

DANOS – Three Years On

Report of a Survey of Users of the Drugs and Alcohol National Occupational Standards

Introduction

The Drugs and Alcohol National Occupational Standards (DANOS) will be three years' old in May 2005. I wanted to find out just how far we have travelled in that time and what obstacles might lie on the road ahead.

At the beginning of April 2005, I e-mailed 830 people that I have met, spoken to on the telephone or corresponded with over the past three years – a mixture of commissioners, service managers, human resource managers, trainers, people delivering front line services, service users and ex-users – to find out how they were getting on and what further help or guidance they might need. 135 e-mails were returned undeliverable – suggesting a staff turnover for the sector of about 16%.

I asked the following questions:

1. Do you use DANOS? (If no, please state briefly why not.)

2. What do you use DANOS for?

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| a) Workforce Planning | i) Qualifications |
| b) Job Design/Job Descriptions/Role Profiles | j) Continuing Professional Development |
| c) Recruitment and Selection | k) Career Development |
| d) Induction | l) Succession Planning and Promotion |
| e) Training and Development | m) Service Design |
| f) Performance Management | n) Organisational Development |
| g) Good Practice Guidance | o) Quality Assurance |
| h) Assessment | p) Partnership Development |
| | q) Other (please describe) |

3. What problems have you faced in using DANOS and how have you overcome these?

4. What do you think are the benefits, if any, of DANOS?

- a) to workers
- b) to the organisation
- c) to service users

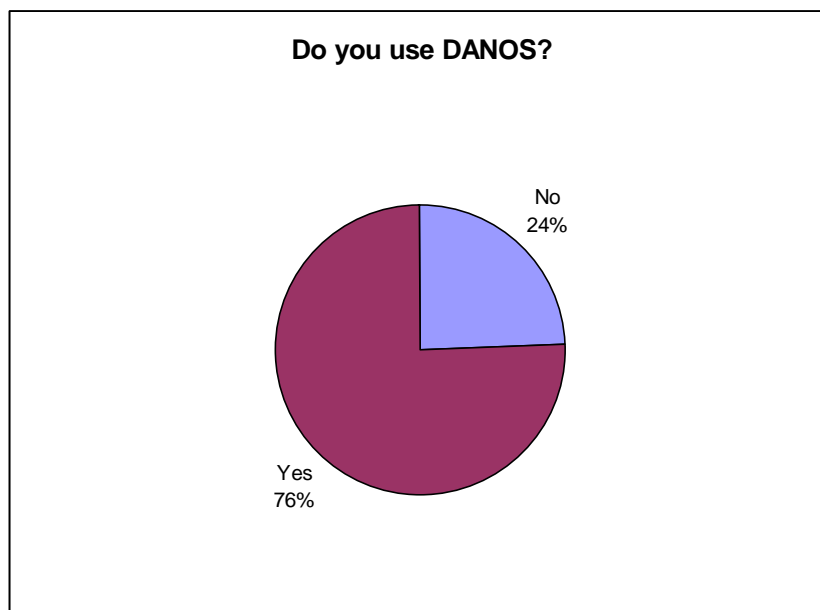
5. How many times (approximately) have you used the www.DANOS.info website over the past year?

6. Are there any specific issues regarding DANOS about which you would like more guidance?

By the deadline of 22 April 2005, I had received 247 replies, an excellent response rate of 35%, confirming the strong interest and commitment of those in the substance misuse field to improving performance and the quality of services.

Are people using DANOS?

Of the 247 responses, 188 (76%) are using DANOS and 59 (24%) are not.



There is a wide variety of reasons why people are not using DANOS.

