

*This briefing is a fortnightly update on important policy developments relevant to family support and the drug and alcohol sector. It includes comment, data, reports, parliamentary news, policy directions and debate.*

## **POLICY BRIEFING**

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**2 – 13 April 2012**

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# Editorial

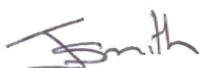
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Following the Government's use of the new temporary class drug order to ban the legal high Mexxy, there has been much debate about the efficacy of such measures to control and prohibit the use of drugs. A wide variety of substances are sold as legal highs with a limited understanding of their short- and long-term effects. We hear from family support providers who receive ever increasing numbers of calls from worried parents desperate for information about legal highs and club drugs, and who struggle to find relevant and balanced sources of information. The novel nature of these substances, coupled with the often outraged tone of media coverage, means that there are few experts for parents to turn to for advice and information.

Recently the Drug Education Forum released [a briefing paper](#) (pdf) for schools to try and debunk some of the myths and misunderstandings surrounding legal highs, including the popular misconception amongst young people that because these substances are sold legally, they are safe. The truth is these drugs are untested and their interactions with the body and other substances are unknown. As the paper suggests, it is important to avoid inflaming the situation when discussing legal highs; however, young people need to know the risks they are taking. Another misconception challenged is that large numbers of young people are taking legal highs: research has shown that young people consistently overestimate the prevalence of drug use and its acceptability amongst their peers, and the same is true of alcohol. The media continue to hype the prevalence of legal highs within communities of young people, which serves to reinforce the idea that 'everyone is doing it'.

'Club drugs' such as ketamine and GBL are also increasingly concerning for families. A recent Mixmag/Guardian survey highlighted that 15% of clubbers had taken a white substances without knowing what it was in the last 12 months, and that the most common substances used were alcohol, cocaine, MDMA and ketamine. Although this survey represents a certain self-selecting social grouping of young people, it is important that we ensure both young people and their families and friends are able to access accurate information to enable them to make informed choices and have wise conversations.

We are keen to develop a resource for families and parents concerned about legal highs and club drugs which will enable them to have this balanced and informed conversation with their children. We will, over the next few months, be consulting experts to gather accurate and up-to-date information that reflect people's experiences. If you would like to know more about this project as it develops please [email us](#).



**Joss Smith**

Head of Policy and Regional Development

# Parliamentary roundup

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*Parliament is currently in the Easter recess.*

# Consultations

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## [Family Support and Joint Strategic Needs Assessments](#) – Adfam

Joint Strategic Needs Assessments (JSNAs) will be one of the main guiding documents used by new Health and Wellbeing Boards to decide on local public health priorities and make commissioning decisions. Adfam would like to understand more about how family support services will be affected by JSNAs to ensure the needs of drug and alcohol users and their families are fully recognised. This questionnaire can be filled in even if you do not have any direct experiences of JSNAs - we appreciate anyone completing it to give us as comprehensive a picture as possible.

## [Children's Safeguarding Performance Information Consultation](#) – Department for Education

The Government is consulting on the information which needs to be collected locally and nationally in order to drive improvement in services for vulnerable children. The draft dataset includes fields on the school attendance and educational achievement of Children in Need; hospital admissions of children; the social worker vacancy and turnover rate at local level; the length of time children are classed as 'in need'; and the percentage of child protection plans lasting two years or more.

The consultation is open until **16 April 2012**.

# Reports and announcements

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*Click on the report titles to access the documents.*

## Drugs, alcohol & families

[Alcohol in the European Union](#) – World Health Organisation

This report discusses alcohol consumption and its associated harms, as well as examining the different policy approaches employed across Europe and the evidence of their effectiveness. The extensive research includes information from various countries on approaches to education; health sector responses; community intervention; drinking and the workplace; and the marketing, pricing and availability of alcohol. The report's conclusions include that increasing the price of alcohol relative to other goods and incomes is key to reducing the significant amount of alcohol-related harm; the availability of alcohol and exposure to its marketing are clearly related to alcohol consumption and harm; the research also states that licensed premises can be designed to reduce drunkenness; workplace wellbeing programmes can diminish the negative effects of alcohol use; and school-based education schemes have a poor track record of reducing harm among young people.

