

QuADS

Quality in Alcohol and Drug Services

Organisational Standards for Alcohol and Drug Treatment Services



The QuADS Organisational Quality Standards Manual for alcohol and drug treatment services was developed by the QuADS Project, a joint Alcohol Concern/ Standing Conference on Drug Abuse (SCODA) project funded by the Department of Health, and actively supported by the United Kingdom Anti-Drugs Co-ordination Unit.

Alcohol Concern is:

- the national agency on alcohol misuse;
- working to reduce the level of harm caused by alcohol misuse and to develop the range and quality of services available to problem drinkers and their families;
- England's primary source of information and comment on a wide range of alcohol-related matters.

The Standing Conference on Drug Abuse (SCODA) seeks to reduce the harmful effects of drug use through informed debate, the promotion of best practice, and effective, comprehensive services. It is an independent membership organisation, providing a voice for drug services and others concerned about the effects of drug use on individuals and communities.

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Association of Directors of Social Services
Cranstoun Drug Services
Department of Health
East Lancashire Drugs Partnership
European Association for the Treatment of Addiction (EATA)
HM Prison Service
Inner London Probation Service
National Addiction Centre
Phoenix House
Riverside Mental Health Trust Substance Misuse Services
Royal College of Nursing
Royal College of Psychiatrists
Rugby House
Social Services Inspectorate
Substance Misuse Advisory Service (SMAS)
Turning Point
United Kingdom Anti-Drugs Co-ordination Unit (UKADCU)
Welsh Drug and Alcohol Unit

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Introduction

1. Who the manual is for

The QuADS Organisational Standards manual is intended for use by alcohol and drug treatment service providers as an assessment tool, to help with the development of quality in services. It provides an opportunity for services to audit comprehensively all aspects of their organisational practice and to determine areas of strength or areas where further development is required. It will form the basis of the forthcoming national quality assessment system for alcohol and drug treatment providers.

The manual will also be useful for other professionals who work with drug and alcohol treatment services. These may include:

- Drug Action Teams
- Health Authority Commissioners
- Social Services Commissioners
- Probation Service
- Youth Offending Teams
- Prison Area Drugs Co-ordinators
- Primary Care Groups/Trusts
- Community Care assessors.

2. The national policy context

The White Paper *Tackling Drugs to Build a Better Britain* (1998) sets out a clear commitment to improving the quality and range of drug services, and *the UK Anti-Drugs Co-ordinator's First Annual Report and National Plan* (1999) sets out clear targets for drug treatment.

The Key Performance Target is to increase the participation of problem drug misusers, including prisoners, in drug treatment programmes which have a positive impact on health and crime by 100% by 2008; and by 66% by 2005.

The targets set for 2002 include:

- requiring all DATs to have established a maximum waiting time for admission into a drug treatment service and to be monitoring agencies' performance
- having in place national occupational standards for specialist drug and alcohol workers
- ensuring that **all** treatment programmes accord with a nationally accepted quality standard.

The QuADS organisational standards are part of the nationally accepted quality standards for drug treatment services.

The Government is currently drafting a National Alcohol Strategy for publication in early 2000. The broad aims of the strategy were set out in the Government's public health White Paper *Saving Lives: Our Healthier Nation* (1999) as encouraging people who drink to do so sensibly, protecting communities and individuals from alcohol related anti-social and criminal behaviour, and providing services of proven effectiveness that enable people to overcome their alcohol misuse problems. The areas likely to be covered by the strategy are:

- support and treatment for problem drinkers
- community and domestic safety
- binge drinking
- young people's drinking.

The importance of quality in service delivery will therefore be both an explicit strand of the strategy and an implicit requirement in order to enable services to play their role in delivering other elements of the strategy. As with *Tackling Drugs to Build a Better Britain*, QuADS will be key in the achievement of strategic objectives.

2. Background to QuADS

2.1 The need for quality standards

The 1996 *Task Force to Review Services for Drug Misusers* (the “Effectiveness Review”) highlighted the variable quality of drug treatment services especially in the areas of:

- management systems
- monitoring systems
- forward planning.

2.2 The origins of the project

Alcohol Concern and SCODA both have long histories of working on behalf of their respective fields to improve service quality. This includes extensive audit, the provision of advice and support, and the publication of in depth briefings, guidance and handbooks. It also includes the development of some of the earliest standards for good practice in service provision, and an accreditation scheme for the training of volunteers.

Extensive consultation undertaken with both the fields identified clear support for further development of quality standards, leading towards agency accreditation. It was also clear from both the alcohol and drugs fields that quality standards should be written for both alcohol and drug services. Alcohol Concern and SCODA therefore decided that work on quality should be progressed jointly by the two organisations and QuADS was born.

2.3 QuADS Phase 1

The first Phase of the QuADS project had two main objectives:

- to fast track the development and piloting of core quality standards for specialist services and
- to undertake a wide multi-disciplinary consultation exercise on formal quality systems for specialist alcohol and drug service providers.

In the first phase of the QuADS project, the team:

- completed and distributed the first *Draft Quality Standards Manual for Alcohol and Drug Treatment Services*, following consultation with key providers, commissioners and other professional stakeholders
- conducted a national pilot of the first draft QuADS standards with a range of alcohol and drug services
- conducted a wide consultation exercise on the first draft standards, and on proposals for formal quality systems
- reported to the Department of Health, on the results of the consultation on formal quality systems and the QuADS pilot.

In addition, Alcohol Concern and SCODA undertook a contract to design and pilot an accreditation scheme for the Drug Prevention Initiative (now the Drug Prevention Advisory Service) for trainers providing basic drug awareness courses. The findings of the pilot were used to inform decisions about methods and the feasibility of quality assurance and accreditation in the sector.

3. A consultative approach to developing standards

The manual was drafted in consultation with service providers, SCODA and Alcohol Concern fora, and the QuADS advisory group. Consultation on the first draft examined the applicability and relevance of the standards, the implications for implementation as well as identifying detailed changes and additions to the content of the standards. The large consultation group consisted of alcohol and drug treatment providers, commissioners, Drug Action Teams and other stakeholders.

From the consultation, there was an expressed need for sections of standards in the manual to be developed, particularly the service specific standards and target group standards. Also, the expressed need for training of treatment service staff re-emphasised the already identified need for the development of professional competency standards.

The QuADS quality standards were also developed in consultation with the Substance Misuse Advisory Service (SMAS), who have developed parallel quality standards related to the service commissioning process in drugs and alcohol. These standards - *Commissioning Standards: Drug & Alcohol Treatment & Care (1999)* - are available from SMAS.

4. QuADS and organisational development

For some organisations, the QuADS quality standards may pose some challenges to current practice. However, services can and should meet the comprehensive standards contained in the manual. Organisational change and development takes time and has resource implications. Therefore, services will need to plan effectively and timetable their agenda for quality improvements.

Studying, assessing and evaluating organisational practice provides the greatest opportunity for developing high quality and effective organisations and services. In preparing these quality standards, Alcohol Concern and SCODA have taken into account the fact that different providers will be at different stages in their development of quality systems. The range of service provision within the alcohol and drugs field e.g. counselling services, structured programmes for residential and community-based detoxification, rehabilitation, crisis intervention, and their provision for varying levels of need have also been considered.

5. Future development of QuADS

Over the next few years, QuADS plans to develop a formal quality assessment system, support mechanisms to help alcohol and drug services implement the standards and develop professional competency standards. For details of future work, see Appendix 5.

6. The Wider Quality Agenda

The QuADS standards were developed in an environment of quality assurance and service development. As a result of this environment, other national and international quality initiatives may impact on the planning, commissioning and delivery of alcohol and drug services. These initiatives include Best Value, Investors in People (IIP) and the European Excellence Model (also known as the Business Excellence Model).

It is best to consider QuADS as containing organisational standards which are specific to the provision of services to drug and/or alcohol misusers. Within the wider context of quality, initiatives such as Best Value, IIP and the European Excellence Model (EEM), QuADS standards:

- are a tool for developing services so that they are better placed to demonstrate their quality within Best Value
- provide management standards which are comparable to indicators within the EEM. This relationship means that services which gather evidence for QuADS management standards will, concurrently, be able to provide evidence for some of the indicators of EEM
- provide management standards which are comparable to indicators in IIP. This means that services who already have IIP in place will be able to provide evidence to meet all or most of the QuADS management standards.

How to Use This Manual

1. Applicability of the standards

The manual is divided into sections relating to service delivery in alcohol and drug services.

Sections 1 - 3 will be applicable to **all** services, and are therefore labelled **Core** standards, which all services will be expected to meet.

Sections 4 & 5 are specific to particular services (e.g. Outreach services) and targeted groups of people (e.g. young people) and will therefore be relevant only to particular services. Services should first determine which standards are applicable to them.

For example: an adult residential service may have to meet

- all of the Core standards (perhaps with the exception of volunteers if they have none)
- the sections from service specific standards on healthcare, residential services, counselling, and drug and alcohol misusing parents (if they work with this target group).

2. The format of the standards

An example of a standard is shown below, taken from Standard 6: Recruitment and selection procedures.

Standard Statement					
<i>The service has a comprehensive recruitment and selection system.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
6.1	There are written recruitment and selection policies and procedures which take account of equal opportunities legislation ¹ and the service's policy, and these are reviewed on a systematic basis	Recruitment and selection document(s).	M		
Guidance					
1. Including right of employment in the UK					
Cross references					
Criterion 6.1 with standards 15: Policy and Procedures, and 19: Equal Opportunities					

Each standard is made up of a standard statement, consisting of:

Standard Statement: This is the standard to which services should operate.

Criteria: There are a set of criteria which make up the standard. A service attains the standard by meeting all the minimum criteria. Criteria are weighted according to whether they are at a level of:

- **minimum standards:** these standards represent a level below which a service either could not function or might function dangerously, unfairly or inefficiently.
- **good practice standards:** these standards represent a level which, whilst not a requirement for basic functioning, would be desirable for the provision of a quality service.

Evidence: This is what the service provides to demonstrate that they meet the criteria. The evidence in this column is *suggested* evidence. Services may have different evidence available to demonstrate that they meet the criteria.

Level of standards: The standards within the manual are divided into two levels as identified within the column labelled **M/GP** (where **M** = minimum standard; **GP** = good practice standard).

Criteria met: This column allows the service to indicate if they can meet the criteria and is designed to be completed by each service. The column can be completed according to the following scoring/evaluation system:

- criteria met (m)
- criteria partially met (p/m)
- criteria unmet (u)
- criteria not applicable (N/A)

To meet a standard, all the minimum level criteria should be met.

Comment: There is a space left blank for the service to add any additional comments relating to the corresponding criteria.

Guidance notes: Most standards are accompanied by a set of guidance notes which help clarify and explain some of the criteria. e.g. Criteria 6.1 above has a guidance note to explain further that the equal opportunities legislation also includes right of employment in the UK.

Cross-references: Each section is also accompanied by a set of cross-references which refer the criteria to a standard elsewhere in the manual.

E.g. Criteria 6.1 cross-references with standard 15: Policy and Procedures, and standard 19: Equal Opportunities. Evidence for standards 15 and 19 may also be applicable to this criterion.

The manual has been structured so that services can focus systematically on different aspects of their organisation, e.g. service delivery, care processes, service user involvement, service user charter of rights and responsibilities and relationships with service commissioners and other providers.

Documents have been referenced throughout the QuADS manual. These are sources for further guidance on policy development.

3. Using the QuADS manual for self-assessment

A service can assess itself against each of the applicable standards from the manual. It is probably advisable for one individual to be responsible for co-ordinating the self-assessment process and it might often be appropriate for one individual to conduct the whole self-assessment. However, many services may want to involve the wider team in self-assessment and may encourage other individuals within (and even outside) the organisation to take part.

It is permissible to take copies of relevant sections from the manual for the purpose outlined above, though it would breach copyright to produce complete duplicate copies of the manual.

For a suggestion on how a self-assessment process may work, see the flow diagram on the next page.