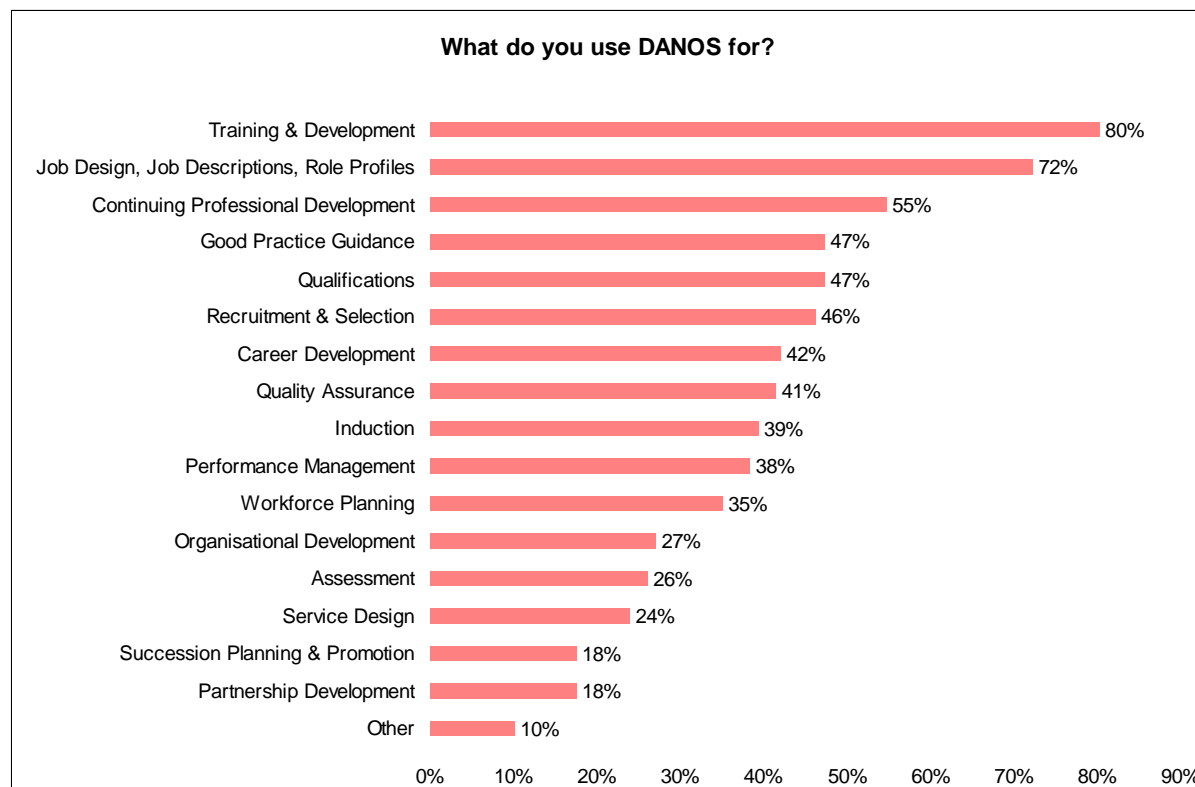
Some respondents are only interested in DANOS for research purposes, do not work in the substance misuse field (although some would like to find work in the area and see DANOS as a way to do this), or work in an area – like young people, social work or mental health – where DANOS are not seen as relevant. Other respondents work overseas or in Wales, Scotland or Northern Ireland where DANOS have not been officially promoted.

Other respondents are new to the substance misuse field and have not yet got to grips with DANOS, or have simply been too busy because of operational issues or, in the case of a significant number working in the NHS, because of the more pressing demands of Agenda for Change and the NHS Knowledge and Skills Framework (NHS KSF).

However, amongst the non-users there is a small but articulate group who have rejected DANOS as being bureaucratic, complicated, simplistic and a total waste of time and money. One non-user summarises this group's standpoint quite effectively: *It is being promoted by people who are totally ignorant of the core skills that my workers need, it is rudimentary, the standards are too generic and most of the assessors that I have seen so far I wouldn't judge as competent. In fact I consider DANOS to represent the lowest common denominator in terms of being a qualification and as a retrograde step in as far as it represents a move away from professionalising the alcohol and other drugs field. Personally, I am in favour of something like the US licensing system whereby if you haven't got 300/400 study hours, a years worth of documented supervised practice, an examination pass and you haven't presented a case study to an examination panel you won't get licensed to practice.*

What are people using DANOS for?

