

The National Drug and Alcohol Treatment and Recovery Services

National workforce census

1 July 2023 – 30 June 2024

Developed in partnership with the NHS Benchmarking Network and the Office for Health Improvement and Disparities

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Contents

- Executive Summary 3
- Introduction 15
- Participation..... 18
- Project Findings 211
- Workforce overview..... 211
- Treatment Providers 33
- Metrics–vacancy,sickness and turnover..... 56
- Specialist roles 60
- Commissioners (Local Authorities – LAs) 665
- Lived experience recovery organisations (LEROs)..... 78
- Appendices..... 90
 - Appendix 1: Staff group breakdown by role 90
 - Appendix 2: Year on year comparison based on consistent submitters between 2024 and 2023 102
 - Appendix 2: Year on year comparison based on consistent submitters between 2024 and 2023 102
 - Appendix 3: Key definitions, calculations and references 90

Executive Summary – Background, aims and scope

Background and Aims

In collaboration with the Office for Health Improvement and Disparities (OHID) and partners, NHS England (formerly Health Education England (HEE)) has commissioned the NHS Benchmarking Network (NHSBN) to undertake this third annual census of the drug and alcohol workforce. This workforce is employed in drug and alcohol treatment and recovery services, local authority (LA) drug and alcohol commissioning teams and lived experience recovery organisations (LEROs)*.

This report presents the most comprehensive workforce data on the drug and alcohol service delivery and commissioning workforce. It will inform you about the continued development of the drug and alcohol treatment and recovery workforce transformation programme¹ and future workforce training needs.

The report provides:

- a comprehensive summary and reference point of the drug and alcohol service delivery and commissioning workforce in 2024
- a series of outputs to support national, regional and local developments to retain, diversify and grow the drug and alcohol workforce
- an update on the workforce as at the 30 June 2024
- a comparison of the 2024 findings to the results from 2022 and 2023 census

For the purposes of this report, the ‘drug and alcohol workforce’ refers to LA-commissioned treatment and recovery services, LEROs and LA commissioning teams. The data is summarised primarily by a job role group. More detailed information about individual roles is provided in Appendix 1.

Scope

The following workforce were within scope of the census:

- LA drug and alcohol commissioning teams
- LA-commissioned adult and young people's treatment providers in the NHS, local authority (services delivered directly by the LA), voluntary and independent sectors, including community drug and alcohol treatment and recovery; residential rehabilitation; and inpatient detoxification service providers.
- Lived experience recovery organisations (LEROs).

*A lived experience recovery organisation (LERO) is an organisation led by people with lived experience of recovery. LEROs deliver a range of harm reduction interventions, peer support, recovery support and help people to access and engage in treatment and other support services.

Executive Summary – Methodology and participation

Methodology

Following its second iteration in 2023 the census design and outputs were reviewed in collaboration with NHS England, OHID and representatives from provider organisations, LA commissioners and regional teams. Following this review, the data collection template for 2024 remained broadly similar to 2023. However, amendments were made to include public health consultants in the local authority commissioner data and the metric data for LERO organisations was changed to be grouped by job level.

Participation

In 2024:

- There were **542 data submissions of which 386 were from treatment providers, 30 from LEROs and 126 from commissioners.**
- Participation rates by sector were **73% for treatment providers, 83% for LAs and 57% for LEROs.**
- Voluntary sector organisations accounted for **73% of treatment provider submissions, the NHS 12%, independent providers 5% and LA delivered treatment 10%.**
- The number of submissions and participation rates have **remained similar to the 2023 census**, however, there has been an increase in the proportion of submissions from the voluntary sector within treatment providers, **from 70% in 2023 to 73% in 2024.**

In 2023:

- There were **515 data submissions of which 380 were from treatment providers, 30 from LEROs and 128 from commissioners.**
- Participation rates by sector were **72% for treatment providers, 85% for LAs and 53% for LEROs.**
- Voluntary sector organisations accounted for **70% of treatment provider submissions, the NHS 13%, independent providers 6% and LA delivered treatment 11%.**

Executive Summary – Limitations and additional analysis

Limitations

- The accuracy and reliability of workforce trend analysis are dependent upon consistent data submissions from organisations across census years. Where there are variations in submissions, particularly between organisations of different sizes, comparison of annual census results can lead to misleading interpretations of workforce trends. For example, in cases where a large organisation participates for one year but declines a second year, **the reported findings may suggest a reduction in Whole Time Equivalents (WTEs)**. This apparent reduction is not indicative of an actual workforce change but is instead a consequence of participation during that period. As a consequence, whilst comparisons have been made to the previous findings, these should be used with caution.
- Throughout the report, **totals may differ depending on the metric reported**, this is due to some participants not submitting data for all the metrics within the census.
- Throughout the report, **metrics have been calculated to whole numbers**, except for sickness rates, which are calculated to 1 decimal place, this is due to the completeness and accuracy of the data submitted.

Additional analysis

Additional analysis was undertaken to compare consistent submitters between the 2023 and 2024 censuses. The rate of change was calculated in consistent responders in both census years.

There were 304 (80%) consistent treatment provider, 19 (63%) LERO submissions and 108 (86%) local authority commissioning submissions. Analysis of these consistent responders showed an **8% increase in the overall workforce**.

The treatment provider workforce had increased by 8%, the LERO workforce had increased by 23% and there had been an 11% increase in the commissioning workforce. Further details are available in appendix 2.

Executive Summary – key findings

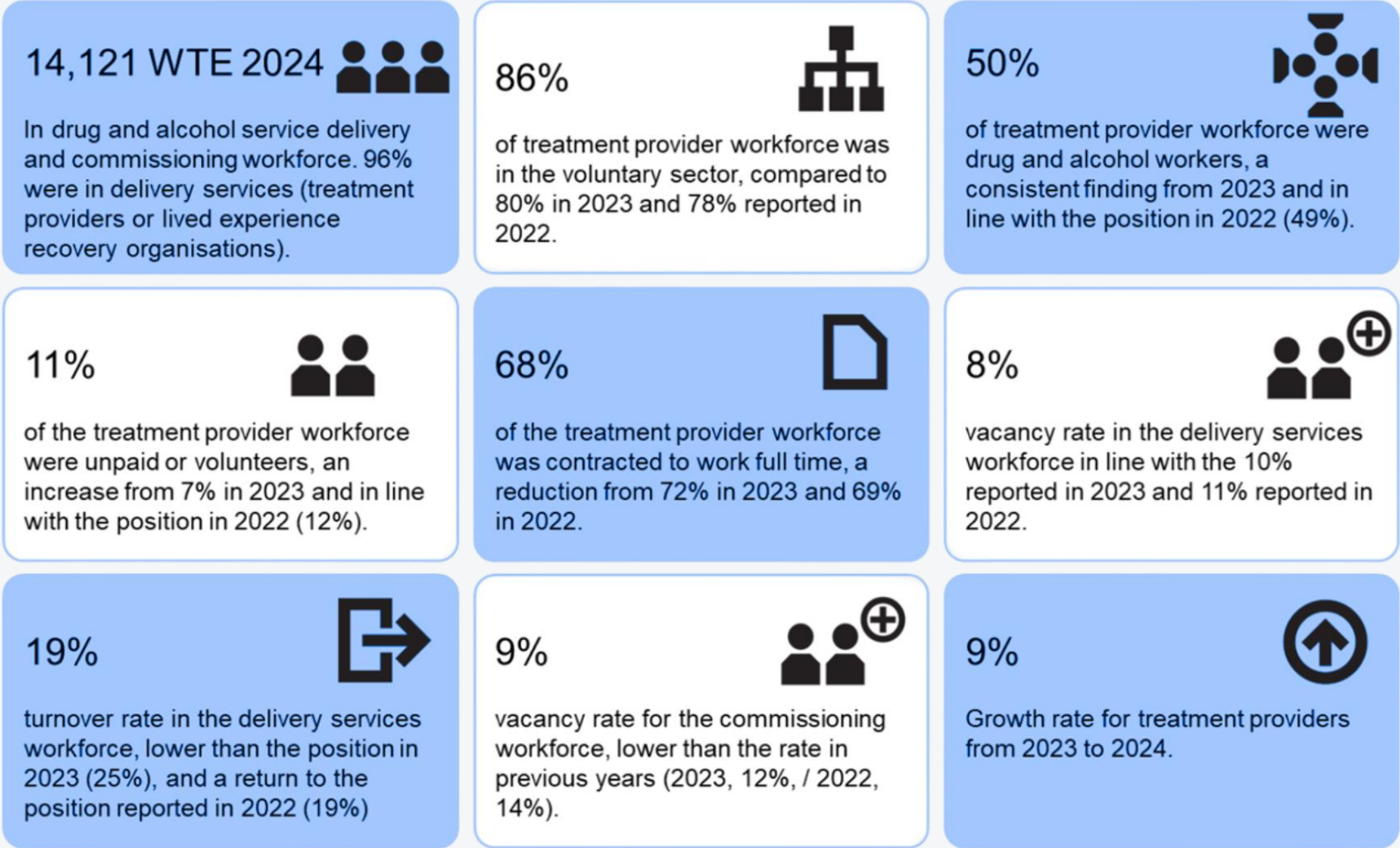
Key metrics

- There were **14,121 whole time equivalents (WTEs)** reported in the **2024 census**, **96% of the WTEs** were in delivery services (treatment providers or LEROs)
- **86% of the treatment provider workforce** was in the voluntary sector, compared to **80% in 2023 and 78% reported in 2022**.
- **50% of the treatment provider workforce** were drug and alcohol workers, a **consistent finding from 2023 and in line with the position in 2022 (49%)**
- **11% of the treatment provider workforce** were unpaid or volunteers, an **increase from 7% in 2023 and in line with the position in 2022 (12%)**
- **68% of the treatment provider workforce** was contracted to work full time, a **reduction from 72% in 2023 and 69% in 2022**
- **8% vacancy rate in the delivery workforce** (treatment provider and LERO combined) **in line with the 10% reported in 2023 and 11% reported in 2022**
- **19% turnover rate in the delivery workforce** (treatment provider and LERO combined) **lower than the position in 2023 (25%), and a return to the position reported in 2022 (19%)**
- **9% vacancy rate for the commissioning workforce**, lower than the rate in previous years (2023, 12%, / 2022, 14%)
- **13% turnover rate for the commissioning workforce**, lower than the rate in 2023 (22%) and in line with the reported position in 2022 (11%)

Who is a typical member of staff?

- Treatment provider – a female alcohol and drug worker on a full time, permanent contract
- Commissioner – a female commissioner for adult services on a full time, permanent contract
- LEROs – a female in a peer support / service user development role on a part time, permanent contract

Drug and Alcohol Treatment and Recovery Workforce Summary 2024



- Tables 1 and 2 show that the **overall workforce WTE numbers were 14,232 in 2024, 9% higher than the position in 2023 (2023, 13,008 / 2022, 11,852).**
- In the treatment provider group, the NHS and independent / private sectors show reductions in workforce compared to 2023, this is likely to be due to different organisations participating in each year of the project.

Table 1

Summary of workforce WTE	2022	2023	2024	Change from 2023 to 2024	% Change from 2023 to 2024
Treatment providers	11,270	12,073	13,103	1,030	9%
LEROs	184	469	453	-16	-3%
Commissioning staff	398	466	564	98	21%
Total	11,852	13,008	14,121	1,113	9%

Table 2

Summary of treatment provider WTE by sector	2022	2023	2024	Change from 2023 to 2024	% Change from 2023 to 2024
Voluntary sector	8,768	9,667	11,262	1,595	17%
NHS	1,786	1,688	1,172	-516	-31%
Independent/private	299	373	214	-159	-43%
LA delivered treatment	417	345	454	109	32%
Total	11,270	12,073	13,103	1,030	9%

- Table 1 presents a summary of workforce WTE from the 2022, 2023, and 2024 census years, while Appendix 2 analyses only consistent responders from 2023 and 2024 to assess growth trends more accurately. Both sources show an **8% overall workforce growth**, but with key differences in specific groups.
- **The treatment provider workforce grew by 9% in Table 1 and 8% in Appendix 2**, indicating minimal impact from variations in submitters.
- **LEROs saw a 23% increase in Appendix 2 but a 3% decline in Table 1**, likely due to several 2023 LERO submitters not reporting in 2024, making the true trend unclear.
- **Commissioning staff grew by 11% in Appendix 2 but 21% in Table 1**, suggesting much of the increase came from new or returning submitters rather than consistent ones.
- There is **confidence in the 9% growth rate for treatment providers** as it remains broadly consistent across datasets. However, the LERO and LA trends are less reliable as changes in submitting organisations may be inflating or distorting the overall growth rate from 2023 to 2024.
- The profile of the workforce by job role shows half of the treatment provider workforce was made up of **drug and alcohol workers (50%)**, followed by **service management and administration (24%)**, **nurses (8%)**, and peer support and **service user development staff (7%)**. This was in line with the profile reported in 2023 and 2022.
- The vacancy rate for **combined treatment providers and LERO staff was 8%**, consistent with the 10% reported in 2023 and 11% reported in 2022. **The turnover rate was 19%**, lower than the position in 2023 (25%), and a return to the position reported in 2022 (19%). **For commissioning staff, the vacancy rate was 9% and the turnover rate was 13%**. This was a reduction on the position in 2023 (22%) and a return to the rate in 2022 (11%). Sickiness rates were generally low and in line with positions reported in 2023 and 2022.
- **For drug and alcohol workers**, the largest staff group, **the vacancy rate was 10% (2023, 11% / 2022, 15%), and the turnover rate was 24% (2023, 29% / 2022, 14%)**.
- For **peer support and service user development roles**, the largest staff group for LEROs, **66% of staff were in bands 1-3** compared to 11% for treatment providers, and 67% were on permanent contracts compared to 26% for treatment providers. Meanwhile the vacancy rates for LEROs and treatment providers were 5% and 3% respectively, and the turnover rates were 20% for LEROs compared to 4% for treatment providers.

Executive Summary - Treatment Providers

The treatment provider data presented includes data from the voluntary sector, the NHS, the independent/private sector and activity relating to treatment provision delivered by local authorities (LA-delivered treatment).

- **Whole time equivalents** – in 2024 386 treatment providers reported 13,103 WTEs, compared to 2023 when 380 treatment providers reported 12,073 WTE and in 2022 347 treatment providers reported 11,270 WTE.
- 86% of the reported **treatment provider workforce were employed within the voluntary sector** and reported 11,262 WTE (2023, 80%, 9,667 WTE / 2022, 78%, 8,768 WTE). The NHS (9%) was the second largest sector, down from 14% in 2023 and 16% in 2022.
- The overall **vacancy rate** was 8%, this continued the reduction in the reported rate from 13% in 2022 and 10% in 2023. The vacancy rate ranged from 6% in LA delivered treatment and independent / private sectors to 9% in the NHS sector for all staff. For the largest staff group, drug and alcohol workers, the vacancy rate ranged from 6% (LA delivered treatment) to 13% (NHS).
- The **sickness rate** for all staff ranged from 2.5% in the independent/private sector to 5.3% in the NHS, with an overall position of 4.0%, similar to position reported in 2023 (4.2%) and 2022 (4.3%).
- The **turnover rate** for treatment providers reported for all staff across sectors was 19% compared to 25% in 2023 and in line with the position in 2022 of 19%. At a sector level rates ranged from 12% in the independent / private sector to 19% in the voluntary sector. For drug and alcohol workers (the largest staff group) the turnover rates varied from 8% in independent / private sector to 25% in the voluntary sector (1,236 leavers).
- As in previous years, there was a high number of **volunteer/unpaid roles** in the sector. 11% of the treatment provider workforce were unpaid/volunteers, increased from 7% in 2023 and in line with the 12% reported in 2022. The majority (94%) of the drug and alcohol workers staff group were employed at band 5 or lower, earning less than £35k.
- 39% of staff had been **in post for less than a year**, this was an increase on the position in 2023 (34%) (2022, 37%). 81% were on **permanent contracts**, similar to the positions reported in 2023 and 2022 (84%). 68% of staff worked **full time**, down from the 72% reported in 2023 and 69% in 2022.
- The **ethnicity profile** of the treatment provider workforce indicated that Asian or Asian British people were underrepresented compared to the English working age population, this was a consistent finding in 2023 and 2022.
- The **age profile** shows that 71% of staff were between the ages of 30 and 59, marginally lower than the position in 2023 and 2022 (73%).
- Nurses remained the largest group of **non-medical prescribers** (NMPs), with the majority of NMPs employed in the voluntary sector (73%) followed by the NHS (23%). The percentage of NMPs actively prescribing in their role had reduced from 88% in 2023 to 85% this year (82%, 2022).

Executive Summary – Commissioners

- **Whole time equivalents** - 126 local authorities reported 564 WTE commissioning staff across 11 roles which compared with 128 submissions (466 WTE) in 2023 and 129 submissions (398 WTE) in 2022. 40% of commissioning roles were commissioners and coordinators for adult services. A smaller percentage (7%) of commissioner and coordinator roles were supporting services for young people; this is consistent with the profile of the workforce in 2023 and 2022. The role of public health consultant was added into the data collection for this year.
- The commissioning workforce reported a **vacancy rate** of 9% a reduction on the previous years (2023, 12% / 2022, 14%). This was above the 8% reported for delivery staff (treatment providers and LEROs).
- The **sickness rate** for commissioning staff was 2%, similar to previous years (2023, 1% / 2022, 2%).
- The **turnover rate** for commissioning staff had reduced from 22% in 2023 to 13% in 2024 (2022, 11%)
- As in previous iterations of the censuses the **salary** reported for each role varied considerably, highlighting a diversity across apparently similar roles. To some extent this will reflect the seniority of staff but may also reflect different banding of staff across authorities.
- 75% of commissioning staff were **full time**, consistent with the positions reported in 2023 and 2022. 75% were on **permanent contracts** (2023, 79% / 2022, 83%) and 16% (2023, 30% / 2022, 26%) **in post for less than a year**.
- The **ethnicity profile** of the commissioning workforce indicated that Asian or Asian British people were underrepresented at 5% compared to 10% in the English working age population. This was a consistent finding in 2023 and 2022.
- The **age profile** of staff in this sector showed that just under half of the workforce (46%) were aged between 30 and 49 with 28% aged 50 or over. This is a reduction on the position in 2023 when 56% of staff were aged between 30-49 and 31% were aged over 50.

Executive Summary – Lived Experience Recovery Organisations (LERO)

This year participation remained stable at 30 submissions, the same as the position in 2023 and 2022. However, not all of the 30 participants were the same in all three years. The analysis within this section should be viewed with some caution, due to the low numbers of submissions and the variance in the organisations participating during the lifetime of the project.

- **Whole time equivalents** - LEROs reported 453 WTE staff in total, a reduction on the position in 2023 (469 WTE) but higher than the 184 included in the 2022 census. The increase between 2022 and 2023 was due to an increase in the number of participants contacted between the two years due to a more comprehensive list of LERO's being available.
- LEROs reported a **vacancy rate** of 7%, this is a reduction of the position reported in 23% in 2023 and a return to the position return in 2022 (8%).
- The **sickness rate** for LEROs was 2%, in line with the rate in 2023 (2%) and below the reported position in 2022 (4%).
- LEROs reported a 19% **turnover rate** (72 WTE leavers). This is below the 29% reported in 2023, and above the position in 2022 (8%).
- **Unpaid/volunteer roles** accounted for 8% of the workforce and 80% of the workforce were band 4 or below (<£28k). This was a lower proportion of unpaid/volunteers compared to 2023 (29%) but in line with the percentage band 4 or below reported in 2023.
- LEROs reported 31% of the workforce had been in **post for less than a year** compared to 47% in 2023 and 34% in 2022. 63% of the workforce were on **permanent contracts** compared to 46% in 2023 and 42% in 2022. 38% of LERO staff were **full time** compared to 49% in 2023 and 57% in 2022.
- More than half (57%) of the **ethnicity profile** for LERO staff was not known or not stated, which skews the ethnicity reporting for the LERO staff.
- The **age profile** for the workforce aged over 50 had reduced from 30% in 2023 to 27% in 2024, compared to 34% reported in the treatment provider workforce in 2024.

Executive Summary - Conclusions

This is the third census of the drug and alcohol treatment and recovery workforce. It provides a comprehensive summary and is a reference point of the drug and alcohol service delivery and commissioning workforce in June 2024.

There was a 73% participation rate, with the overall number of submissions remaining similar to those received in 2023.

The **total workforce** reported in the census was **14,121 WTE (2023, 13,008 WTE / 2022, 11,852 WTE)**. It is important to note that **participants in 2024 were not identical to the previous two years of the census**. The treatment and recovery provider workforce comprised 13,103 WTE, representing an additional 1,030 WTE reported in 2024 from 2023. Within the voluntary sector the total WTE for 2024 was 11,262, reflecting an increase of 1,595 WTE compared to 2023 (which had 9,667 WTE) and up from 8,768 WTE in 2022.

The profile of the treatment provider workforce remained largely consistent with previous iterations of the census. The three largest role groups remained the same and maintained similar proportions of overall staff in all three censuses. These are:

- drug and alcohol workers
- nurses
- service management and administrative staff

However, there had been a notable increase in volunteering or people in an unpaid role, particularly within the voluntary sector for treatment providers, this was broadly returning to the levels reported in 2022. The proportion of non-medical prescribers actively prescribing in their current roles decreased this year, following an increase between 2022 and 2023.

Over the lifetime of the project the vacancy rate for delivery staff has reduced from 15% in 2022 to 11% in 2023 and 10% in 2024. For drug and alcohol workers, the largest workforce group, the vacancy rate reflects this reduction.

Furthermore, increasing workforce diversity continues to be challenging with Asian or Asian British people underrepresented in the workforce compared to the English working age population.

Introduction

Methods

Scope

The aim of this work is to provide a detailed profile of the alcohol and drug commissioning and delivery workforce within the following settings:

- Local authority (LA) drug and alcohol commissioning teams
- LA-commissioned adult and young people's community drug and alcohol treatment and recovery, residential rehabilitation, and inpatient detoxification service providers, including NHS and third sector providers reporting to the National Drug Treatment Monitoring System (NDTMS). This should include services funded by LAs through the local drug and alcohol treatment budget including those funded by the public health grant, Supplemental Substance Misuse Treatment and Recovery (SSMTR) grant, Rough Sleeping Drug and Alcohol Treatment (RSDATG), Individual Placement and Support (IPS) and any other drug and alcohol treatment and recovery related direct grant from OHID to LAs.
- Lived experience recovery organisations (LEROs).

The following settings were out of scope:

- NHS-commissioned substance misuse teams in secure settings
- NHS-commissioned alcohol care teams (ACTs)
- Pharmacists in retail community pharmacies and hospital pharmacies (only pharmacists directly employed by treatment services are within scope)
- GPs treating dependence in people dependent on drugs and alcohol but not commissioned to do so by a local authority either as part of a shared care arrangement with a specialist drug and alcohol treatment service, or as part of an LA-commissioned primary care-led or other specialist treatment service.

Data collection specification

Following the successful completion of two previous censuses, the census design and outputs were reviewed in collaboration with NHS England and OHID. The data collected remained largely consistent with the previous year. The changes made following feedback included:

- Additional guidance and definitions
- Addition of public health consultant role within the commissioner template
- Additional medic and trainee roles within treatment provider and LERO templates
- Aggregation of metric data to job group level for the LERO template

Data collection

Time period

The data collection period launched on 9th July 2024 and closed 27th August 2024. Extensions were granted where required to ensure maximum participation.

Support

A launch event was held that included a walkthrough of the collection template, explaining completion and outlining changes. Drop-in sessions were held throughout the data collection period to provide further opportunity for participants to raise queries. Project materials including collection templates, videos of template walkthroughs, frequently asked questions and links to drop-in sessions were uploaded to the [project webpage](#).

Validation

Following data collection, data was reviewed for completeness, consistency and plausibility. Where responses were deemed to be incorrect/unlikely or key fields were missing, issues were raised directly with participants. Specific validation was also undertaken focusing on treatment providers which included querying where organisations had zero drug and alcohol workers or zero nurses or a null return for the largest treatment providers in LA.

A comparison between 2022/23 and 2023/24 also examined instances where the treatment providers reported no regulated professional WTE in 2024 despite previously reporting some in 2023, significant increases and decreases in drug and alcohol worker WTE proportional to the size of their team, and where total WTE in community treatment providers in 2023 had significantly increased or decreased in 2024.

Analysis and report structure

The report is structured with an initial overview of the delivery and commissioning workforce across all sectors, highlighting where staff are employed by sector and region. It also includes an overview of workforce numbers by job role group. The overview is followed by three sections focusing on treatment providers (NHS, voluntary, independent/private and LA delivered treatment), commissioners and LEROs.

