a totalitarian state! The name stands for Scottish Training on Drugs and Alcohol. We are a partnership between two departments of the University of Glasgow – the Centre for Drug Misuse Research, and the Department of Adult and Continuous Education; and DrugScope – a UK wide organisation developing policy and practice in the drugs field. STRADA is largely funded by the Scottish Executive.

### **KEY PP 4**

Since 2001, we have provided training and education opportunities to almost 20,000 participants, through almost 1,600 courses and educational programmes. These include:

### **KEY PP 5**

- Modular courses, delivered at regional level by locally based trainers to multi-disciplinary audiences

- Two post-graduate education programmes - in Addictions, and in the Management of drug and alcohol services (note new undergraduate programme)
- Through a sub-contract with the Scottish Leadership Foundation we have delivered Leadership Development Programmes to 18 out of the 22 ADAT/DAATS in Scotland.

## KEY PP 6

### Multi-disciplinary

You may have noticed the word 'multi-disciplinary' in that description of our courses. STRADA's delivery of programmes is on a multi-agency and multi-disciplinary basis. Participants have been drawn from health, education, police, prison service, housing, social work, voluntary agencies.

We recognise the importance of staff in **generic** services as well as more **specialist** services. It has been noted in all our training needs analyses that a lack of training in the generic services on drugs and alcohol has inhibited early identification of problems or concerns, their assessment and appropriate referral. Thus, any discussion about competencies and attitudes should encompass the wider range of the workforce i.e. all who come into contact with substance misuse, whatever their profession, as well as the drug and alcohol specialists.

Further, whilst drug and alcohol workers require special knowledge and skills, we must also recognise that such workers come from a range of different professional backgrounds and groupings. Again STRADA's evaluation data notes the importance of, and change in, practice brought about by the multi-disciplinary nature of the training programmes.

## **KEY PP 7**

### **What does Work in the Drug and Alcohol fields require of its workers?**

This work is

- Complex – involves a wide array of skills
- Challenging – its difficult to achieve success
- It is often ethically fraught – involving hard decisions between the interests of individual service users, their families and communities
- It requires sound judgement – that would test the wisdom of Solomon

## **KEY PP 8**

It demands from staff

- hard work
- often staying where the pain is
- resolution in face of adversity

- compassion
- empathy
- objectivity
- resistance to collusion
- resistance to over-optimism – which I shall return to later in the presentation.

Developing all these attributes and abilities is a complex task. I want to try and simplify the picture by using a cartoon character [slide] as a way of focussing on the main aspects of our training.

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### **KEY PP 9**

As you see, this character (who is the ideal worker) has a head, heart, hands and feet.

THE HANDS - stand for skills and competence in practice

The HEAD - stands for understanding, cognition, theoretical base for work; and for reflection on practice.

HEART – attitudes and values

FEET – Career pathways.

## KEY PP 10

Let's look first at skills – the contribution of the **HANDS**. Everyone uses the word competency, but there's no difference between a 'skill' and a 'competency' - a competency is a developed skill, and a skill is the ability to do something well. Competencies state the range of standards of performance that people carrying particular roles should be working to.

So what do we mean by competencies in relation to prevention and treatment, and how are they developed?

## KEY PP 11

In the UK, standards have been produced for the drug and alcohol field known as DANOS (Drug and Alcohol National Occupational Standards). These have been developed by the Management Standards Consultancy for Skills for Health – the national body for developing skills of the workforce in the Health sector, in close association with similar bodies - Criminal Justice, Personal and Social Services, Housing, Employment, Education, and Young People.

DANOS – used in a very straightforward way, allows individual workers to be clear about what is expected of them in their work. Workers can check if they are doing a good job. They can also identify any knowledge they need

in order to acquire the necessary skills. DANOS represents a consensus of what competent people in the drug and alcohol field are able to **do** rather than simply what they **know**.

## **KEY PP 12**

DANOS provides a range of competencies for workers to which no-one could take exception. They include:

- Educate people about substance misuse, health and social well-being
- Help individuals access substance misuse services
- Assess substance misusers' need for care
- Plan and Review integrated programmes of care for substance misusers
- Support individuals in difficult situations
- Deliver Health Care services
- Test for substance misuse
- Help individuals to address offending behaviour
- Develop practice in the delivery of services.

It is also instructive to know what **service users** believe that workers should be skilled in. The STRADA trainer in Highland region undertook

focus groups with some service users to tease out what they believed were the training needs of workers, during the work carried out for the Training Needs Analysis in Highland.