The majority of respondents who are using DANOS claim to be using them for a wide range of human resource (HR) development and service development purposes.



By far the most popular uses of DANOS are for training and development and job design, job descriptions and role profiles. This is unsurprising in light of the activities of the DANOS project in encouraging training providers and in-house training managers to map their courses to DANOS and the request from the National Treatment Agency for Substance Misuse (NTA) for all adult treatment services to incorporate DANOS within job descriptions.

It is also encouraging to see that around 40% of respondents say they are using DANOS for other HR purposes such as continuing professional development (CPD), qualifications, recruitment and selection, career development, induction and performance management. However, many respondents admit that they are still very much in the early stages of using DANOS for these purposes.

A smaller percentage (between 17% and 34%) are using DANOS more strategically for workforce planning, organisational development, service design, succession planning and partnership development.

10% of respondents are using DANOS for other purposes, such as:

- keeping up-to-date with policy developments
- as an audit tool
- to develop service specifications
- to develop and update organisational policies and procedures
- curriculum development

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- commissioning
- Federation of Drug and Alcohol Professionals (FDAP) professional certification.

What problems have people faced, and how have they overcome these?

Respondents tend to fall into three main camps. The first are the non-users (about a quarter of the total responses) some of whom, as stated earlier, have rejected DANOS out of hand. Those in the second camp (about half of the total) have identified no real problems (*I find DANOS very clear and user-friendly*), apart from the need to apply themselves to understand what DANOS are about and how to use them effectively. The third camp (about a quarter of responses) comprises commissioners, service managers, HR specialists, trainers and service deliverers who have struggled – or are still struggling – to use DANOS effectively. People in the third camp identify some very real problems.

Lack of resources

A common problem has been lack of time and human resources to get to grips with DANOS. To use DANOS effectively requires the investment of time to understand the system and processes, map job descriptions to DANOS, map and/or develop training which covers the standards, introduce DANOS as a tool in supervision etc. For busy services facing daily operational priorities, it is not easy to free up time to do this.

One respondent who uses the standards reluctantly summarises her experience of DANOS: *... unwieldy, proscriptive, simple minded. We have not overcome these, rather come to see that they are the nature of the beast. The other issue of course is resources - using such a protocol is time consuming and therefore expensive. There has been no additional funding from commissioners to ensure we, for example, re-write all our JDs. Rewriting a JD is a change in terms and conditions of employment and therefore cannot just happen. And of course there remains no money for the expected staff training and establishment of the assessment process. An NVQ level 3 is not really worth the paper it is written on and certainly is not the anticipated national accredited qualification originally bruted abroad - half of it is modules from Health & Social Care, not directly related to drugs and alcohol.*

Other DANOS users acknowledge the benefits of the standards, but still recognise that they require additional resources: *In supervision it has taken some getting used to being able to work through the competencies in conjunction with ongoing work. We find that on average we are offering about an additional 1-2 hours supervision per month in order to properly go through the competencies.*

As services train their staff and want to assess their competence against DANOS, further resource constraints appear: *The main problem has been a resource issue. This is particularly relevant in residential services where inevitably staff cover has to be bought in to enable staff time to complete NVQ assessment etc. I have not had time to update the attached induction, foundation training documents! Even going for the cheapest option by training up our own staff as assessors and accessing TSIFs the resource implications of the ongoing work is considerable.*

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The resource demands are likely to get heavier over the coming year or so as more services decide to plug identified gaps with appropriate training and get their staff's competence assessed. This demand cannot be met entirely out of services' revenue budgets. It will require some capital investment and support from Sector Skills Agreements, local Learning and Skills Councils and others.