Each section summarises workforce by job role group, salary profile, time in post, contract detail as well as metrics for vacancies, sickness and turnover. Workforce demographics for ethnicity, age, sex and disability are also analysed as well as the percentage of staff considering themselves part of the LGBTQ+ community. A section on specialist roles: non-medical prescribers, social workers and trusted assessors is also included for treatment providers. There is a summary of findings at the end of each section.

Whole time equivalent staff per 1,000 treatment number (episodes) are reported. Treatment episodes are categorised into a treatment 'journey' which is a treatment period of concurrent or consecutive episodes. For this report, the latest journey per individual which occurred (i.e., overlapped) between 1st July 2023 and 30th June 2024 has been selected.

The report includes data in appendices. Appendix 1 provides a three-year comparison of WTEs by staff group and role and a summary for 2024 of WTEs, WTE per 1,000 treatment numbers, WTEs in salary bands 1-4 and 8a+, time in post, contract type, and contracted hours.

Appendix 2 comprises of a year-on-year growth analysis between the 2024 and the 2023 census where providers have submitted consistently between both years. Appendix 3 contains key definitions, calculations and references.

Throughout the report totals are based on rounded values and may vary slightly to the sum of the rows.

Participation

Submissions were received from 542 participants. Table 3 shows the distribution by region and by sector. Local authorities submitted 126 returns for their commissioning staff. Treatment provider returns include local authority delivered treatment (40), NHS (47), voluntary sector (280) and independent / private providers (19). LEROs made 30 submissions this year. **Data was submitted by 73% of the expected treatment provider services, 83% for local authority commissioners and 57% for LEROs.**

Participation by local authority is based on upper tier local authority level submissions for the LA commissioning workforce. Treatment provider participation is based on submissions from LA commissioned treatment services reporting to NDTMS, compared to known numbers of services of this type. Some treatment providers submitted a single return encompassing multiple services and where this was the case all expected services covered have been counted as submitted. As we do not hold a complete list of all sub-contracted providers, the total number and participation rate of sub-contractors is unknown. Some subcontractors have also been included within the treatment provision dataset to ensure the most complete coverage of the workforce is presented. LERO participation is based on known organisation numbers.

Services included in the 'Regional' and 'National' columns in table 3 are residential rehabilitation and inpatient detoxification providers who take admissions from a regional footprint or take admissions from the whole of England.

Not all participants completed all sections of the workforce survey. Where partial data has likely impacted on the analysis, the number of responses is included for context.

Submissions by sector and region										
	East of England	London	Midlands	North East & Yorkshire	North West	South East	South West	Regional	National	Total
Local authority (LA) commissioning workforce	10	28	21	22	18	15	12	0	0	126
LA delivered treatment	3	8	3	8	11	3	4	0	0	40
NHS	4	12	3	7	9	7	5	0	0	47
Voluntary sector	26	62	45	45	42	27	23	4	6	280
Independent/Private	4	0	6	0	5	1	1	0	2	19
LERO	5	3	5	12	5	0	0	0	0	30
Total	52	113	83	94	90	53	45	4	8	542

Table 3

Table 4 shows the profile of submissions by service type including data submitted by treatment providers by sector and LEROs.

Nearly two thirds of respondents were community treatment and recovery support services (66%), in line with proportion reported in 2023 and 2022 (66%). **The next largest cohort was young people’s alcohol and drug services (20%),** (2023, 17% / 2022, 20%).

Smaller numbers of submissions were received from specialist services including 22 providers of residential rehabilitation (including residential detoxification) (6%) (2023, 7% / 2022, 8%) and inpatient detoxification (3%) (2023, 3% / 2022, 4%). Residential rehabilitation submissions were predominantly from voluntary sector and independent/private providers.

The majority of NHS submissions were for community adult alcohol and drug treatment and recovery support services (72%) and likewise with the voluntary sector (77%).

Submissions for young people’s alcohol and drug services included 40 (56%) from the voluntary sector and 25 (35%) were LA delivered treatment. Just under two thirds of the LA delivered treatment submissions (66%) were for young people’s services.

Submissions by service type and sector							
Service treatment type	Voluntary sector	NHS	Independent /private	LA-delivered treatment	LERO	Total	Total (%)
Young people's alcohol and drugs service	40	6	0	25	-	71	20%
Community adult alcohol and drug treatment and recovery support services (excluding LERO data)	206	33	6	12	-	257	66%
Residential rehabilitation (including residential detoxification)	18	0	3	1	-	22	6%
Inpatient detoxification	5	7	0	0	-	12	3%
LERO	-	-	-	-	30	30	8%
Total treatment provider & LERO	269	46	9	38	30	392	

Table 4

Findings:

Workforce overview

Includes all delivery and commissioning roles across all sectors:

- Treatment providers (Voluntary / NHS / Independent / LA delivered treatment)
- Lived experience recovery organisations (LEROs)
- Commissioners (Local Authorities – LAs)

Total commissioning and delivery workforce composition (WTE)

Table 5 reports the whole time equivalent (WTE) workforce numbers for the total workforce.

Treatment providers account for 93% (13,103 WTE) of the total drug and alcohol treatment and recovery commissioning and delivery workforce reported, LEROs 3% and LA commissioning staff 4%.

The majority of the treatment provider workforce was delivered by the voluntary sector (86%) followed by the NHS (9%), independent/private providers (2%) and LA delivered treatment (3%).

Compared to previous years there had been a decline in the proportion of the treatment provider workforce within NHS services from 15% (2022) to 13% (2023) to 9% (2024) and LEROs had varied between 2% (2022), 4% (2023) and 3% (2024) of the workforce. There was a higher LERO 2023 census participation rate compared to 2022, due to a more comprehensive list of potential participants. In 2024 the participation numbers remained static, however submissions were received from different LERO organisations than in 2023.

When split by staff group, almost half (49%) of the total workforce were drug and alcohol workers (6,618 WTE), in line with the 49% reported in 2023 and the 48% reported in 2022. At the sector level this equated to 6% of the LERO workforce and 50% of the treatment provider workforce. Of the overall combined cohort, 53% of drug and alcohol workers were recorded as 'other' drug and alcohol workers.

One third (34%) of the psychiatry workforce were addiction psychiatrists (on the addition psychiatry register) and 49% of this group were specialty doctors, associate specialists in psychiatry and staff grade doctors. In the peer support and service user development group, 72% of the 845 WTE reported were peer support roles, the same as reported in 2023 and similar to the 70% reported in 2022.

Workforce by staff group			
Staff group	Total WTE	% of Total Treatment Provider & LERO Workforce	WTE per 1000 TN
Peer support and service-user development	1,179	9%	3.7
Individual Placement and Support (IPS)	154	1%	0.5
Alcohol and drug workers	6,618	49%	20.7
Service management and administration	3,185	23%	10.0
Nurses	1,079	8%	3.4
Support Workers and Other Unregistered Clinical Staff	355	3%	1.1
Medics: Psychiatry	168	1%	0.5
Medics: General Practitioners and locally employed doctors	56	0%	0.2
Psychological professions	384	3%	1.2
Allied Health Professionals (AHPs)	18	0%	0.1
Pharmacy professions	32	0%	0.1
Social work	135	1%	0.4
Other	193	1%	0.6
Total treatment provider & LERO staff	13,556		42.5
LA commissioning staff	564		1.8

Table 5

Please note: the difference between the number of treatment provider and LERO WTEs in table 1 and the aggregated position in table 5 is due to rounding.

Commissioning workforce composition

The commissioning workforce reported in the census was 564 WTE (2023, 466 / 2022, 398). It should be noted that participants in 2024 were not identical to the previous years.

Under half of the commissioning workforce (48%) was reported in commissioner and coordinator roles (49% in 2023). The commissioning and coordination of adult services comprised 40% (2023, 38% / 2022, 43%) of the workforce with 7% (2023, 11% / 2022, 10%) attributed to the commissioning and coordination of services for young people.

Public health consultants were included in the census for the first time in 2024, they comprised 4% of the workforce with 21 WTEs.

Data analysts, project managers and strategy managers made up 26% (2023, 30% / 2022, 22%) of the workforce, whilst 6% (in line with previous years) were reported as administrators and 3% (2023, 4% / 2022, 5%) as contracts officers. The percentage of staff recorded ‘other’ had increased to 17% (12%, 2023 / 14%, 2022).

Commissioning Workforce by role		
LA Commissioning roles	WTE	%
Administrators	32	6%
Commissioners (adults)	152	27%
Coordinators (adults)	74	13%
Commissioners (young people)	31	5%
Coordinators (young people)	13	2%
Data analysts	35	6%
Project managers	66	12%
Strategy managers	45	8%
Contracts officer	19	3%
Public Health consultant	21	4%
Other commissioning staff	78	14%
Total	564	

Table 6

Workforce total by staff group and region (WTE)

Table 7 shows the reported WTE of the workforce by region and job role for treatment providers by staff group. Table 7a shows the LEROs and local authority commissioning teams by overall workforce WTE in each region.

The last three rows of table 7 also shows the total reported treatment provider WTE, the treatment provider WTE per 1,000 treatment numbers and the total treatment provider submissions received from each region. The ratio of reported WTE/1,000 people in treatment should be viewed in conjunction with the number of submissions. As detailed in tables 3 and 4 in the participation section, the participation rate for treatment providers was 73%, it should be noted that where there are gaps in submissions this may artificially suppress the staff to treatment ratio reported.

Overall, the reported WTE/1,000 people in treatment ratio of 43, marginally higher than the position in 2023 (41) and higher than the 39 reported in 2022. Regionally the ratios vary to those reported in 2023 and 2022.

Workforce by staff group and region											
Treatment providers	East of England	London	Midlands	North East & Yorkshire	North West	South East	South West	Regional	National	Total	Reported WTE / 1000 treatment numbers by staff group
Peer support and service-user development	102	150	175	143	400	160	32	0	17	1,179	3.7
Individual Placement and Support (IPS)	10	13	33	49	27	15	7	0	0	154	0.5
Alcohol and drug workers	606	926	1,260	1,252	1,192	666	640	30	47	6,618	20.7
Service management and administration	258	445	557	591	617	327	330	15	45	3,185	10.0
Nurses	87	170	178	212	186	126	91	11	18	1,079	3.4
Support Workers and Other Unregistered Clinical Staff	19	54	41	48	104	7	57	16	9	355	1.1
Medics: Psychiatry	14	44	28	19	34	20	5	4	0	168	0.5
Medics: General Practitioners and locally employed doctors	2	10	5	15	12	3	7	0	1	56	0.2
Psychological professions	34	71	39	23	138	53	15	2	8	384	1.2
Allied Health Professionals (AHPs)	0	6	2	4	0	2	4	0	0	18	0.1
Pharmacy professions	3	2	10	8	3	4	3	0	0	32	0.1
Social work	20	19	17	29	19	20	8	0	3	135	0.4
Other	9	27	32	24	68	8	2	9	14	193	0.6
Total reported treatment provider WTE	1,164	1,938	2,377	2,417	2,800	1,411	1,203	86	161	13,556	
Reported WTE / 1000 treatment numbers by region	39	45	41	39	49	37	39	42	
Treatment provider submissions	42	85	62	72	72	38	33	4	8	416	

Table 7

Workforce total by staff group and region (WTE)

Workforce by staff group and region										
	East of England	London	Midlands	North East & Yorkshire	North West	South East	South West	Regional	National	Total
LA Commissioning staff	36	108	93	134	66	52	75	0	0	564
LEROs	23	10	60	104	257	0	0	0	0	453

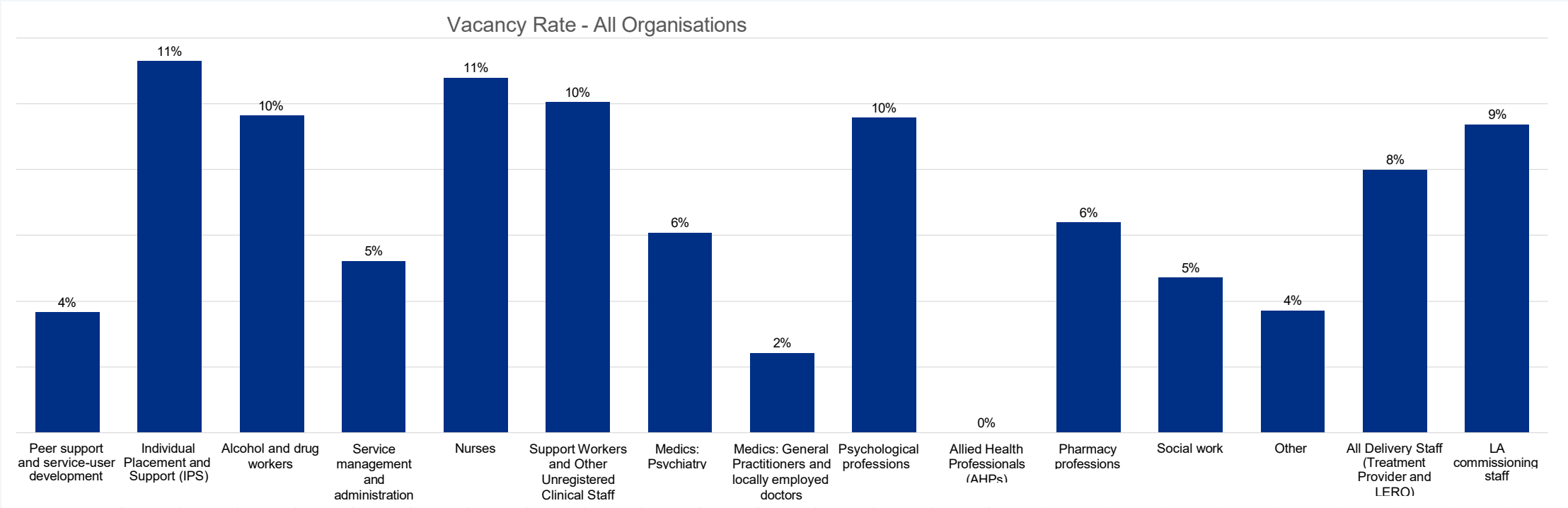
Table 7a

Summary of workforce metrics

The vacancy rate for the delivery workforce (treatment provider and LERO) at 8% was in line with the 10% reported in 2023 and 11% reported in 2022. The 9% vacancy rate for commissioning staff was below the rates in previous years (2023, 12%, / 2022, 14%). This compares to a 7.7% (June 2024)² vacancy rate reported by NHS Digital for all staff in the NHS.

For the three largest workforce groups vacancy rates were:

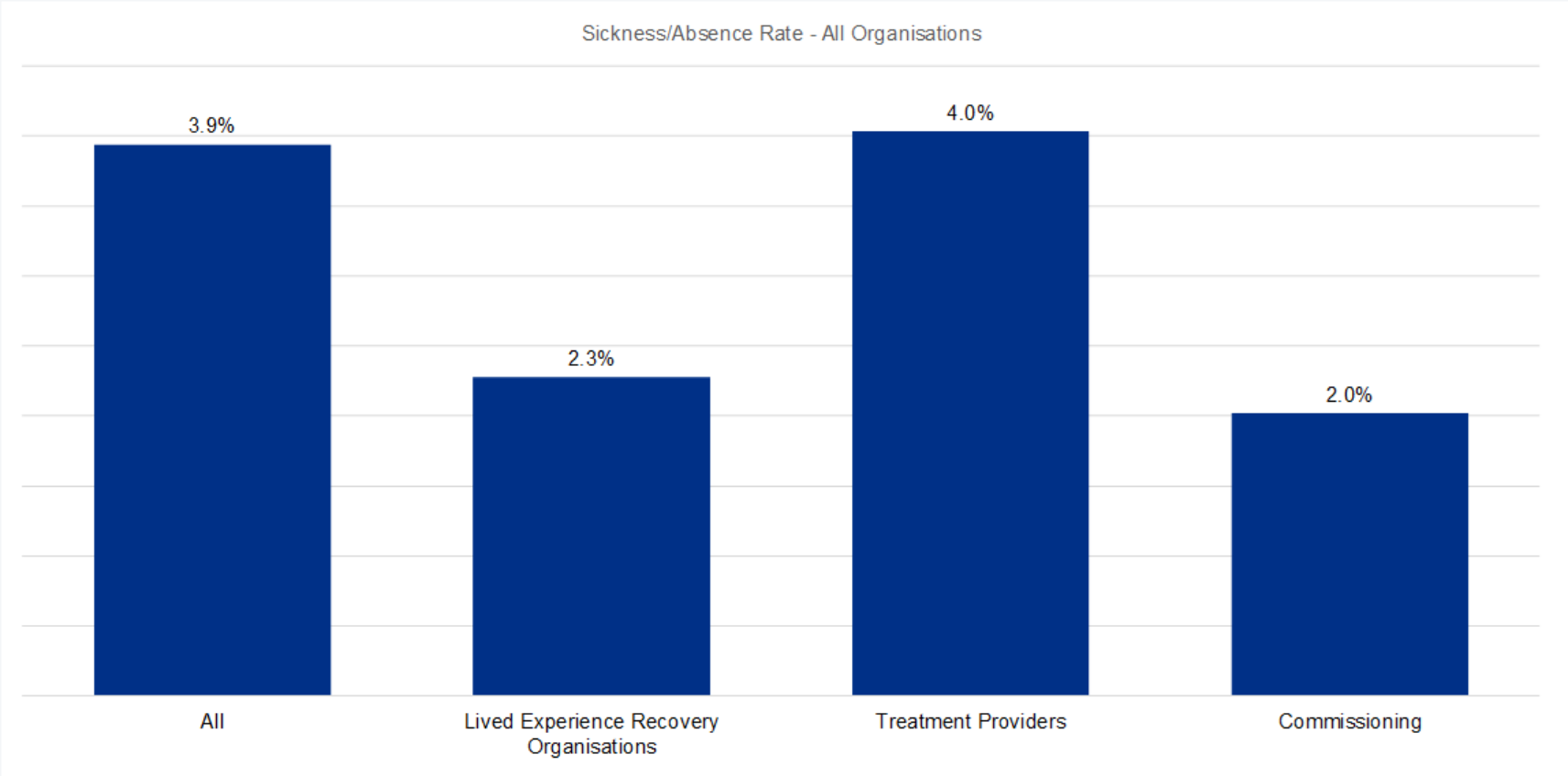
- drug and alcohol workers 10% (2023, 11% / 2022, 15%)
- service management / administration 5% (2023, 6% / 2022, 8%)
- nurses 11% (2023, 22% / 2022, 17%)



As in 2023, sickness rates were collected at service level rather than staff group level. All three parts of the sector reported sickness rates below the rate reported by NHS Digital for June 2024 for all NHS staff (4.9%).³

Reported rates for the overall workforce in 2024 were between 2.0% and 4.0% with an average of 3.9% for all staff, similar to the overall rate reported for all staff in 2023 (4.1%) and 2022 (4.3%).

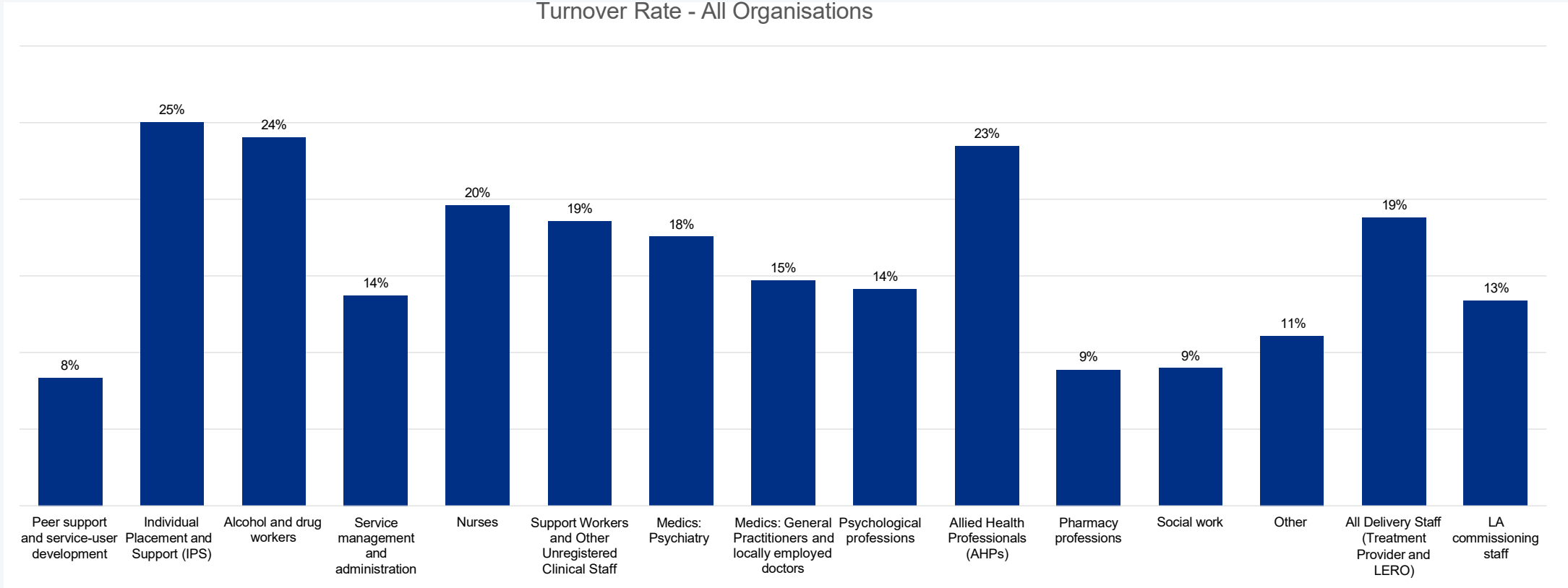
The number of submissions and the number of sickness days in submission including sickness data is included in table 6. This represented 55% of LERO, 79% of treatment provider and 65% of commissioning submissions.



Sickness/Absence Rate - All Organisations	All	Lived Experience Recovery Organisations	Treatment Providers	Commissioning
No. of submissions that provided sickness/absence data	397	16	299	82
Total number of Sickness Days	174,213	2,130	169,537	2,546

Table 6

The turnover rate reported for all delivery staff in the treatment provider and LERO workforce was 19%, lower than the position in 2023 (25%), and a return to the position reported in 2022 (19%). The turnover rate for commissioning staff had reduced from 22% in 2023 to 13% in 2024, in line with the rate of 11% reported in 2022.



Of the treatment provider submissions, 51% stated that they used bank and agency (B&A) staff. Where costs were provided (128 treatment provider submissions) 8% of total staff costs were accounted for by B&A spend.

No LEROs reported using B&A staff.

From LA commissioners 13% reported using B&A staff. Where costs were provided (8 LAs) B&A costs accounted for 37% of total staff costs.

Bank & Agency spend	Organisations who use bank and agency	By organisation type for those who indicated they use they use bank and agency staffing		
		Bank and agency spend	Total staff spend	B&A spend as a proportion of total staff spend
Treatment Providers	51%	£20,483,721	£244,378,404	8%
LEROs	0%	-	-	-
Commissioners	13%	£798,631	£2,144,960	37%

Table 8

Treatment Providers

Focus on treatment providers by sector only:

- Voluntary / NHS / Independent / LA delivered treatment.

LEROs and commissioning staff are excluded from this section

Treatment provider workforce profile

Voluntary organisations accounted for 86% of the treatment provider workforce higher than the 80% reported in 2023 and the 78% reported in 2022. The independent sector reduced marginally to 2% of the workforce down from 3% in 2023 and 2022. The NHS accounted for 9% of the workforce down from 14% in 2023 and 16% in 2022. 3% of the workforce was in LA delivered treatment services, which was consistent with the 2023 position and marginally down from 4% in 2022. The apparent increase in the proportion of the workforce employed in the voluntary sector may be a result of the submission profile in 2024 rather than an actual increase in the workforce.

Drug and alcohol workers accounted for half (50%) of the workforce, consistent with the position in 2023 and in line with position from 2022 (49%). LA delivered treatment services reported drug and alcohol workers reduced from 56% in 2023 to 51% in 2024 (2022, 49%).

Peer support and service-user development roles were 7% of the workforce (2023, 8% / 2022, 6%). However, there was variability by sector ranging from 4% of the workforce in the NHS sector to 12% in the independent / private sector.

Nurses have consistently accounted for 8%-9% of the workforce in 2024, 2023 and 2022, with the NHS continuing to report the largest proportion at 23% (2023, 22% / 2022, 20%). Nurses made up 6% of the independent provider workforce in 2024 down from 7% in 2023 and 11% in 2022. For the voluntary sector, nurses were 7% of the workforce, consistent with 2023 (7%) and 2022 (6%).