4. Other ways of using the QuADS manual

Peer audit

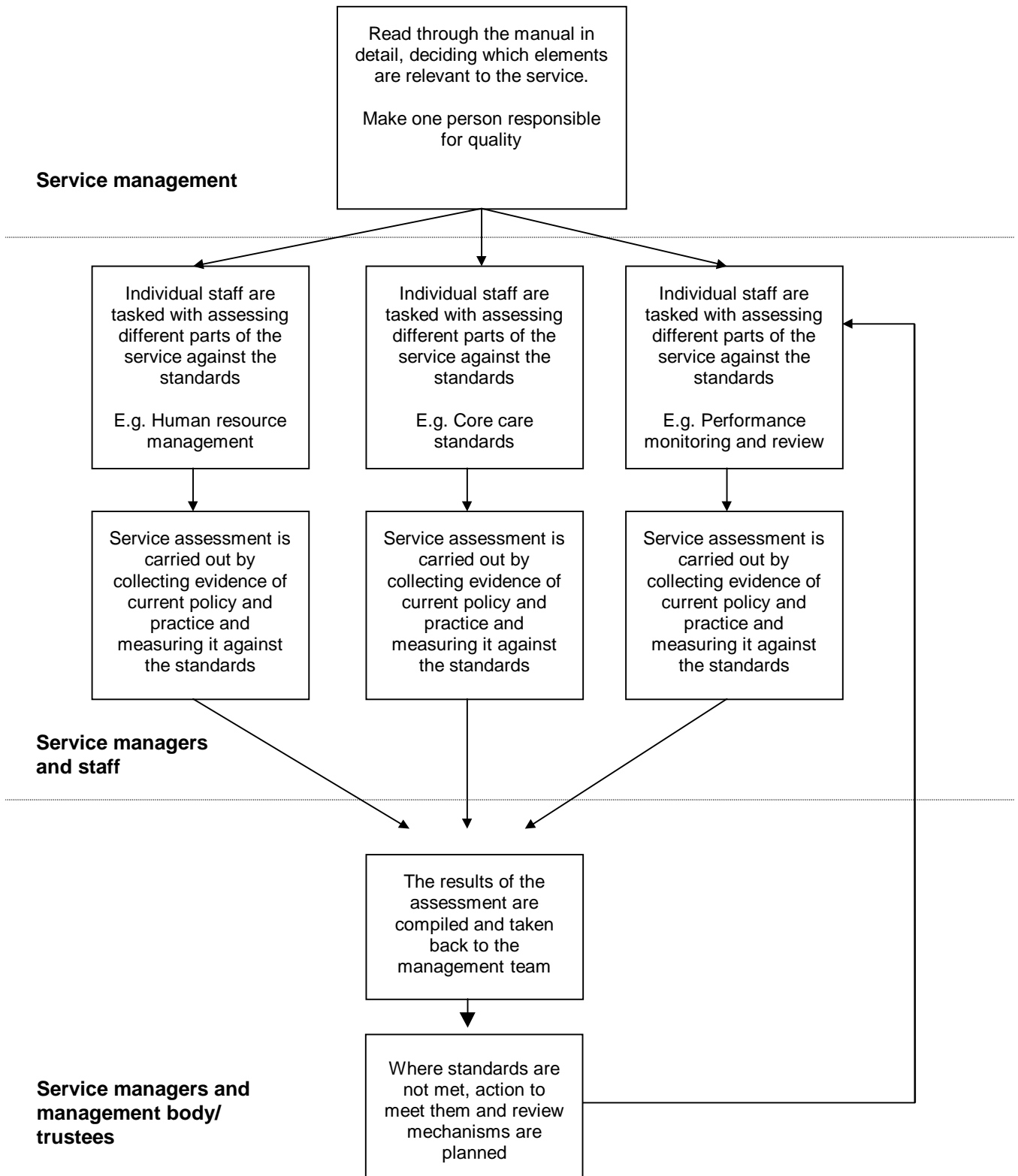
The QuADS manual can be used in a peer audit setting, where a group of agencies (e.g. agencies in a particular area, particular service types) come together to form a group in which they will assess each other's services using the QuADS standards. This method of assessment is more objective than self assessment, but has to be balanced against other factors which may be seen by some as detrimental, such as having their service open to potential "competitors". The QuADS manual has already been used in a peer audit context during the piloting of the draft QuADS manual in the South West Drug Services Audit Project. This worked well in practice, with the pilot sites reporting that the QuADS standards were ideally suited to peer audit.

External independent evaluation

The QuADS manual can be used for external audit and assessment, although at present there is no national system providing external audit. It is likely that in the future, alcohol and drug services will be expected to meet the standards as part of a national quality assessment system to meet the targets outlined in the *First Annual Report and National Plan, 1999* (see Introduction). A "minimum load" accreditation system will be designed and piloted by Alcohol Concern and SCODA as part of future work on QuADS.

If you have any further queries on how to use this standards manual, contact the QuADS team on **020-7928-1211** (DrugScope) or **020-7928-7377** (Alcohol Concern)

QuADS Organisational Standards for Alcohol and Drug Treatment Services



Glossary of Terms

Appraisal

A regular evaluation of an employee's (paid or unpaid) work and progress, usually conducted by the employee's immediate line manager. Formal appraisal includes evaluation of past performance, targets for the future, and training needs. Informal appraisal can consist of any interview between an employee and their line manager, where aspects of performance past, present and future are discussed.

Assessment

The systematic identification of service user need within the framework set by the service, including eligibility criteria. It is expected that the assessment process will actively include the service user.

Business Plan

A blueprint for the future of the service which sets out the aims and objectives of the service and how it proposes to achieve them.

Care Plan

A formally structured, written programme of the care that service users will receive based on assessment. It is expected that the service user will be actively involved in the process of writing the care plan.

Competence

Competence is the consistent performance of a task to a defined, measurable standard. Implicit in this is an understanding of the context within which the task is set.

Competence is a finite point which has either been reached or not. It is not usual to regard workers as "nearly" or "very" competent. Competence is measured by examining outcomes, and assessment of competence does not measure or credit training, education or learning. However, the measurement of competence can identify training and learning needs.

Competencies

The written standards which define competent performance.

Effectiveness

The degree to which an intervention produces the desired outcomes.

Efficiency

The optimal use of resources, e.g. financial, human, in the achievement of effective service provision.

Employees

People employed by the organisation (including volunteers and the chief executive officer).

Governance of voluntary organisations

The overall guidance, direction and supervision of the organisation. In voluntary organisations, accountability and legal responsibility are the responsibility of a voluntary body such as the management committee or trustees.

Human Resources

All employed staff and volunteers within the service.

Inputs

The resources used to deliver the service. Inputs will include financial, human resources and physical resources.

Keyworker

The staff member from the service designated to take the lead responsibility in relation to a nominated service user.

Medical and Social Care

Assistance and support to alleviate the effects of social, physical, psychological or emotional difficulties.

Needs Assessment:

A systematic appraisal of the type, depth and scope of a problem. It has three components:

- assessment of the nature and extent of the problem
- assessment of the nature and extent of the existing resources and interventions
- identification of the deficiencies or gaps which may be filled by a proposed intervention.

Outcomes

Description of change that has occurred in a service user which is attributable to the intervention or service process.

Outputs

The measurable units of service delivered to service users.

Performance Management

Any system by which an organisation measures the quality and manages the quantity of work done by employees whilst identifying and planning for the filling of competence gaps. Performance management would usually refer to a combination of activities such as supervision sessions, jobchats, work plan discussions, formal performance appraisal, continual or random monitoring, individual development meetings, testing etc.

Policy

Principles and values within a coherent framework (usually a policy document/guideline) adopted by an service which inform agreed actions.

Procedures

Method by which actions arising from the policy are accomplished.

QuADS Core standards

Those areas of organisational activity which are common to all services.

QuADS Service specific standards

The standards which define specialised services which may or may not be undertaken by agencies.

Quality

A known level of performance. The word 'quality' is often used in other contexts to imply a superior or elite product or service. In the context of QuADS, a service which has been measured against a QuADS standard is then of known quality in relation to that standard.

Quality Assurance

A guarantee that a service has been measured against a standard and been judged to meet it. Any interested party can then choose to put trust in that judgement as a pre-measurement. The degree of assurance that can be gained will depend on the consistency and objectivity of the measurement system.

Risk Assessment

A systematic appraisal of the type, depth and scope of risk related to an activity carried out by an individual. What constitutes risk will differ dependent on the characteristics of the individual and the circumstances in which the activity takes place.

Standard

A definitive set of criteria which describe the required level of attainment to provide a common 'yardstick' against which all practices can be measured objectively.

Strategy

A strategy is the overarching plan and direction of an entire operation/organisation. From a strategy, policies are formed.

Training

This is, broadly, any action designed to bring a person to a specified level of competence. The term should be considered in this context and could include many types of activity such as open/distance learning, directed reading, mentorship, work shadowing, computer based learning, video based learning, coaching by a skilled worker as well as well as in-house or external classroom based activities.

Service User

Current terms for people who receive medical, nursing and social care services include client, customer, consumer, patient and service user. For simplicity, the term 'service user' is used throughout this document.

Shared care

The Department of Health defines shared care as:

"... the joint participation of specialists and GPs (and other agencies as appropriate) in the planned delivery of care for patients with a drug misuse problem, informed by an enhanced information exchange beyond routine discharge and referral letters. It may involve the day to day management by the GP of a patient's medical needs in relation to his or her drug misuse. Such arrangements would make explicit which clinician was responsible for different aspects of the patient's treatment and care. This may include prescribing substitute drugs in appropriate circumstances".

Department of Health (1996) *Reviewing shared care arrangements for drug misusers. EL(95)114. Annex A.* Department of Health Circular. London

Volunteers (see also Employees)

Those who work for the service on an unpaid basis. Although volunteers will usually be reimbursed for out-of-pocket expenses, they will not usually receive any remuneration. Volunteers would not normally have a contract of employment, although they might have an agreement or 'compact' with the organisation detailing their status, rights and responsibilities. For the purposes of QuADS, volunteers are included in references to employees.

Section 1: Core management standards

Governance for voluntary sector organisations

1. The management body

<i>Standard Statement</i>					
<i>The service is appropriately and effectively managed by its managing body.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
1.1	The members of the management body are aware of their legal responsibilities.	Member induction and review procedures.	M		
1.2	Constitution/articles of association reviewed regularly (annually) to ensure a match with current operational activities.	Minutes from meeting(s) where this has occurred.	M		
1.3	Members of the management body have clearly defined role/tasks job descriptions. ¹	Roles/task descriptions.	GP		
1.4	The management body ensures that skills, experience and cultural and gender mix is appropriate to the needs of the service. ²	Member audit reports.	M		
1.5	At least one member of the management body has relevant financial management experience.	CV of member with relevant financial experience.	GP		

1.6	There is an established management mechanism for consultation with/ involvement of service users in decision making.	Established consultation systems.	M		
1.7	Quorate management body meetings occur sufficiently regularly and decisions are accurately recorded in line with operational requirements.	Minutes and agendas of meetings.	M		
1.8	Members of management body are provided with training to support management responsibilities.	Record that training has occurred based on identified needs from member audit.	M		
1.9	Service prepares and formally approves annual report detailing activities of the previous year.	Previous year(s) annual reports.	M		

Guidance notes

1. Examples include role/task descriptions for chair, treasurer, company secretary and committee member.
2. This may be achieved, for example, by member audit or training needs assessment.

Cross-references

- Criterion 1.3 with Standard 1.3: Human Resource Management and Development
 Criterion 1.4 with Standard 19: Equal Opportunities
 Criterion 1.5 with Standard 4: Financial Planning
 Criterion 1.6 with Standard 16: Involving and Empowering Service users
 Criterion 1.9 with Standard 3: Strategic and Business Planning

The management of focus, direction and change

2. Mission statement

Standard Statement					
<i>The service has a mission statement which describes the aims of the service.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
2.1	The mission statement was developed in consultation with stakeholders. ¹	Record of stakeholder involvement.	M		
2.2	The mission statement features in key service documents.	Mission statement included in key documentation.	M		
2.3	The mission statement is regularly reviewed to ensure it reflects service change and direction as part of the strategic and business planning process.	Minutes/ relevant documents.	M		
Guidance notes					
1. Stakeholders may include management body, staff, service users, service commissioners, other relevant agencies.					
Cross-references					
This standard cross-references with Standard 3: Strategic and Business Planning.					
Criterion 2.1 with Standards 11: Working with commissioning bodies, 12: Working with other providers and 16: Involving and empowering service users					

3. Strategic and business planning

Standard Statement					
<i>The forward planning process ensures effective and focused strategic development and management of the service.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
Strategic planning:					
3.1	The service has a rolling strategic plan (3-5 year) which encompasses all key aspects of service functions. ¹	Plan adopted by management body.	M		
3.2	Plan is reviewed every 12 months as part of the business planning process.	Evidenced through minuted meeting(s) and planning review meetings.	M		
Business planning:					
3.3	The service produces an annual plan. The plan encompasses all the key aspects of the service. ²	Annual plan approved by management body, and reflects the key aspects of the service.	M		
3.4	Plan contains explicit targets for service development, and the targets relate to strategic priorities. ³	Targets reflect priorities in relevant key documents.	M		
3.5	Progress related to the achievement of identified targets is regularly reviewed. ⁴	Minutes/recording reports.	M		

3.6	The strategic and business planning implementation is evaluated at the end of the financial year and results inform the strategic and business planning process for the coming year.	Minutes/relevant documentation.	M		
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Guidance notes

1. Functions include finance, human resources management, marketing and service delivery.
2. Functions as for 1. The scale of the business plan should reflect the size and activity of the organisation. The business plan should reflect the performance demands of the agency's service contracts and target development goals.
3. As identified by the mission statement and strategic plan.
4. Suggested minimum review quarterly.