[The recent evolution of UK drug strategies: from maintenance to behaviour change?](#) (pdf)

– Mark Monaghan, University of Leeds

This overview lays out the progress and evolution of the UK drug strategies in recent times under various governments. Despite the fact that the relationship between drugs and crime is difficult to ascertain, the governments have all shown have a primary concern in reducing drug-related crime, with the political consensus remaining that a large percentage of criminality is drug related. It highlights the subtle changes in policies through time, questions the direction UK drug policy is heading, and acknowledges that rhetoric is usually a lot easier to comprehend than the reality that follows it.

[Building recovery in local communities](#) (pdf) – DH/Home Office/Ministry of Justice

This letter aims to explain to Local Authority Chief Executives how upcoming political changes – namely the election of Police and Crime Commissioners and the devolution of drug and alcohol recovery commissioning to local areas in early – will affect service provision, and illustrate the opportunities for joint working and efficient commissioning that will emerge. The letter stresses the importance of an 'integrated approach' where criminal justice and health services work towards the common goal of recovery; states how Joint Strategic Needs Assessments will provide the framework for local spending decisions; and sets out the key principles of successful recovery, including individually tailored care packages. The letter also notes the links that can be made with families and

carers in local responses, and gives a deadline of March 2013 for the creation of new local mechanisms for tackling substance misuse.

[Accessing effectiveness of drug courts on recidivism](#) – Journal of Criminal Justice

This review aims to pool the results of a number of international evaluations of specialist drug courts, which specialise in the close supervision of drug using offenders and aim to improve their engagement with treatment as an alternative to prosecution or imprisonment. The analysis explores the reasons behind the effectiveness of drug courts, whether their positive impact lasts, and how well supported they are by rigorous trials. The overall conclusions are that drug using offenders involved with specialist drug courts are less likely to reoffend; juvenile drug courts only have a minor impact on recidivism; and courts which deal only with non-violent offenders were more effective in reducing crime. However, the analysis concedes that the results vary widely between different courts, and that the systems used to evaluate many of them are methodologically weak.

[Alcohol Strategy Briefing paper](#) – Alcohol Concern

This briefing paper gives a succinct overview of the Government's recent Alcohol Strategy, explaining the policies it sets out and presenting Alcohol Concern's views. Discussion points include minimum pricing, multi-buy promotions, alcohol advertising, changing of behaviour at local level, health harms and industry responsibility. Alcohol Concern's encourage: the continued championing of Identification and Brief Advice (IBA) on alcohol; moves to make it simpler for people to understand how to calculate how much they are drinking and what effect it might have on their health; and cooperation with the Government to ensure robust policing is in place to protect young people from the pressures of £800m of yearly advertising spent on alcohol.

[Connections: family violence and alcohol and other drug use](#) (pdf) – VAADA (Australia)

This paper discusses the relationship between Alcohol and other Drug (AOD) misuse and family violence, arguing that a stronger focus by AOD services and a stronger focus on the aforementioned relationship would have a positive effect on the safety of women and children, and better address the impact of family violence and improve treatment outcomes of AOD clients. It concludes by including several recommendations at policy and practice level. Some of these include: greater recognition of the relationship between AOD misuse and family violence in policy and practice; development of a state-wide strategy which will lead and resource partnerships between AOD services, mental health and family violence services; and workforce development strategies to improve the AOD sector's response to family violence.