Treatment provider workforce by staff group and sector										
	Voluntary sector		NHS		Independent/ Private		LA- delivered treatment		Total	
	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%
Peer support and service-user development	783	7%	43	4%	25	12%	20	4%	871	7%
Individual Placement and Support (IPS)	120	1%	13	1%	9	4%	0	0%	142	1%
Alcohol and drug workers	5,931	53%	347	30%	85	39%	230	51%	6,592	50%
Service management and administration	2,684	24%	266	23%	49	23%	92	20%	3,090	24%
Nurses	768	7%	270	23%	12	6%	29	6%	1,079	8%
Support Workers and Other Unregistered Clinical Staff	230	2%	91	8%	2	1%	24	5%	347	3%
Medics: Psychiatry	117	1%	45	4%	0	0%	6	1%	168	1%
Medics: General Practitioners and locally employed doctors	48	0%	5	0%	4	2%	0	0%	56	0%
Psychological professions	289	3%	43	4%	16	7%	33	7%	380	3%
Allied Health Professionals (AHPs)	13	0%	5	0%	0	0%	0	0%	18	0%
Pharmacy professions	27	0%	3	0%	1	0%	1	0%	32	0%
Social work	93	1%	28	2%	3	1%	11	2%	135	1%
Other	160	1%	14	1%	9	4%	8	2%	191	1%
Total (sector % of workforce)	11,262	86%	1,172	9%	214	2%	454	3%	13,103	100%

Table 9

Salary profile –All treatment staff roles and by sector

The workforce profile in table 10 shows that there had been an increase in the proportion of volunteering or unpaid roles. This cohort increased from 7% in 2023 to 11% in 2024. In the NHS sector, unpaid / volunteer roles remained consistent with 2023 at 2% and in the voluntary sector the reported position was 13% (2023, 8% / 2022, 12%).

The distribution of workforce proportions across salary bands (or their equivalent) remained largely consistent with 2023. However, notable variations were observed in salary profiles across different sectors, with significant changes in the local authority LA delivered and independent/private sectors. The LA delivered treatment workforce continued to exhibit a distinct salary profile compared to other treatment provider sectors. The majority of staff (72%) in the LA delivered treatment sector were positioned in bands 4 to 6, which is higher compared to:

- 66% in the voluntary sector,
- 62% in the NHS sector, and
- 60% in the independent sector.

The LA delivered sector also had a shift to lower paid staff when compared to 2023, with a 4% increase in the workforce in bands 1-3 and a 7% increase in the workforce in band 4. This was largely off set with a 1% reduction of staff on band 5 and a 15% reduction in staff on band 6.

A similar trend was seen in the independent / private sector with an increase in lower paid staff, when compared to 2023. Staff on bands 1-3 increased by 8% and staff on band 4 increased by 17%. However, staff on band 5 decreased by 15% and staff on band 6 decreased by 6%.

A larger proportion of staff on higher pay grades, band 7 and above, were reported in the NHS (22%) and LA delivered treatment (20%), compared to the voluntary sector (8%) and the independent sector (8%).

Treatment provider workforce by salary and sector										
	Voluntary sector		NHS		Independent/ Private		LA- delivered treatment		Total	
	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%
Unpaid/Volunteer	1,419	13%	24	2%	4	2%	13	3%	1,460	11%
Band 1-3	1,473	13%	154	14%	65	30%	24	5%	1,716	13%
Band 4	2,217	20%	106	10%	70	33%	65	14%	2,459	19%
Band 5	3,764	34%	326	31%	41	19%	155	34%	4,286	33%
Band 6	1,428	13%	226	21%	17	8%	107	24%	1,779	14%
Band 7	476	4%	130	12%	6	3%	44	10%	657	5%
Band 8a	211	2%	39	4%	3	1%	23	5%	276	2%
Band 8b	71	1%	13	1%	3	1%	13	3%	101	1%
Band 8c	27	0%	8	1%	1	0%	7	2%	43	0%
Band 8d	40	0%	2	0%	0	0%	0	0%	42	0%
Band 9+	58	1%	2	0%	4	2%	0	0%	64	0%
Consultant	34	0%	37	3%	0	0%	2	0%	72	1%
Total (WTE)	11,217		1,069		214		454		12,955	

Table 10

Totals reported are lower than the overall WTE as some participants did not provide a salary breakdown

Salary profile – by treatment staff role

95% of drug and alcohol workers, which was the largest workforce group, were employed at a band 5 or lower (<35k). This percentage is consistent with the reported position in 2022 and 2023.

23% of the nursing workforce (registered nurses, nursing associates and student nurses) were at band 5 or below, this compared with 17% in 2023 and 22% in 2022. This also included 10% of nurses in unpaid or volunteering roles. Most nursing staff were employed at a band 6 (39%) (2023, 47%) or band 7 (24%) (2023, 22%). The percentage employed at band 8a and above continued to increase to 14% from 13% in 2023 and 8% in 2022.

Psychiatry staff were the highest paid group with a total of 168 WTE. This group comprised 59 WTE addiction psychiatrists (2023, 56 / 2022, 81), 8 WTE older adult psychiatrists, 79 WTE specialty doctor/associates specialists in psychiatry and SAS doctors (2023, 84 / 2022, 51), and 22 WTE training grades.

Psychological professions made up 3% of the workforce with 379 WTE (2023, 285 / 2022, 419). The reduction between 2022 and 2023 was mainly accounted for by the exclusion of support roles from this profession grouping since 2023. These support roles are now reported separately. The increase in WTE between 2023 and 2024 is mainly due to more trainee roles. Trainee psychologists rose from 7 WTE in 2023 to 23 WTE in 2024 and trainee clinical associates in psychology were added for the first time with 24 WTE, and trainee counsellors grew from 59 WTE in 2023 to 132 WTE in 2024. Counsellors were the largest role within this staff group with 207 WTE (trained and qualified). Of the 132 WTE counsellor trainees 98% were unpaid/volunteers, an increase from 88% in 2023. Drug and alcohol treatment and recovery services often take on counselling volunteers who have completed a British Association of Counselling and Psychotherapy (BACP) accredited course and are completing their practice hours under the supervision of a BACP registered practitioner. Overall, 42% of the psychological professions workforce were unpaid/volunteers, higher than the 22% reported in 2023 and the 35% reported in 2022.

Previous censuses reported variation in the proportion of social work roles that were unpaid / volunteers, with 37% reported in 2022, reducing to 3% in 2023. This year the proportion has returned to 38%, with the majority of the cohort in a pre-registration role.

Treatment provider workforce by staff group and salary	Unpaid/ Volunteer	Bands 1-3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	Band 9+	Medical Salary Scale	Total
		< £24,700	£24,700 < £28,000	£28,000 < £35,000	£35,000 < £43,200	£43,200 < £50,500	£50,500 < £58,200	£58,200 < £69,500	£69,500 < £82,400	£82,400 < £98,100	£98,100 +		
Peer support and service-user development	74%	11%	8%	4%	2%	0%	0%	0%	0%	0%	0%	0%	7%
Individual Placement and Support (IPS)	5%	1%	20%	60%	14%	0%	0%	0%	0%	0%	0%	0%	1%
Alcohol and drug workers	4%	12%	29%	48%	5%	0%	0%	0%	0%	0%	0%	0%	50%
Service management and administration	2%	21%	10%	24%	29%	10%	4%	1%	0%	0%	0%	0%	24%
Nurses	10%	1%	0%	12%	39%	24%	11%	3%	0%	0%	0%	0%	8%
Support Workers and Other Unregistered Clinical Staff	12%	46%	31%	10%	1%	0%	0%	0%	0%	0%	0%	0%	3%
Medics: Psychiatry	9%	0%	1%	0%	0%	1%	1%	1%	4%	17%	26%	41%	1%
Medics: General Practitioners and locally employed doctors	15%	0%	0%	0%	0%	5%	5%	7%	7%	21%	34%	6%	0%
Psychological professions	42%	1%	10%	18%	11%	5%	3%	5%	4%	0%	0%	0%	3%
Allied Health Professionals (AHPs)	6%	0%	0%	28%	38%	28%	0%	0%	0%	0%	0%	0%	0%
Pharmacy professions	9%	9%	3%	18%	7%	12%	28%	5%	8%	0%	0%	0%	0%
Social work	39%	0%	2%	7%	31%	18%	2%	1%	0%	0%	0%	0%	1%
Other	43%	21%	12%	14%	5%	2%	1%	1%	0%	0%	1%	0%	1%
All treatment provider staff	11%	13%	19%	33%	14%	5%	2%	1%	0%	0%	0%	1%	100%

Table 11

Totals reported are lower than the overall WTE as some participants did not provide a salary breakdown

Time in post by sector –treatment provider staff

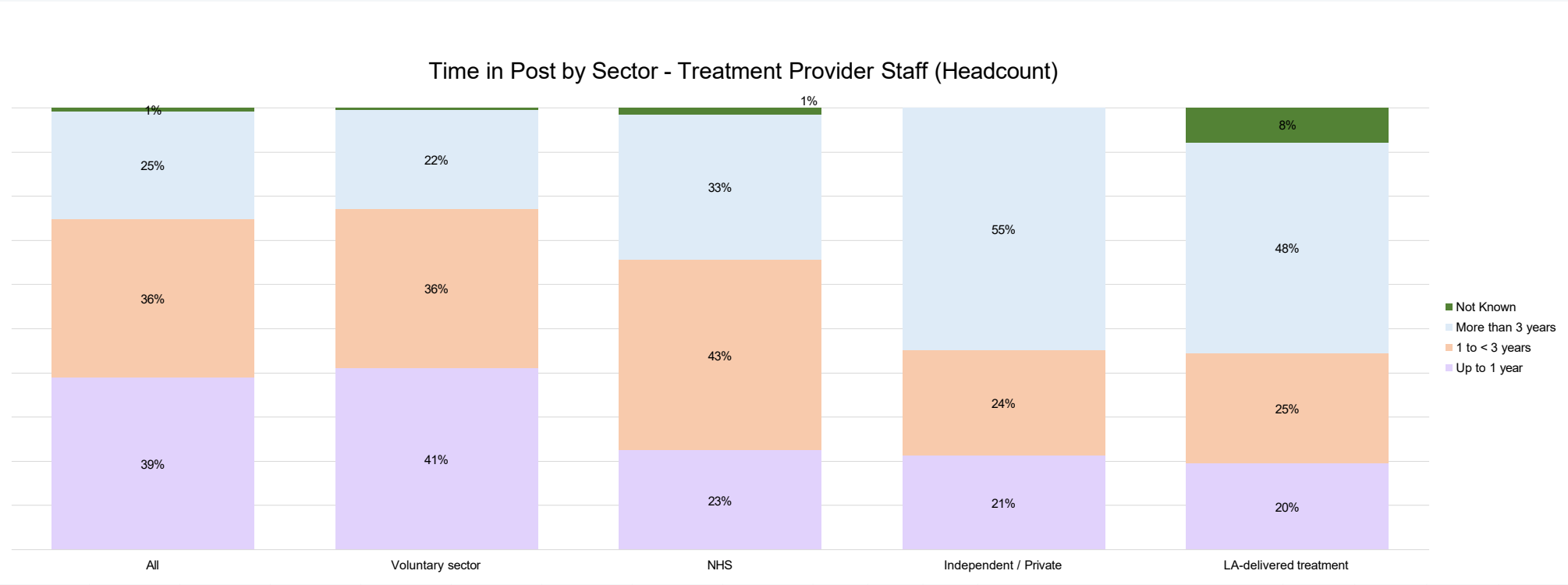
The proportion of staff that had been in post less than a year increased to 39% from 34% in 2023 (2022, 37%).

The percentage of staff in post for less than a year in the voluntary sector had increased to 41% from 36% when compared to 2023 (2022, 40%). The proportion had decreased in the NHS to 23% from 25% in 2023 (2022, 29%).

The independent sector and LA delivered treatment sector also reported reductions in this group (independent down from 31% to 21% (2022, 24%)) and LA delivered treatment down from 30% in 2023 to 20% in 2024 (2022, 17%).

Staff in post 1 to <3 years had continued to increase from 21% in 2022, 33% in 2023 to 36% in 2024, with the number in post for more than three years continuing to reduce from 40% in 2022 to 28% in 2023 and 25% in 2024.

The percentage of staff where time in post was not known reduced to 1% from 4% in 2023 (2022, 2%).



Voluntary sector		NHS		Independent/ Private		LA-delivered treatment	
Responses	%	Responses	%	Responses	%	Responses	%
267	95%	36	77%	16	84%	33	83%

For drug and alcohol workers specifically, 40% of staff had been in post for less than a year (2023, 36% / 2022, 38%). The proportion in post between 1 to <3 years had increased to 37% (2023, 34% / 2022, 22%).

Treatment provider workforce by staff group and time in post				
	Up to 1 year	1 to < 3 years	More than 3 years	Not Known
Peer support and service-user development	59%	32%	9%	0%
Individual Placement and Support (IPS)	66%	29%	5%	0%
Drug and alcohol workers	40%	37%	22%	0%
Service management and administration	30%	36%	33%	1%
Nurses	34%	33%	31%	2%
Support Workers and Other Unregistered Clinical Staff	45%	26%	23%	7%
Psychiatry	28%	37%	34%	0%
Other doctors	32%	21%	46%	1%
Psychological professions	44%	42%	14%	0%
Allied Health Professionals (AHPs)	30%	60%	10%	0%
Pharmacy professions	29%	32%	39%	0%
Social work	60%	19%	21%	1%
Other	49%	26%	22%	3%
All treatment provider staff	39%	36%	25%	1%

Table 12

Time in post by staff group and sector– treatment provider staff

The voluntary sector reported an increase in the staff in post for up to one year at 41% in 2024 compared to 37% in 2023.

For drug and alcohol workers the proportion in post for up to one year increased from 39% in 2023 to 42% in 2024.

Psychological professions reported a high proportion of staff in post for less than a year (47%) which may reflect the number of trainee counsellors included within this group.

The NHS provider services reported an increase in the proportion of staff in post more than one year at 76% compared to 73% in 2023.

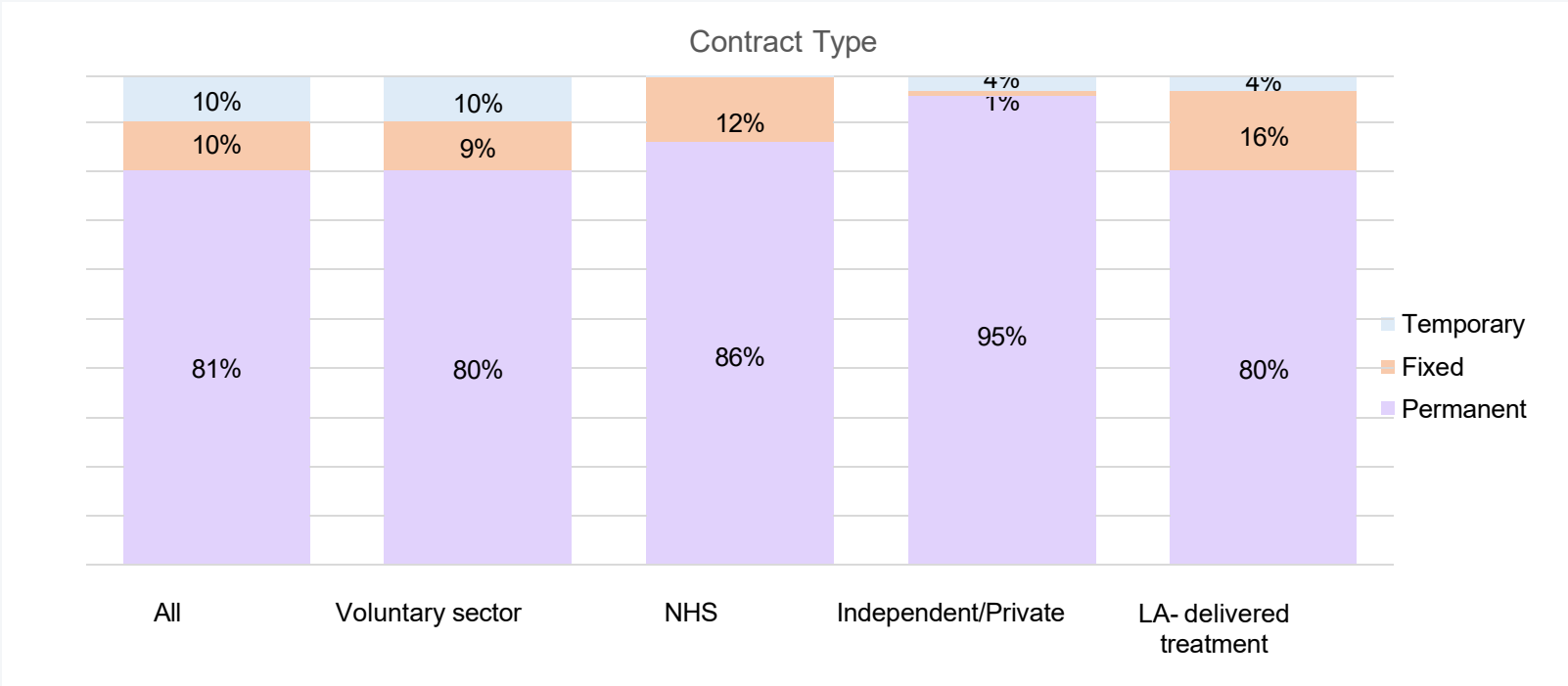
Drug and alcohol workers in NHS provider services had a high proportion of staff in post more than one year at 88%, increased from 72% in 2023.

Treatment provider workforce time in post by staff group and sector	Voluntary				NHS				Independent/ private				LA-delivered treatment			
	Up to 1 year	1 to < 3 years	More than 3 years	Not Known	Up to 1 year	1 to < 3 years	More than 3 years	Not Known	Up to 1 year	1 to < 3 years	More than 3 years	Not Known	Up to 1 year	1 to < 3 years	More than 3 years	Not Known
Peer support and service-user development	61%	31%	8%	0%	40%	48%	12%	0%	25%	38%	38%	0%	22%	44%	33%	0%
Individual Placement and Support (IPS)	64%	31%	4%	0%	100%	0%	0%	0%	60%	30%	10%	0%	-	-	-	-
Drug and alcohol workers	42%	37%	21%	0%	12%	66%	22%	0%	22%	30%	48%	0%	22%	31%	47%	0%
Service management and administration	32%	37%	31%	1%	16%	46%	38%	1%	10%	13%	78%	0%	15%	24%	56%	5%
Nurses	37%	35%	27%	1%	24%	32%	41%	2%	25%	0%	75%	0%	18%	9%	45%	27%
Support Workers and Other Unregistered Clinical Staff	50%	30%	20%	0%	39%	19%	33%	9%	0%	0%	100%	0%	0%	0%	26%	74%
Psychiatry	25%	40%	35%	0%	34%	26%	37%	3%	-	-	-	-	71%	14%	14%	0%
Other doctors	34%	21%	43%	2%	36%	14%	50%	0%	0%	50%	50%	0%	0%	0%	100%	0%
Psychological professions	47%	42%	11%	0%	31%	55%	14%	0%	16%	26%	58%	0%	45%	27%	27%	0%
Allied Health Professionals (AHPs)	33%	60%	7%	0%	20%	60%	20%	0%	-	-	-	-	-	-	-	-
Pharmacy professions	33%	33%	33%	0%	29%	14%	57%	0%	0%	100%	0%	0%	0%	33%	67%	0%
Social work	72%	24%	4%	0%	22%	9%	70%	0%	100%	0%	0%	0%	0%	0%	88%	13%
Other	53%	28%	17%	3%	17%	25%	50%	8%	31%	15%	54%	0%	20%	0%	80%	0%
All treatment provider staff	41%	36%	22%	0%	23%	43%	33%	1%	21%	24%	55%	0%	20%	25%	48%	8%

Table 13

Contract type – treatment provider staff

Most staff (81%) within drug and alcohol treatment and recovery services were employed on permanent contracts with 10% on fixed and 10% on temporary contracts. This was broadly in line with the profile reported in 2023 and 2022. At a sector level the profiles are also consistent with previous years with the LA delivered services standing out with a higher proportion of fixed term contracts. Table 14a details the responses received for contract type.



Voluntary sector		NHS		Independent/ Private		LA-delivered treatment	
Responses	%	Responses	%	Responses	%	Responses	%
268	96%	36	77%	18	95%	37	93%

Table 14a

Contract type by treatment provider staff group and sector

For drug and alcohol workers, the largest staff group, 86% of staff were employed on permanent contracts, ranging from 79% in the LA delivered treatment sector to 99% in the independent sector. This was lower than the 90% reported in 2023 (2022, 87%).

For most staff groups approximately 80% or more are employed on permanent contracts. For peer support workers and service-user development roles 26% were employed on permanent contracts, with the majority (69%) of staff on temporary contracts. This was consistent with the position reported in 2023.

Psychological professions were employed on a mix of contract types (56% permanent, 31% fixed and 13% temporary), this represents a reduction in the use of temporary contracts from 19% in 2023, with a 3% increase in permanent contracts and a 3% increase in fixed contracts when compared to 2023.

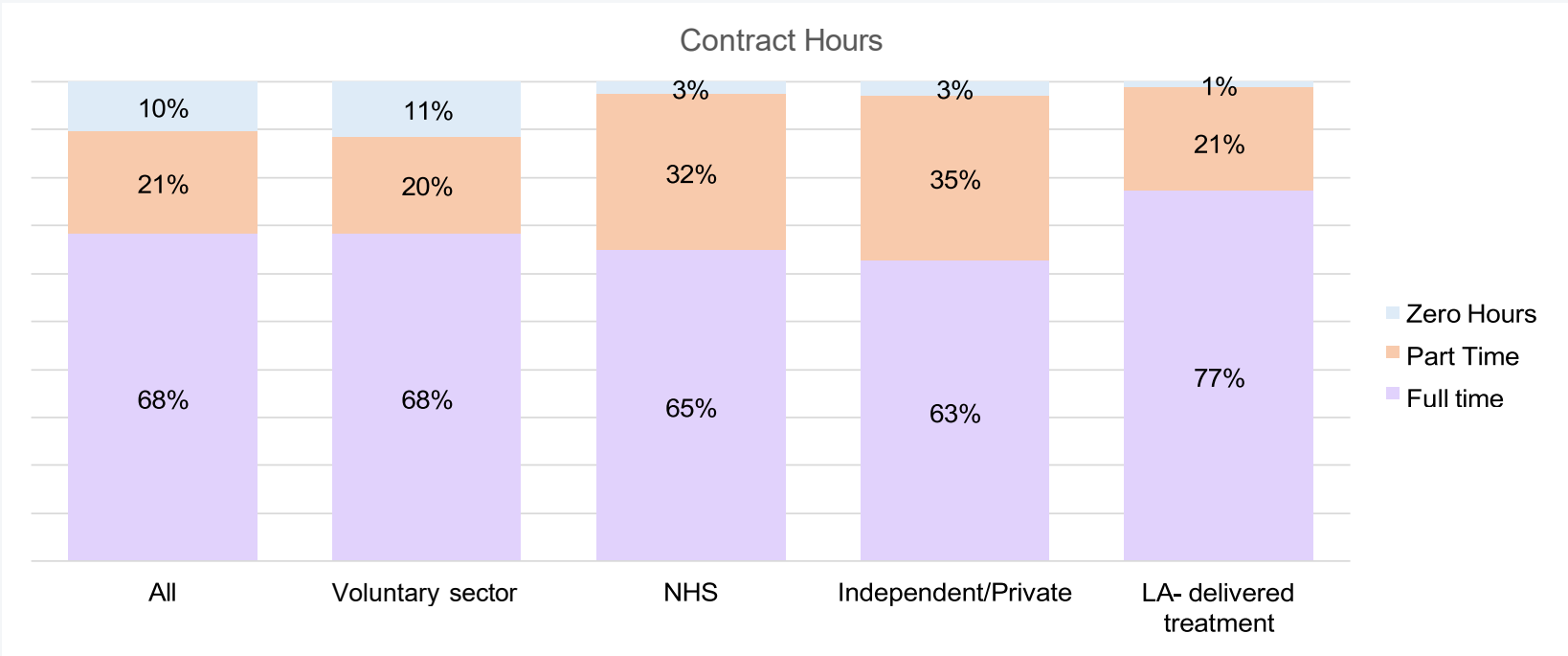
There had been a reduction in the proportion of social workers employed on permanent contracts from 59% in 2023 to 56% in 2024. The use of temporary contracts remained low at 4% (2023, 2% / 2022, 40%) and fixed contracts were similar to the previous year at 40% (2023, 38% / 2022, 2%).