Cross-references

This whole standard cross-references with Standards 1: The Management Body and 2: Mission Statement

4. Financial strategy and management

Standard Statement					
<i>The service has a financial strategy and management system which contributes to its governance and use of financial resources.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
4.1	Service has a financial strategy (for a three to five year period) which forms part of the strategic plan.	As contained within strategic plan.	M		
4.2	Financial strategy includes recognition of all service activities. ¹	Reflected within financial strategy.	M		
4.3	Strategy is reviewed annually as part of the business planning process.	Minutes/recording reports.	M		
4.4	Annual budget identifies all projected income and expenditure and is reviewed quarterly with remedial action taken as required.	Minutes/reports.	M		
4.5	Specific aspects of service delivery should have unit costing. ²	Financial reports/budget information.	GP		
4.6	There are written financial procedures.	Relevant documentation.	M		
4.7	Financial responsibilities are identified for each area of service activity.	Job descriptions/ financial procedures.	M		

4.8	All those with responsibility for finance management are provided with up to date financial information.	Reports/briefing sessions.	M		
4.9	All financial activity must comply with statutory regulations.	Demonstrable practice, relevant documentation and audited accounts.	M		
4.10	Management body receive regular reports on the financial position of the service. ³	Minutes/reports to management body meetings.	M		
4.11	Monthly financial operating statements and cash flows are prepared.	Operating statements and cash flows.	GP		
4.12	Regular meetings to discuss financial issues take place between the treasurer and director and/or finance manager and other relevant members of staff.	Minutes/action notes/reports to these meetings.	GP		
4.13	Agreed procedures in place for paying bills, signing cheques, managing petty cash. ⁴	Written procedures.	M		
4.14	Financial systems adequately facilitate the management of: <ul style="list-style-type: none"> • recording income and expenditure • PAYE • National Insurance • pensions • VAT (where appropriate) • Schedule D. 	As reflected within written procedures.	M		
4.15	Audited accounts are prepared a maximum of six months after the end of the financial year.	Submission of audited accounts.	M		

4.16	For voluntary sector organisations: The management body and all relevant staff are aware of the requirements of SORP (Statement of Recommended Practice) and ensure compliance.	Inclusion in induction process.	M		
<p>Guidance notes</p> <ol style="list-style-type: none"> 1. Activities may include service delivery, capital expenditure, financial reserves, revenue/income. 2. Services should aim to develop systems which identify costs per service user episode. 3. Reports should be submitted to management bodies on quarterly basis (at minimum). 4. These systems should include effective safeguards to prevent theft and error. <p>Cross-references</p> <p>The whole section cross-references with Standards 1: The Management Body and 2: The mission statement Criteria 4.6, 4.12 & 4.13 with Standard 15: Policy and procedures</p>					

Human resource management and development

5. Human resource management – general

<i>Standard Statement</i>					
<i>The service ensures that management of human resources is undertaken in a way that meets operational needs.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
5.1	Human resources have the competence to respond to the needs of the organisation and service user group.	Staff skills compared to identified service user needs.	M		
5.2	The composition of the staff team is appropriately balanced in order to meet the needs of the target service user groups. ¹	Human resources compared to service user demographic profile and other relevant data.	M		
5.3	The service has a staff handbook and policies which effectively support the management of human resources. ²	Policies Staff handbook.	M		
5.4	The service has a system which effectively monitors the composition and key characteristics of the human resource establishment. ²	Staff records.	M		
5.5	Where required, representative bodies are involved in the development and maintenance of the human resources system. ³	Trade Union recognition agreements. Agreements with other professional bodies.	M		

5.6	Personnel records are maintained in a confidential manner. ⁴	Policy documents and secure location for filing systems.	M		
5.7	The agency demonstrates that it has a policy framework to support the human resource strategy. ⁵	Policy documents.	M		
5.8	There is a written policy/code of conduct which identifies professional boundaries and responsibilities.	Policy documents.	GP		

Guidance notes

1. Balance in terms of race, gender, disability, age, sexual orientation.

2. This should include:

- statutory requirements
- organisational needs (monitor workload, skills mix etc.)
- supervision records
- maternity/paternity
- annual leave
- sickness and absenteeism
- staff turnover
- disciplinary or grievance action
- gender
- ethnic origin
- disability.

3. This may include trade unions and professional bodies.

4. Personnel records cover:

- application form/CV
- references
- copy of contract
- job descriptions
- records of leave or sickness
- performance appraisal.

5. The strategy addresses:

- skills and qualifications
- recruitment and retention
- redundancy
- training and development
- health and safety and welfare
- employee relations
- performance appraisal
- pay and conditions
- equal opportunities.

Cross-references

Criterion 5.2 with Standards 6: Recruitment and selection procedures, and 19: Equal Opportunities

Criterion 5.4 with Standard 13: Performance monitoring

Criteria 5.6 - 5.8 with Standard 15: Policy and procedures

6. Recruitment and selection procedures

Standard Statement					
<i>The service has a comprehensive recruitment and selection system.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
6.1	There are written recruitment and selection policies and procedures which take account of equal opportunities legislation ¹ and the agency's policy, and these are reviewed on a systematic basis.	Recruitment and selection document(s).	M		
6.2	All posts have relevant job descriptions and candidate specifications.	Job descriptions and candidate specifications.	M		
6.3	All employees have contracts of employment and conditions of service. ²	Contract of employment and conditions of service documents.	M		
6.4	There are policies: <ul style="list-style-type: none"> • on the employment of people who have/had drug and/or alcohol related problems³ • which identify the procedure for police/local authority vetting of posts. 	Policy document(s).	M		
6.5	The agency ensures that induction training and orientation for new staff takes place.	Induction records.	M		

Guidance notes

1. Including the right to take up employment in the UK.
2. New staff should receive a signed contract a maximum of four weeks after coming into post. If terms and conditions are being changed, consult with representative bodies (this is a legal requirement in some cases).
3. See SCODA guidance on clinical work for people with a history of drug problems in *Enhancing Drug Services: a management handbook for quality and effectiveness* (SCODA 1997). The service should determine (with advice if necessary) its policy on employing people with convictions, what jobs are suitable for them and which are not.

Cross-references

- Criterion 6.1 with Standards 15: Policy and procedures, and 19: Equal opportunities
Criterion 6.2 with Standard 5: Human resource management – general
Criterion 6.4 with Standard 15: Policy and procedures
Criterion 6.5 with Standard 8: Human resource development

7. Human resource performance management systems

Standard Statement					
<i>The service has a human resource management system that monitors, motivates and supports performance.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
7.1	Service has a policy that is designed to monitor, motivate and support staff. ¹	Policy document. Staff interview.	M		
Guidance notes					
<p>1. Traditional approaches to human resource management include supervision and appraisal systems. Supervision may include: managerial supervision in relation to job description or workplan, service ethos casework supervision (in relation to work with service users) or personal supervision in relation to personal issues raised through work. The appraisal procedure may also encompass procedures for monitoring achievements since last appraisal and targets to be achieved before the next appraisal.</p> <p>Investors in People is the nationally recognised standard for developing and supporting staff in line with organisational goals. More information available from Investors in People (UK) at www.iipuk.co.uk</p>					

8. Human resource development

Standard Statement					
<i>The human resource development approach ensures that management, staff and volunteers are equipped with the skills and abilities to meet the objectives of the service.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
8.1	The service has a human resource development strategy which relates to the strategic/business planning process.	Human resource development strategy/strategic/business plans.	M		
8.2	All training is planned on the basis of: <ul style="list-style-type: none"> • what the need is • how it will be responded to • what are the expected outcomes of training and how will its effectiveness will be evaluated.¹ 	Annual training plan.	M		
8.3	There are adequate financial resources identified for, and allocated to, the training programme.	Financial plan/budget information.	M		
8.4	The training plan should incorporate individual training needs.	Performance management records. Annual training plan.	M		
8.5	Training takes place according to the training plan.	Training records.	M		
8.6	Training effectiveness is evaluated against objectives identified in the training plan.	Performance management records. Annual training plan.	M		

Guidance notes

1. The annual training plan includes:

- a statement of service priorities
- a clear system for identifying staff training requirements
- links between staff development and human resource management systems
- an assurance that staff have sufficient competence at each level.

Cross-references

Criterion 8.1 with Standard 3: Strategic and business planning

Criterion 8.2 with Standards 7: Human resource performance management systems, 13: Performance monitoring, and 15: Policy and procedures

Criterion 8.3 with Standard 4: Financial strategy and management

Criterion 8.6 with Standards 7: Human resource performance management systems, and 15: Policy and procedures

9. Volunteers

Standard Statement					
<i>The service has established effective and supportive procedures for the management and utilisation of volunteers.¹</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
9.1	There is a written recruitment procedure/policy for volunteers. ¹	Volunteer policy document(s).	M		
9.2	The service has a written volunteering agreement.	Volunteer agreement.	M		
9.3	Volunteers have role descriptions.	Role descriptions.	M		
9.4	There are clearly defined management/reporting lines for volunteers.	Volunteer policy document(s).	M		
9.5	Volunteers are provided with regular supervision. ²	Supervision note.	M		
9.6	The service has a code of conduct for volunteers.	Volunteer policy document(s).	M		
9.7	The service has a mechanism for volunteer consultation.	Notes/minutes from forum meetings.	M		
9.8	Volunteers are provided with regular, and adequate, training.	Training plan for volunteers.	M		
9.9	Policy regarding volunteers who have/had drug-and/or alcohol-related problems.	Volunteer policy document(s).	M		

Guidance notes

1. Issues related to volunteers should be considered in a similar manner as to paid staff.
2. The Alcohol Concern's Volunteer Alcohol Counsellor Training Scheme (VACTS) sets out a model for working with volunteers.

Cross-references

Criteria 9.1 & 9.3 with Standard 6: Recruitment and selection procedures

Criteria 9.1, 9.2, 9.6, & 9.9 with Standard 15: Policy and procedures

Criterion 9.5 with Standard 7: Human resource performance management systems

Criterion 9.8 with Standard 8: Human resource development

Managing environments

10. Managing service environments for care provision

<i>Standard Statement</i>					
<i>Accommodation and other resources meet the needs of the client in providing an appropriate environment in which the service is delivered.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
Non-residential services					
10.1	The premises meet the requirements of legislative guidance including: ¹ <ul style="list-style-type: none"> • health & safety • fire regulations • environmental health. 	Certification to show that these requirements have been met.	M		
Registered residential services					
10.2	The residential unit meets the requirements of the local registration authority.	Certificate of registration Inspection report.	M		
Non-registered residential services					
10.3	The premises meet the requirements of legislative guidance including: ¹ <ul style="list-style-type: none"> • health & safety • fire regulations • environmental health. 	Certification to show that these requirements have been met.	M		

Guidance notes

1. Providers should be aware that they may be required to comply with various statutory or local guidance.

Cross-references

Criterion 10.1 with Standard 30: Health promotion and advice through to Standard 34: Needle exchange

Criteria 10.2 & 10.3 with Standard 35: Residential services

Managing external relationships

11. Working with commissioning bodies

<i>Standard Statement</i>					
<i>The service has a working partnership with it's commissioning bodies</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
11.1	The service fulfils the requirements of its service contracts.	Annual reporting on targets and commissioner satisfaction.	M		
11.2	Monitoring information is provided to relevant commissioning bodies in line with the requirements of service contracts.	Reports provided.	M		
11.3	The service effectively represents the needs of its service user groups to key commissioners. ¹	Group advocacy is evidenced through input of service user needs to national and local planning structures. Individual advocacy is evidenced through input of service user needs to local agencies such as health/social services/housing.	GP		

Guidance notes

1. This may take several forms including:

- advocacy
- service users' needs reported to commissioners.

There are links with:

- Drug Action Team
- Drug and Alcohol Reference Group
- Joint Planning Groups
- Primary Care Groups.

It is recommended that services read *Commissioning Standards: Drug & Alcohol Treatment & Care*, the Substance Misuse Advisory Service guidance to commissioning agencies.

Cross-references

Criteria 11.1 & 11.2 with Standard 13: Performance monitoring

Criterion 11.1 with Standard 3: Strategic and business planning

Criterion 11.3 with Standard 16: Involving and empowering service users

12. Working with other providers

Standard Statement					
<i>The service develops and maintains joint working relationships with other provider services</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
12.1	The service participates in provider meetings/seminars. ¹	Minutes/action notes.	M		
12.2	There is a joint agreed strategy for meeting objectives/targets jointly set with other agencies. ²	Policy documents reflect joint working approach. Work plans agreed with other agencies.	M		
12.3	Formal protocols are established for sharing service user information with partner services.	As above.	M		
12.4	There is joint policy development on key inter-agency and service provision issues. ³	As above.	GP		
<p>Guidance notes</p> <p>1. An example of this may be participation in local drug and alcohol reference groups.</p> <p>2. The strategy makes clear the responsibilities and timescales for the achievement of objectives. It is monitored and evaluated.</p> <p>3. Joint policy could include issues such as working with pregnant drug users, working with children and young people, and working with dual diagnosis clients.</p> <p>Cross-references</p> <p>Criteria 12.2-12.4 with Standard 15: Policy and procedures</p> <p>Criterion 12.2 with Standard 3: Strategic and business planning</p> <p>Criteria 12.3 & 12.4 with Standard 17: Confidentiality and the right of access to information</p>					

Performance monitoring and review

13. Performance monitoring

<i>Standard Statement</i>					
<i>The service has established a range of performance monitoring criteria to measure and report on performance to commissioners, service management and other relevant bodies.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
13.1	There are established procedures for service monitoring and review, which include efficiency and effectiveness (outputs and outcomes). ^{1, 2}	Monitoring and information data systems.	M		
13.2	The output and/or outcome criteria have been agreed with service commissioners and other relevant bodies.	Relevant document(s).	M		
13.3	Output and/or outcome monitoring reports are provided to the managing body and service commissioners as specified within contracts.	Monitoring reports.	M		
13.4	Output and outcome monitoring information is used to inform the strategic/business planning processes, service delivery and policies and practices of the service.	Monitoring document(s), strategic and business reports and all other relevant policy documents.	M		
13.5	For drug services: Complete and return the Regional Drug Misuse Database forms.	Returns of Regional Drug Misuse Database forms.	M		

13.6	New service users and episode length are defined. ³	Monitoring and information data system.	M		
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Guidance notes

1. See Appendix 1 for Service Output Categories (Department of Health Recommendations to Commissioners). Alcohol services are also recommended to read *A DIY Guide to Implementing Outcome Monitoring* (Alcohol Concern, 1997).

