

D&A Evidence Scoping Template

Area: Workforce Development Training

Evidence of practice

(narrative of previous model based on PMR data, uptake of service etc.)

The Workforce development contract was tendered in three lots training around Young People & Families, Adults & General Public, and Motivational Interviewing. The training delivery against contract targets is marked by the following colour codes:

 exceeded	 met	 not met
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Lot 1 – ASCERT			Lot 2 – ASCERT		
	Target	Total 2018/19		Target	Total 2018/19
Basic Module - Half Day			Young People’s RIAT – 2 Days		
Courses delivered	32	32	Courses delivered	1	4
People attending	480	376	People attending	15	42
Basic Module - 1 Day			Basic Module - Half Day		
Courses delivered	19	19	Courses delivered	12	5
People attending	285	231	People attending	180	51
Foundation Module – 3 Days			Foundation Module – CYP & Families - 1 Day		
Courses delivered	3	4	Courses delivered	3	2
People attending	45	45	People attending	45	19
Advanced Module – 12 Days			YP, Mental Health & Substance Misuse – 2 Ds		
Courses delivered	2	2	Courses delivered	3	3
People attending	30	32	People attending	45	22
Support to Family Members – 2 Days			Regional Joint Service Agreement – 1 Day		
Courses delivered	3	4	Courses delivered	5	7
People attending	45	64	People attending	75	73
Working with Substance Misuse in Homeless Settings – 3 Days			Support CYP&F Affected by Parental Misuse – 2 Days		
Courses delivered	4	4	Courses delivered	3	1
People attending	60	54	People attending	45	2
Responders Training – 4 Days			Responsive Courses		
Courses delivered	3	4	Courses delivered	13	11
People attending	75	45	People attending	195	106
5-Step Method Practitioner Training – 1 Day			Advanced Module – 12 Days		
Courses delivered	2	0	Courses delivered	2	0
People attending	12	0	People attending	30	0
5-Step Method Refresher Training – 1 Day					

Lot 3 – Glenn Hinds: Motivational Interviewing (MI)						
	Introduction to MI		Advanced MI		Mentoring to support MI	
	Target	Total 2018/19	Target	Total 2018/19	Target	Total 2018/19
Courses delivered	2	2	1	1	20	10
People attending	32	30	16	11	16	10

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Lot 1 - Foundation Module 3 days; Advanced Module 12 days; Support to Family Members all well attended. Lot 1 No delivery against 5 Step Method Practitioners training or Refresher course. Only 1 programme Support to Family Members exceeded all others under target.

Lot 2 – Young People RIAT 2 days & Regional Joint Service Agreement 1 day courses exceeded. 'People attending' targets not met for all courses. No delivery against Advanced module 12 days.

Lot 3 – Target courses met for Introduction to Motivational Interviewing & Advanced course. Only half of target for Mentoring achieved, target numbers not met for any programme.

Observation: Most of the issues with programmes being under target were due to changes in demand for the various courses. The important learning here is that there needs to be flexibility in what courses are delivered in response to changing demand.

Overview of main areas from commissioning framework previous evidence review (*insert links to PHA D&A commissioning framework*)

Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16 (<https://www.publichealth.hscni.net/sites/default/files/Drug%20and%20Alcohol%20Commissioning%20Framework%20Consultation%20Document.pdf>) provides an evidence base for these therapies. Intensive training was only procured for MI as this was a prerequisite for staff in several of the services. Subject to resources the other training would be beneficial.

- Motivational Interview Training
- CBT
- Behavioural Couples Therapy
- Relapse Management

Recommendation – the list above is recommended by NICE in order to accommodate emerging research in support of other interventions, provide training in psychological interventions that have a sufficient evidence base.

Overview of new evidence base review (*key recommendations for consideration*)

<https://www.publichealth.hscni.net/sites/default/files/2019-09/Training%20Needs%20Assessment%20Alcohol%20and%20Drugs%20Final.pdf>

- In relation to the Alcohol & Drugs TNA carried out in 2018, respondents surveyed indicated that the most common level of training achieved for each area was at either basic or intermediate level; 62% and 31% respectively.
- For those working with or coming into contact with people who misuse substances they most commonly identified a need for training on prescription drugs (55%), dual diagnosis & complex interventions (53%) and in new psychoactive substances (49%).
- Having identified their specific training needs respondents were then asked to say what level their training needs should be at. The most common training need (prescription drugs) 26% said they required basic level training, 36% intermediate, 39% advanced & 3% refresher level.¹

¹ PHA; TNA A& D – CFT 1322994 (2018) p 37, 44, 48, 50.