Treatment provider workforce by staff group, contract type and sector	Voluntary			NHS			Independent/ private			LA-delivered treatment			Total treatment providers		
	Permanent	Fixed Term	Temporary	Permanent	Fixed Term	Temporary	Permanent	Fixed Term	Temporary	Permanent	Fixed Term	Temporary	Permanent	Fixed Term	Temporary
Peer support and service-user development	22%	5%	73%	84%	11%	5%	100%	0%	0%	78%	22%	0%	26%	5%	69%
Individual Placement and Support (IPS)	56%	34%	10%	9%	91%	0%	100%	0%	0%	-	-	-	57%	35%	9%
Drug and alcohol workers	86%	10%	4%	88%	9%	3%	99%	1%	0%	79%	17%	4%	86%	10%	4%
Service management and administration	91%	7%	2%	93%	6%	1%	100%	0%	0%	87%	10%	3%	91%	7%	2%
Nurses	83%	5%	12%	92%	6%	3%	75%	0%	25%	88%	6%	6%	85%	5%	10%
Support Workers and Other Unregistered Clinical Staff	78%	4%	18%	80%	20%	0%	100%	0%	0%	87%	13%	0%	79%	7%	14%
Psychiatry	89%	3%	8%	80%	14%	6%	-	-	-	43%	57%	0%	86%	7%	8%
Other doctors	72%	12%	16%	36%	64%	0%	100%	0%	0%	0%	0%	100%	65%	21%	14%
Psychological professions	51%	33%	16%	74%	26%	0%	89%	5%	5%	73%	18%	9%	56%	31%	13%
Allied Health Professionals (AHPs)	73%	13%	13%	80%	20%	0%	-	-	-	-	-	-	75%	15%	10%
Pharmacy professions	86%	0%	14%	57%	43%	0%	100%	0%	0%	100%	0%	0%	83%	8%	10%
Social work	49%	50%	1%	91%	9%	0%	0%	0%	100%	67%	33%	0%	56%	40%	4%
Other	44%	11%	45%	58%	42%	0%	69%	8%	23%	60%	40%	0%	46%	13%	40%
Total	80%	9%	10%	86%	12%	2%	95%	1%	4%	80%	16%	4%	81%	10%	10%

Table 14b

Contract hours– treatment provider staff

The profile for contract hours shows that for all sectors there had been a decrease in the percentage of staff working full time, overall reducing to 68% from 72% in 2023 (69%, 2022). Table 15 details the responses received for contract hours.



Voluntary sector		NHS		Independent/ Private		LA-delivered treatment	
Responses	%	Responses	%	Responses	%	Responses	%
271	97%	36	77%	18	95%	38	95%

Table 15

Contract hours by treatment provider staff group and sector

Just over two-thirds (68%) of all staff within drug and alcohol treatment and recovery services work full time, however, this varied by job role and sector.

68% of peer support and service-user development staff were employed on zero hour contracts, a continued increase on the 65% reported in 2023 and the 62% reported in 2022. The voluntary sector had the highest percentage of peer support and service-user development staff on zero hour contracts at 72% with independent and LA delivered sectors favouring full and part-time contracts for this role type.

Similarly, psychological professions staff had a high proportion of zero hour contracts at 38% (2023, 38% / 2022, 28%). These contracts were mainly attributed to trainee counsellors.

Social worker zero hour contracts increased from 28% in 2023 to 36% in 2024 (2022, 39%) with part time contracts increased marginally at 17% (2023, 15% / 2022, 11%).

Overall, there had been a marginal increase in the proportion of staff on part time contracts, up to 21% from 19% in 2023 (2022, 23%).

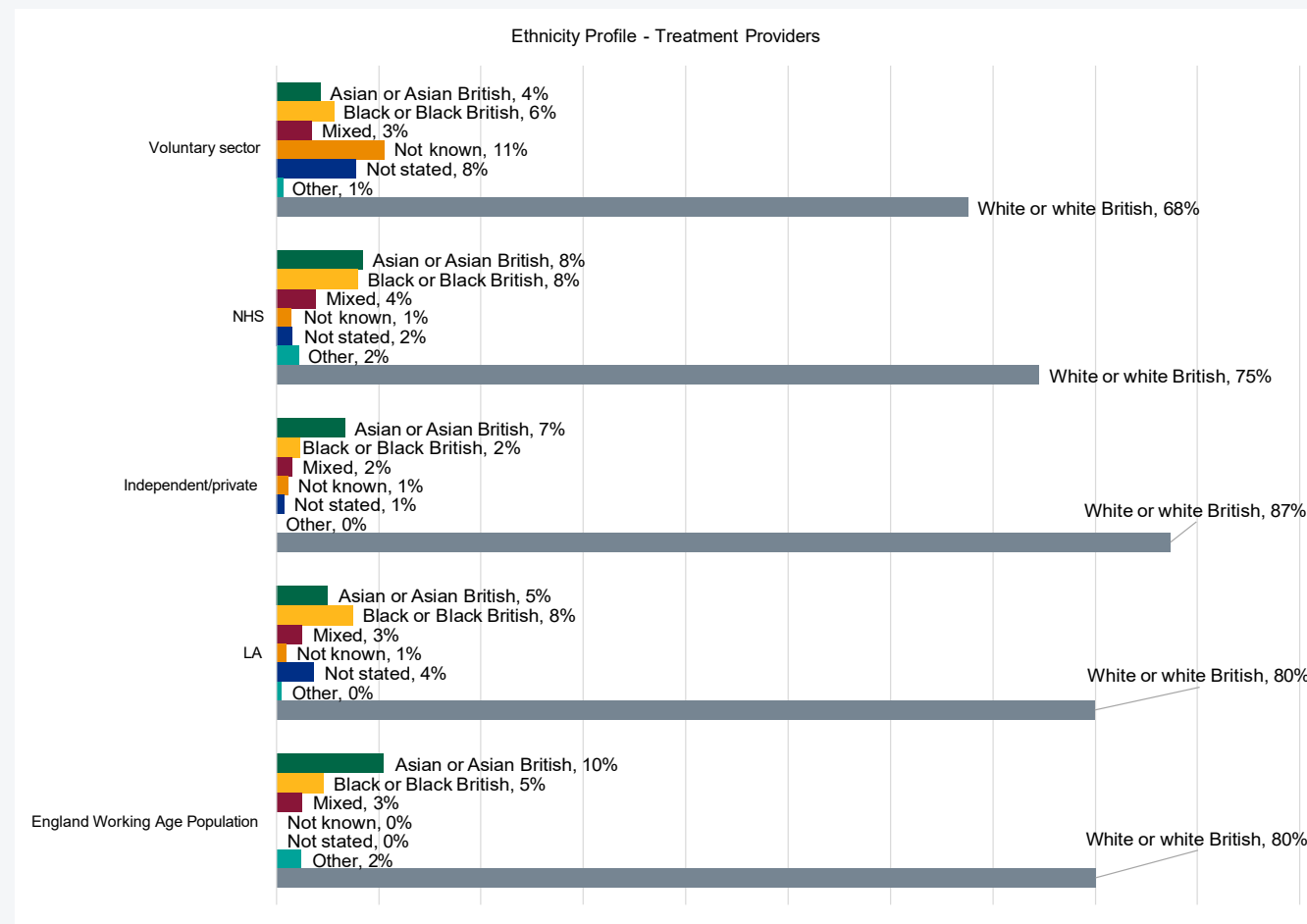
Treatment provider workforce by staff group, contract hours and sector	Voluntary			NHS			Independent/ private			LA-delivered treatment			Total treatment providers		
	Full Time	Part Time	Zero Hours	Full Time	Part Time	Zero Hours	Full Time	Part Time	Zero Hours	Full Time	Part Time	Zero Hours	Full Time	Part Time	Zero Hours
Peer support and service-user development	15%	14%	72%	20%	16%	64%	66%	28%	7%	55%	45%	0%	17%	15%	68%
Individual Placement and Support (IPS)	82%	13%	4%	82%	18%	0%	100%	0%	0%	-	-	-	84%	13%	4%
Drug and alcohol workers	78%	18%	4%	69%	28%	2%	65%	30%	5%	81%	17%	1%	77%	18%	4%
Service management and administration	74%	23%	2%	72%	28%	1%	76%	24%	0%	76%	23%	1%	74%	23%	2%
Nurses	58%	29%	13%	73%	27%	0%	33%	67%	0%	79%	18%	3%	61%	29%	10%
Support Workers and Other Unregistered Clinical Staff	55%	23%	22%	67%	33%	0%	0%	100%	0%	87%	13%	0%	59%	24%	17%
Psychiatry	46%	46%	9%	24%	74%	3%	-	-	-	100%	0%	0%	44%	49%	7%
Other doctors	28%	53%	19%	14%	86%	0%	0%	100%	0%	0%	100%	0%	23%	63%	14%
Psychological professions	29%	24%	47%	67%	33%	0%	47%	53%	0%	36%	64%	0%	34%	28%	38%
Allied Health Professionals (AHPs)	40%	53%	7%	80%	20%	0%	-	-	-	-	-	-	50%	45%	5%
Pharmacy professions	62%	28%	10%	14%	86%	0%	0%	100%	0%	33%	67%	0%	50%	43%	8%
Social work	43%	8%	49%	57%	43%	0%	0%	100%	0%	100%	0%	0%	47%	17%	36%
Other	63%	11%	26%	25%	75%	0%	38%	62%	0%	38%	63%	0%	61%	15%	24%
Total	68%	20%	11%	65%	32%	3%	63%	35%	3%	77%	21%	1%	68%	21%	10%

Table 16

Ethnicity profile – treatment providers

Asian or Asian British people make up 10% of the English working age population but were underrepresented in all sectors of the treatment provider workforce. People of black or Black British ethnicity were represented in the workforce at a higher rate than the working age population, with the exception of the independent sector. Unknown or not stated responses were included for all sectors (Voluntary – 19%, NHS – 3%, Independent – 2%, LA delivered treatment – 5%).

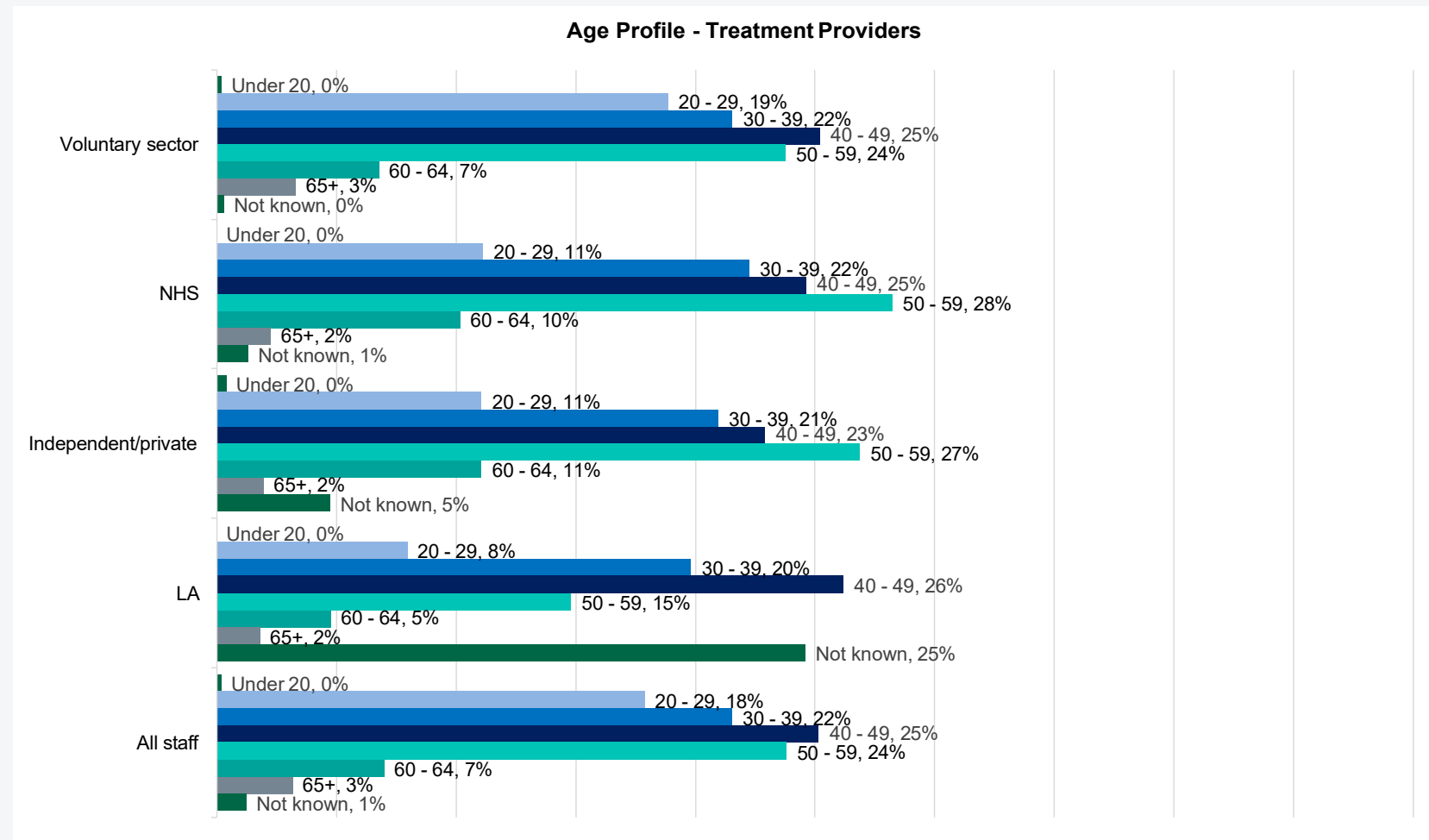
The independent sector reported higher rates of workforce that were white or white British than the English working age population at 87%. The voluntary sector reported the lowest rates of white or white British workforce at 68%.



Age profile – treatment providers

The age profile was broadly similar across the sectors although there were some nuances. LA delivered treatment and independent/private providers had a smaller proportion of staff in the 20-29 category at 8% and 11% respectively, which were approximately half that of the voluntary sector at 19%.

The independent sector reported 40% of staff aged 50 or over compared to 40% for the NHS, 34% for the voluntary sector and 22% for LA delivered treatment.

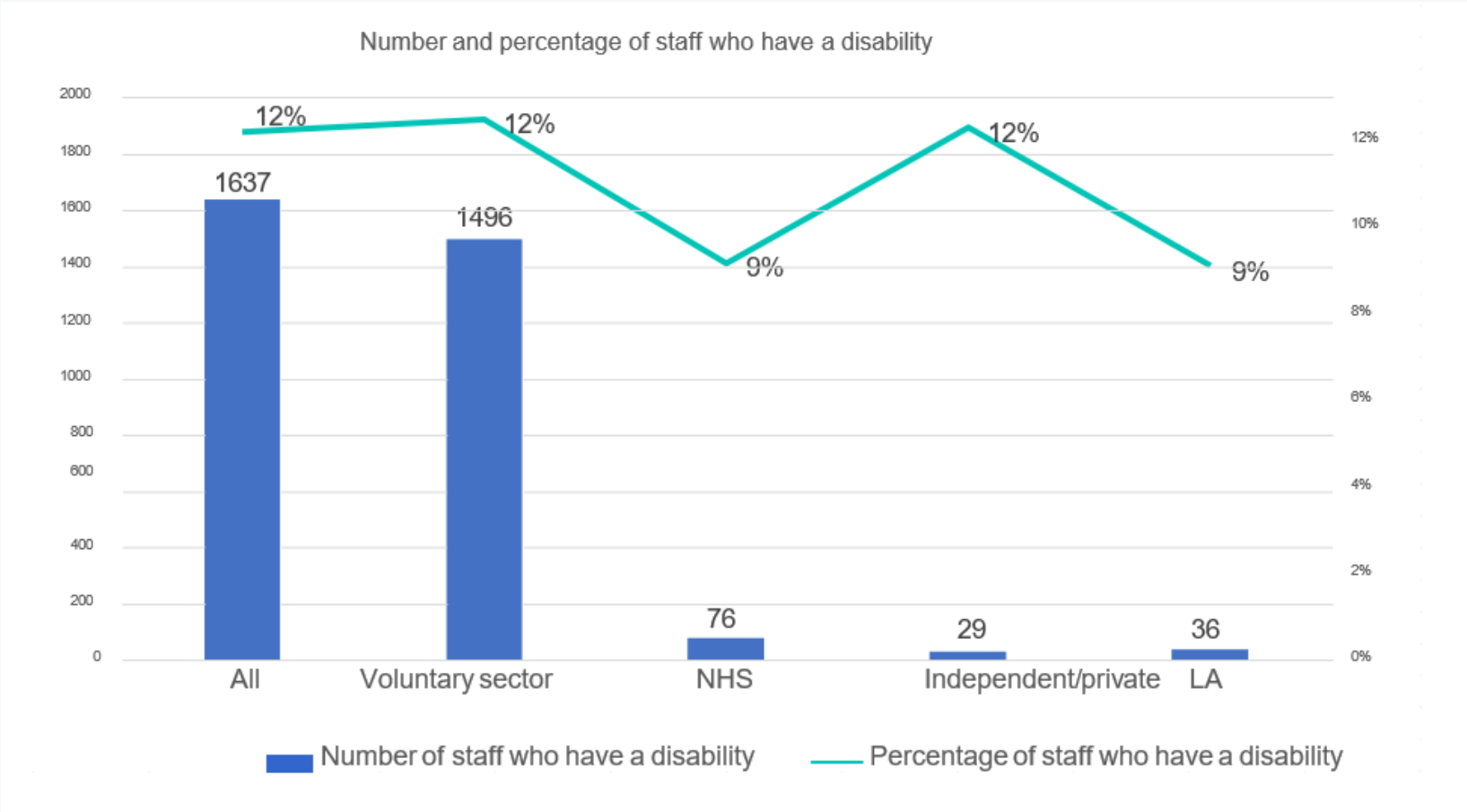


Disability and gender profile

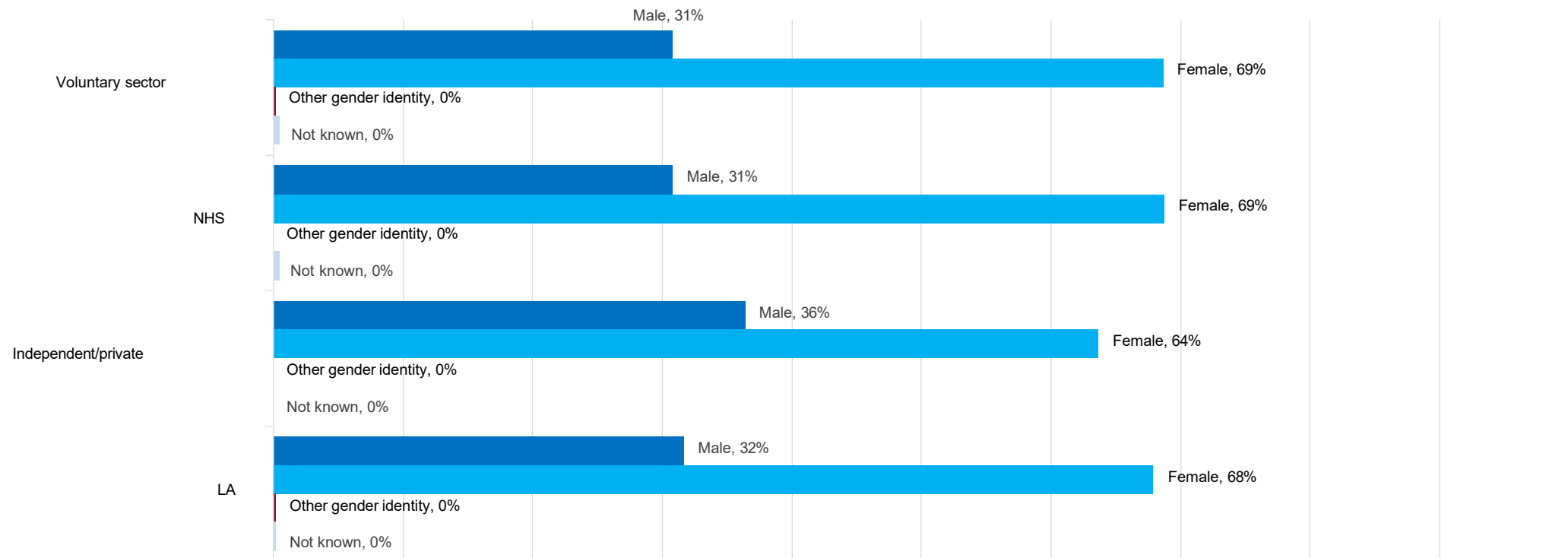
The treatment provider workforce was predominantly female (69%) ranging from 64% in the independent sector to 69% in the voluntary and NHS sectors.

This is consistent with the position reported in 2023 and higher than the 60% female workforce reported in 2022.

12% of the treatment provider workforce had a disability, ranging from 9% in the NHS and LA delivered sectors to 12% in the voluntary and independent sectors.

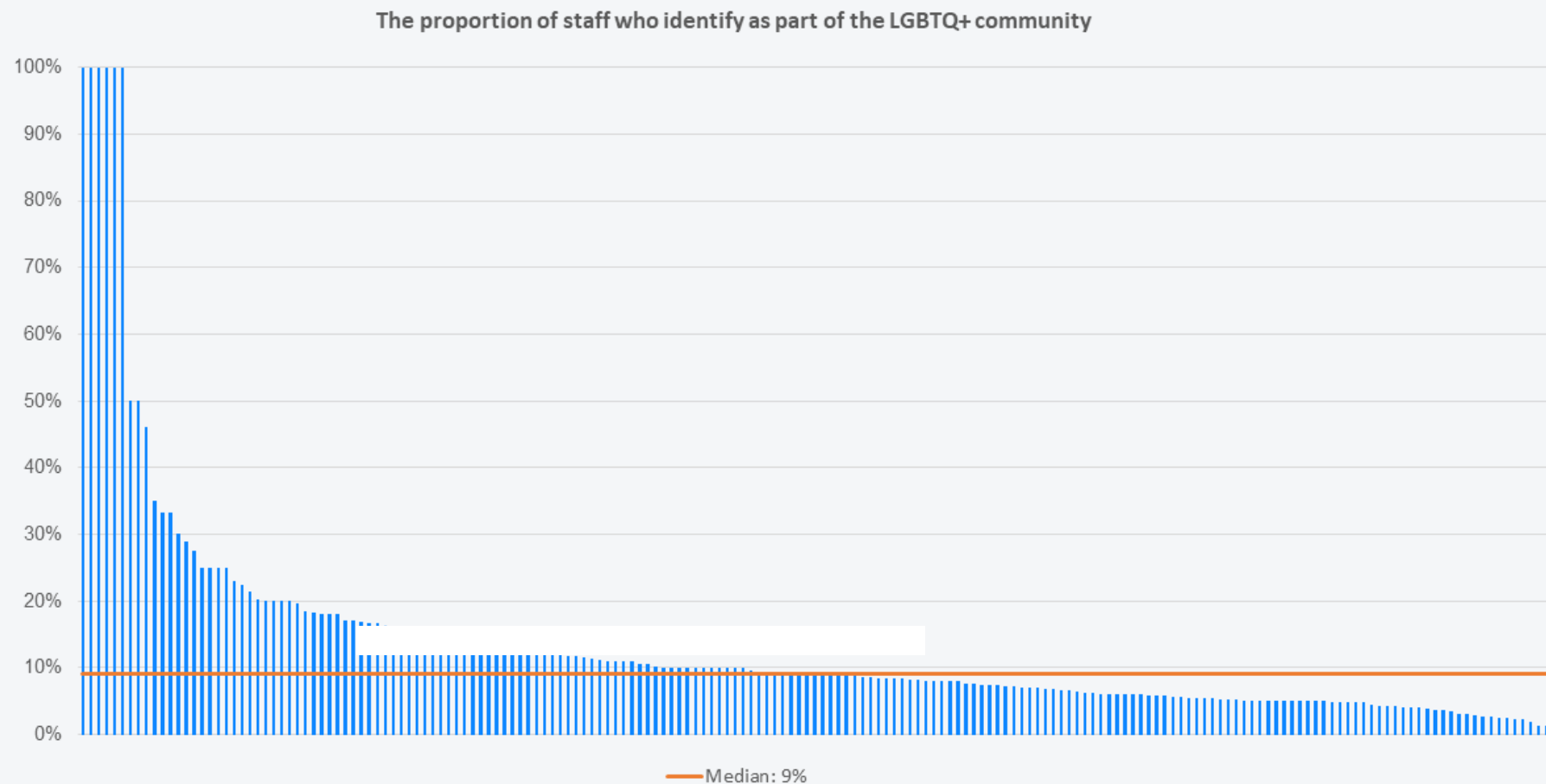


Gender profile - Treatment Providers



Sexual orientation profile

Two-thirds (254) of treatment providers reported that they capture metrics for staff who consider themselves a part of the LGBTQ+ community. 9% (median) of staff identified as being part of the LGBTQ+ community, ranging from 0-100% across treatment providers.