### **KEY PP 13**

From the use of scenarios which service users would recognise, the following points were made:

- Staff should recognise and respect service users as individuals, not as a problem
- People should understand health and social needs and not just treat people as criminals
- Workers were not paid to judge who deserves help and who doesn't
- Listening is an important skill
- If they don't know how to help they should know someone who does

### **KEY PP 14**

- They should know the different ways of getting off drugs and/or alcohol
- They should know how to talk to us
- They should know about you already so you don't have to tell the same story again and again and again

- Understand we have a lot of problems, not just drugs and drink problems
- It shouldn't depend on the worker what help you get – everyone needs to know about drugs and drink.

### **KEY PP 15**

I think we see here attitudes (which we will come on to in a minute) relating to

- Respect
- Listening
- Recognition of the whole person

And the need of service users for staff skills in

- Recognition
- Referral
- Evidence base
- Assessment
- Multi-agency working

All of these are competencies or skills that the ideal worker needs and that can be developed and assessed – our cartoon character's HANDS.

## KEY PP 16

### HEAD

However before the hands can do their job, something needs to happen in the head. None of these skills can be competently applied without using the HEAD. We need to know **how** to do something or **why** it is being done, before being able to carry it out. For instance, competencies may require knowing how to boil a kettle; but we need to know **why** boiling water is important – for making a good cup of tea and the theory behind the basis of water. The HEAD gives us **Understanding** and it gives us **Knowledge** - a **theoretical base** from which practice can follow. As Beedell and Clough say:

*“Too often... work is undertaken with no analysis of problems and no theoretical base for practice. The consequence is that staff maybe ill equipped to do the job, and have no framework for examining what goes on” (Beedell and Clough 1992 p.1).*

Note the words “no framework for examining what goes on”. For the practitioner, it is essential to have the ability (and the opportunity) to **reflect on and about their practice**.

In all the training needs analyses carried out by STRADA with staff in both generic and specialist agencies, there was considerable stress on developing practice. They noted the importance in training and development of:

### **KEY PP 17**

- Basing work with individuals upon recognised theoretical models
- The need to strengthen skills for supporting and challenging others' on aspects of their practice
- The incorporation of new evidence-based knowledge and the development of new skills to support the evidence base
- Evaluation of practice and the use of supervision.

We know that in the drug and alcohol fields we have some divergent views about the theoretical basis of our work. It is important in both training and education to explore this divergence, and from the evidence base assist workers to reflect on their own and others' practice, acknowledging the different professional stances which may arise. Two quotations from STRADA evaluation interviews undertaken with randomly sampled individuals some two months after attending training may be helpful here:

- i)* The worker notes the importance of being able to challenge in a safe learning environment, the practice of others.

## KEY PP 18

*“Well, it (the training programme) allows you to challenge the practice of other people who aren’t working as they should be, or you know how to be able to advocate on behalf of your client and help them find the services they might not be getting but are entitled to”.*

ii) Another worker noted the greater understanding of the nuances of different approaches, citing GP’s and social workers as examples.

*“A greater understanding of different theoretical models should assist the better delivery of services to the individual”.*

Other examples describe how an increase in knowledge led to enhancement of skills:

## KEY PP 19

*“Now because of my increased knowledge, I believe that clients do not feel so alone. I can speak to them in an all-encompassing fashion about the effects on health, offending, family matters”.*

And another worker speaks of her:

## KEY PP 20

*“Appreciating the effects of alcohol on my client and her ability to function daily, attending to practical tasks, financial situation and also*

*the effects on her health. I feel this understanding has benefited my client as I can relate to her dependency and her ability to function and retain information. I have adopted and changed my approach and set firmer boundaries in relation to her care plan and level of support I give, giving her clear verbal and written communication for her to relate to depending on her levels of alcohol consumption”.*

Theory has to be combined with the workers’ own reflection and how they interpret theory in the light of their own experience and practice. In other words, we learn best from our own mistakes.

Some of you will be familiar with the work of Donald Schon, the learning theorist and philosopher. Schon’s work on the ‘reflective practitioner’ and on reflection in practice describes ‘a technique to uncover value and highlight tacit, intuitive knowledge’.

## **KEY PP 21**

*“Even when (the worker) makes conscious use of research-based theories and techniques, he is dependent upon tacit recognition, judgements and skilful performances”* (Schon 1983 50). I.e. knowledge and practice go together.

Schon attempts to shift the locus of the profession from being:

**KEY PP 22**

*“lofty anonymous edifices, self-appointed custodians of significant and specialised knowledge, to the professional him or herself practising within an environment of increasing uncertainty, change and erosion of professional boundaries”.*

That is what we need for the competence of those who work in the prevention and treatment of drug and alcohol misuse today. Staff in specialist projects, **and** in the more generic workforce, need to have knowledge as well as skills in order to make appropriate, confident, professional, autonomous judgements.

That requires the **opportunity** for staff to reflect on the efficacy of their judgements.