2. The service's performance monitoring will include the following:

- a definition of service user groups, eg drug/alcohol user, significant other, professional
- an established minimum data set for service users. This may include: number of service users; gender; ethnicity; age; housing situation; employment situation; criminal justice involvement; number of appointments kept (with dates); failed appointments (with dates)
- different aspects of service provision are categorised for recording purposes. Categories could include: advice/information; assessment; counselling; detoxification; drop-in
- contact dates are recorded for each service user
- the name and dates of staff member contacts for each service user is recorded
- needle exchange services record specific additional information. This will include: all new contacts and injecting behaviour at initial assessment; reassessment of service users on a regular basis (eg three to six months); monitoring types and amounts of equipment provided and return rate.

Young people's services have different monitoring requirements. See Standard 36: Services for children and young people.

Cross-references

Criteria 13.1 & 13.4 with Standard 15: Policy and procedures

Criteria 13.2 & 13.3 with Standard 11: Working with commissioning bodies

Criterion 13.2 with Standard 12: Working with other providers

Criterion 13.3 with Standard 1: The management body

Criterion 13.4 with Standard 3: Strategic and business planning

14. Quality assurance

Standard Statement					
<i>The quality of organisational practice is monitored and continuously developed.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
14.1	The service has a quality assurance strategy which encompasses all aspects of organisational activity, and stakeholders ¹ of the service were consulted on the formulation of the strategy. ²	Quality assurance strategy document(s) and consultation process.	M		
14.2	The strategy identifies clear targets for achievement which are linked to the strategic and business plans.	Strategy document(s).	M		
14.3	The strategy is subject to regular review and update (eg annually) linked to strategic and business planning processes.	Management reports/meeting minutes.	M		
14.4	Management have responsibility for overseeing implementation of the quality assurance strategy and engendering staff commitment to it.	Management reports and staff competencies/job description.	M		
14.5	All staff and volunteers have received training on implementing the requirements of the quality assurance strategy. ³	Training plan and evaluation reports.	M		

14.6	An audit of service user satisfaction is carried out at regular intervals.	Audit reports.	M		
14.7	Resources are made available to support the implementation of the quality assurance strategy as part of the business planning process.	Identified in business plan and end-of-year evaluation.	M		

Guidance notes

1. This could include management body, staff, volunteers, service users, commissioning bodies and those involved in joint working.
2. This may include reporting and monitoring systems, or review mechanisms for service improvement.
3. This should be featured in induction training as well as specific in service training.

Cross-references

This standard is an overarching one which encompasses aspects of all the other standards in this manual.

Specific cross-references are:

Criteria 14.1 - 14.3, 14.8 with Standard 3: Strategic and Business Planning

Criteria 14.1 & 14.7 with Standard 16: Involving and empowering service users

Criterion 14.1 with Standards 11: Working with Commissioning Bodies, and 12: Working with other Providers

Criterion 14.1 with Standard 5: Human Resource Management - General

Criterion 14.6 with Standard 8: Human Resource Development

Criterion 14.7 with Standards 13: Performance Monitoring, and 15: Policy and Procedures

Criterion 14.8 with Standard 4: Financial Strategy and Management

15. Policy and procedures

Standard Statement					
<i>The service has a range of policies, protocols and guidelines which support operation and service delivery.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
15.1	<p>The service policies and procedures in place include:</p> <ul style="list-style-type: none"> • service users' rights and responsibilities statement • confidentiality • complaints procedure • service users involvement procedures • equal opportunities policy • health and safety • recruitment & employment procedures • appraisal system • grievance and disciplinary procedures • redundancy policy • staff training strategy • violence at work • employment of people as staff or volunteers who have/had drug related problems • working in the community procedure covering outreach, home visits and satellite working • care management protocols • smoking • alcohol in the workplace policy. 	Existence of relevant policy documents.	M		

15.2	All policies are dated and reviewed regularly (usually annually).	Policy documents.	M		
<p>Guidance notes This list is not exclusive and only covers non-clinical policies and procedures. Services are recommended to refer to Alcohol Concern/SCODA guidance on equal opportunities and confidentiality. The relevant documents are: <i>Building Confidence: advice for alcohol and drug services on confidentiality policies</i> (Alcohol Concern and SCODA, 1994), <i>Enhancing Drug Services: a management handbook for quality and effectiveness</i> (SCODA, 1997), and <i>Opening Time</i> (Alcohol Concern, 1994).</p> <p>Cross-references This section cross-references with all standards and criteria which refer to policy and/or procedures</p>					

Section 2: Core service users' charter standards

16. Involving and empowering service users

Standard Statement					
<i>The service seeks to maximise involvement of service users with regard to the type, delivery and development of services.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
16.1	There are procedures for consulting with service users to inform service planning and delivery ¹ .	Written procedure(s).	M		
16.2	Service users are provided with information on types of services provided and the standards they can expect.	Information available to service users.	M		
16.3	Service users are represented in management structures.	Mechanism for involvement/feedback established and publicised.	GP		
16.4	The service has a charter of service users' rights and responsibilities, provided to service users on request. ²	Statement of rights and responsibilities available.	M		
Guidance notes					
<p>1. Consultation may take the form of consultation groups, satisfaction surveys (see Standard 18: Complaints procedures), or service user representatives on the management body.</p> <p>2. This could involve the service developing its own charter or subscribing to a published charter (eg SCODA <i>Charter of Service User Rights</i>, see Appendix 2).</p>					

Drug services can also refer to *Getting drug users involved* (SCODA 1997) for this standard and the rest of Section 2.

Alcohol services can also refer to:

- *Quality in Alcohol Services* (Alcohol Concern, 1992)
- *Opening Time* (Alcohol Concern, 1994)
- *Developing client participation* (Alcohol Concern, 1997)
- *Consulting users about drug and alcohol services* (Alcohol Concern, 1996).

For this standard and the rest of Section 2.

Cross-references

Criteria 16.1 & 16.3 with Standard 15: Policy and Procedures

Criteria 16.2 & 16.4 with Standard 17: Confidentiality and the right of access to information, through to standard 21: Privacy, dignity and respect

Criterion 16.2 with Standard 22: Accessibility

Criterion 16.3 with Standard 1: The management body

17. Confidentiality and the right of access to information

Standard Statement					
<i>The service has a policy on confidentiality and rights of access to information which is actively communicated to, and understood by, all service users, staff and volunteers.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
17.1	All service users are informed about the policy and its implications and their right of access to personal information. ¹	Service user information through leaflets, posters. Service user interview.	M		
17.2	The policy demonstrates recognition of: <ul style="list-style-type: none"> • shared care protocols • issues associated with provision of services to children and young people² • drug and alcohol misusing parents. 	Policy document.	M		
17.3	There are clear procedures for responding to breaches of confidentiality.	Policy document.	M		
17.4	The service is registered with the local Data Protection Officer and staff and volunteers sign a form stating that they understand their obligations under the Data Protection Act.	Evidence of registration.	M		
17.5	The service computer systems are password protected.	Evidence of password protection.	M		

17.6	Service user files are kept securely and can only be removed from the premises with appropriate authorisation. Computer systems are backed up and back-ups are securely stored.	Policy documents and secure location for filing systems.	M		
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Guidance notes

1. The service should ensure that the policy is understood. In the case of a service user who for a number of reasons (eg. mental health, intoxication) may not understand, then the service should have in place a procedure to ensure that this non/questionable understanding is recorded.
2. This aspect of the policy should be consulted on, and agreed with, the appropriate drug action team and area child protection committee. See also *Building Confidence: Advice for alcohol and drugs services on confidentiality policies* (Alcohol Concern and SCODA, 1994).

Cross-references

- Criteria 17.1 - 17.6 with Standard 15: Policy and Procedures
- Criterion 17.1 with Standard 16: Involving and Empowering Service Users
- Criterion 17.2 with Standards 36: Services for children and young people & 37: Services for drug and alcohol misusing parents and their children
- Criterion 17.3 with Standard 5: Human Resource Management - General

18. Complaints procedures

Standard Statement				
<i>The service ensures the effective management of, and response to, complaints regarding services delivered by the service.</i>				
Criteria	Evidence	M/GP	Criteria met	Comment
18.1 The service has a written procedure for dealing with complaints. The procedure clearly identifies: <ul style="list-style-type: none"> • time-scales for each stage of the process • the appeals system • the identified senior member of staff responsible for managing the complaints procedure • the system for notification of serious complaints to commissioning agencies. 	Complaints procedure.	M		
18.2 There are leaflets available and/or posters displayed in the service explaining the complaints procedure to service users.	Complaints leaflet and posters.	M		
18.3 The service has a system for monitoring complaints by number, nature and outcome.	Monitoring system for complaints.	M		
18.4 Staff demonstrate competence in understanding the complaints procedure.	Staff interview.	M		

Cross-references

Criteria 18.1 & 18.3 with Standard 15: Policy and Procedures

Criterion 18.3 with Standard 16: Involving and Empowering Service Users

Criterion 18.4 with Standards 7: Human resource performance management systems & 8: Human resource development

19. Equal opportunities

Standard Statement					
<i>The service ensures that good practice is achieved with regard to recruitment and selection, management, operations and delivery of services to service users.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
19.1	The service has a written and consulted-on ¹ policy on equal opportunities and anti-discriminatory practice. The policy includes statements on: <ul style="list-style-type: none"> • race • gender • disability • sexual orientation • age • religion/belief systems. 	Written policy documents. Procedures of implementation Consultation reports.	M		
19.2	The policy/policies are inclusive of and applicable to employees, volunteers, users, and carers, and the management body.	Policy documents.	M		
19.3	The service provides facilities to ensure that all members of any specified target group can make use of the service. ²	Review of policy and practice to ensure compliance.	M		

19.4	Staff and volunteers demonstrate competence in the implementation of the service's equal opportunity and anti-discriminatory practice policy. ³	Training session(s) recorded. Staff interview. Appraisal system. Management supervision notes.	M		
19.5	There are monitoring systems (including ethnic monitoring) for human resource establishment and turnover and service user usage of services.	Monitoring system in place and evidence of use through recording of data.	M		

Guidance notes

1. The consultation should include management body, staff, volunteers and service users.
2. The service should specify exactly what type of service is being offered and to whom.

This may include:

- meeting statutory responsibilities such as access to deaf communicators and help for people with literacy problems
- providing access to translation support services should they be required
- providing information services in a variety of languages which reflect local need.
- childcare requirements
- dietary requirements (for residential services)
- choice of worker gender for service users wherever possible
- transport needs
- access for disabled service users.

3. Staff and volunteers are provided with training where necessary.

See also *Opening Time* (Alcohol Concern, 1994).

Cross-references

Criteria 19.1, 19.2 & 19.5 with Standard 15: Policy and procedures

Criteria 19.1 & 19.5 with Standard 9: Volunteers

Criterion 19.2 with Standards 1: The management body, 16: Involving and empowering service users

Criterion 19.3 with Standards 3: Strategic and business planning, 10: Managing environments for care provision, 36: Services for children and young people, 37: Services for drug and alcohol misusing parents and their children

Criteria 19.4 & 19.5 with Standard 5: Human resource management - general

Criterion 19.4 with Standards 7: Human resource performance management systems & 8: Human resource development

Criterion 19.5 with Standards 6: Recruitment and selection procedures & 13: Performance monitoring

20. Self help and advocacy

Standard Statement

The service user has the right to information on self-help groups and user advocacy groups.