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Recommend – don't change model, just differentiate out:

- Be clear about what training Trusts deliver and do not replicate
- Liaise and work in partnership with Trusts building on what they already do
- Make sure training continues to map to National Occupational Standards and Drugs & Alcohol National Occupational Standards (DANOS) where possible
- Look at what training can be put online & develop
- Expert deliverers – recruit experts with sufficient experience of service delivery to be credible to their audience
- Recommend - Establish a feedback mechanism & review annually

Current Training Issues for recipients

- Location
- Accredited/non accredited; progression opportunities between training levels
- Limits on access for teams
- Notice period 6 weeks in advance required for Trust staff to attend

Other Training Needs

- Recognising forms of psychosis
- Use & misuse of counterfeit drugs
- Training & support for carers & siblings
- Coping with chronic drug dependency
- Suicide Awareness
- Skills in engaging YP & drug & alcohol misusers
- Understanding issues in BAME & new communities

Lack of Training on

- *NPS use*
- *Drug interaction effects*
- *Transfer of existing skills*

Asked for but provided for outside of this contract

- Advanced motivational interviewing – (provided)
- Safer needle exchange – (provided)
- Use of Naloxone – (provided)

Any identified gaps

- There is a lack of differentiation in training between target audiences;
 - Advanced/specialised training for experienced D&A practitioners
 - Awareness raising for staff who come into contact at early stages/outside D&A sector such as social services, teachers, & volunteers on services available
- Identify courses to be offered via existing training programmes to youth workers, social workers, community workers, etc.

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- No identified training pathway toward degree/masters; levels 1,2 & 3 exist but pathway to degree is not there - requires engaging with academics
- QUB offers a dual diagnosis Certificate Course but nothing else substance misuse specific. Discussion with UU/QUB to be held to identify if such a course is needed.
- Practitioners face a continual challenge on how to effectively engage with clients and motivate change

Future approach to reflect the evidence base

(e.g. Changes in evidence base / key recommendations / evidence of impact)

Recommend - Three levels of training provision:

- Awareness
- Brief Intervention
- Specific Skills development

The following areas were identified by the TNA as priority needs:

- Poly drug use & comorbidity
- Complex interventions
- Dual diagnosis
- Misuse of prescription drugs
- New Psychoactive Substances
- Hidden Harm (links to sexual abuse, alcohol & drugs, for kids of adults abusing drugs/alcohol - family interventions)
- Specialised training on *alcohol related brain damage* for people in Drug & Alcohol services (including hostel staff) and *Foetal Alcohol Syndrome*

Recommendations on delivery format from TNA

- Provide online training in support of awareness raising component – no need to travel, & minimum disruption to work arena - <https://www.sdftraining.org.uk/online-learning>
- Shorter and longer courses
- CAMHS and DAMHS would prefer locally delivered training to front line staff
- Face to face training needed for skills development
- Engage service users in developing and delivering skills based training for professionals
- Provide regular updates on New Psychoactive Substances
- Fast response outside of training timetables where possible

General points for consideration

- Map statutory training provider – contact and liaise with Trust training departments to identify what's provided & offer programmes to staff.
- Map training to accepted standards and competencies
- Enable monitoring and feedback on courses to shape revision and delivery and target beneficiaries
- Communication on courses in a consistent manner with clear objectives and relevance to work of staff
- Start with Training Needs Analysis and review once a year and then amend

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specifications - flexibility is important with an annual review

- PHA identify at outset proportion of budget to be spent on awareness raising and skills development

Further recommendations for cross-sector working

- Establish links between Drugs & Alcohol (D&A) and Mental Health & Suicide Prevention (MH&SP) teams/service providers
- Identify training needs for development & delivery to meet needs of D&A and MH&SP providers:
 - E.g. awareness raising re service provision in both areas
 - E.g. Community response services in relation to Sudden Death via suicide / drug related death