**KEY PP 23**

In STRADA’s training programme we have introduced practice-based workshops for more specialist practitioners who need to develop practice skills. Such programmes are based upon the principles of problem based and action set learning. They promote the concept of learning by reflection in practice – using confidential ‘live’ case scenarios. In these programmes we have recognised the need why workers have to be appropriately

supervised, mentored and coached by those who have a grasp of knowledge and skills in the drug and alcohol fields, and how these can be brought together in practice. Good supervision will also encourage the worker to think imaginatively and to contribute their own ideas to their store of knowledge.

So – we have considered two of the aspects of our cartoon character – HEAD and HANDS.

### **KEY PP 24**

Now I want to look at the **HEART**, and under this heading to focus on **attitudes and values**.

i) First, the attitudes and values required by workers in prevention and treatment, to people with substance misuse problems. We know all too well that everyone has a view on what we should do about drug and alcohol misuse, ranging from banging them all up and throwing away the key, to 'do what thou wilt shall be the whole of the law' and people should be allowed to go to hell in a hand-cart. That range of attitudes and values is evident among staff who come for training in this field from a wide range of professions. They may range from being harsh and condemnatory on the one hand, or permissive and laissez faire on

the other. STRADA has found that work on attitudes is a vital part of drug and alcohol training and educational programmes.

We have heard already how better knowledge can lead to better practice. So can a change in attitudes affect practice. STRADA knows from its own experience and from the feed-back from training staff, how attitudes can bring about such change. A quote from a participant illustrates this:

**KEY PP 25**

*“If somebody came into me beforehand, if they come in with an addictive behaviour, I was probably very cold and closed about helping them. You know, it was their fault, their problem - they could deal with it without getting offered this, that and the next. I would say that I am a lot more sympathetic to their need, and how that they didn't necessarily want to be in the position they are in”.*

Attitudes and values have to be empathetic, but they also at times have to be 'hard-nosed'. One often hears, usually in job interviews, that people working with drug and alcohol misusers need to be non-judgemental. I know what people mean by that, but I question the use of the word. Take assessment for example – – a competence / skill we

have already identified as necessary in this work. There is nothing more a matter of making judgements than assessment. As a worker, I will have to make judgements all the time about you as a service user – about your behaviour and action which may be detrimental if not downright dangerous to yourself and/or others. However, I am not judging you as a **person**, and that's where our attitudes and values are important: it's the song we are condemning not the singer - the behaviour, not the person.

### **KEY PP 26**

ii) Another contribution from the heart is the necessity for **hope** – this follows on from what has just been said about acceptance of the person.

Attitudes in this work towards individuals have to be persistently optimistic: staff working in prevention and treatment need to have hope in individuals – a belief that people can change. Otherwise how can service users themselves believe in their ability to change, and hope for it? Further, without that hope a culture of cynicism and possibly of despair will develop in the work place, and undermine the integrity of the work staff carry out each day. Can a worker genuinely go in to work believing that it is a waste of time?

However we must also guard against over optimism. We know from some recent inquiries into child deaths associated with parental substance misuse that staff appear to be 'over optimistic' in their view of the outcome of a care plan. This is where attitude links with sound professional judgement, assessment and effective reflection in practice.

Yet we must continue to have hope. Hope is something that is often difficult to keep alive, especially in a climate of hostile public opinion. As with other areas of personal and social services, drug and alcohol misuse is rarely out of the media headlines. Staff often read of their work as they travel in each morning. Often they are vilified for making mistakes, castigated when they have apparently made inappropriate judgements. In such a climate it is often only your basic attitudes and values that keep you going.

### **KEY PP 27**

ii) Thirdly, our attitudes can go a long way towards making the client feel valued. Personal qualities of workers play an important part in encouraging clients to engage with services. Such qualities include:

- An ability to establish positive relationships

- The retention of experienced workers – this has major implications for the overall effectiveness of interventions
- A non-directive and empowering approach – helps the individual to feel valued
- Person-centred holistic approach, with goals tailored to individual client needs. (Lloyds TSB )

All that is from the HEART. Going back to our cartoon character we come finally to the **FEET**.

### **KEY PP 28**

This is about continuous professional development, the route and path for training and education in the drug and alcohol fields which will lead to a confident, competent and valued work-force. A worker needs to know where he or she is going, and have some belief that the job is valued and offers career prospects. Only if staff feel valued are we going to provide not only a competent but a confident work force.

There are many definitions of 'continuous professional development'. The Scottish Social Services Council gives a working definition as "On-going learning and development to improve and extend professional practice throughout an individual's career". There is a lot of discussion about continuing professional development in all fields. What do we know about

education in the drug and alcohol fields, whether it is sound enough and esteemed enough to provide career pathways and links to accreditation and qualification?