Criteria		Evidence	M/GP	Criteria met	Comment
20.1	Service ensures that the user has access to information on self-help and user advocacy groups ¹ on request.	Written information available for users.	GP		

Guidance Notes

1. For example, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), community health council.

Cross-references

Criterion 20.1 with Standard 15: Policy and procedures

21. Privacy, dignity and respect

Standard Statement					
<i>The service user has a right to privacy, dignity and respect.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
21.1	Policies on privacy for: ¹ <ul style="list-style-type: none"> • Non-residential services² • Residential services.³ 	Demonstrate compliance with policies.	GP		
21.2	The service user is addressed by their preferred name.	Staff and service user interview.	GP		
Guidance notes					
<p>1. This may be in addition to the confidentiality policy.</p> <p>2. For non-residential services, these may include policies on urine testing and separate counselling space.</p> <p>3. For residential services, these may include policies on opening mail and room searches.</p>					
Cross-references					
Criterion 21.1 with Standards 15: Policy and procedures, 17: Confidentiality and the right of access to information & 19: Equal opportunities					

Section 3: Core care standards

Access

22. Accessibility

Standard Statement					
<i>The service seeks to maximise access to the service by its targeted service user groups.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
22.1	The service has publicised availability times. ¹	Publicity information of availability times.	M		
22.2	Referral routes to the service should be clearly stated and publicised.	Referral route publicity.	M		
22.3	Opening hours for the service are clearly displayed within the service and an answerphone service is available when the service is closed.	Posters/leaflets within service/working answerphone.	M		
22.4	Service ensures that when policies and procedures are reviewed, they support access to services by targeted service user groups.	Management report minutes.	M		
22.5	The service sets targets on accessibility and monitors and evaluates the achievement of these targets. ²	Monitoring and information data system.	M		
22.6	The service has action plans to ensure its effective response to issues of accessibility for its target population. ³	Action plan.	GP		

22.7	There is a publicised maximum waiting time for assessment.	A clear statement publicising waiting time. Client files documenting time between referral and assessment.	M		
<p>Guidance notes</p> <ol style="list-style-type: none"> 1. There may be publicity in libraries, social services departments, hospitals, GP practices and police stations. 2. The service should set minimum targets in terms of service waiting times. 3. Services should consider providing training to staff on access issues (eg trans-cultural approaches, disability awareness). <p>Cross-references</p> <p>Criterion 22.3 with Standard 23: Referral Criterion 22.5 with Standard 15: Policy and Procedures Criteria 22.8 & 22.9 with Standards 3: Strategic and business planning & 13: Performance monitoring Criterion 22.10 with Standard 24: Assessment</p>					

23. Referral

Standard Statement					
<i>The service provides an efficient and effective response to all referrals.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
23.1	The service has printed information on: <ul style="list-style-type: none"> • type and style of service(s) provided • for whom the service is appropriate • for whom the service is inappropriate • referral procedure. 	Printed information available.	M		
23.2	The service has evidence that referrals are processed in accordance with procedure on: <ul style="list-style-type: none"> • timescales for response¹ • staff responsibilities. 	Procedure.	M		
23.3	Those for whom the service is inappropriate are provided with information on relevant services and provided with support during the referral process.	Referral records.	M		

23.4	<p>All service user referrals are recorded by:</p> <ul style="list-style-type: none"> • source of referral • service personal details (including case history, key contacts) • action to be taken (with identified staff responsibilities and timescales) • outcome of referral. 	<p>Performance monitoring information. Service user files.</p>	M		
23.5	<p>Referrals are confirmed in writing to the referral agency if required.</p>	<p>Copies of referral documentation.</p>	M		
23.6	<p>There are established procedures for monitoring and evaluating compliance with the above standards for referral effectiveness.</p>	<p>Performance monitoring system.</p>	M		

Guidance notes

1. It is suggested that the following are included as timescale targets:

- all written referrals should receive a response within a specified number of days.
- initial assessments are provided within a specified number of days following referral.
- service users are accepted provisionally within a specified time frame (pending funding and/or criminal justice agreements).

Cross-references

Criterion 23.2 with Standard 15: Policy and procedures

Criterion 23.3 with Standard Equal opportunities

Criteria 23.4 & 23.5 with Standard 17: Confidentiality and the right of access to information

Criterion 23.4 with Standard 13: Performance monitoring

Criterion 23.5 with Standard 12: Working with other providers

Criterion 23.6 with Standard 13: Performance monitoring

24. Assessment

Standard Statement					
<i>Service users are provided with an assessment to identify their needs which should be addressed within the care process.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
24.1	There are written procedures on the assessment of service users (including risk assessment).	Procedures.	M		
24.2	Assessment processes are detailed and needs-based. ¹	Procedures.	M		
24.3	Key service contacts are detailed. ²	Service user files and assessment form.	M		
24.4	The service user is actively involved in the assessment process.	Service user interview and service user file.	M		
24.5	Service users are informed of the confidentiality policy and other relevant policies as part of the assessment.	Service user interview and service user file.	M		
24.6	Service users provide written permission for the agency to seek/disclose information from/to other services. ³	Service user interview and service user file.	M		
24.7	Staff involved in the assessment of service users demonstrate competence in this area.	Staff interview.	M		

24.8	Service users have access to post-assessment debriefing should it be necessary after an assessment. ⁴	Staff interview.	M		
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Guidance notes

1. Assessment process should include information on the following:

- socio/demographic data (date of birth, address, gender)
- pattern of alcohol/drug use
- consequences of alcohol/drug use (eg health, social, economic, legal)
- physical health
- psychological health
- legal situation
- domiciliary situation
- childcare issues
- service user's perception of need
- staff assessment of needs
- involvement of other agencies/providers (eg social services, probation, drug/alcohol services)
- identification of appropriate outcomes of the care process
- housing
- education
- employment
- drug administration.

Services may only be able to respond to part of the perceived need.

There should also be a process for identifying and recording area of unmet need/service deficit.

2. These may include GP, psychiatrist, probation officer, social worker, or solicitor.

3. There may be circumstances under which the service will be expected to disclose information without written permission, eg user involvement in terrorism or risk of harm to self or others.

4. The assessment may raise uncomfortable/emotional issues for service users.

Cross-references

Criteria 24.1 & 24.2 with Standard 15: Policy and procedures

Criterion 24.1 with Standards 22: Accessibility & 23: Referral

Criteria 24.3 - 24.6 with Standard 17: Confidentiality and the right of access to information

Criterion 24.3 with Standard 12: Working with other providers

Criterion 24.4 with Standard 16: Involving and empowering service users

Criterion 24.7 with Standards 5: Human resource management - general, 7: Human resource performance management systems and 8: Human resource development

Planned care

25. The treatment approach – general

<i>Standard Statement</i>					
<i>Access to interventions which are effective and are based on responding to service user assessed need through a planned and documented approach to service delivery.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
25.1	The treatment approach is set out in a clearly written format which includes: <ul style="list-style-type: none"> • service rationale/ philosophy • service structure • schedule/expected commitment • minimum quality standards • service user induction process • outcome targets • code of conduct and behavioural boundaries. 	Written protocols and procedures.	M		
25.2	The programme takes account of the changing circumstances and needs of target client groups.	Treatment approach policy documents.	M		
25.3	Management and operational systems are in place to support the treatment programme.	As previously evidenced in Section 1: Core Management standards.	M		
25.4	There are liaison and joint working systems with other relevant providers.	As set out in Standard 12: Working with other providers.	M		

25.5	The service is able to demonstrate realistic resource allocation for treatment programme delivery.	Financial and business plan and budget.	M		
25.6	The service has clear policies and protocols with regard to dependent children of service users and these have been agreed with the Area Child Protection Committee.	Relevant policies and procedures.	M		
<p>Cross-references Criteria 25.1, 25.2 & 25.6 with Standard 15: Policy and procedures Criterion 25.2 with Standard 19: Equal opportunities Criterion 25.3 with Standard 1: The management body, through to Standard 10: Managing environments for care provision & standard 12: Working with other providers Criteria 25.3 & 25.4 with Standard 12: Working with other providers Criterion 25.5 with Standards 3: Strategic and business planning, 4: Financial strategy and management, & 5: Human resource management - general Criterion 25.6 with Standard 37: Services for drug and alcohol misusing parents and their children</p>					

26. Care planning

Standard Statement				
<i>Care planning is based on assessed need and actively involves the service user.</i>				
Criteria	Evidence	M/GP	Criteria met	Comment
26.1	There is a written procedure on care planning.	Care plan procedure.	M	
26.2	The care plan process is based on needs identified at assessment.	Assessment records and staff/ service user interview.	M	
26.3	The service user is at the centre of the care planning process and actively involved in the formulation of the care plan.	Staff/service user interview.	M	
26.4	The care plan is dated and signed by completing staff member and the service user, and a copy of the plan is provided to the service user.	Care plan record.	M	
26.5	The service ensures that all service users: <ul style="list-style-type: none"> • receive a copy of a written care plan • have a nominated worker/ keyworker • have a choice of keyworker gender or ethnicity if appropriate. 	Care plan record.	M	
26.6	The care plan sets outcomes with timescales for achievement.	Care plan record.	M	

26.7	When the service user is involved in other care planning processes. ¹ the lead agency is identified and effective links established with it. ²	Care plan record.	M		
26.8	The care plan clearly lists the responsibilities of the service and service user.	Care plan record.	M		
26.9	The care plan review date is set and recorded in the plan.	Care plan record.	M		
26.10	Staff involved in assessing service users demonstrate competence in this area.	Staff interview. Staff CVs.	M		
26.11	There is a process for monitoring the implementation and compliance with the above procedures.	Performance monitoring system.	M		

Guidance notes

1. For example, care programme approach, probation, social services.
2. The drug or alcohol service might be the lead agency.

Cross-references

Criteria 26.1-26.2 with Standard 15: Policy and Procedures

Criterion 26.2 with Standard 24: Assessment

Criteria 26.3, 26.5 & 26.8 with Standard 16: Involving and Empowering Service Users

Criteria 26.4 & 26.5 with Standard 17: Confidentiality and the Right of Access to Information

Criteria 26.6 & 26.11 with Standard 13: Performance Monitoring

Criterion 26.7 with Standard 12: Working with Other Providers

Criterion 26.8 with Standard 18: Complaints Procedures

Criterion 26.9 with Standard 27: Care Review

Criterion 26.10 with Standards 5: Human resource management - general, 7: Human resource performance management systems, & 8: Human resource development

27. Care review

Standard Statement					
<i>The needs of service users and the relevance of the care plan are reviewed on a regular and planned basis.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
27.1	There is a written procedure on care review. ¹	Written procedure.	M		
27.2	The service user is at the centre of the care review process and is actively involved in it.	Staff/service user interview. Service user file.	M		
27.3	The care review assesses: <ul style="list-style-type: none"> • relevance of care plan • effectiveness of care plan • identification of unmet needs • service user satisfaction.² 	Care review process and staff/service user interview. Service user monitoring information.	M		
27.4	The date for the next care plan review date is set and recorded.	Service user record.	M		
27.5	The review is dated and signed by completing staff member and the service user, and the service user is entitled to a copy.	Service user record.	M		
27.6	Staff involved in reviewing care plans will demonstrate competence.	Staff interview.	M		

27.7	There is a process for monitoring the implementation and compliance with the above procedures.	Performance monitoring system.	M		
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Guidance notes

1. This will identify minimum criteria and standards for regular service user review.
2. An essential aspect of the review is to establish change that has occurred since the care plan was written.

Progress can be determined under the following headings:

- progress towards achievement of objectives/outcomes is evaluated
- service user's perception of progress
- staff assessment of progress
- change in pattern of drug/alcohol use
- changes in health, social, economic, housing and legal situations
- child care issues
- involvement with other agencies and providers (eg social services, probation, police, other drug/alcohol services).

Cross-references

Criterion 27.1 with Standard 15: Policy and Procedures

Criteria 27.2 & 27.3 with Standard 16: Involving and Empowering Service Users

Criterion 27.3 with Standard 13: Performance Monitoring

Criterion 27.7 with Standard 17: Confidentiality and the Right of Access to Information

Criterion 27.8 with Standards 5: Human resource management - general, 7: Human resource performance management systems & 8: Human resource development

28. Case closure/transfer

Standard Statement					
Services effectively manage the completion of planned care.					
Criteria		Evidence	M/GP	Criteria met	Comment
28.1	There is a documented procedure for case closure/transfer. This procedure includes identifying the reasons for case closure/transfer ¹ and recording all key factors with regard to treatment completion/transfer. ²	Procedures and service user record.	M		
<p>Guidance notes</p> <p>1. This may include:</p> <ul style="list-style-type: none"> • needs met/care plan completion • unplanned leaving • discharge due to non-compliance • death • imprisonment • referral to another agency (state which one). <p>2. This may include:</p> <ul style="list-style-type: none"> • action relating to contact of key professionals • action relating to contact of family/significant others. <p>Cross-references</p> <p>Criteria 28.1 & 28.2 with Standards 13: Performance monitoring & 15: Policy and procedures</p>					

Section 4: Service specific standards

29. Health promotion and advice

Standard Statement					
<i>The service promotes good health and supports service users in accessing healthcare provision.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
29.1	Service users are supported in accessing relevant health services where possible. ¹	Service user file, staff interview.	M		
29.2	Service users have access to advocacy should it be necessary in relation to accessing to health care.	Service user file, staff interview.	M		
29.3	The service provides health information/promotion to service users. ²	Literature, information sessions.	M		
<p>Guidance notes</p> <p>1. This may include registering with a GP and/or accessing psychiatry, psychology, dentistry or optician services. Also, where available, there should be access to relevant vaccinations and treatment, eg hepatitis B, TB, hepatitis C.</p> <p>2. This may include accessible written literature, posters, seminars/group sessions (eg on HIV & hepatitis, safer injecting, sensible drinking levels etc).</p> <p>Cross-references</p> <p>Criterion 29.1 with Standard 16: Involving and Empowering Service Users</p> <p>Criterion 29.2 with Standard 20: Self-help and Advocacy</p>					

30. Counselling and psychotherapy services

Standard Statement				
<i>The service ensures that counselling and psychotherapy services are based on written procedures and demonstrable staff competence.</i>				
Criteria	Evidence	M/GP	Criteria met	Comment
30.1	The approach to counselling/therapy is defined within service specifications. The specification identifies how those services will be provided and the target service users.	Service specification.	M	
30.2	The agency subscribes to a recognised code of practice. ¹	Code of practice.	M	
30.3	The agency has a clear assessment procedure which is carried out prior to commencement of counselling or psychotherapy.	Assessment procedure.	M	
30.4	Goals for achievement within the counselling/therapy process are agreed with the service user with regard to behavioural change related to drugs and/or alcohol use.	Service user record, staff/service user interview.	M	
30.5	The agency ensures that staff demonstrate competence regarding counselling/therapy skills.	Staff interview.	M	

30.6	The agency ensures that all staff who provide counselling/therapy receive regular supervision. ²	Supervision protocol.	M		
30.7	The agency has established links with other relevant specialist counselling/therapy services for referral and joint provision for service users.	Named services.	M		
30.8	Service users are clearly informed of the timescale for the counselling/therapy process.	Staff member/service user interview, service user record.	M		
30.9	There is an audit of service user satisfaction carried out on completion of the counselling/therapy process.	Audit report, service user record.	M		
30.10	The agency has clear outcome measures to determine effectiveness of the intervention.	Performance monitoring system, identified outcomes.	M		

Guidance notes

1. Recognised codes of practice may include the British Association for Counselling (BAC), UK Council of Psychotherapists (UKCP) or forthcoming QuADS Professional Competencies.
2. Supervision protocols should be used to identify the purpose, regularity and process of supervision.