Metrics –vacancy, sickness and turnover

Vacancy rates by treatment provider staff group and sector

Vacancy rates by role reported in table 17a should be read in conjunction with table 17b, which includes the number of vacancies by sector.

Vacancy rates are expressed as a percentage of the funded establishment (the total WTE funded for the job group, i.e. staff in post and vacancies). Overall, the vacancy rate for treatment providers was 8%.

For drug and alcohol workers, the largest workforce group, the rates reported by sector varied from 6% in LA delivered treatment providers to 13% in the NHS sector but note that these reference a relatively low number of vacancies.

The voluntary sector reported a lower rate than 2023 at 8% (2023, 11% / 2022, 13%) but this represented 926 WTE vacancies.

Note the negative percentages reflect where providers confirmed they were employing staff above their funded establishment.

Vacancy rate by staff group and sector	All Treatment Providers	Voluntary sector	NHS	Independent/ private	LA-delivered treatment
Peer support and service-user development	3%	4%	-8%	0%	19%
Individual Placement and Support (IPS)	9%	8%	16%	0%	-
Alcohol and drug workers	10%	10%	13%	7%	6%
Service management and administration	5%	5%	6%	2%	5%
Nurses	11%	11%	8%	22%	13%
Support Workers and Other Unregistered Clinical Staff	10%	8%	17%	0%	8%
Medics: Psychiatry	6%	6%	6%	-	-
Medics: General Practitioners and locally employed doctors	2%	5%	-31%	0%	-
Psychological professions	10%	10%	12%	6%	0%
Allied Health Professionals (AHPs)	0%	0%	0%	-	-
Pharmacy professions	6%	8%	0%	0%	0%
Social work	5%	5%	5%	0%	0%
Other	4%	3%	0%	18%	-
All treatment provider staff	8%	8%	9%	6%	6%

Table 17a

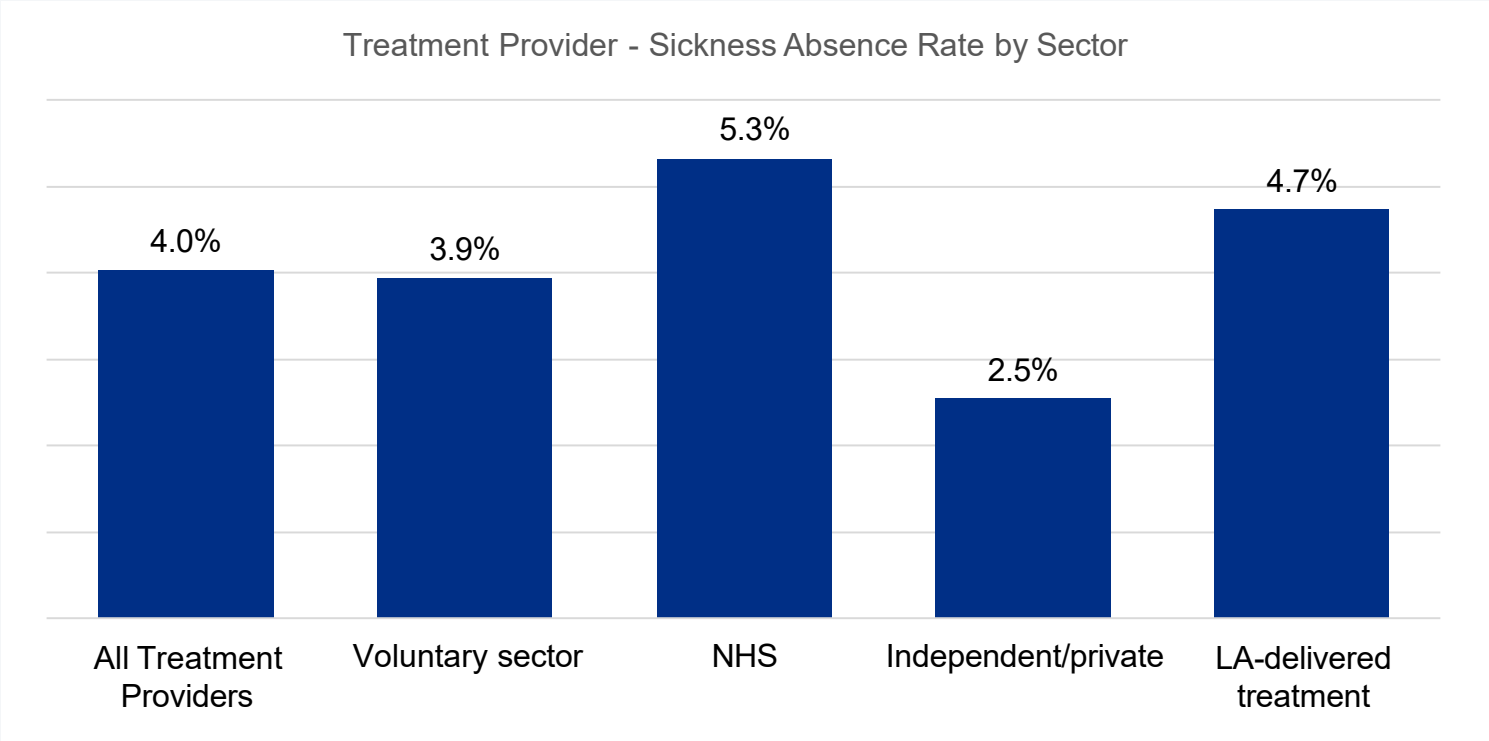
Vacancies - Treatment Providers	All Treatment Providers	Voluntary sector	NHS	Independent/ private	LA-delivered treatment
Number of vacancies (WTE)	1,049	926	94	13	16

Table 17b

Sickness rates by sector - treatment provider

Sickness absence rates were collected at service and sector level.

The NHS sector reported the highest rate at 5.3% which was above the rate of 4.9% reported in June 2024 by NHS Digital for all staff working in the NHS².



Turnover rates by treatment provider staff group and sector

Turnover rates reported by job role group were inconsistent, with several based on low numbers.

The turnover rate for treatment providers reported for all staff across sectors was 19%, ranging from 12% in LA delivered treatment services to 19% in the voluntary sector.

For the three staff groups with the highest number of staff – drug and alcohol workers, service management / administration and nurses – the rates varied by sector.

For drug and alcohol workers the highest turnover rate was reported by the NHS sector (35 leavers) at 21% compared to 25% (1,236 leavers) in the voluntary sector, and 19% (26 leavers) for LA delivered treatment providers.

For service and administration staff, voluntary sector services reported the highest rates at 14% (344 leavers). Nurses had a 20% turnover rate overall, with the voluntary sector having the highest rate at 21% (123 leavers) compared to 17% in the NHS (33 leavers) and 17% in the independent sector (2 leavers).

Turnover rate by staff group and sector	All Treatment Providers	Voluntary sector	NHS	Independent/private	LA-delivered treatment
Peer support and service-user development	4%	4%	0%	6%	40%
Individual Placement and Support (IPS)	24%	23%	33%	67%	-
Alcohol and drug workers	24%	25%	21%	8%	19%
Service management and administration	14%	14%	12%	6%	6%
Nurses	20%	21%	17%	17%	14%
Support Workers and Other Unregistered Clinical Staff	18%	19%	12%	0%	13%
Medics: Psychiatry	18%	16%	26%	-	-
Medics: General Practitioners and locally employed doctors	15%	17%	0%	0%	-
Psychological professions	14%	11%	35%	16%	0%
Allied Health Professionals (AHPs)	23%	33%	0%	-	-
Pharmacy professions	9%	11%	0%	0%	0%
Social work	9%	5%	13%	145%	0%
Other	11%	10%	11%	27%	-
All treatment provider staff	19%	19%	17%	12%	15%

Table 18

Specialist roles

Focus on non-medical prescribers

Nurses were the largest group of non-medical prescribers (NMPs), both overall and in each of the sectors representing 91% of the qualified NMPs, marginally above the 90% reported in 2023 and the 88% reported in 2022.

Overall, 73% of NMPs were employed in the voluntary sector, 24% in the NHS, 2% in the independent sector and 2% in LA delivered services. Compared to the data from 2023, we see a slight shift: 71% of NMPs were in the voluntary sector, maintaining a strong presence, while the NHS still employed 24%. There was a decrease from 4% to 2% in 2024 for the independent sector, local authorities (LA) delivered treatment services remained at 2%.

The percentage of NMPs that were actively prescribing in their current role had reduced from 88% in 2023 to 85% this year (2022, 82%). The voluntary sector had 86% active NMPs (2023, 96%), the NHS sector also had 86% of their qualified NMPs actively prescribing. The independent sector providers reported 100% active NMPs, however this was based on low numbers. The LA delivered treatment sector (29%) reported low numbers and lower rates of active NMPs.

Non-medical prescribers by role and sector (headcount)															
	All treatment providers			Voluntary sector			NHS			Independent/ private			LA-delivered treatment		
	Qualified	Active	% Active	Qualified	Active	% Active	Qualified	Active	% Active	Qualified	Active	% Active	Qualified	Active	% Active
Pharmacist	26	21	81%	15	12	80%	11	9	82%	0	0	-	0	0	-
Nurse	372	322	87%	272	239	88%	87	75	86%	6	6	100%	7	2	29%
Other	9	4	44%	9	4	44%	0	0	-	0	0	-	0	0	-

Table 19

Focus on social workers

Within the specialist roles section, respondents reported a reduction in the number of registered social workers at 82 WTE (108, 2023 / 60, 2022). However, in the specialist social worker section the number of qualified social workers reported in 2024 reduced marginally to 115 headcounts (2023, 121 / 2022, 154). They represented 1% of the workforce, consistent with 2023 (2022, 1.4%). The difference likely reflects incomplete submissions across the two sections of the census.

The number of social workers in the Assessed and Supported Year in Employment (ASYE) roles dropped from 14 in 2023 to two in the 2024 census.

The percentage of the social workers employed in the voluntary sector was 55%, an increase on the positions in previous years (2023, 49% / 2022, 38%). The NHS reported employing a lower proportion of the social workers working in treatment services at 20% (2023, 22% / 2022, 25%). LA delivered treatment for social workers decreased to 22% from 27% of social workers working in this sector in 2023 and 34% in 2022.

Social workers by role and sector (headcount)										
	All treatment providers		Voluntary sector		NHS		Independent/ private		LA-delivered treatment	
	Number	% Workforce	Number	% Workforce	Number	% Workforce	Number	% Workforce	Number	% Workforce
Social Worker	115	0.9%	46	0.4%	34	4.1%	0	0.0%	35	8.0%
Social Worker - (ASYE)	2	0.0%	2	0.0%	0	0.0%	0	0.0%	0	0.0%
Social Worker - Think Ahead posts (Students - year 1)	5	0.0%	1	0.0%	0	0.0%	4	1.6%	0	0.0%
Social Worker -Think Ahead posts (Assessed and Supported Year in Employment - year 2)	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Social Worker - Trainee (Other)	50	0.4%	46	0.4%	1	0.1%	0	0.0%	3	0.7%
Total	172	1%	95	1%	35	4%	4	2%	38	9%
Social workers by sector			55%		20%		2%		22%	

Table 20

Focus on trusted assessors

Services were asked to report trusted assessors working in LA-commissioned drug and alcohol settings with the qualifications, skills, knowledge and experience needed to carry out health and social care assessments, and to formulate plans of care on behalf of adult social care providers⁴.

There were 54 trusted assessors recorded in the 2024 drug and alcohol workforce census compared to 166 in 2023 and 70 in 2022. The voluntary sector reported 83% of the assessors at 45 (2023, 78 / 2022, 33). The NHS reported one trusted assessor compared to 43 in 2023 and seven in 2022 and LA delivered treatment services reported five (2023, 43 /2022, 13). The independent sector reported three staff in a trusted assessor role compared to two staff in 2023 and 17 in 2022.

Trained trusted assessors by sector										
Trusted assessors**	All treatment providers		Voluntary sector		NHS		Independent/ private		LA-delivered treatment	
	Number	% Workforce	Number	% Workforce	Number	% Workforce	Number	% Workforce	Number	% Workforce
How many staff (in scope of this exercise) are trained as Trusted assessors?	54	0.4%	45	0.4%	1	0.1%	3	1.2%	5	1.1%

Table 21

Treatment providers: summary of key findings

The key findings of the drug and alcohol workforce census for treatment providers are outlined as follows. They include data for submissions from the voluntary sector, the NHS, the independent/private sector and activity relating to treatment provision submitted by local authorities (LA delivered treatment).

- We received **386 submissions** for treatment provider organisations **accounting for 13,103 WTE compared to 12,073 WTE in 2023 and 11,270 in 2022.**
- The **voluntary sector constituted 86% of the treatment provider workforce** (compared to 80% in 2023, and 78% in 2022) with 11,374 WTE. Within the voluntary sector the number of **WTEs increased by 1,707 from 9,667 in 2023** and by **899 WTEs between 2022 and 2023** (from 8,768 WTEs in 2022). The **NHS was the second largest sector**, accounting for **9% of the workforce (1,172 WTE) compared to 14% in 2023 and 16% in 2022).** The **independent/private sector and LA delivered treatment sector** account for a smaller proportion of the **workforce at 2% (214 WTE) and 3% (454 WTE) respectively.**
- The profile of the treatment provider workforce remained largely consistent with previous iterations of the census. The **three largest role groups** remained the same and maintained similar proportions of overall staff in all three censuses. These were: **drug and alcohol workers at 50%** (consistent with 2023 and up from 47% in 2022), followed by **service managers/administrators at 24%** (consistent with 2023 and slightly up from 23% in 2022) and **nurses at 8%** (with no change from 9% in 2023 and 2022).
- In the medics: **psychiatry staff group the profile has remained consistent with 168 WTEs** (1% of workforce) in 2024 compared to 166 WTEs (1%) in 2023 and 168 WTEs (1%) in 2022. However, in the medics: **GPs and locally employed doctors the number of WTEs has varied from 36 WTEs in 2023, to 57 WTEs in 2024. There were 61 WTEs reported in this group in 2022.**
- The **overall vacancy rate was 8%**, this continued the **reduction in the reported rate from 13% in 2022 and 10% in 2023.** The vacancy rate ranged from 6% in LA delivered treatment and independent / private sectors to 9% in the NHS sector for all other staff groups. For the largest staff group, drug and alcohol workers, the vacancy rate ranged from 6% (LA delivered treatment) to 14% (NHS).
- **11% of the treatment provider workforce were unpaid/volunteers, an increase from 2023 (7%) and consistent with the position in 2022 (12%).** The majority of the drug and alcohol workers staff group (93%) were band 5 or lower (<£35k), compared to 76% within this salary range for all staff groups. This was similar to the profile reported in 2023 and 2022.
- Staff **in post for less than one year represented the largest group overall**, with the **voluntary sector reporting the highest rate at 41%** (up from 36% in 2023 and consistent with 40% in 2022). The LA delivered treatment sector had the lowest percentage of staff that had been in post for less than a year at 20%.
- Overall, **81% of staff were on permanent contracts** which was broadly in line with 2023 and 2022, with rates ranging from 80% in the voluntary and LA delivered treatment sectors to 95% in the independent/private sector. 68% of staff work full time, down from 72% in 2023 and 69% in 2022.

- As in previous years, **the ethnicity of the workforce across all sectors had a lower proportion of Asian or Asian British staff (4%-8%) than the English working age population (10%).**
- The age profile was broadly similar across sectors although there were some nuances. LA delivered treatment had a smaller proportion of staff in the 20-29 age range category at 8%, which was half that of the voluntary sector at 19%.
- **12% of the workforce reported a disability compared to 11% in 2023 and 10% in 2022.**
- Nurses remained the largest group of non-medical prescribers (NMPs), with the majority of NMPs employed in the voluntary sector (73%) followed by the NHS (24%). The percentage of NMPs actively prescribing in their role had reduced from 88% in 2023 to 85% this year (82%, 2022).
- **There were fewer qualified social workers working in treatment services reported in 2024** compared to 2023 and 2022 and they represented 1% of the workforce, consistent with 2022. The number of social workers in the Assessed and Supported Year in Employment (ASYE) roles dropped from 14 in 2023 to two in the 2024 census.

Commissioners (Local Authorities – LAs)

Focus on local authority commissioning staff only

LEROs and treatment providers are excluded from this section

Commissioning workforce composition

The commissioning workforce reported in the census was 564 WTE (2023, 469 / 2022, 398). It should be noted that participants in 2024 were not identical to the previous years. Under half of the commissioning workforce (48%) was reported in commissioner and coordinator roles (49% in 2023). The commissioning and coordination of adult services comprised 40% (2023, 38% / 2022, 43%) of the workforce with 7% (2023, 11% / 2022, 10%) attributed to the commissioning and coordination of services for young people.

Public health consultants were included in the census for the first time in 2024, they comprised 4% of the workforce with 21 WTEs.

Data analysts, project managers and strategy managers made up 26% (2023, 30% / 2022, 22%) of the workforce, whilst 6% (in line with previous years) were reported as administrators and 3% (2023, 4% / 2022, 5%) as contracts officers. The percentage of staff recorded ‘other’ had increased to 17% (12%, 2023 / 14%, 2022).

Commissioning Workforce by role		
LA Commissioning roles	WTE	%
Administrators	32	6%
Commissioners (adults)	152	27%
Coordinators (adults)	74	13%
Commissioners (young people)	31	5%
Coordinators (young people)	13	2%
Data analysts	35	6%
Project managers	66	12%
Strategy managers	45	8%
Contracts officer	19	3%
Public Health consultant	21	4%
Other commissioning staff	78	14%
Total	564	

Table 22

Salary profile for commissioning roles

As reported in previous years there appears to be a wide range of salaries associated with apparently similar roles.

Whilst seniority may explain the ranges this may be an area for future review to determine the utility of collecting this data in its current format.

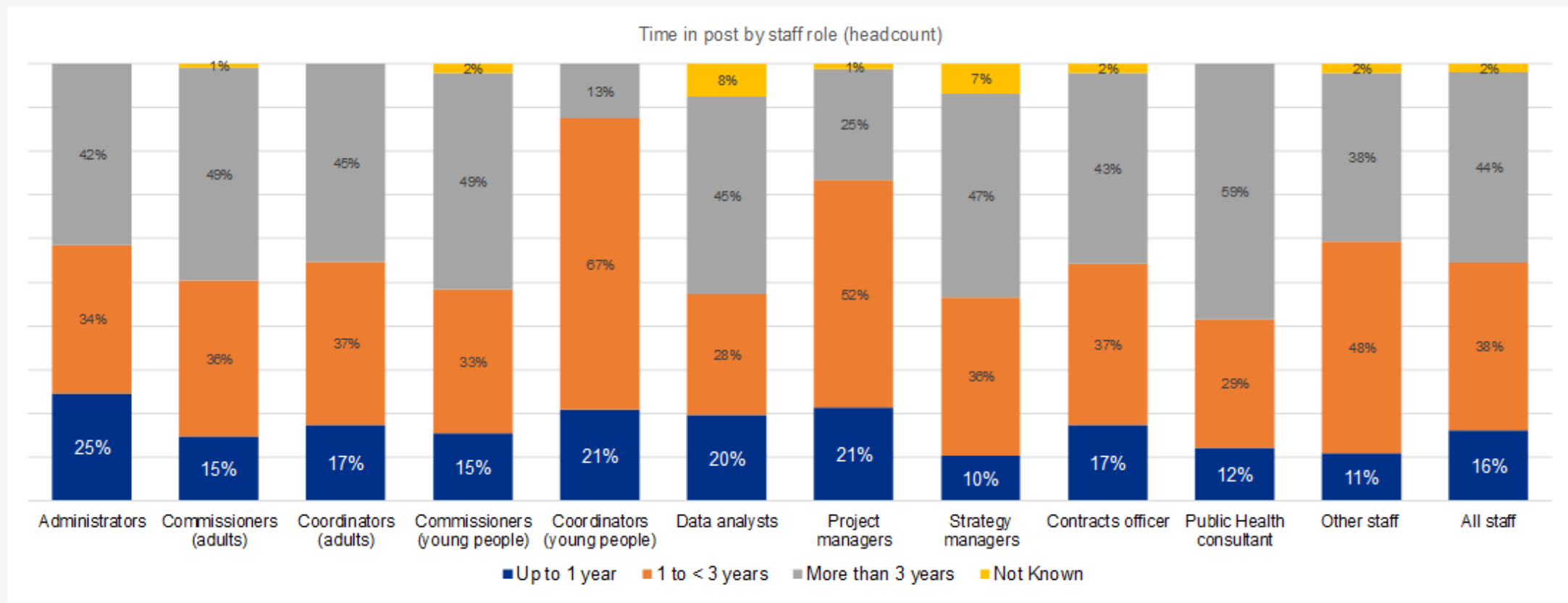
Commissioner workforce by salary	Administrators		Commissioners (adults)		Coordinators (adults)		Commissioners (young people)		Coordinators (young people)		Data analysts		Project managers		Strategy managers		Contracts officer		Public Health consultant		Other commissioning staff		Total	
	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%
Band 1-3	3	8%	0	0%	0	0%	0	0%	0	0%	0	1%	0	0%	0	0%	0	0%	0	0%	1	1%	4	1%
Band 4	13	41%	0	0%	2	2%	0	0%	0	0%	0	0%	2	3%	0	0%	3	16%	0	0%	1	1%	21	4%
Band 5	9	28%	6	4%	33	45%	1	4%	6	50%	6	18%	4	6%	1	2%	3	15%	0	1%	10	13%	79	14%
Band 6	6	19%	26	18%	19	26%	4	13%	4	32%	13	39%	27	42%	5	10%	7	39%	0	0%	27	35%	139	25%
Band 7	1	4%	64	42%	15	21%	12	40%	2	17%	10	30%	20	30%	8	17%	5	24%	1	3%	21	27%	158	28%
Band 8a	0	0%	33	22%	2	3%	7	23%	0	2%	3	8%	12	18%	18	39%	1	4%	0	0%	9	11%	86	15%
Band 8b	0	0%	17	11%	1	2%	5	15%	0	0%	1	3%	1	2%	11	24%	0	1%	1	2%	5	7%	42	7%
Band 8c	0	0%	3	2%	0	0%	1	3%	0	0%	0	1%	0	0%	3	7%	0	0%	4	21%	2	3%	14	3%
Band 8d	0	0%	2	1%	0	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	1%	11	53%	0	0%	14	3%
Band 9+	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	1%	0	0%	4	19%	1	2%	6	1%
Total (WTE)	32		151		72		31		13		34		66		47		19		21		78		562	

Table 23

Time in post by commissioning roles

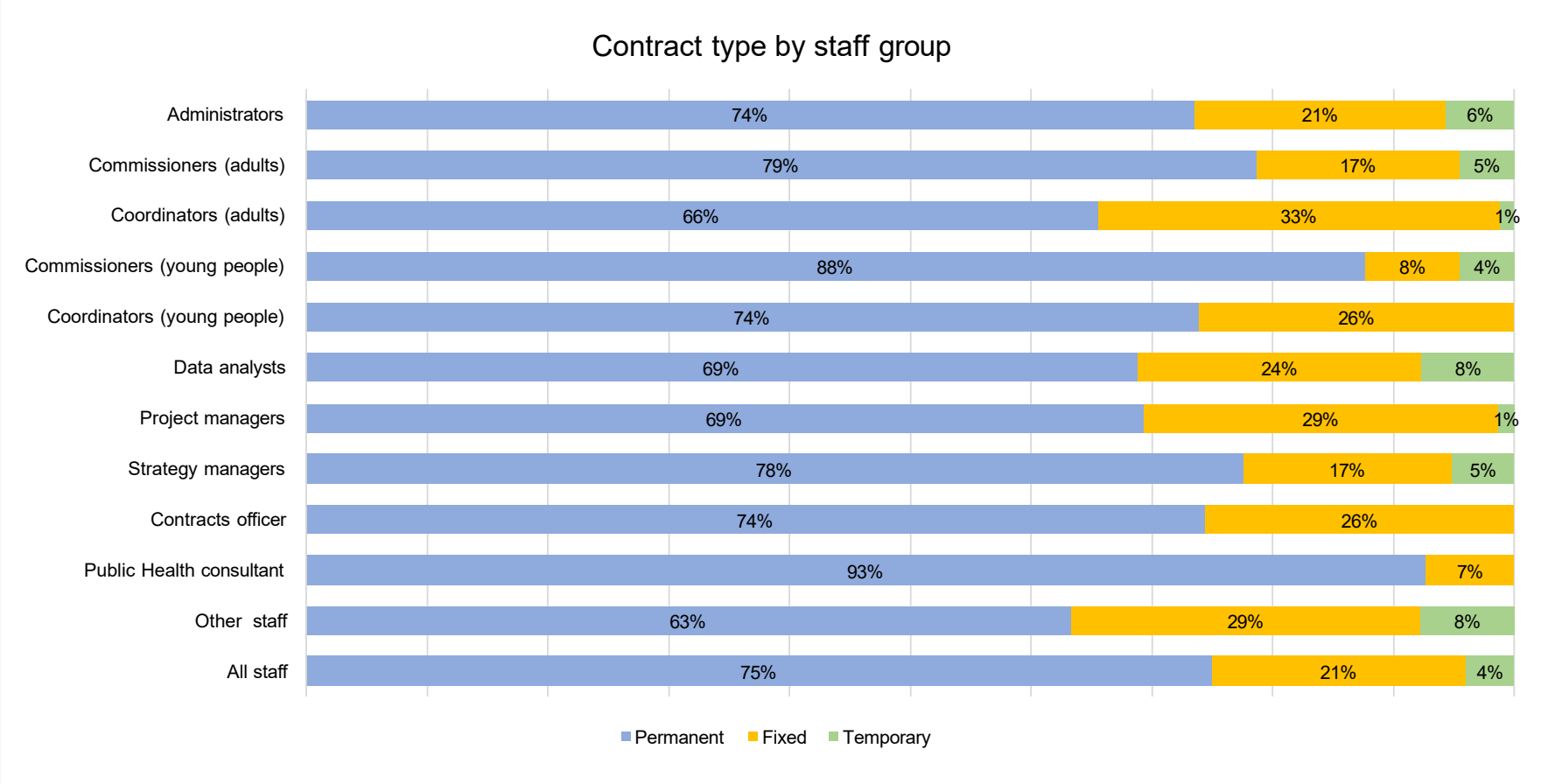
Overall, 16% of commissioning staff had been in post for less than a year, 38% for between 1 < 3 years and 44% three years or more. This represents an increase in the length of time staff have been in post when compared to 2023 when it was reported that 30% of staff had been in post less than one year and compares with 39% of treatment provider staff in post for less than a year.