The International Think Tank 'Education and Training on Addiction' held its inaugural meeting here in Edinburgh earlier this week. A survey conducted on behalf of what is now I-TETA and provided by Professor Ambros Uchtenhagen (Chair of the Think Tank), gives an international over-view of workforce development in the drug and alcohol fields. The survey reported on responses from eleven different countries to a structured questionnaire, with questions on:

### **KEY PP 29**

- Systems and structures of continuing education
- Form of such education
- Conformity to regulation and standards
- National guidelines as a general reference point for the content of educational programmes
- Quality standards in delivery of programmes
- Challenges, opportunities and risks which affect the future professional care and treatment of substance dependent individuals.

### **KEY PP 30**

*“Since good practice is expected to be evidence based, service improvement strategies, and especially continued education and training, have become more important. In most countries, therefore, continued education and training are fairly highly valued in principle, and the respective activities have increased.*

The report points to the importance of training needs analysis and of workers’ own views about the training needs of their ‘bodies’ – head, hands, heart and feet:

### **KEY PP 31**

*“Those (training) activities however are mainly driven by providers in a top-down fashion, and rarely based on surveys on competence gaps and bottom-up needs assessment. Incentives for services and professionals engaging in education and training are the exception rather than the rule”.*

The report criticises the lack of a strategic view of training and education:

### **KEY PP 32**

*“In a majority of country reports we find little efforts to systemise continued education, to establish a conceptual framework for forms and contents, and to care about quality standards.*

This is supported by the Scottish Institute for Excellence in Social Work Education in their review of evidence about the impact of education and training in child care and protection:

*“Recognising children in need, related processes in risk assessment, and a greater understanding and clarification of the roles and responsibilities of different agencies and professions have been benchmarked as areas where perceived deficits in knowledge and skills require redress through training and education”.*

The Think Tank report also criticises the lack of proper **evaluation** of training programmes:

### **KEY PP 33**

*“Evaluation is mostly done by self-evaluation of providers, and only exceptionally are the effects of educational inputs on the teams, services and their effectiveness researched. Professional associations and Universities have a dominant role in developing educational programmes, and providers operate in a market competition rather than in a guided structure. It seems that a deficit is identified here and that state*

*commissioned organisations are increasingly working on filling the gaps in a number of countries”.*

We need to know if training makes any difference to practice or outcomes. Again the Scottish Institute for Excellence in Social Work Education says about evaluation *“This is an area of enquiry which is clearly still in its infancy”.*

There is clearly much to do in the future to build career pathways, and to evaluate not only the quality of training and development – but also the impact of such activity or on-going practice. STRADA has begun to examine that aspect.

But reverting to the present topic and **In Conclusion**, what have we discovered from our cartoon character about creating a confident, competent and valued workforce?

### **KEY PP 34**

**Confidence** of the workforce is built upon HEAD, HANDS AND HEART - knowledge, skills and appropriate attitudes. In the STRADA evaluation interviews, participants noted that the range of awareness, their use of knowledge and understanding of the service users’

position, all increased their confidence as workers. The increase in confidence led to a greater honesty in relationships, and increased empathy with the service user.

## **Competence**

Competence of the sector's workforce will be raised by nationally agreed standards and assessment of competency. But competency must be built not only on skill but on knowledge and conceptual frameworks, and on the ability to reflect in action on such competency.

## **KEY PP 35**

### **Value**

The workforce feeling that they are valued will come from

- Recognition brought about by accreditation and qualification
- Recognition by politicians and policy makers of the importance of work in the drug and alcohol sector
- Value laid on education and training by employers – not a luxury in service delivery and development, but a necessity for quality assurance and standards of service.

HEAD, HANDS, HEART and FEET – all are necessary and each part depends on the other. We cannot do without any of them.

## KEY PP 36

A good worker in this field has:

- skills,
- knowledge backed up by reflection and helped by good supervision
- the right attitudes to substance misuse, service users, and other professionals
- and a career pathway reinforced by management.

ALL are necessary attributes of a competent, confident work-force. We can't do without any of them. All fit together and depend on each other – skills are strengthened by knowledge, and in turn strengthen confidence; feeling valued by other's attitudes strengthens confidence; confidence enables skills to be practised with assurance, and so on.

It is a fundamental error to assume that any of these can be treated as less important or by passed - that competencies can exist on their own without knowledge and theoretical base; that reflection on practice can do without a manager spending time helping that reflection and learning; that a career pathway is nothing to do with the daily work to be covered, and anyhow is the individual's responsibility rather than the organisation's.

Let us remember that service users in the drug and alcohol fields are possibly the most stigmatised, disenfranchised, socially excluded of all

service user groups. They deserve staff who are confident, competent and valued.

### **KEY PP 37**

To end with a quotation from the Meditations from Marcus Aurelius – Emperor of Rome from 161 to 180CE - on 'Living, dying and the good life':

*"Your actions and perceptions need to aim*

- *At accomplishing practical ends*
- *At the exercise of thought*
- *At maintaining a confidence founded on understanding.*