Cross-references

Criterion 30.3 with Standard 24: Assessment

Criterion 30.4 with Standard 16: Involving and Empowering Service Users

Criterion 30.5 with Standards 5: Human resource management - general, 7: Human resource performance management systems & 8: Human resource development

Criterion 30.7 with Standard 12: Working with other Providers

Criterion 30.10 with Standard 13: Performance Monitoring

31. Prescribed interventions for drug users (detoxification, reduction, maintenance and ameliorative)

Standard Statement					
<i>The service has an approach to prescribing which is based on written policies and procedures.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
31.1	All prescribing interventions comply with statutory and professional requirements.	Prescribing policy and protocols.	M		
31.2	The service has an established prescribing policy and protocols which are documented. ¹	Prescribing policy.	M		
31.3	Service users are assessed prior to receiving treatment. ² This assessment is used to inform the basis of the care plan.	Care plan, service user record.	M		
31.4	The assessment process and the prescribing response take account of poly-drug use, including the use of alcohol, and prescribed drugs.	Assessment record, service user record.	M		
31.5	Information is given to all service users on HIV and hepatitis, including advice on testing and the availability of hepatitis B vaccination.	Staff/service user interview, service user record.	M		
31.6	Service provision is flexible in terms of meeting the needs of service users. ³	Policies and procedures, staff/service user interview, service user records.	M		

31.7	<p>Protocols and procedures have been established on the care and control of controlled drugs and prescriptions, including:</p> <ul style="list-style-type: none"> • what to do when service users lose them. • venues for dispensing • frequency of dispensing • advice to clients on safety of medication⁴ • supervision of consumption (if appropriate). 	Policies and procedures.	M		
31.8	There are clear written protocols on the delineation of roles and lines of communication for shared care of service users.	Procedures.	M		
31.9	Care management plan is reviewed at regular intervals in conjunction with the service user.	Service user record.	M		
31.10	There is a system to monitor service user compliance.	Performance monitoring system.	M		
31.11	The service has a monitoring and evaluation system which determines the efficiency and effectiveness of provision. ⁵	Monitoring and evaluation system in place.	M		

Guidance notes

1. The prescribing policy should include:

- rationale on which the policy is based
- details of how service users access the service
- details of assessment protocols
- details of the prescribing responses to the problematic use of:
 - opiates
 - benzodiazepine
 - stimulants
- details of the form in which drugs are prescribed (ie injectable amp, tablets) and under what circumstances
- definitions of stabilisation, management and reduction
- details of detoxification programmes
- care review frequency
- dispensing protocols, eg sites and frequency
- shared care protocols for working with other agencies
- response to relapse and the use of illicit drugs
- urine testing
- harmonising prescribing interventions, based on the fact that service users may have other prescriptions for other conditions.

2. This may include:

- urine testing
- tolerance testing
- breath analysis
- to establish drug or alcohol use.

3. For example, offering access out of normal working hours for service users in employment, service users with childcare responsibilities.

4. For example, giving advice to parents on keeping drugs away from children.

5. The monitoring and evaluation system includes clear targets for achievement which have been agreed with service commissioners.

The Task Force to Review Services for Drug Misusers (“The Effectiveness Review”) recommends that: targets and monitoring procedures are established for the period of time between

- referral and assessment
- assessment and commencement of treatment
- numbers/percentage of service users are identified for those starting; short-term detoxification treatment longer-term methadone reduction treatment maintenance treatment

and

- percentage of service users (by main drug use) who complete detoxification treatment

or

- percentage of service users who have received methadone reduction treatment and who have become drug free by: 3 months, 6 months, 1 year

or

- percentage of service users receiving maintenance treatment retained at one year and average duration of retention
- percentage of service users reporting improvements in one or more of the three broad outcome domains as defined by the “Effectiveness Review” (see Appendix 4).

Cross-references

Criteria 31.1, 31.6 & 31.7 with Standard 15: Policy and Procedures

Criterion 31.2 with Standard 24: Assessment

Criterion 31.2 with Standard 25: The treatment approach – general, through to Standard 28: Case closure/transfer

Criterion 31.5 with Standard 22: Accessibility

Criterion 31.8 with Standard 27: Care Review

Criterion 31.9 with Standard 13: Performance Monitoring

32. Alcohol Detoxification

Standard Statement					
<i>To provide an alcohol detoxification service which is based on written policies and procedures.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
32.1	All prescribing interventions comply with all statutory and professional requirements.	Prescribing policy and protocols.	M		
32.2	The agency has an established detoxification package which is documented. ¹	Detoxification package.	M		
32.3	Service users are provided with assessment prior to commencement of detoxification. This assessment is used to inform the basis of the care management plan. ²	Completed assessments, care plan, service user record.	M		
32.4	The assessment process and the prescribing response take account of any illicit or prescribed drugs as appropriate.	Assessment record. Service user record.	M		
32.5	There is recognition of aftercare needs within the assessment and care planning process and the agency connects the service user into follow-on services, eg. counselling, rehabilitation.	Service user record.	M		

32.6	Service provision is flexible in terms of meeting the needs of service users <ul style="list-style-type: none"> • in employment • with childcare responsibilities. 	Policies and procedures, staff/service user interview, service user records.	M		
32.7	Protocols and procedures have been established on the care and control of drugs used in the detoxification process including: <ul style="list-style-type: none"> • who prescribes • who will hold medication • storage of medication.³ 	Protocols and procedures.	M		
32.8	Clear written protocols on the delineation of roles and lines of communication for shared care of service users.	Protocols and procedures.	M		
32.9	Service users are involved in the development of their individual care plans.	Staff/service user interview, service user record.	M		
32.10	Staff demonstrate competence in all aspects of managing the detoxification process for which they are responsible.	Staff records. Staff interview.	M		
32.11	There is an established monitoring and evaluation system with performance target agreed with service commissioners. ⁴	Performance monitoring system.	M		

Guidance notes

1. The detoxification package should include:

- details of how service users access the service
- details of assessment protocols, including:
 - patterns, levels and history of alcohol use
 - physical health of service user
 - psychological well-being of service user
 - previous history of detoxification and reasons for failure to complete (if known)
 - previous side effects from detoxification or withdrawal symptoms, particularly seizures
 - measures to assess physical dependence and likely severity of withdrawal, eg. Severity of Alcohol Dependence Questionnaire (SADQ) (cited in Pollak et al, 1987), Michigan Alcoholism Screening Test (MAST) (Pokorny et al, 1974 cited in Paton, 1994), CAGE (a 4-question yes/no test) (Mayfield et al, 1974 cited in Paton, 1994), and the Edwards and Gross Model (Edwards and Gross, 1976)
 - service user environment during detoxification
 - service user history for the last seven days (eg of substance use, circumstances, physical/ mental health)
 - other drug use (licit and illicit) and how it interacts
 - details of detoxification approach
 - drug dispensing and storage protocols
 - shared care protocols for working with GPs and other agencies
 - policies on relapse and response to the use of other problem substances.

2. Assessment factors considered for community-based detoxification will include:

- stability of home situation
- number of occupants in home
- noise levels
- consumption of alcohol/drugs by other residents
- presence of children
- degree of support available
- transport availability
- physical health of the client and identified risk factors.

Community detoxification will be contra-indicated where the service user:

- has a history of epileptic type fits
- normally takes anti-depressants or any of the major tranquillisers which require special consideration
- has an acute physical/mental illness
- has no fixed abode during period of home detoxification
- has poor motivation/low chance of service user compliance
- has no agreed support system/too stressful for carer/s
- is at risk of suicide/self harm (overdose) risk
- has been unsuccessful in a number of previous community detoxifications.

3. The agency will negotiate with the service user about who is to hold the medication. This could be:

- a carer
- the service user's nurse to count tablets daily
- an agency nurse/worker, if service user has a poor personal support system.

During detoxification the service should ensure that a member of staff meets/visit the service user daily or more frequently if necessary.

4. The following areas should be considered as a baseline for monitoring information:

- targets and monitoring procedures are established for the period of time between referral and assessment and between assessment and commencement of treatment
- numbers of service users starting detoxification treatment
- percentage of service users who complete detoxification treatment
- percentage of service users who attend follow up treatment and/or use other support, eg Alcoholics Anonymous (AA) or other self-help groups
- outcome evaluation to determine effectiveness.

Cross-references

Criteria 32.2 & 33.3 with Standard 24: Assessment

Criterion 32.4 with Standard 12: Working with other providers

Criterion 32.5 with Standards 19: Equal opportunities & 22: accessibility

Criteria 32.6 & 33.7 with Standard 15: Policy and procedures

Criteria 32.8 & 33.9 with Standard 16: Involving and empowering service users

Criterion 32.10 with Standards 5: Human Resource Management - general, 7: Human resource performance management systems & 8: Human resource development

Criterion 32.11 with Standards 11: Working with commissioning bodies & 13: Performance monitoring

33. Outreach services

Standard Statement					
<i>The service specifies the target group(s) and targeted outcomes of the outreach work.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
33.1	The aims, objectives and working methods are clearly defined. ¹	Policies and procedures.	M		
33.2	There are established protocols for joint peripatetic work.	Policies and procedures.	M		
33.3	There is a health and safety outreach policy. ²	Policies and procedures.	M		
33.4	The agency has considered the human resource implications of undertaking outreach work. ³	Job descriptions/staff interview.	M		
33.5	Service users are provided with information on other relevant services.	Staff/service user interview.	M		
33.6	There is an established monitoring and evaluation system. ⁴	Performance monitoring system.	M		

Guidance notes

1. The type of outreach work may be peripatetic or satellite, domiciliary or detached, and may include: drug use prevention, harm reduction, accessing hard to reach groups.
2. This policy contains (as applicable):
 - details of risk assessment and management procedures in terms of outreach services provided, including risk assessment of service users receiving services in their own home
 - the stipulation that for safety reasons detached work is always undertaken by a minimum of two staff and staff are provided with a mobile phone
 - details of agreed check-in/check-out systems including staff check-in after completing a specific task and a diary where staff note where they will be working.
3. Human resource considerations would include:
 - job descriptions that accurately reflect the tasks required of outreach workers
 - providing outreach staff with supervision.
4. This will include the following components, locally agreed with commissioners:
 - clear goals and work targets for outreach work
 - number of new service users contacted in a four week period (ie service users not seen by any other service during the previous three months
 - number of service users remaining in contact with outreach service longer than three months
 - number of service users referred per month to other providers for help with drug misuse problems
 - outcome measures to determine effectiveness of intervention.

Cross-references

Criteria 33.1 - 33.3 with Standard 15: Policy and procedures

Criterion 33.4 with Standard 5: Human Resource Management - General

Criterion 33.6 with Standard 13: Performance Monitoring

34. Needle exchange

Standard Statement					
<i>The needle exchange service seeks to reduce the transmission of HIV, hepatitis and other infectious diseases, and contributes to the health of service users.¹</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
34.1	There are clear protocols on assessment and on minimum levels of information provided to service users. The assessment process establishes whether service users are injecting.	Assessment protocol. Staff interview.	M		
34.2	A variety of equipment is provided to service users and access to a range of relevant services. ²	Equipment available.	GP		
34.3	There are written policies and procedures on needle exchange for those aged 16 years and under which have been consulted on and agreed with the local Area Child Protection Committee and DAT. ³	Procedure and agreements.	M		
34.4	Service opening times are widely publicised. ⁴	Leaflets/posters.	M		
34.5	The service provides advice on injection techniques and sites, based on assessment of service user's needs.	Staff interview.	M		

34.6	Staff demonstrate competence in advising on injection techniques and sites, primary health care and safer sex messages, and advice and assessment.	Evidence of suitable qualifications.	M		
34.7	A range of information is available on harm reduction (in language and with images relevant to the service user group).	Information provided.	GP		
34.8	The needs of both opiate and non-opiate users are reflected in service delivery.	Protocols and staff interview.	M		
34.9	The agency has policies relating to the management of equipment that take account of infection control. ⁵	Policies and procedures.	M		
34.10	The service has an established monitoring and evaluation system to determine the effectiveness of the service. ⁶	Performance monitoring system.	M		
34.11	Service users are provided with information about, and/or referral to, other relevant services.	Information provided.	M		
34.12	There is a strategy to encourage the return of used needles. ⁷	Protocols and staff interview.	M		

Guidance notes

1. There are different models of needle exchange.
2. The equipment may include a range of syringes and condoms.
The service will also provide referral to a range of services (where available) which could provide:
 - primary health care advice
 - hepatitis vaccination
 - HIV and hepatitis counselling and testing facilities
 - drug treatment
 - other health and social care needs.
3. Service provision for under 16s should be separate from adults, and there should be separate policies and procedures.
4. Publicity could be displayed in: libraries, leisure centres, health centres, GP surgeries and hospitals.
5. Services should have policies and procedures relating to needle stick injuries, sharps bins, clinical waste, HIV and TB.
6. This should include recording:
 - gender, ethnicity, age, drug use of contacts
 - all new contacts and injecting behaviour at initial assessment
 - percentage of injectors who report sharing injecting equipment in previous four weeks.
 - numbers of;
 - new attenders per month (ie those who have not used a scheme in the past six months)
 - exchange packs given out per month per service user
 - individuals using service (by gender and ethnicity)
 - service users moving on to treatment elsewhere
 - percentage of staff trained in giving basic health checks.
7. This may include setting a target minimum expected return rate of used equipment.