At individual role level, as noted in previous years, there was wide variation in the time staff had been in post. Public health consultants had the highest proportion of staff in post more than three years at 59%. Coordinators for young people had the highest percentage of staff in post for between 1 < 3 years at 67%.



Contract type by commissioning roles

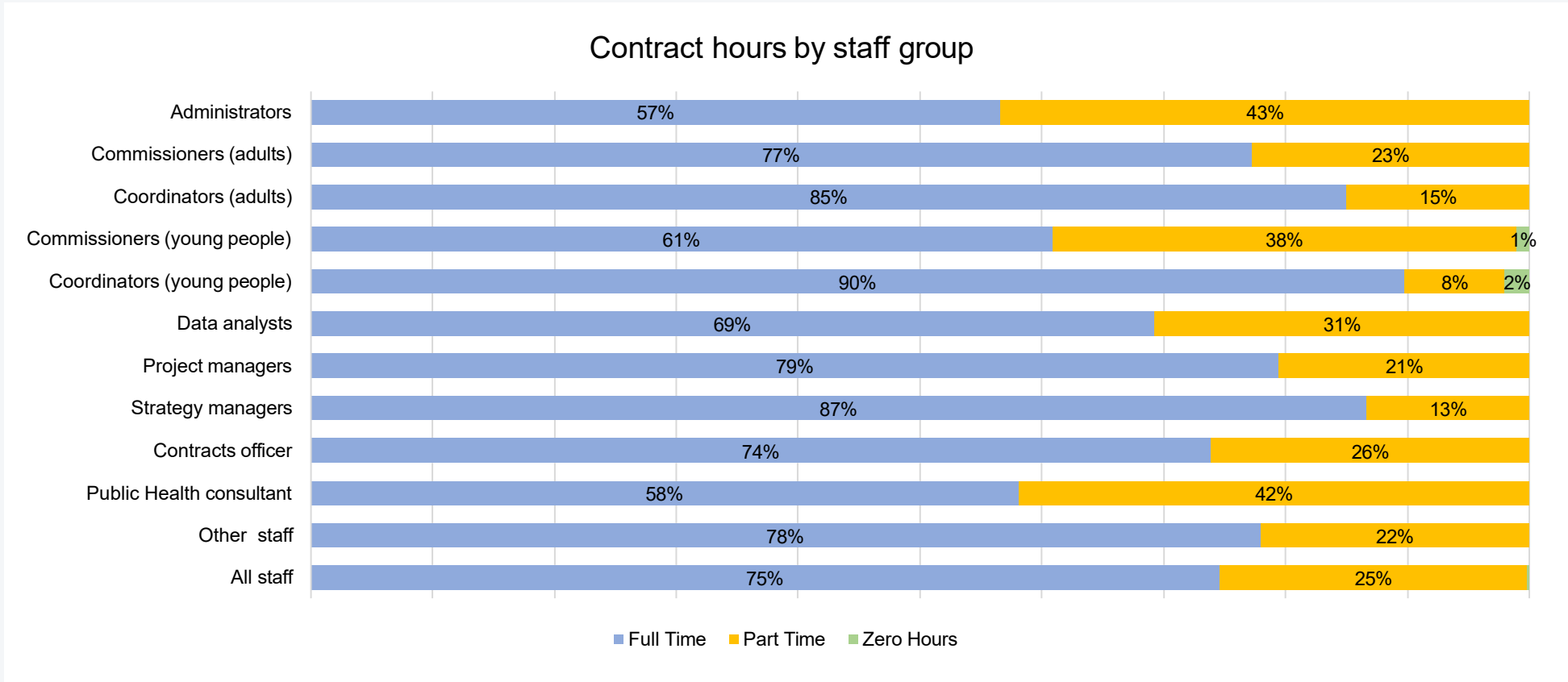
Three quarters of all commissioning staff were employed on permanent contracts with rates by job role ranging from 63% to 93%. The role that had the lowest rate of staff on permanent contracts was Other Staff at 63%. Across all commissioning staff groups, staff not on permanent contracts largely had fixed term contracts with low proportions of temporary contracts used.



Contract hours by commissioning roles

Three quarters of all commissioning staff were on full time contracts, the range for full time contracts was from 57% for administrators to 90% for coordinators (young people). A similar profile, with a slightly narrower range was reported in 2023, ranging from 67% to 88% of staff on full time contracts.

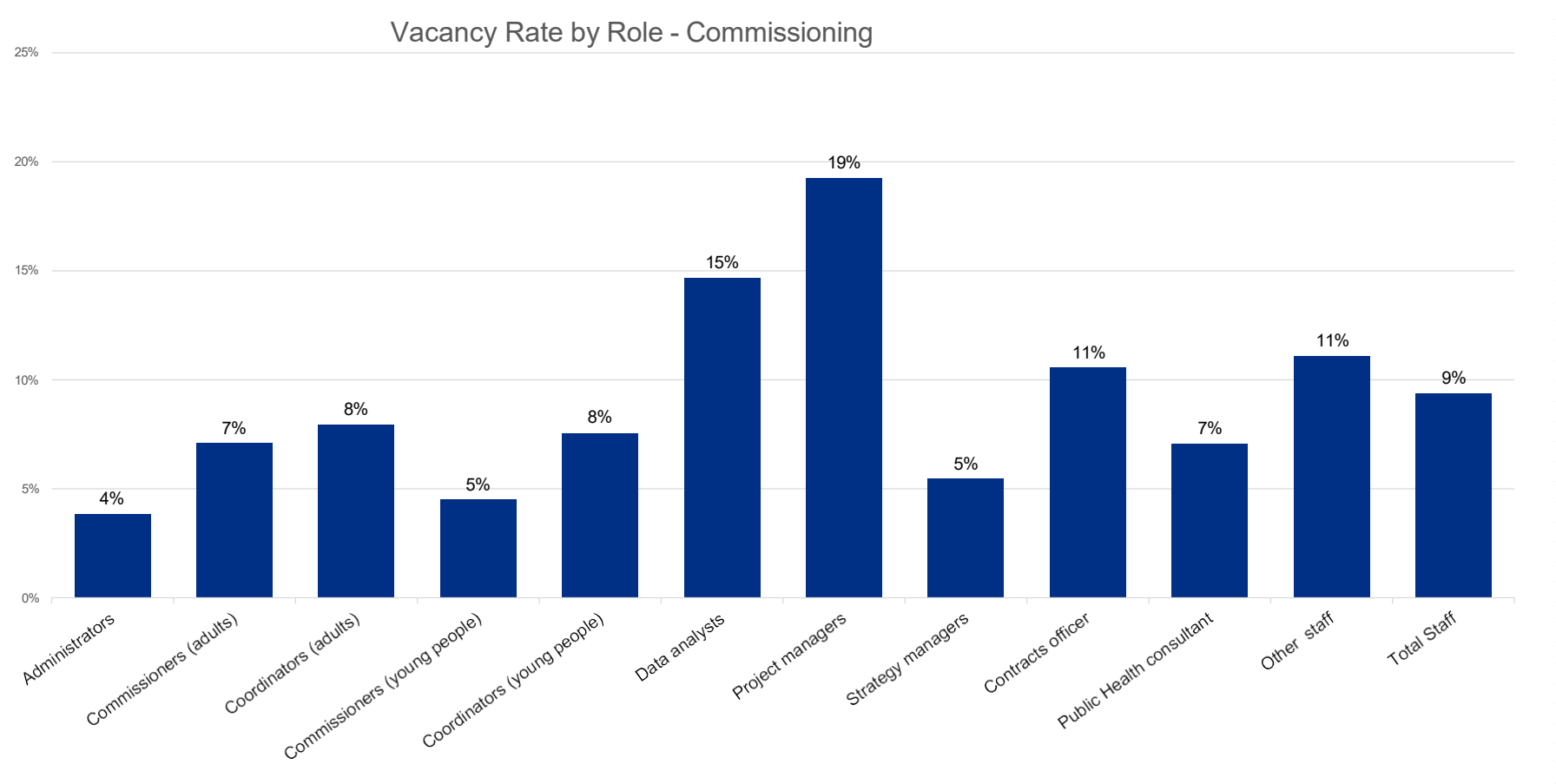
As reported in the previous censuses zero hour contracts are not widely used for these commissioning roles, with just two job roles reporting 1% and 2% respectively of staff on these contracts.



Vacancy and sickness rates for commissioning staff

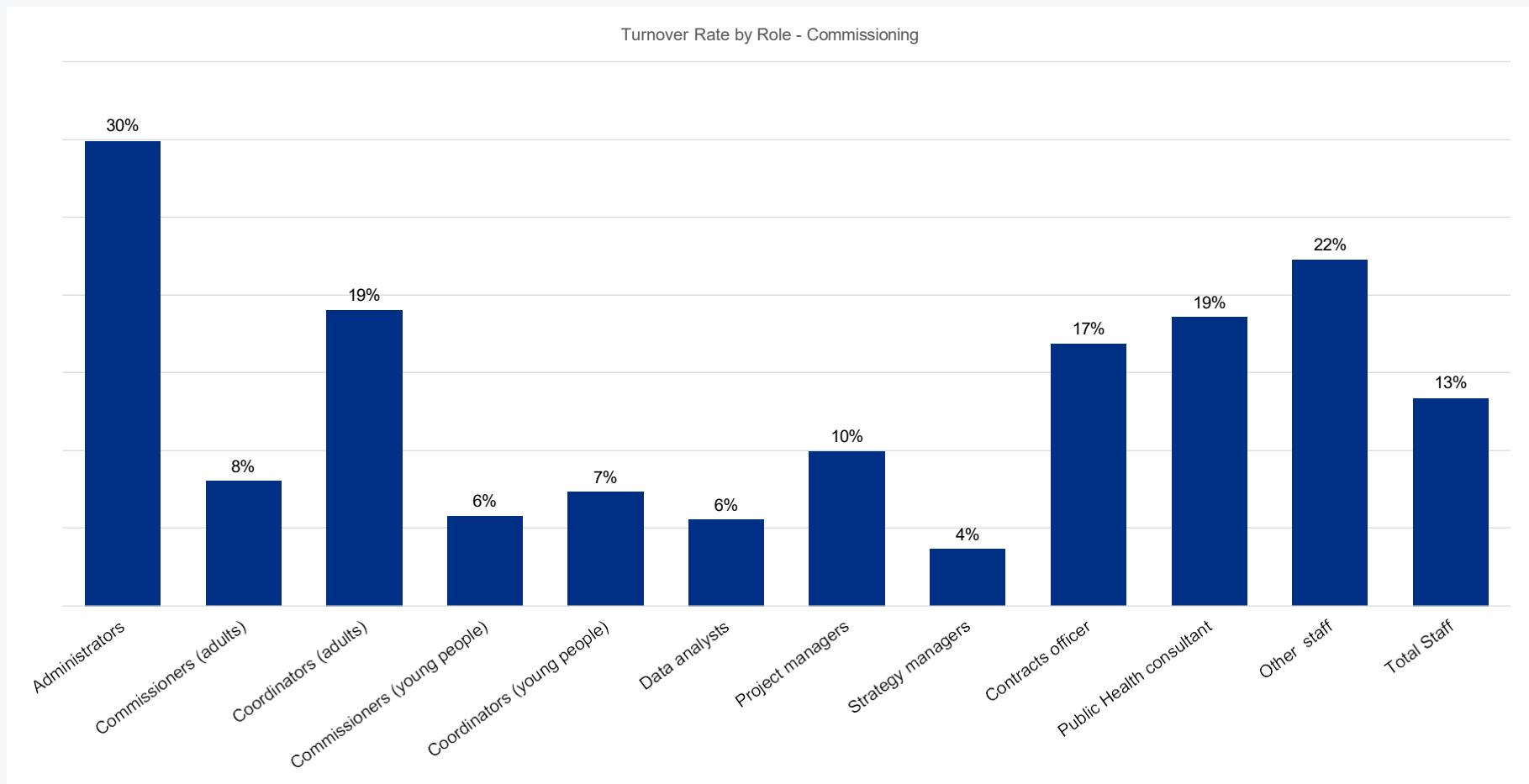
The commissioning workforce reported a vacancy rate of 9% a reduction on the previous years (2023, 12% / 2022, 14%). This was above the 8% reported for delivery staff (treatment providers and LEROs). Rates ranged between 4% for administrators to 20% for project managers. The largest workforce group, alcohol and drug commissioner (adults) reported a 7% vacancy rate.

Commissioning staff reported a 2% staff sickness rate, similar to previous years (2023, 1% / 2022, 2%). This was lower than the 4% reported for treatment providers.



Turnover rates for commissioning staff

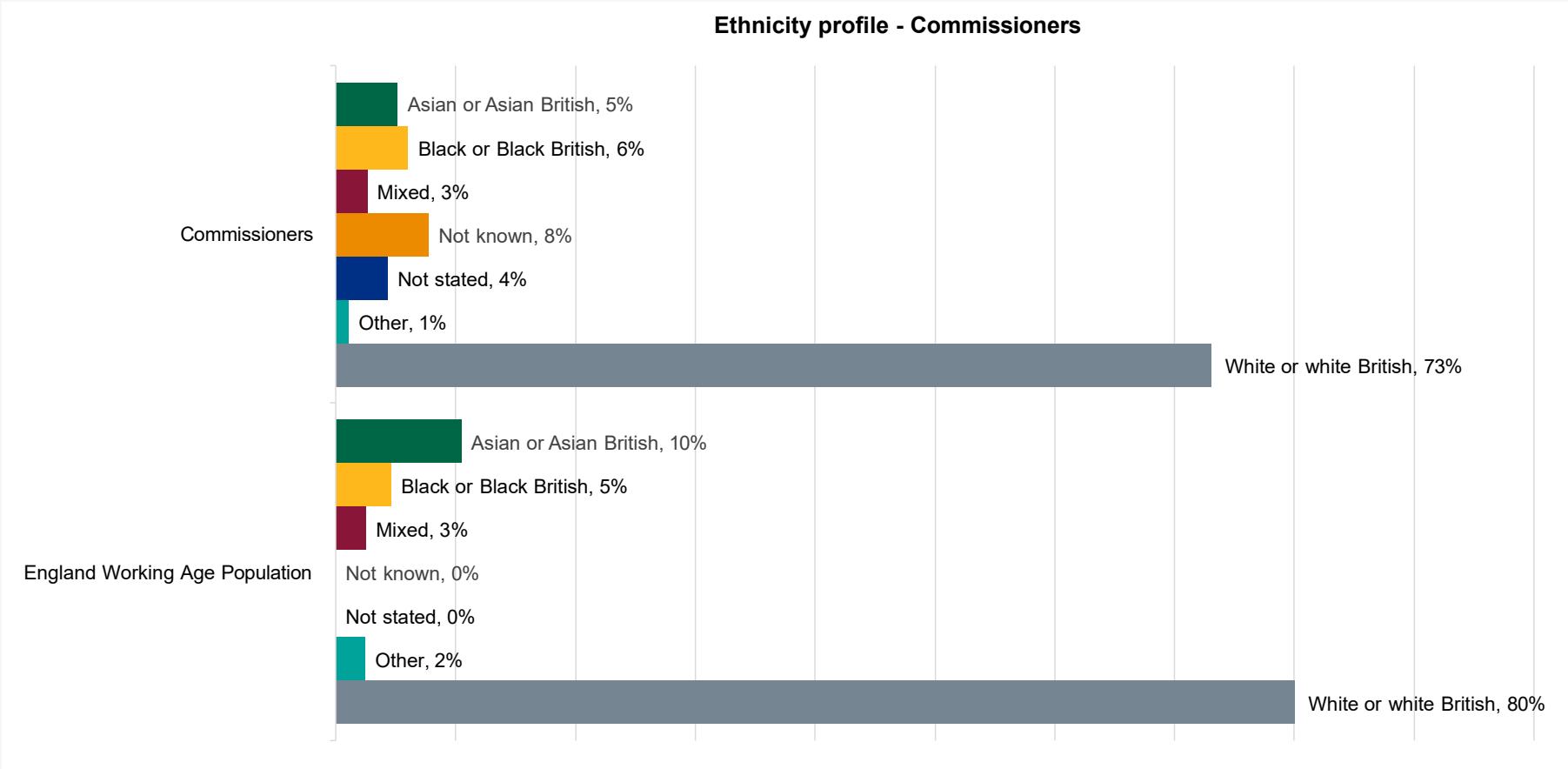
Turnover rates for commissioning staff had reduced from 22% in 2023 to 13% in 2024 (2022, 11%). Rates ranged from 4% for strategy managers to 25% for administrators. The largest workforce group, alcohol and drug commissioner (adults) reported an 8% turnover rate.



Ethnicity and age profile – commissioning roles

Ethnicity was not known or not stated for 12% of commissioning staff. Asian or Asian British staff are under-represented in the workforce at 5% compared to 10%

in the working age population. Black or Black British and people of mixed ethnicity were in line with the England working age population. White or white British people represented 73% of the workforce, below the England working age population of 80%. Just under half of the workforce (46%) were aged between 30 and 49 with 28% aged 50 or over.

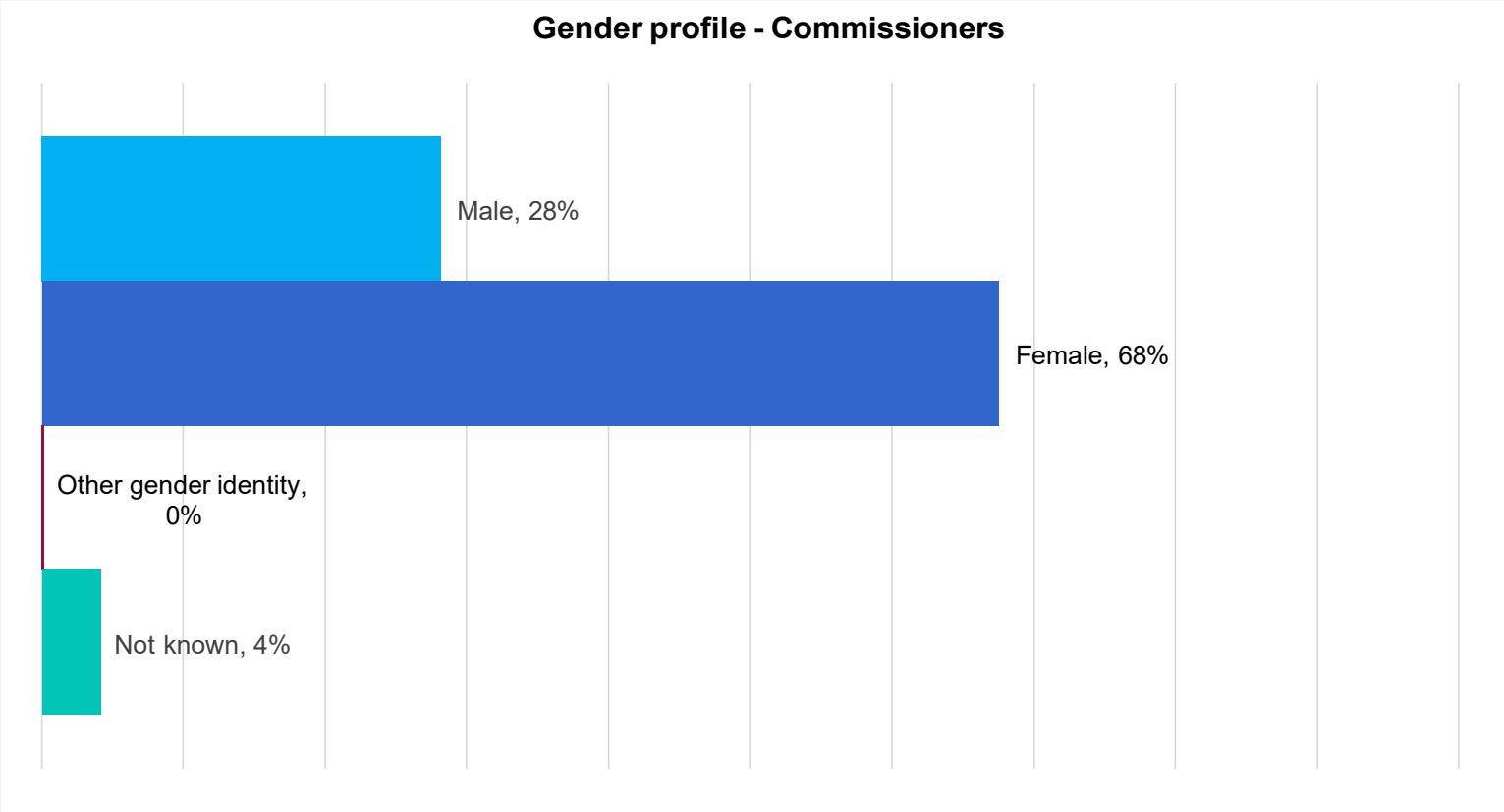


Disability, gender and sexual orientation profile – commissioning roles

The majority of the commissioning workforce was female (68%), this had remained broadly consistent with previous years with 70% reported in 2023 and 69% reported in 2022.

Six percent of the commissioning workforce had a disability; this was a marginal increase on the positions reported in 2023 and 2022 of 5%.

Just over a third (37%, 46) commissioners reported that they captured metrics for staff who consider themselves a part of the LGBTQ+ community. Commissioning staff who identified as being part of the LGBTQ+ community ranged from 0-100% (median 0%).



Commissioning: summary of key findings

Local authorities made 126 commissioning workforce submissions which compared with 128 submissions in 2023 and 129 in 2022*. The key findings for commissioning staff are outlined as follows:

- **Local authorities reported 564 WTE (2023, 466 WTE / 2022, 398 WTE) commissioning staff across 11 roles**, the largest of which was 'commissioners (adult)' at 27% (2023, 31% / 2022, 33%) of the workforce. The remaining staff were reported across the ten other roles with between 2% and 14% of the workforce in each. 7% of staff were in commissioner and coordinator roles for young people this year, a decrease from 11% in 2023. The role of public health consultant was added into the data collection for this year, with 21 WTEs reported in commissioning teams.
- As in previous years, the salary reported for each role varied considerably, highlighting a diversity across apparently similar roles. To some extent this will reflect the seniority of staff but may also reflect different banding of staff across authorities.
- **Overall, 75% of commissioning staff were full time, in line with 2023 and 2022 with 75% (2023, 79% / 2022, 83%)** on permanent contracts and 16% (2023, 30% / 2022, 26%) in post for less than a year. Public health consultants had the highest percentage of staff on permanent contracts (93%), 58% of staff on full time hours and 59% of staff in post for more than 3 years.
- Administrators had the highest percentage of staff in post for less than a year (25%).
- **The commissioning workforce reported a vacancy rate of 10%, a reduction on the previous years (2023, 12% / 2022, 14%).** This was above the 8% reported for delivery staff (treatment providers and LEROs). Turnover rates for commissioning staff had reduced from 22% in 2023 to 13% in 2024 (2022, 11%). Sickness absence remained low at 2% similar to previous years (2023, 1% / 2022, 2%).
- **The ethnicity profile of the commissioning workforce indicated that Asian or Asian British people were underrepresented at 5% compared to 10% in the English working age population.**
- The age profile of staff in this sector showed that just under half of the workforce (46%) were aged between 30 and 49 with 28% aged 50 or over.