Getting people on board with DANOS

The second biggest problem has been getting people on board with DANOS – convincing people that it is achievable, worthwhile and here to stay. Some people (both those who are not using DANOS and some who are using the standards under duress) are still not on board – workers in services where their employer is not providing any support or encouragement for using DANOS are particularly poorly placed to benefit.

However, there are some innovative approaches to gaining people's understanding and enthusiasm for DANOS both nationally and locally. One commissioner explains: *I think most of our providers have got a bit of a mental block about DANOS (especially around the JDs, role profiles and person specs) - I'm sure they think it's harder to create "DANOS compliant" JDs etc than it actually is. I've done a couple of briefings about this, and also workforce development, in order to try to dispel some of the myths. I'm also doing a brief training session at our next Providers Group Meeting.*

Another commissioner describes his experience: *The problem was mainly getting people to understand the purpose of DANOS and how they work. Initial reactions are often one of feeling threatened in some way, or perceiving DANOS as an extra layer of work and a bit of a 'pain'. Most people respond well when they see how DANOS can help - especially around things like job descriptions, setting work targets, knowing what areas of competency staff have etc. Problems were mainly overcome by encouraging managers to 'try it out' – starting with job descriptions/competencies, where managers appreciate some help. We have sent managers on Alcohol Concern's DANOS training as well, which has demystified the process a lot. I would say the best way we have overcome problems is by discussing how DANOS can help, rather than see it as some kind of imposition – using it to serve us rather than allowing an impression that it is there to 'police' us.*

Information, guidance, consultancy and simple tools have clearly played a significant role in increasing understanding and acceptability of DANOS. The website with its helpline is a key source of information: *the website is very good and the person responsible for replying to enquiries is responsive, and sufficiently knowledgeable to provide relevant, detailed and timely information.* Respondents visit the www.DANOS.info website regularly (on average once per month) to keep up-to-date and get the information they want. The DANOS training database is also well used, as is the Norfolk DAAT website and MAPS's software and helpline.

Inevitably, occasionally people have had to call in expert help to provide DANOS Masterclasses locally or map job descriptions to DANOS to create role profiles.

Problems with the standards themselves

As people have become more familiar with the DANOS standards, they have come to recognise their limitations. Respondents recognise the need for more advanced standards for people who have worked in substance misuse for many years to be working to. They also

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identify a range of areas where they perceive there to be gaps in the DANOS standards, for example:

- aftercare
- case-load management
- commissioning training
- complications in detoxification
- confidentiality
- cross-cultural working
- diversity
- more detailed drug knowledge
- motivational interviewing
- relapse prevention
- safer injecting
- service user involvement (at all levels)
- working with children of substance users
- working with young people
- dealing with all the other problems that substance users have.

Conflict with other systems

Respondents have reported problems in introducing DANOS into situations where there was already a well-developed and effective system for developing and managing the performance of workers. Understandably, an organisation that has developed a system specifically to meet its needs may be reluctant to replace this with a nationally-developed system that may not fit its requirements so well. Organisations who were using the old care NVQs have also reported problems in moving across to DANOS and the new Health and Social Care NVQs.

The most commonly reported problem, however, is with the requirement to introduce the NHS KSF and DANOS at the same time, the former being mandatory in the NHS and the status of the latter unclear. There are two aspects to this problem: a lack of clarity about how the two systems should work together and the inevitable priority given to the mandatory NHS KSF. One respondent summarises the dilemma: *I'm still not quite clear where it fits with our current and emerging systems and when I have tried to look at it it didn't seem like a straightforward task. I did look to DANOS when doing the staff KSFs here but there was so much detail (which I see as being very useful for a lot of things) that I didn't have time to examine it fully.*

Training

Training providers and in-house trainers have been encouraged to map their courses to DANOS and develop new learning packages to meet DANOS requirements. Whilst guidance has been given, there is no standard way of doing this. As one trainer remarked: *We match DANOS competencies to Training Event Learning Outcomes. We have to use common sense to do this. There is no formal or objective way of doing it.*

As a result, DANOS-mapped training can be of variable quality. Both training providers and commissioners of training alike are asking for a method of accrediting training along the lines of Skills for Justice's training quality framework, SkillsMark, and for a list of accredited courses to be published.