Cross-references

Criteria 34.1, 34.8 & 34.9 with Standard 15: Policy and procedures

Criteria 34.1 & 34.5 with Standard 24: Assessment

Criterion 34.3 with Standard 36: Services for children and young people

Criterion 34.6 with Standards 5: Human resource management - general, 7: Human resource performance management systems and 8: Human resource development

Criterion 34.7 with Standard 19: Equal opportunities

Criterion 34.10 with Standard 13: Performance monitoring

35. Residential services¹

a) Environment

Standard statement					
<i>Residential services should be provided in an appropriate environment.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
Registered residential units					
35.1	The residential unit meets the requirements of: <ul style="list-style-type: none"> • Local registration authority ² • Statutory health & safety requirements • Environmental health • Fire regulations. 	Documents showing that these requirements have been met.	M		
Non-registered residential units					
35.2	The residential unit should meet the requirements of: <ul style="list-style-type: none"> • Statutory health & safety requirements • Environmental health • Fire regulations. 	Documents showing that these requirement have been met.	M		
Guidance notes					
<p>1. It is expected that most residential services will have a specific treatment programme. As well as meeting the core quality standards, Standard 25: The treatment approach - general is of particular relevance to the programme.</p> <p>2. Service providers should note that local authorities are at present advised to refer to <i>Residential care for people with drug/alcohol problems</i> (SSI, 1994) when applying for residential care standards to services for people with alcohol and drug problems. Future guidance may be issued following review of current registration standards.</p>					

b) Food

Standard Statement					
Where food and drink are provided to service users, they are nutritious and healthy.					
Criteria		Evidence	M/GP	Criteria met	Comment
35.3	The diet should be varied, balanced and nutritious, with consideration given to presentation and composition.	Menu plans available for inspection. Menus displayed for residents. Comments on composition of food.	M		
35.4	Special menus are available to cater for medical, religious and cultural requirements.	Written policy on special menus. Special menu plans available.	M		
35.5	Food preparation is carried out in accordance with hygiene and safety regulations.	Hygiene and safety regulations displayed. Records of staff training in hygiene and safety.	M		
35.6	Residents' opinions are sought on food, and residents are given some say on what they eat.	Records of consultations with residents and any decisions taken.	M		
35.7	Drinking water and hot and cold drinks are freely available.	Facilities available.	M		
35.8	Residents able to share meals with visitors - if in accordance with care plan.	Written policy on resident's visitors.	GP		

Cross-references

Criterion 35.5 with Standard 19: Equal opportunities

Criterion 35.7 with Standard 16: Involving and empowering service users

Criterion 35.9 with Standards 15: Policy and procedures and 26: Care planning

c) Privacy**Standard statement**

There is respect for the service user's privacy.

Criteria		Evidence	M/GP	Criteria met	Comment
35.9	A policy on privacy exists which is explained to residents prior to admission. ¹	Policy framework, including a policy on searches.	M		
35.10	There should be a telephone which the service users can use in privacy. ²	Telephone in place. Policy document.	M		

Guidance notes

1. This may include policies on opening incoming mail and searching rooms.
2. The service should also have a policy on the use of mobile phones.

Cross-references

Criteria 35.10 & 35.11 with Standard 21: Privacy, dignity and respect

Criterion 35.10 with Standard 15: Policy and procedures

Section 5: Target group standards

36. Services for children and young people

<i>Standard Statement</i>					
<i>Agencies should clearly specify what dedicated services they provide for children and young people and these should be guided by written protocols.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
36.1	Policies and procedures ¹ connected with working with children and young people ² have been consulted and agreed with the Area Child Protection Committee and the Drug Action Team.	Consultation mechanisms and policy and procedure documents and agreements.	M		
36.2	The service is provided in an appropriate ³ environment which is separated in either space or time ⁴ from adult services.	Publicity advertises the service as separate.	M		
36.3	There is an allocated competent worker. ⁵	Job description.	M		
36.4	Services provided to children and young people are specified. ⁶	Written service specification.	M		
36.5	There is clear definition of the service user group: <ul style="list-style-type: none"> • age range • target group.⁷ 	Contained in policies and procedures.	M		

36.6	Staff demonstrate competence in applying legislation to children/young people (eg Children Act 1989) and in working with children and families.	Staff interview/training plan.	M		
36.7	<p>For drug-and alcohol-using children and young people there is provision for assessment:</p> <ul style="list-style-type: none"> • to determine competence to consent to treatment⁸ • of problem drug/alcohol use, health, social situation, family • to determine service/staff competence to meet needs effectively • of any need for needle exchange • of any prescribing needs. 	Assessment process.	M		
36.8	<p>Care planning proceeds as outlined in Standard 26: Care Planning, and includes where appropriate:</p> <ul style="list-style-type: none"> • parental involvement • involvement with statutory agencies.⁹ 	Care plan.	M		
36.9	<p>Care review proceeds as in Standard 27: Care review, and includes, where appropriate, assessing:</p> <ul style="list-style-type: none"> • parental involvement • involvement with statutory agencies⁹ • competence to consent to treatment • child protection concerns. 	Care review procedures.	M		

36.10	A comprehensive data collection and recording system monitors activity relating to work with children/young people. ¹⁰	Performance monitoring systems.	M		
36.11	Services are provided in line with the 10 Key Policy Principles. ¹¹	Staff interview, performance monitoring systems/ assessment process, location & timing of service delivery.	M		
36.12	Staff who work primarily with children and young people have been cleared through police/local authority checking procedures.	Staff personnel records.	M		
36.13	The agency has specific assessment protocols for the provision of needle exchange and prescribing services to children and young people.	Assessment protocol.	M		
36.14	All written materials directed at children and young people are written in a way which is accessible to the target group.		M		

Guidance notes

1. Policies and procedures should ensure that where child protection decisions are made they are not the sole responsibility of one member of staff, and that those who make the decisions are competent in child protection issues.
2. The term 'children' refers to people under the age of 18, in accordance with the UN Convention on the Rights of the Child. Lower age distinctions between definitions of 'children' and 'adolescents' and 'young people' can be hard to draw as they vary widely between departments and services. It must also be noted that local authorities acting under certain provisions within the Children Act 1989, courts and the Prison Service may also consider the term 'young people' to refer to those up to the age of 21 (SCODA & The Children's Legal Centre, *Young people and drugs: policy guidance for drug interventions*, 1999).

Working Together to Safeguard Children (Dept. of Health, 1999) defines the degree of risk which would require a young person to be placed on the 'at risk' (or child protection) register, as:

- neglect
- physical Injury
- sexual abuse
- emotional abuse.

Some area child protection committees (ACPCs) have local policy and criteria guidelines on the risk of, or actual suffering of, 'significant harm' by self-harming behaviour. Guidance should be sought from ACPCs locally on definitions used by the local child protection teams.

'A child shall be deemed to be 'in need' if -

- a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority
- b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or
- c) he is disabled'

(Section 17 of the Children Act, 1989).

3. 'Appropriate environment' means one that is acceptable to and appropriate for young people and that there are no visible messages which are aimed at adults, such as graphic or explicit safer sex or harm minimisation advice and images.

4. 'Separated in space and time' means that the young people's service is set on different premises, or in different parts of the same premises with separate access, or has certain allocated times specifically for young people during which adults cannot attend.

5. Staff working with children and young people are provided with relevant training and the service has a training strategy to address this need.

6. A list of the services available to children and young people eg. Information and advice, counselling, prescribing, needle exchange.

7. This includes defining:

- non-drug/alcohol using children and young people who may be at risk
- children and young people involved in experimental drug-use
- children and young people involved in problem or dependent drug use/alcohol use.

8. The provision of treatment may require consent. For those under 16 years of age, parental consent is usually required. Some people under 16 years may be able to consent to their treatment if they are found to be competent.

Further guidance on competence to consent to treatment is found in *Young People and Drugs: policy guidelines for drug interventions*, (SCODA/ Children's Legal Centre, 1999).

9. Examples of these agencies are social services, youth offending teams, and youth justice teams.

10. For children and young people using drugs this includes:

- recording all decision-making
- care planning and review
- contracts and consultation with other organisations.

11. The 10 key policy principles are:

- A child or adolescent is not an adult.
- The overall welfare of the individual child or young person is of paramount importance.
- The views of the young person are of central importance and should always be sought and considered.
- Services need to respect parental responsibility when working with a young person.
- Services should recognise and co-operate with the local authority in carrying out its responsibilities towards children and young people
- A holistic approach is vital at all levels, as young people's problems do not respect professional boundaries
- Services must be child-centred
- A comprehensive range of services needs to be provided
- Services must be competent to respond to the needs of the young person
- Services should aim to operate, in all cases, according to the principles of best practice.

(See Appendix 3 for more details on these 10 policy principles).

12. These written materials may include the confidentiality policy, complaints procedures and information and education material. Alcohol services are also recommended to refer to the Health Advisory Service report *Children and young people: commissioning and providing services for children and young people* (1996).

Cross-references

Criteria 36.1 & 36.13 with Standard 15: Policy and procedures

Criteria 36.3 & 36.6 with Standards 5: Human resource management - general, 7: Human resource performance management systems & 8: Human resource development

Criteria 36.7, 36.11 & 36.13 with Standard 24: Assessment

Criterion 36.8 with Standard 26: Care planning

Criterion 36.9 with Standard 27: Care review

Criteria 36.10 & 36.11 with Standard 13: Performance monitoring

Criteria 36.14 with Standard 17: Confidentiality and the right of access to information & Standard 18: Complaints procedures

37. Services for drug and alcohol-misusing parents and their children

Standard Statement					
<i>The service recognises that the welfare of children and young people who are dependants of problem drug and/or alcohol users is paramount and aims to work within the framework of The Children Act (1989) and also maximise parental skills.</i>					
Criteria		Evidence	M/GP	Criteria met	Comment
37.1	The service has a policy and procedures for working with drug and alcohol misusing parents, agreed with area child protection committees and DATs. ¹	Policies and procedures.	M		
37.2	Drug and alcohol misusing parents are identified during assessment procedures.	Staff interview/training plan.	M		
37.3	Parenting knowledge and skills are incorporated into care planning and review.	Care plan and review.	GP		
37.4	Staff demonstrate competence in working with drug and alcohol misusing parents. ²	Staff interview/ training plan.	M		
37.5	There is a staff member with lead responsibility for children of drug and alcohol misusing parents and for parenting issues.	Job description.	GP		
37.6	The service has established links and protocols with the relevant social services department. ³	Policies and protocols.	M		

37.7	Where services are being provided to the children of drug-and alcohol-misusing parents, a service specification for these services should be developed in line with Standard 36. ⁴	Service specification.	M		
37.8	The service maintains accurate and complete written records. ⁵	Service user record.	M		
37.9	Services for pregnant women: The service has established joint working protocols with maternity and neonatal services and social services department child protection teams.	Written protocols.	M		
37.10	The service encourages pregnant service users to receive ante and post-natal care. ⁶	Staff /service user interview, service user record.	M		
37.11	Staff demonstrate competence in working with pregnant service users.	Staff interview. Training plan.	M		

Guidance notes

1. This policy should cover

- procedures for working with drug and alcohol misusing parents
- what constitutes a child 'at risk of significant harm' (child protection)
- what constitutes a child 'in need' (ie would benefit from extra help for the child or family)
- sharing information within the service
- sharing information with other agencies (in the best interest of the child)
- client access to records
- working with other services.

(For 'at risk' and "in need" please refer to guidance notes on Standard 26: Young People).

2. Examples include being able to provide advice on parenting skills or to identify child protection concerns.
3. These include people who have had a role in consultation and agreement of policy and in provision of support and advice. There should be systems to alert, and liaise with, relevant social services department child protection teams on issues of concern regarding welfare of or risk to children.
4. Although children may not be using drugs, a child-centred approach is still appropriate.
5. These should include contact with other agencies, eg GP, social services, local education authority.
6. This involves:
 - maintaining links with a local range of services for families
 - encouraging clients to use ante-natal services
 - nominating a keyworker or specified member of staff to co-ordinate the package of care, including ante-natal and substance misuse components
 - support with an appropriate care package including ante-natal services, substance misuse services, health visiting, social services.

Services are also advised to refer to the SCODA/LGDF guidelines *Drug Using Parents: policy guidelines for inter-agency working* (1997).