**Fifteen of the 2022 submissions included information relating to LA delivered treatment provider staff as well as the commissioning workforce. Therefore 2022 data includes LA delivered treatment provider staff in the metric and demographic analysis.*

Lived experience recovery organisations (LEROs)

Focus on lived experience recovery organisations only

Commissioning staff and treatment providers are excluded from this section

Workforce composition - LEROs

Lived experience recovery organisations (LEROs) reported 453 WTE staff in total, a reduction on the position in 2023 (469 WTE) but higher than the 184 included in the 2022 census.

The increase between 2022 and 2023 was due to an increase in the number of participants contacted between the two years due to a more comprehensive list of LERO's being available.

Participation remained stable at 30 submissions in 2024, unchanged from 2023, though not all participants were the same. This change in who participated explains why LEROs saw a 23% WTE increase among consistent submitters (Appendix 2) but a -3% decrease for all submitters (Table 1), lowering confidence in whether the true trend is growth or decline in this sector

Peer support and service user development roles made up the biggest proportion of the LERO workforce at 67%, an increase on 55% reported in 2023 and 46% reported in 2022.

Service management and administration accounted for 21% of the LERO workforce (2023, 22% / 2022, 17%).

Drug and alcohol workers comprised 6% of the workforce a decrease from the position reported in 2023 of 15%, and the 27% reported in 2022.

Within LEROs 8% of the workforce were unpaid/volunteers and 80% were band 4 or below (<£28k). This was a lower proportion of unpaid/volunteers compared to 2023 (29%) but in line with the percentage of the workforce that were band 4 or below reported in 2023 (79%).

LEROs by salary and role																
	Peer support and service-user development		Individual Placement and Support (IPS)		Alcohol and drug workers		Service management and administration		Support Workers and Other Unregistered Clinical Staff		Psychological professions		Other		Total	
	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%
Unpaid/Volunteer (WTE)	35	11%	0	0%	0	0%	1	1%	0	0%	1	21%	0	0%	37	8%
Band 1-3 (WTE)	202	66%	0	0%	19	72%	13	14%	3	38%	0	7%	2	100%	239	53%
Band 4 (WTE)	53	17%	6	52%	5	21%	15	15%	5	63%	2	57%	0	0%	85	19%
Band 5 (WTE)	17	5%	4	35%	2	8%	36	38%	0	0%	1	14%	0	0%	59	13%
Band 6 (WTE)	2	1%	2	13%	0	0%	17	17%	0	0%	0	0%	0	0%	20	4%
Band 7 (WTE)	0	0%	0	0%	0	0%	3	3%	0	0%	0	0%	0	0%	3	1%
Band 8a (WTE)	0	0%	0	0%	0	0%	6	7%	0	0%	0	0%	0	0%	6	1%
Band 8b (WTE)	0	0%	0	0%	0	0%	3	3%	0	0%	0	0%	0	0%	3	1%
Band 8c (WTE)	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	1	0%
Band 8d (WTE)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Band 9+ (WTE)	0	0%	0	0%	0	0%	1	1%	0	0%	0	0%	0	0%	1	0%
Consultant (WTE)	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Total	308		12		26		95		8		4		2		453	

Table 24

Time in post, contract type and contract hours by staff group - LEROs

Overall, 31% of the LERO workforce have been in post for less than a year compared to 47% in 2023 and 34% in 2022. At individual role level, 46% of drug and alcohol workers reported as being in post for more than three years, an increase from 9% in 2023 and from 2022 when no drug and alcohol workers were reported as being in post for more than three years.

Table 26 shows that 63% of LERO staff were on permanent contracts compared to 46% in 2023 and 42% in 2022. This was below the 81% reported by treatment providers. The percentage of staff on temporary contracts decreased to 3% from 12% in 2023 (2022, 17%). Rates of fixed term contracts had also reduced from 42% in 2023 to 33% in 2024.

The proportion of staff working full-time had reduced from 49% in 2023 to 38% in 2024 (2022, 57%). Zero-hour contracts had reduced from 16% in 2023 to 6% in 2024 (2022, 4%).

LERO workforce by staff group and time in post				
	Up to 1 year	1 to < 3 years	More than 3 years	Not Known
Peer support and service-user development	33%	50%	10%	7%
Individual Placement and Support (IPS)	43%	57%	0%	0%
Alcohol and drug workers	39%	45%	15%	0%
Service management and administration	24%	26%	50%	0%
Nurses	-	-	-	-
Psychological professions	13%	75%	13%	0%
Social work	-	-	-	-
Other	100%	0%	0%	0%
All staff	32%	43%	21%	4%

Table 25

LEROs by staff group and contract type			
	Permanent	Fixed	Temporary
Peer support and service-user development	67%	24%	10%
Individual Placement and Support (IPS)	100%	0%	0%
Alcohol and drug workers	84%	16%	0%
Service management and administration	43%	57%	0%
Nurses	63%	38%	0%
Psychological professions	38%	63%	0%
Social work	0%	100%	0%
Other	62%	34%	4%
All staff	63%	33%	3%

Table 26

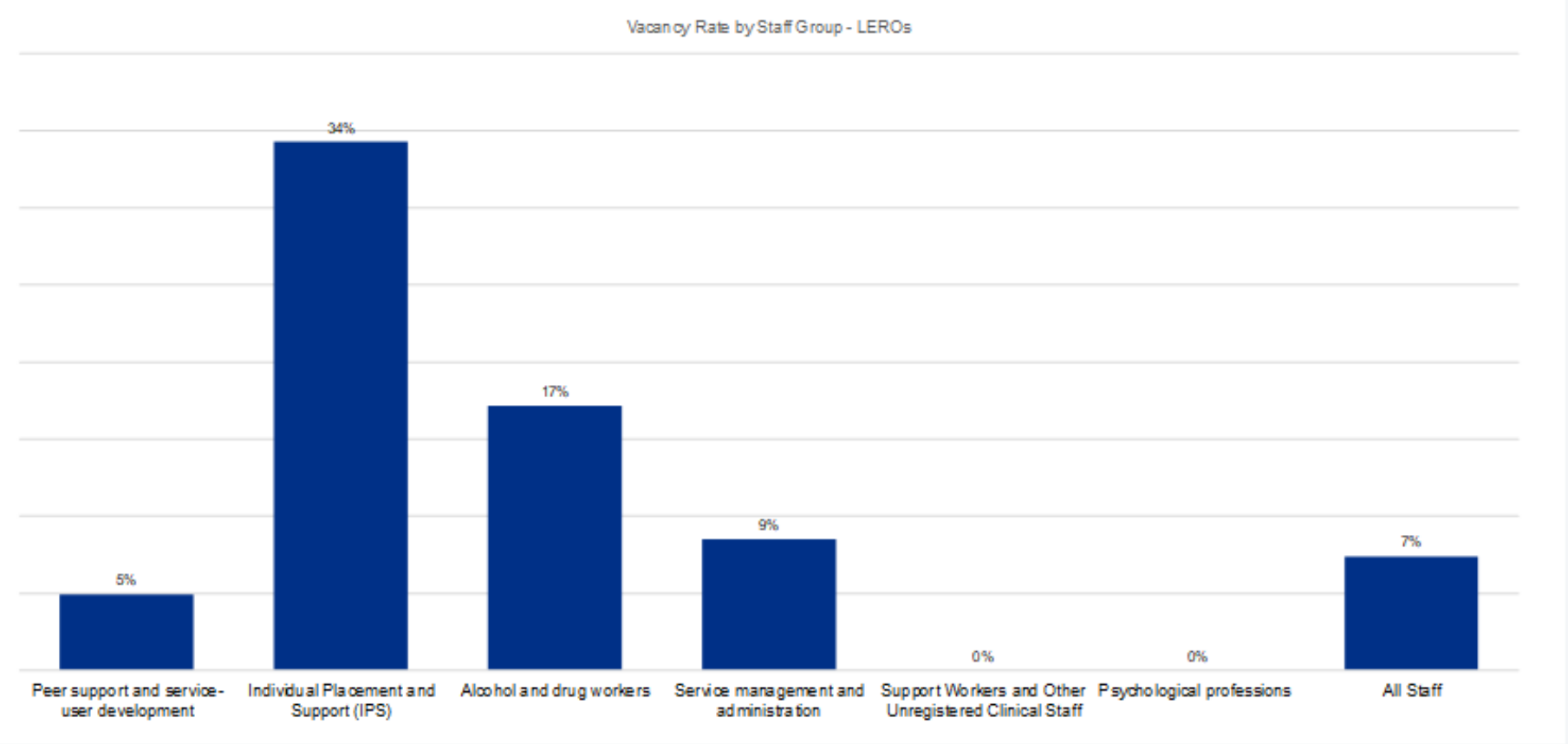
Workforce metrics - LEROs

LEROs reported an overall vacancy rate of 7%, a notable reduction on the 23% reported in 2023 and a return to the position reported in 2022 (8%).

An overall turnover rate of 19% was reported, a decrease from 29% in 2023 (2022, 8%) and in line with the 19% reported by treatment providers in 2024.

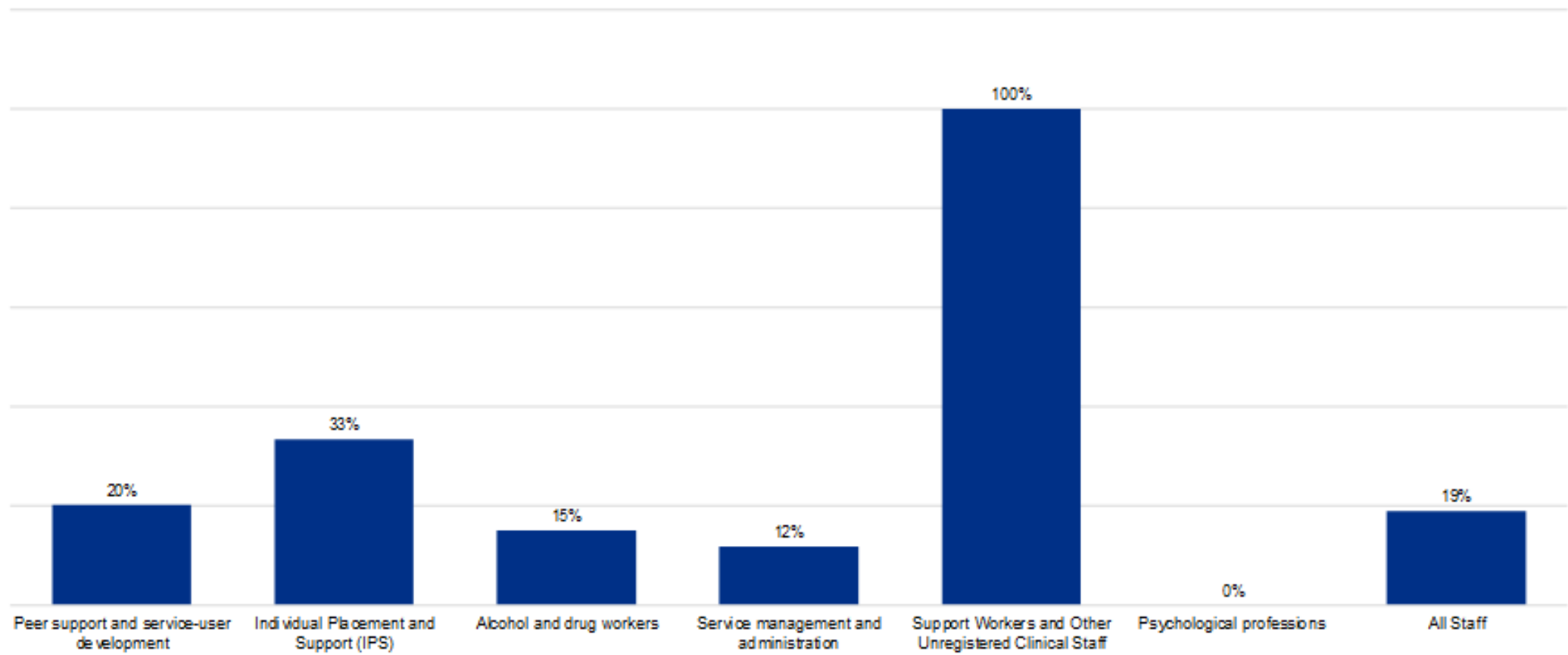
For individual roles, the highest number of leavers were reported for peer support and service user development roles (55 WTE, 20%) and service management and administration (10 WTE, 12%). The highest percentage of leavers was for support workers and other unregistered staff at 100% (based on 3 WTE).

For LEROs, an all-staff sickness absence rate of 2% was reported.



Vacancies - LEROs	Peer support and service- user development	Individual Placement and Support (IPS)	Alcohol and drug workers	Service management and administration	Support Workers and Other Unregistered Clinical Staff	Psychological professions	All Staff
Number of vacancies (WTE)	16	6	5	9	0	0	36

Turnover Rate by Staff Group - LEROs



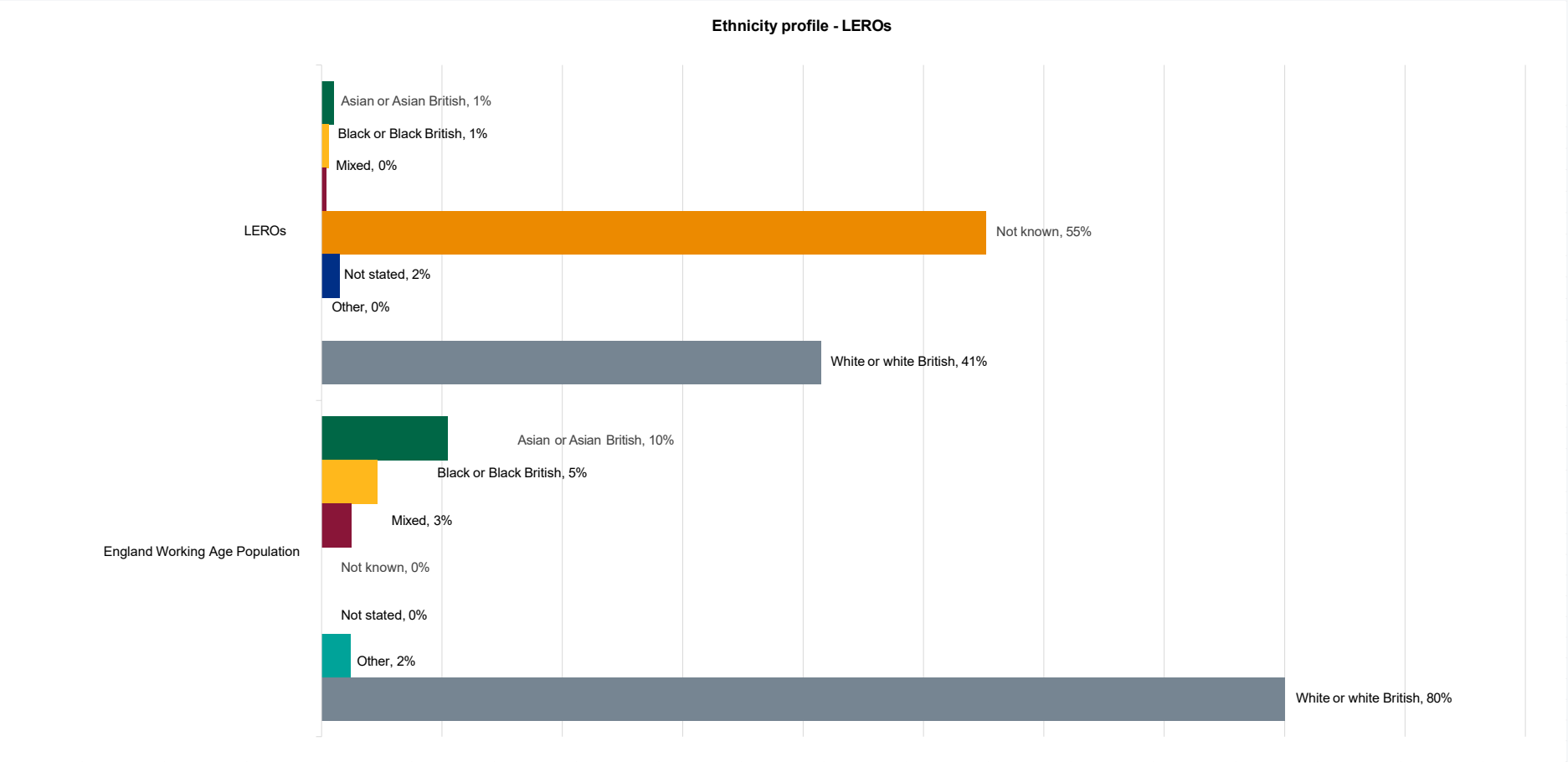
Leavers - LEROs	Peer support and service- user development	Individual Placement and Support (IPS)	Alcohol and drug workers	Service management and administration	Support Workers and Other Unregistered Clinical Staff	Psychological professions	All Staff
Number of leavers (WTE)	55	2	3	10	3	0	72

Table 28

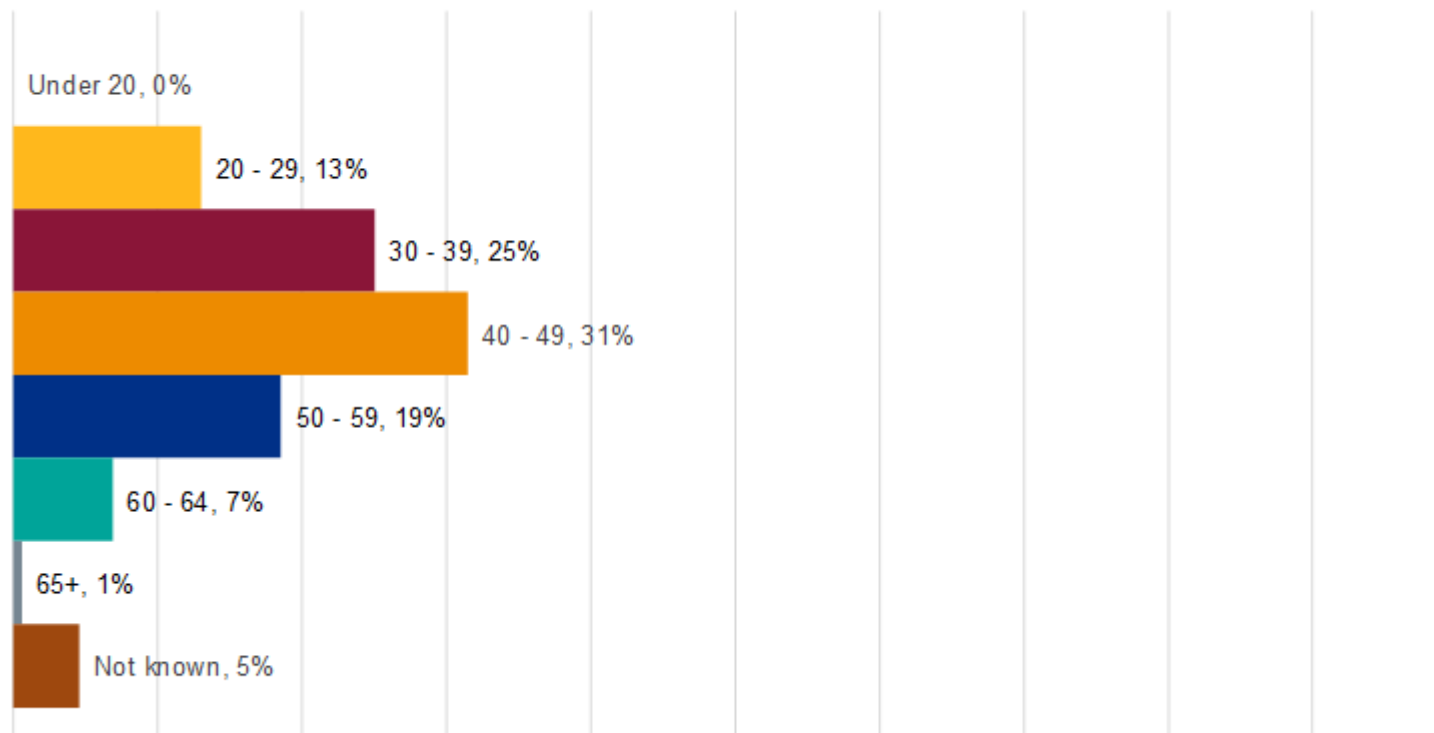
Demographic profile - LEROs

More than half (57%) of the ethnicity profile for LERO staff was not known or not stated, which skews the ethnicity reporting for LERO staff.

Staff aged 20 to 29 had increased to 13% of the workforce, from 10% in 2023 (2022, 5%). The workforce aged over 50 had reduced from 30% in 2023 to 27% in 2024, compared to 34% reported in the treatment provider workforce in 2024.



Age profile - LEROs

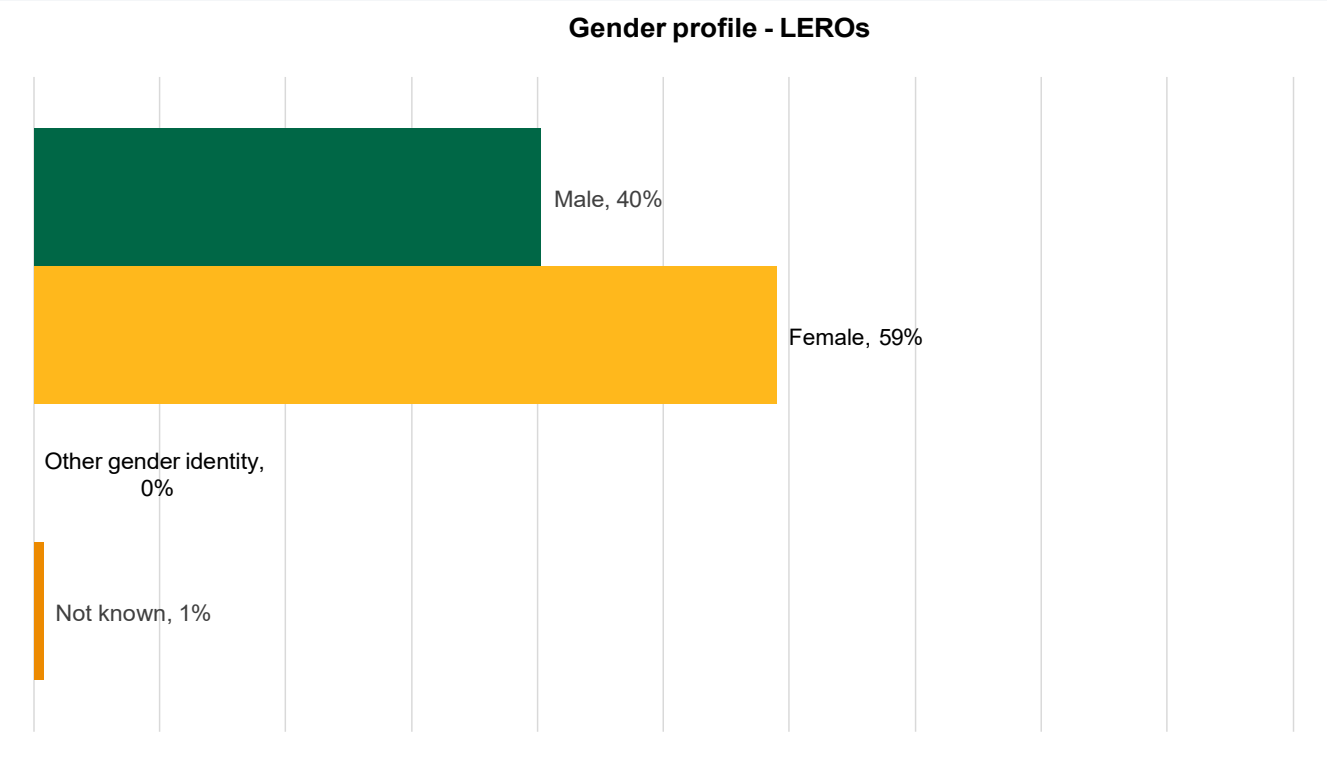


Disability, gender and sexual orientation profile - LEROs

The majority of the workforce was female (59%), this is an increase from the position in 2023 of 56% (2022, 45%) but lower than the 68% reported for treatment providers.