Qualifications, assessment and accreditation

The biggest area of frustration amongst users of DANOS is the perceived lack of progress on a qualifications framework and unambiguous guidance on what qualifications or accreditation of competence different worker groups should have. This frustration is well articulated by one respondent: *As with many other organisations, we believed originally that DANOS would be used as a template on which qualifications would be built, these then would be made widely available and our staff would be able to pursue them to achieve the necessary standards. This has clearly not been the case. The standards have been very useful in a number of other areas, such as developing individual training plans etc, but for the last 2 years we have been waiting for recognised "DANOS" qualifications to be unveiled, so that we could tie our staff's required training for CSCI (to meet the TOPSS standards) in with the requirements for Drugs Workers. We have overcome this problem by eventually realising that the "suite" of qualifications that were said to be coming through DANOS were either not going to appear or not going to appear within a timescale that would be acceptable to meet our other training requirements, and so have looked for other avenues of achieving recognised qualifications for our staff.*

The Health and Social Care NVQ Level 3 only goes some way to solving this problem. This qualification is only appropriate for certain staff (those without professional qualifications) and it is not yet widely publicised or available from local approved centres. Respondents are still quite unclear as to what the implications of DANOS are for professionally-qualified staff or those with other qualifications (such as counselling diplomas) or many years' experience but no qualification. Many respondents are using DANOS within their supervision and performance management processes, but are unclear as to whether these are likely to meet requirements or what records they should keep. *I found that there was very little guidance on what records I should keep, so although we use DANOS, I am unsure as to whether I am using it right.*

The problem is compounded by the lack of competent assessors, training in the assessment of competence and information about how one can become a competent assessor. Whether the assessment is for external qualifications or internal performance management, there is a critical need to increase the supply of occupationally-competent assessors in the substance misuse field. *No assessors and not certifiably competent staff. We await a solution. We are training staff using the competencies...*

One respondent, however, is encouraged by recent developments and would like to see *the implementation of the Modern Apprenticeship schemes in conjunction with DANOS related NVQs and Skills for justice tie-ins where possible for CJIP/DIP teams and overall workforce development.*

Lack of coordinated implementation activity

Those who are working hard to implement DANOS within their organisations or within their local areas feel rather unsupported and alone at times. One respondent wants more *examples on how DANOS is being implemented across the country and vignettes of success stories*, another is after *sample job specs for a range of posts...services should share theirs to develop "best practice" specs...*, while a third would like to see *more emphasis on implantation of DANOS across organisations. Some agencies I have worked with simply*

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rewrite their job descriptions and leave it at that. Perhaps more information on how to use DANOS for succession planning and promotion, service design, organisational development.

Particular problems with implementation are cited by respondents from Wales, Scotland and Northern Ireland where they feel the authorities have not been supportive, by workers in HM Prison Service who cannot access information on the Internet, and those working in the alcohol field who say *as an alcohol provider there has been little downward pressure to take it up as in the drugs sector.*

What do people see as the benefits of DANOS?

Most respondents took some care to identify the benefits to different groups of using DANOS. However, for many, these are *anticipated* benefits rather than benefits confirmed through experience.

Benefits to Workers

These can be summarised as:

- clear guidelines for practice
- better understanding of their role and the standards they should be working to
- clarity about the knowledge and skills they require
- tool to measure their own performance, be clear about the knowledge and skills they need to develop and be able to negotiate the training they require
- structured training and professional development in line with national standards
- ability to evidence their training and experience
- professional qualification and status
- greater confidence, pride and self-esteem
- recognition, transferable skills, employability and career progression
- fairer system – everyone working to the same standards.