Cross-references

Criteria 37.1, 37.6 & 37.9 with Standard 15: Policy and procedures

Criteria 37.1, 37.2, 37.6 & 37.9 with Standard 17: Confidentiality and the right of access to information

Criterion 37.3 with Standards 26: Care planning & 27: Case closure/ transfer

Criteria 37.4 & 37.11 with Standards 5: Human resource management - general, 7: Human resource performance management systems & 8: Human resource development

Criterion 37.7 with Standard 36: Services for children and young people

Appendix 1

Recommendations from the Department of Health to commissioning authorities as to the services/outputs they should expect from providing agencies

Item for measurement	Possible performance indicator
Outreach	<ol style="list-style-type: none"> 1. Number of new clients contacted in a four week period (ie clients not seen by any other during the previous 3 months) 2. Numbers of clients remaining in contact with worker longer than 3 months 3. Numbers of clients referred per month to other services for help with drug misuse problems 4. Cost per client contacted
GPs	<ol style="list-style-type: none"> 1. Percentage of specialist service clientele registered with a GP 2. Percentage of participating GPs with clear guidelines for “shared care”, including well defined liaison arrangements 3. Percentage of GPs prepared to take or undertaking shared care responsibilities 4. Percentage of specialist drug service clients cared for in general practice 5. Costs per GP-managed client
Pharmacies	<ol style="list-style-type: none"> 1. Percentage of pharmacies participating in: <ul style="list-style-type: none"> • needle exchange • supervised consumption • offering advice 2. Numbers of exchange packs given out per month 3. Numbers of needles/syringes sold to drug users per month 4. Numbers of individuals using service (by gender) 5. Number of pharmacies prepared to provide facilities for return of used equipment 6. Return rates of used equipment 7. Cost per pack distributed
Arrest referral/ cautioning/ Probation	<ol style="list-style-type: none"> 1. Number of clients who enter treatment following arrest referral 2. Percentage of drug misusers cautioned for drugs offences, and the percentage who are re-arrested for drugs offences following cautioning* <p>*This indicator for consideration by DATs</p>
Hepatitis B	<ol style="list-style-type: none"> 1. Percentage of clients offered vaccination 2. Percentage of clients reporting completed vaccination

Item for measurement	Possible performance indicator
Syringe exchange schemes	<ol style="list-style-type: none"> 1. Percentage of injectors who report sharing injecting equipment in previous 4 weeks * 2. Numbers of new attenders (ie those who have not used a scheme in the past 3 months) per month 3. Numbers of exchange packs given out per month per client 4. Numbers of individuals using service (by gender) 5. Return rates of used equipment 6. Numbers moving on to engage in treatment 7. Percentage of staff trained in giving basic health checks 8. Cost per registered client per month <p>*Health of the Nation Target</p>
Counselling	<ol style="list-style-type: none"> 1. Percentage of people working in drug services with accredited counselling qualifications or equivalent professional qualifications 2. Percentage of clients receiving counselling who report improvements in one or more of the three outcome domains defined by the Task Force 3. Cost per completed counselling course
Detoxification	<ol style="list-style-type: none"> 1. Numbers of clients entering detoxification programs 2. Percentage of patients (by main drug use) who complete detoxification 3. Percentage who attend follow up treatment 4. Percentage of completers who remain drug free after: <ul style="list-style-type: none"> • 3 months • 6 months • 1 year related to main drug of use, location and type of detoxification programme applied 5. Costs of detoxification per client completing
Methadone reduction	<ol style="list-style-type: none"> 1. Numbers of clients entering reduction programmes 2. Percentage who become drug free by: <ul style="list-style-type: none"> • 3 months • 6 months • 1 year 3. Percentage of clients who report improvements in one or more of the three broad outcome domains defined by the Task Force 4. Number using other support eg Narcotics Anonymous or other self help groups after completion of treatment 5. Cost of methadone reduction per client completing
Methadone maintenance	<ol style="list-style-type: none"> 1. Number of clients: taken into maintenance programme retained at 1 year and average duration of retention 2. Percentage of clients who report improvement in one or more of the three broad outcome domains defined by the Task Force 3. Percentage of clients whose urine tests positive for opiates 4. Cost per client per year

Item for measurement	Possible performance indicator
Residential rehabilitation	<ol style="list-style-type: none"> 1. Percentage assessed within a defined period 2. Percentage gaining admission during a defined period 3. Percentage remaining in treatment after 4 weeks* by main drug use (eg cocaine) 4. Percentage successfully completing programme (by type of programme and length) 5. Percentage of clients who report improvement in one or more of the three broad outcome domains defined by the Task Force 6. Cost per completed programmes <p>* 4 week is suggested to enable comparison with NTORS therapeutic communities retention rate, but the period should be for local decision.</p>
Inpatient detoxification	<ol style="list-style-type: none"> 1. Percentage successfully completing inpatient detoxification (by main drug of use) 2. Percentage of clients who report improvements in one or more of the three broad outcome domains defined by the Task Force 3. Cost of inpatient detoxification per client (by main drug of use)
Interface between purchasers and providers	<ol style="list-style-type: none"> 1. Quality standards in contracts for: <ul style="list-style-type: none"> • assessment of need (ie number of days from first contact to date of appointment) • access to treatment within prescribed timetable
Training	<ol style="list-style-type: none"> 1. Numbers of drug service managers who have received training in management skills

(The Task Force to Review Services for Drug Misusers, 1999)

Appendix 2

SCODA Service users' charter of rights and responsibilities

A drug service user has both rights and responsibilities. The service provider has an obligation to make each of these explicit to the service user.

A service user has the right to:

- assessment of individual need (within a specified number of working days)
- access to specialist services (within a maximum waiting time), and the right of immediate access on release from prison
- full information about treatment options and informed involvement in making decisions concerning treatment
- an individual care plan and participation in the writing and reviewing of that care plan
- respect for privacy, dignity and confidentiality, and an explanation of any (exceptional) circumstances in which information will be divulged to others
- referral for a second opinion, in consultation with a GP, when referred to a consultant
- a written statement of service user's rights
- the development of service user agreements, specifying clearly the type of service to be delivered and the expected quality standards
- the development of advocacy
- an effective complaints system
- information about self-help groups and user advocacy groups.

A service user's responsibilities to the service provider include:

- observing "house" rules and behavioural rules, as defined by the service (eg not using alcohol or drugs on the premises, treating staff with dignity and respect, and observing equal opportunities and no smoking policies)
- specific responsibilities within the framework of a care plan or treatment contract (eg keeping appointment times and observing medication regimes).

References

Task Force to Review Services for Drug Misusers *Report of an independent review of drug treatment services in England* London: Department of Health 1996

Purchasing effective treatment and care for drug misusers: guidance for health authorities and social services departments London: Department of Health 1997

Enhancing Drug Services London: SCODA 1997

Getting drug users involved: good practice in local treatment and planning London: SCODA 1997

Appendix 3

Ten Key Policy Principles for working with young drug misusers

We have distilled what we believe to be the ten key principles to be applied in working with young drug users. As a matter of good practice these should inform and underpin the development of drug services for young people.

1. A child or young person is not an adult.

Approaches to young people need to reflect that there are intrinsic differences between adults and children, and between children of different ages. In all drug-related interactions and interventions with young people under the age of 18, consideration will need to be given to: differences in legal competence, age appropriateness, parental responsibility, confidentiality, and exposure to, as well as protection from, risk and harm.

2. The overall welfare of the individual child or young person is of paramount importance.

The overarching principle in this document, in accordance with the Children Act 1989 and the UN Convention on the Rights of the Child 1989, is that of the welfare of the child. All professionals and agencies offering services to young people should have the best interests of the individual child as their primary concern. Each young person is unique and should be worked with on an individual basis. Putting the welfare of the child first and meeting the needs of the individual child may require some flexibility in the responses of professionals, parents, services or other adults. Sector loyalties or service rivalries should not be allowed to dictate the development of services when the best interests of the young person are best met by joint working.

3. The views of the young person are of central importance, and should always be sought and considered.

Article 12 of the UN Convention on the Rights of the Child (1989) and the Children Act 1989 place emphasis on the need for those taking decisions in relation to a child to ascertain the child's views and wishes. The child's views should be listened to and given weight according to the child's age and maturity. The expressed views or opinions of the child may, in some cases, not be the same as the professional assessment of their best interests. In such instances the child's views and the child's best interests must both be taken into account and balanced in reaching a decision. Where a decision is made to act against the child's declared wish, this should normally be discussed with the child and an explanation given.

4. Services need to respect parental responsibility when working with a young person.

Providers of services should remember that there will be an adult with parental responsibility for virtually every young client. The education, involvement and support of parents or carers may be beneficial to successful work with young drug users, and parental consent may be required before intervening.

5. Services should recognise the role of, and co-operate with, the local authority in carrying out its responsibilities towards children and young people.

Local authorities have a responsibility to ensure that appropriate services are provided for children in their area who are 'in need', and to investigate and protect children 'at risk of significant harm'. The young drug misuser is quite likely to be in one or both of these categories already and, therefore, protocols for liaison and joint working will need to be established between the local authority and the young people's substance misuse service, whether it is a statutory or a voluntary sector service. Where a young person who is taking

drugs is not yet known to the local authority as 'in need' or 'at risk', providers should intervene appropriately and quickly to protect the present and future safety of the child, but should not intervene unnecessarily in the lives of the young person and their family.

6. A holistic approach is vital at all levels, as young people's problems do not respect professional boundaries.

Multi-agency co-ordination, and consistent policies, need to be achieved at commissioning, planning and contracting levels, linking with Drug Action Teams, Area Child Protection Committees, youth offending teams and Integrated Children's Services Planning structures as key strategic and policy-making bodies. Service provision should also be made through a multi-disciplinary approach within a team as part of a wider professional network within the children and family services infrastructure. Professional disciplines that may need to be involved include; drug and alcohol services, education and youth services, health and social services, child and adolescent mental health, voluntary sector agencies and criminal justice agencies.

7. Services must be child-centred.

Interactions and interventions must be appropriate to the age, maturity and level of development of the individual child or young person. Their drug taking should be looked at within their wider personal, social and cultural background or circumstances. Services should be attractive to young people, respecting their individual needs, lifestyle, gender, ethnicity, and beliefs. Consideration must be given to the accessibility of services to young people particularly: opening times (whether during or after school hours); location (whether separate from adult services and in safe areas); age appropriate publicity and information and ensuring contact with hard to reach young people.

8. A comprehensive range of services needs to be provided.

Service provision in any local area must be able to respond to different patterns of drug and alcohol use and misuse by young people, by providing access to a wide range of drug-and alcohol-related interventions, as appropriate to each individual case. The range of interventions available should include: drug education, prevention programmes, advice, counselling, prescription and detoxification, rehabilitation, needle exchange services, as well as information, advice and support for parents.

9. Services must be competent to respond to the needs of the young person.

Staff in a young people's drug service should be competent to work with children, adolescents and families, and with substance misuse. The competence of the service will also depend on its use of a multi-disciplinary approach to meet complex needs, whether through a range of professional skills within the staff team, or through use of expertise through joint working with other services.

10. Services should aim to operate, in all cases, according to the principles of good practice.

Services must operate within the current legal framework, respect the underlying philosophy of the Children Act 1989 and the UN Convention on the Rights of the Child (1989). They should also reflect accepted, evidence-based effectiveness. Services are responsible for being aware of the latest locally and/or nationally established policy and guidance on working with young people who take drugs.

Appendix 4

Outcome domains defined in the “Effectiveness Review”

The Department of Health’s Task Force to Review Services for Drug Misusers’ Report of an independent review of drug treatment services in England used three broad outcome domains to define a series of outcome measures for drug services. These cover drug use, physical and psychological health, and social functioning and life context.

Outcome domain	Measures
Drug use	<ol style="list-style-type: none"> 1. abstinence from drugs 2. near abstinence from drugs 3. reduction in the quantity of drugs consumed 4. abstinence from street drugs 5. reduced use of street drugs 6. change in drug taking behaviour from injecting to oral consumption 7. reduction in the frequency of injecting
Physical and psychological health	<ol style="list-style-type: none"> 1. improvement in health 2. no deterioration in physical health 3. improvement in psychological health 4. no deterioration in psychological health 5. reduction in sharing injecting equipment 6. reduction in sexual risk taking
Social functioning and life context	<ol style="list-style-type: none"> 1. reduction in criminal activity 2. improvement in employment status 3. fewer working/school days missed 4. improved family relationships 5. improved personal relationships 6. domiciliary stability/improvement

Appendix 5

The objectives of the second and third phases of QuADS

The objectives of the second phase of QuADS are:

- To undertake a consultation on formal quality assessment systems, likely to be appropriate for the kite-marking of alcohol and drug services against the standards.
- To design a programme of support for alcohol and drug service managers to enable them to implement the QuADS standards.
- To identify and consult on key professional competencies of specialist staff in alcohol and drug services.
- To develop and pilot models for the accreditation of these workers (with partners such as National Training Organisations).

QuADS standards will now be in two main parts: the organisational standards (this manual) and the professional competency standards developed in phase 2.

The proposed objectives of third phase of QuADS are:

- Enhancing the quality of alcohol and drug services: This will involve further work on organisational standards and the development and implementation of QuADS. The implementation work will involve designing and piloting a “minimum load” accreditation system for drug and alcohol services.
- Enhancing professional competency by further developing the QuADS professional competency standards
- Enhancing the quality of trainers and training in substance misuse.

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