The proportion of the workforce reported with a disability reduced to 2%, from 5% in the previous year. However, 52% of the responses were 'unknown' so this should be considered when interpreting this information.

Thirty four percent (10) of LEROs reported that they do capture metrics for staff who consider themselves a part of the LGBTQ+ community. A median rate of 12% of LERO staff identified as being part of the LGBTQ+ community, ranging from 0-50% across LEROs.



LEROs: summary of key findings

Lived experience recovery organisations (LEROs) made 30 submissions (2023, 30 / 2022, 30) submissions. The analysis within this section should be viewed with some caution, due to the low number of submissions, but provides a broad overview of the workforce in these organisations.

- **LEROs reported 453 WTE staff in total, a reduction on the position in 2023 (469 WTE) but higher than the 184 included in the 2022 census.** The increase between 2022 and 2023 was due to an increase in the number of participants contacted between the two years due to a more comprehensive list of LERO's being available. Peer support and service user development roles the largest at 295 WTE, 67% of the workforce (2023, 55% / 2022, 45%).
- **Unpaid/volunteer roles accounted for 7% of the workforce compared to 11% in treatment provider services.** When compared to 2023 unpaid / volunteer roles had reduced notably from 29%, in 2022 17% of roles were reported as unpaid / volunteer. 79% of the workforce were band 4 or below (<£28k). This was in line with the percentage band 4 or below reported in 2023 and 2022 and compared to 43% in treatment provider services in 2024.
- **LEROs reported 31% of the workforce had been in post for less than a year compared to 47% in 2023 and 34% in 2022.** More LERO staff had permanent contracts than in the previous two census years (2023, 46% / 2022, 42%) The percentage of staff on temporary contracts decreased to 3% from 12% in 2023 (2022, 17%). Rates of fixed term contracts had also reduced from 42% in 2023 to 33% in 2024. 37% of LERO staff were full time compared to 49% in 2023 and 57% in 2022. This compared to 68% for treatment providers.
- **LEROs reported a vacancy rate of 8%, a sickness rate of 2% and a 20% (72 WTE leavers) turnover rate.**
- **More than half (57%) of the ethnicity profile for LERO staff was not known or not stated, which skews the ethnicity reporting for the LERO staff.**
- The workforce aged over 50 had reduced from 30% in 2023 to 27% in 2024, compared to 34% reported in the treatment provider workforce in 2024.
- **Within LEROs, 59% were female, below the 68% reported for treatment providers but an increase compared to 56% in 2023 and 45% in 2022.**

Appendices

Appendix 1: Staff group breakdown by role

Includes all delivery and commissioning roles across all sectors:

- Treatment providers (Voluntary / NHS / Independent / LA delivered treatment)
- Lived experience recovery organisations (LEROs)
- Commissioners (Local Authorities – LAs)

Drug and Alcohol Workers

Drug and Alcohol Workers	2022		2023		2024									
	% Total Workforce	*Total WTE	% Total Workforce	**Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary <£28,000	% Salary >£50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Criminal justice alcohol and drug workers	5%	580	5%	664	5%	662	2.1	41%	2%	38%	20%	84%	14%	3%
Young peoples' alcohol and drug treatment workers	3%	374	5%	570	4%	602	1.9	42%	0%	37%	24%	85%	29%	2%
Young peoples' alcohol and drug early intervention and prevention workers	1%	74	0%	58	1%	74	0.2	25%	0%	35%	21%	89%	28%	0%
Adult early intervention alcohol and drug worker including Identification and Brief Advice (IBA) roles	1%	78	1%	119	1%	148	0.5	53%	0%	51%	15%	96%	24%	2%
Outreach alcohol and drug workers	2%	187	2%	285	2%	310	1.0	45%	0%	50%	13%	70%	11%	10%
Harm reduction alcohol and drug workers	1%	163	3%	424	4%	507	1.6	58%	0%	47%	25%	90%	20%	8%
Alcohol and drug specific housing support worker	1%	71	1%	147	1%	121	0.4	48%	0%	54%	18%	81%	22%	0%
Alcohol and drug specific education, training & employment (ETE) worker	0%	40	0%	45	0%	40	0.1	28%	0%	30%	30%	98%	18%	5%
Co-occurring mental health and alcohol and drug workers	0%	51	1%	86	1%	80	0.3	28%	0%	38%	14%	86%	23%	3%
Specialist homelessness/rough sleeping alcohol and drug workers	2%	193	2%	263	2%	299	0.9	50%	0%	44%	12%	62%	11%	2%
Family/parental alcohol and drug workers	2%	194	2%	243	2%	271	0.8	37%	1%	43%	25%	98%	25%	3%
Other alcohol and drug workers	12%	1330	25%	3167	25%	3505	11.0	45%	0%	40%	24%	92%	20%	5%
All staff	48%	5443	49%	6090	47%	6618	20.74	45%	0%	40%	22%	87%	19%	4%

Table 29

* Total WTE for 2022 includes drug and alcohol workers who were not disaggregated by role; therefore, the total will not equal the sum of the parts.

** Total WTE for 2023 includes 19 WTE listed in treatment provider submissions who were not disaggregated by role; therefore, the total will not equal the sum of the parts.

Service Managers

	2022		2023		2024									
Service Managers	% Total Workforce	Total WTE	% Total Workforce	*Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary <£28,000	% Salary >£50,500+	% < 1 year in post	% >3 years in post	% Permanent contract	% Part Time	% Zero hours
Alcohol and Drug Service Manager / Team Leader	11%	1312	12%	1561	12%	1669	5.2	3%	9%	25%	37%	95%	15%	0%
Volunteer Coordinators	1%	78	1%	83	1%	81	0.3	31%	0%	43%	37%	103%	34%	1%
Administrative - Manager / Administrator	6%	691	6%	769	6%	791	2.5	78%	1%	38%	32%	93%	34%	4%
Data Manager / Analysts / Administrator	3%	309	2%	249	2%	299	0.9	55%	0%	37%	34%	100%	44%	2%
Other service management and administration staff	2%	225	2%	288	2%	345	1.1	43%	8%	37%	39%	100%	42%	8%
All staff	23%	2615	24%	2951	23%	3185	9.98	32%	6%	30%	34%	91%	25%	2%

Table 30

* Total WTE for 2023 includes 1.8 WTE listed in treatment provider submissions who were not disaggregated by role; therefore, the total will not equal the sum of the parts.

Pharmacy Roles

Pharmacy Roles	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Pharmacist	0%	21	0%	18	0%	22	0.1	18%	58%	22%	26%	81%	46%	11%
Pharmacist - Pre-registration	-	0	-	0	0%	1	0.0	0%	100%	0%	33%	33%	0%	0%
Pharmacy Technician - Accredited checking technician	0%	4	0%	4	0%	10	0.0	30%	0%	55%	45%	100%	36%	0%
Pharmacy Technician (Trainee)	-	0	-	0	0%	0	0.0	-	-	-	-	-	-	-
Pharmacy Assistant	-	0	-	0	0%	0	0.0	-	-	-	-	-	-	-
*All staff	0%	25	0%	22	0%	32	0.10	22%	41%	29%	32%	83%	43%	8%

Table 31

* Total WTE includes WTE from LERO submissions which were not disaggregated by role, therefore the total will not equal the sum of the parts.

Nursing

Nursing	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	*Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Registered nurses	8%	921	8%	997	7%	1052	3.3	9%	14%	33%	34%	86%	29%	9%
Advanced Level Practice Nurse (subset of total in registered nurses' row)	0%	50	0%	33	0%	43	0.1	23%	25%	36%	28%	67%	28%	24%
Student Nurse	0%	29	0%	26	0%	27	0.1	85%	0%	81%	12%	15%	12%	58%
**All staff	9%	975	8%	1047	8%	1122	3.52	11%	14%	34%	33%	86%	30%	10%

Table 32

* Total WTE for 2023 includes 3.4 WTE listed in treatment provider submissions who were not disaggregated by role; therefore, the total will not equal the sum of the parts.

Support Workers and Other Unregistered Clinical Staff

Support Workers and Other Unregistered Clinical Staff	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	*Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Support Workers and Other Unregistered Clinical Staff	2%	218	3%	333	3%	355	1.1	86%	0%	41%	24%	75%	23%	16%
All staff	2%	218	3%	342	3%	355	1.11	86%	0%	41%	24%	75%	23%	16%

Table 33

* Total WTE for 2023 includes 8.6 WTE listed in treatment provider submissions who were not disaggregated by role; therefore, the total will not equal the sum of the parts.

Social Work Roles

Social Work Roles	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Social Workers (registered to practice on the Social Work England register)	1%	60	1%	108	1%	82	0.3	1%	5%	33%	31%	89%	23%	1%
Social Workers - Pre-registration	1%	74	0%	9	0%	53	0.2	98%	0%	98%	2%	6%	8%	87%
*All staff	1%	134	1%	117	1%	135	0.42	39%	3%	60%	19%	56%	17%	36%

Table 34

Peer Support, Service Development & Activity Facilitation

Peer Support, Service Development, and Activity Facilitation	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	*Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Peer Support Workers	6%	684	7%	922	6%	846	2.7	96%	0%	49%	9%	17%	22%	50%
Service-user Development Workers	1%	104	1%	118	1%	139	0.4	79%	1%	66%	9%	31%	22%	58%
Activity facilitator	2%	193	1%	134	1%	194	0.6	92%	0%	50%	12%	41%	13%	54%
All staff	8%	981	9%	1174	8%	1179	3.69	93%	0%	51%	9%	23%	21%	52%

Table 35

Individual Placement and Support (IPS)

Individual Placement and Support (IPS)	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	*Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
IPS employment specialist worker	0%	52	1%	78	1%	109	0.3	38%	0%	72%	5%	58%	11%	5%
Senior IPS employment specialist worker	0%	19	0%	34	0%	44	0.1	2%	0%	68%	5%	61%	18%	2%
All staff	1%	71	1%	111	1%	154	0.48	28%	0%	64%	4%	53%	12%	4%

Table 36

Allied Health Professionals (AHPs)

Allied Health Professionals (AHPs)	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Occupational Therapist (OT)	0%	3	0%	4	0%	6	0.0	0%	0%	17%	67%	67%	0%	0%
OT (Trainee)	-	0	-	0	0%	1	0.0	100%	0%	100%	0%	0%	0%	100%
Other AHPs	0%	6	0%	5	0%	11	0.0	0%	0%	31%	62%	85%	69%	0%
Other AHP trainee	0%	2	-	0	0%	0	0.0	-	-	-	-	-	-	-
*All staff	0%	11	0%	9	0%	18	0.06	6%	0%	30%	60%	75%	45%	5%

Table 37

** Total WTE includes WTE from LERO submissions which were not disaggregated by role, therefore the total will not equal the sum of the parts.*

Medics: Psychiatry Roles

Medics: Psychiatry	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Addiction Psychiatrists (on the addiction psychiatry register)	1%	81	0%	56	0%	59	0.2	2%	97%	27%	40%	95%	60%	2%
Other Adult Psychiatrist (not on the addiction psychiatry register)	0%	6	0%	6	0%	8	0.0	25%	75%	15%	23%	92%	85%	8%
Other CYP Psychiatrist (not on the addiction psychiatry register)	0%	2	-	0	0%	0	0.0	-	-	0%	0%	100%	0%	0%
Specialty doctor / Associate Specialist in Psychiatry / staff grade (SAS doctors)	0%	51	1%	84	1%	79	0.2	8%	91%	23%	39%	88%	41%	7%
Psychiatry - Training grade doctors ST4-ST6	0%	16	0%	10	0%	15	0.0	37%	63%	71%	21%	43%	21%	43%
Psychiatry - Trainee grade CT1-CT3	0%	10	0%	7	0%	7	0.0	29%	57%	80%	20%	0%	0%	0%
Foundation - Trainee grade FY1-FY2	0%	2	0%	2	0%	0	0.0	-	-	-	-	-	-	-
*All staff	1%	168	1%	167	1%	168	0.53	10%	88%	28%	37%	86%	50%	8%

Table 38

Medics: General Practitioners and Locally Employed Doctors

Medics: General Practitioners and locally employed doctors	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
General Practitioners with an extended role (GPwER)	N/A	N/A	N/A	N/A	0%	15	0.0	13%	77%	10%	66%	61%	86%	10%
General Practitioners	0%	50	0%	34	0%	24	0.1	4%	96%	21%	52%	82%	61%	9%
General Practitioner trainee (ST1, ST2 or ST3)	0%	6	0%	3	0%	8	0.0	64%	36%	88%	0%	13%	13%	63%
Locally employed doctors (LEDs)	N/A	N/A	N/A	N/A	0%	9	0.0	0%	78%	100%	0%	63%	38%	0%
*All staff	1%	56	0%	37	0%	56	0.18	14%	80%	32%	46%	65%	63%	14%

Table 39

Other Staff

Other Staff	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	Total WTE	% Total Workforce	Total WTE	WTE per 1000 Treatment numbers	% Salary < £28,000	% Salary > £50,500+	% < 1 year in post	% > 3 years in post	% Permanent contract	% Part Time	% Zero hours
Nursing Associates - Band 4	N/A	N/A	N/A	N/A	0%	13	0.0	84%	0%	33%	56%	89%	11%	0%
Physician Associate	0%	5	0%	2	0%	5	0.0	20%	40%	40%	60%	60%	0%	20%
Other staff	3%	332	1%	187	1%	174	0.5	77%	2%	50%	24%	44%	16%	25%
*All staff	3%	337	1%	189	1%	193	0.60	76%	3%	49%	26%	46%	16%	24%

Table 40

* Total WTE includes WTE from LERO submissions which were not disaggregated by role, therefore the total will not equal the sum of the parts.

Psychological Professions

Psychological professions	2022		2023		2024									
	% Total Workforce	Total WTE	% Total Workforce	Total WTE	% Total Workforce	Total WTE	WTE per 1000	<£28,000 % Salary	>£50,500+ % Salary	% <1 year in post	% >3 years in post	% Permanent contract	% Part Time	% Zero hours
Consultant Psychologist – registered	0%	16	0%	22	0%	21	0.1	5%	92%	37%	15%	96%	74%	4%
Practitioner Psychologist – registered	0%	23	0%	33	0%	35	0.1	8%	61%	35%	13%	85%	53%	5%
Trainee Psychologist	0%	4	0%	7	0%	23	0.1	78%	0%	75%	0%	13%	8%	71%
Clinical Associate in Psychology	N/A	N/A	-	0	0%	6	0.0	14%	17%	33%	17%	100%	17%	0%
Trainee Clinical Associate in Psychology	N/A	N/A	N/A	N/A	0%	24	0.1	4%	13%	100%	0%	0%	0%	100%
Assistant Psychologist – non-registered	0%	31	0%	39	0%	30	0.1	60%	0%	45%	0%	72%	0%	3%
Counsellor – registered	1%	105	1%	100	1%	77	0.2	24%	0%	25%	38%	86%	56%	8%
Trainee Counsellor	1%	110	0%	59	1%	133	0.4	97%	0%	57%	1%	11%	2%	89%
Psychotherapist – registered	0%	12	0%	9	0%	11	0.0	17%	0%	33%	33%	79%	47%	0%
Trainee Psychotherapist	0%	3	0%	1	0%	3	0.0	100%	0%	0%	100%	100%	0%	0%
Mental Health and Wellbeing Practitioner	N/A	N/A	0%	15	0%	12	0.0	43%	0%	17%	0%	75%	17%	17%
Trainee Mental Health and Wellbeing Practitioner	N/A	N/A	N/A	N/A	0%	9	0.0	67%	0%	67%	11%	56%	0%	0%
Psychology / therapy support role	1%	115	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
All staff	4%	419	2%	285	3%	384	1.20	53%	12%	43%	14%	55%	28%	37%

Table 41

Psychological Professions workforce by staff group and sector	Treatment Providers								LEROs		Total	
	Voluntary sector		NHS		Independent/		LA- delivered treatment					
	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%	WTE	%
Consultant Psychologist – registered	13	5%	4	10%	0	0%	4	12%	0	0%	21	6%
Practitioner Psychologist – registered	20	7%	10	24%	1	6%	4	12%	0	0%	35	9%
Trainee Psychologist	21	7%	1	1%	0	0%	1	3%	0	0%	23	6%
Clinical Associate in Psychology	3	1%	3	7%	0	0%	0	0%	0	0%	6	2%
Trainee Clinical Associate in Psychology	1	0%	0	0%	0	0%	23	70%	0	0%	24	6%
Assistant Psychologist – non-registered	19	7%	11	26%	0	0%	0	0%	0	0%	30	8%
Counsellor – registered	59	21%	5	12%	10	62%	1	2%	3	71%	77	20%
Trainee Counsellor	133	46%	0	0%	0	0%	0	0%	0	0%	133	35%
Psychotherapist – registered	2	1%	6	14%	3	19%	0	0%	0	0%	11	3%
Trainee Psychotherapist	2	1%	0	0%	1	6%	0	0%	0	0%	3	1%
Mental Health and Wellbeing Practitioner	10	3%	1	2%	1	6%	0	0%	0	0%	12	3%
Trainee Mental Health and Wellbeing Practitioner	6	2%	2	5%	0	0%	0	0%	1	29%	9	2%
All staff	289	75%	43	11%	16	4%	33	9%	4	1%	384	

Table 42

Local Authority: Commissioning Roles

Local Authority - Commissioning Roles	2022		2023		2024												
	Workforce	% Total	Workforce Total WTE	% Total	Workforce Total WTE	% Total	Total WTE	Treatment	WTE per 1000	<£28,000	% Salary	>£50,500+	% Salary post	% < 1 year in post	% > 3 years in post	%Permanent contract	% Part Time
Local authority alcohol and drug administrators	0%	24	0%	30	0%	32	0.1	49%	0%	25%	42%	74%	43%	0%			
Local authority alcohol and drug commissioners (adults)	1%	131	1%	144	1%	152	0.5	0%	36%	15%	49%	79%	23%	0%			
Local authority alcohol and drug coordinators (adults)	0%	38	0%	33	1%	74	0.2	2%	5%	17%	45%	66%	15%	0%			
Local authority alcohol and drug commissioners (young people)	0%	39	0%	31	0%	31	0.1	0%	42%	15%	49%	88%	38%	1%			
Local authority alcohol and drug coordinators (young people)	N/A	N/A	0%	18	0%	13	0.0	0%	2%	21%	13%	74%	8%	2%			
Local authority alcohol and drug data analysts	0%	24	0%	28	0%	35	0.1	1%	11%	20%	45%	69%	31%	0%			
Local authority alcohol and drug project managers	0%	33	0%	59	0%	66	0.2	3%	20%	21%	25%	69%	21%	0%			
Local authority alcohol and drug strategy managers	0%	33	0%	49	0%	45	0.1	0%	75%	10%	47%	78%	13%	0%			
Local authority contracts officer	0%	21	0%	19	0%	19	0.1	16%	7%	17%	43%	74%	26%	0%			
Local authority Public Health consultant	N/A	N/A	N/A	N/A	0%	21	0.1	0%	95%	12%	59%	93%	42%	0%			
Other LA commissioning staff	0%	56	0%	55	1%	78	0.2	2%	24%	11%	38%	63%	22%	0%			
All staff	3%	398	4%	466	4%	564	1.77	4%	29%	16%	44%	75%	25%	0%			

Table 43

* 2023 Total includes 9 WTE where salary banding was not supplied. These 9 WTE are excluded from all other calculations in this table.

Appendix 2: Year on Year comparisons based on consistent submitters between 2024 and 2023

The rate of change was calculated in consistent responders in both census years.

There were 304 (80%) consistent treatment providers, 19 (63%) LERO submissions and 108 (86%) local authority commissioning submissions.

Analysis of these consistent responders showed an 8% increase in the overall workforce. The treatment provider workforce had increased by 8%, the LERO workforce had increased by 23% and there had been an 11% increase in the commissioning workforce.

Based upon the difference between these figures, and the figures shown in table 1, we can have high confidence in the 9% growth rate for treatment providers in table 1, as it remains relatively consistent across datasets. However, the LERO and LA trends are less reliable, as missing or new submitters may be inflating or distorting the overall growth rate. Therefore, we cannot be confident whether the real rates of change are growth or decline in these sectors.

Year-on-Year Trend Analysis	2023	2024	Percentage Change
	Total WTE	Total WTE	
Treatment Providers	10,871	11,700	8%
LERO	324	397	23%
Local authority (LA) commissioning workforce	405	451	11%
Total	11,600	12,548	8%

Table 44

Year-on-Year Trend Analysis - Treatment Providers	2023	2024	Percentage Change
	Total WTE	Total WTE	
Alcohol and drug workers	5,422	5,838	8%
Registered nurses	878	953	9%
Addiction Psychiatrists / Substance misuse psychiatrists	54	50	-6%
Other Adult Psychiatrists	6	6	8%
Other CYP Psychiatrists	0	0	N/A
Speciality doctor / Associate Specialist in Psychiatry / staff grade (SAS doctors)	81	75	-8%
Psychiatry - Training grade doctors ST4-ST6	9	15	69%
General Practitioners	27	33	22%
Consultant Practitioner Psychologist - registered	21	19	-9%
Practitioner Psychologist - registered	31	32	6%
Pharmacist	17	21	29%
Social Workers (registered to practice on the Social Work England register)	87	69	-20%

Table 45

Appendix 3: Key definitions, calculations, and references

Key definitions

- **Whole time equivalent (WTE):** A measure of working time expressed as a proportion of the standard whole time working for a grade. For example, if registered nurse has a 37.5 hour week contract and they work 15 hours a week, they would be 0.4 WTE. If the standard hours for a full time Junior Doctor are 40 hours a week and an individual Junior Doctor contracts to work 40 hours per week, then that employee's WTE is = 1.0.
- **In post:** WTE as at 30 June 2024. This includes contracted staff in post and bank and/or agency cover who were in place on this date (question will specify bank and/or agency inclusion). This should include all staff directly employed by the organisation, regardless of the location in which they work. Do not include staff employed by other organisations working within your organisation as part of a service agreement - these staff should be captured by the employing organisation.
- **Bank and agency staff (WTE):** The number of staff (WTE) who are on a bank or agency contract at 30 June 2024.
- **Number of vacancies (WTE):** The difference between the number of reported Whole Time Equivalent (WTE) permanent or fixed-term staff in post and planned workforce levels. For over establishment, this is recorded as a negative figure. All 'true' vacancies should be recorded as a positive figure. This is excluding bank and agency staff.
- **Vacancy rate:** Vacancy rate is the number of vacancies divided by the funded establishment.
- **Joiners (WTE):** The number of new staff that joined the service during the period from the 1 July 2023 to the 30 June 2024. This could include staff who both joined and left their role within the 12-month period. This is excluding bank and agency staff
- **Retention (WTE):** Staff in post (excluding bank and agency staff) on the 1 July 2023 who were still in post on 30 June 2024.
- **Turnover rate:** The numerator is the total number of leavers, and the denominator is staff in post at the start of the year (calculated by staff in post at end of the year excl. bank and agency, minus joiners, plus leavers).
- **Sickness absence days:** Total number of WTE staff sickness days including non-working days. For example, a member of staff that usually works Monday to Friday and is off sick Friday through to Monday would report four days sickness. In line with NHS Digital definition.
- **Total working days available:** Total number of contracted WTE staff days available in the period. For example, a full-time member of staff would have 365 available days compared to 182.5 for a staff member working 0.5WTE. Excludes: maternity leave & unpaid

Calculations

- **Funded establishment (WTE):** Funded establishment is calculated by the staff in post collected in the workforce tab minus the bank & agency staff and then added to the number of vacancies.
- **Vacancy rate:** Vacancy rate is the number of vacancies divided by the funded establishment.
- **Joiner rate:** The numerator is the number of joiners, and the denominator is staff in post at the start of the year (calculated by staff in post at end of the year excl. bank & agency, minus joiners, plus leavers).
- **Retention rate:** The numerator is the number of retained staff, and the denominator is staff in post at the start of the year (calculated by staff in post at end of the year excl. bank & agency, minus joiners, plus leavers).
- **Turnover rate:** The numerator is the total number of leavers, and the denominator is staff in post at the start of the year (calculated by staff in post at end of the year excl. bank & agency, minus joiners, plus leavers).
- **Sickness absence rate:** Sickness absence rate - the number of the sickness absence days divided by the total available working days.

References

1. [Drug and Alcohol Treatment and Recovery Workforce Programme | NHS England | Workforce, training and education](#)
2. [NHS Vacancy Statistics England, April 2015 - June 2024, Experimental Statistics - NHS England Digital](#)
3. [NHS Sickness Absence Rates, June 2024 - NHS England Digital](#)
4. [CQC Trusted Assessor Guidance, June 2018 – CQC](#)

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