One respondent summed this up as: *A framework of competencies which enables staff to recognise skills they already have versus those which need to be developed further. The recognition of substance misuse work as a professional intervention, rather than unskilled support work which can be undertaken by anyone. The recognition of which skills are transferable to other associated lines of work such as social work etc.*

Benefits to the Organisation

These can be summarised as:

- reliable, competent staff
- quality assurance
- recognition and respectability – able to prove quality to service users and commissioners
- national benchmark against which to audit the organisation
- ready-made structure for human resource planning and development
- clear differentiation of roles
- recruitment of staff from a wider field with the prospect of a professional job
- retention of staff because they have opportunities to progress

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- tool for training needs analysis and developing training plans
- culture of constant review
- tool to support change.

A respondent highlighted the specific benefits for his organisation: *I would say that it has given us a better framework in which we can improve the processes that keep things going. The appraisal system had become a bit 'lost' and inconsistent, and that has improved a lot. Looking at DANOS in terms of job descriptions and performance has definitely helped the organisation to think about our needs in terms of skills and training. My hope is that the benefits will become more tangible in the coming year and we implement DANOS more effectively.*

Benefits to Service Users

There was broad agreement amongst those using DANOS that the key benefit to service users would be a quality service delivered to a common standard across the country by well-trained, qualified workers. Service users who wished to volunteer or find work with a substance misuse agency would be helped by DANOS clarifying the knowledge and skills they need to develop in order to work in the field.

A respondent provides a good summary of this: *service users will benefit increasingly through such initiatives in that through a competent, high quality workforce de facto service users will receive a more consistent and appropriate service. Consistency will also be promoted across UK through DANOS and not just on a company-, agency- or service-wide basis and thus avoid the 'post code lottery'.*

What further guidance do respondents want?

Whilst they answered this question from different perspectives, respondents were consistent in the areas in which they required further guidance and support.

Clarification on qualifications requirements

Respondents are looking for a strong lead from the NTA to clarify what qualifications, or means of demonstrating compliance with the DANOS standards, is required of which worker groups (both unqualified and professionally-qualified) and the timeframe for achieving this.

Assessment strategy

To support the qualifications and competence issue, there will need to be a national strategy to develop external assessors and train managers to be able to use DANOS effectively to assess their own staff.

Accreditation of training

Closely linked again to the question of qualifications, many respondents would like to see a system of accreditation of training to help them understand what areas of competence the training will support.

Funding

DANOS users will need additional resources over the next 12 months or so for the training and assessment of their staff in line with the standards, including the backfill costs. National agreements on funding and guidance of how to access this funding are required.

Coordinated implementation plan and support

Respondents have largely implemented DANOS under their own initiative. They would now like clearer, practical guidance in a number of areas, a fuller exchange of experiences with colleagues and a schedule of activities so that they are able to plan in advance. Those in Wales, Scotland and Northern Ireland would like to see their national authorities supporting DANOS.

DANOS and NHS KSF

Those working in the NHS would like clear guidance about how DANOS and the NHS KSF link together and how to address the practicalities of this.

Extension to the DANOS suite

Many respondents would like to see higher level units in the DANOS suite and specialist units covering the gaps they have identified.

Conclusion

In three years much has been achieved with DANOS at national, local, organisational and individual levels. There is a significant body of knowledge and understanding about DANOS in the substance misuse field and the standards are beginning to be widely used, not just for job descriptions and training, but across a range of HR and organisational development areas.

Amongst the pockets of resistance, there is much good will and enthusiasm (tinged with healthy scepticism!), but this is in danger of being eroded if momentum is not maintained. There are a number of complex issues, listed in the previous section, which must be resolved speedily if the benefits to workers, their organisations and ultimately service users are to be achieved.

In the past year or so, many individuals and organisations have travelled a steep learning curve and gone through the pain barrier of getting to grips with a new system. In the next 12 months, they will expect to see tangible results from their investment.

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Footnote

My favourite quote from the responses was this: *I should admit that I'm not a fan of competence based approaches to professional development for reasons I won't bore you with here...however I am making friends with DANOS and can see it is making a useful contribution.*