[Safeguarding children: a comparison of England's data with that of Australia, Norway and the United States](#) (pdf) – Centre for Research and Information, Loughborough University

This report compiles the methods and findings of a study with the primary objective considering how different institutional and cultural approaches alongside different forms of provision and support may influence rates of abuse and neglect and the responses of public authorities. It reviews the literature on child welfare data and recent policy and practice developments in England, Australia, Norway and the United States, offering analysis and interpretation of the aggregate administrative data available in the aforementioned countries to explore changes in recognition of, and responses to, abuse and neglect over time. The report also maps changes in responses to children coming to the attention of child welfare agencies against significant events and key policy and practice developments.

[Systematic review of models of analysing significant harm](#) (pdf) – Department for Education

This paper focuses on professional judgment relating to safeguarding children, a major point being that social care practitioners are able to gather a great deal of information on children and families, but find it much more difficult to draw this together into the key conclusion of whether a child is suffering, or likely to suffer, significant harm. This study therefore aims to analyse the various tools available for assessing data relating to children (for example risk assessment tools and 'decision trees'), compare how useful they are, and establish the elements of an 'ideal' assessment tool. Overall, the report recommends further piloting of the tools found to be most effective, as part of a move towards a system of 'structured professional judgment'. In order for this to take place, managerial commitment, training for practitioners and effective staff supervision are all identified as key requirements.

[Outcomes for children looked after by local authorities in England](#) (pdf) – DfE/ONS

This publication provides analysis on the outcomes of looked after children as of March 2011. Looked after children are defined as those that have been continuously looked after for 12 months. Amongst other things the report found that 72.8 per cent of the children in question had SEN (an increase from 65.7 per cent in 2007) and that 4.3 per cent of looked after children in primary, 18.7 per cent of looked after children in secondary schools and 15.0 per cent of looked after children in special schools had at least one fixed exclusion. This compares with 0.9 per cent, 8.6 per cent and 16.5 per cent of all children, respectively.

[Safeguarding in 2012: views from the frontline](#) (pdf) – Royal College of Paediatrics and Child Health

This study is based on a survey of 59 safeguarding leads in NHS trusts, with an eye on the revised *Working Together to Safeguard Children* guidance due to be released later in 2012. Over half of these doctors thought current guidance was insufficient for them to fulfill their role of safeguarding lead effectively; three-quarters thought that not enough time was contracted for their child protection role; and the majority believed the upcoming NHS reforms will make the situation worse. The report therefore recommends that NICE (the National Institute for Clinical Evidence) develop a quality standard for safeguarding; Local Safeguarding Children Boards improve and promote existing training; the new statutory guidance includes detailed information on safeguarding responsibilities and accountabilities; and that safeguarding arrangements under the newly structured NHS are clarified, strengthened and communicated quickly.

[Domestic Abuse and Money Education: Guidance for Professionals Supporting Survivors with Financial Issues](#) – Women's Aid

This toolkit has been developed out of the Domestic Abuse, Money and Education project (DAME), run jointly by Women's Aid Federation of England (Women's Aid) and Money Advice Plus Services (MAPS). Research and practical experience indicates that living with domestic violence often has a direct impact on the financial circumstances of the victim/survivor and children. This guidance for practitioners aims to increase the knowledge and confidence of professionals by providing a step-by-step guide and general overview on how to assist survivors with financial issues and debt.

## Your organisation

[Transparency in outcomes: a framework for outcomes in adult social care](#) (pdf)  
– Department of Health

This framework splits up adult social care outcomes into four main domains: enhancing quality of life for people with care and support needs; delaying and reducing the need for care and support; ensuring people have a positive experience of care and support; and protecting vulnerable people. Though not explicitly focused on substance use, the framework does contain some relevant indicators on recognising the views of families and carers on their experiences of social care, including how well they are able to maintain their own quality of life. The document also contains an at-a-glance table which lists all of the outcome measures.

[Payment by Results for the Family Sector](#) (pdf) – Children’s Society/Family and Parenting Institute

This briefing paper sets out to explain the process of Payment by Results (PbR), specifically in regards to commissioning services for families in young people. It clearly sets out the issue with a section dedicated to ‘current context’ which looks at where PbR is nationally and how the pilots are operating, a look at the experiences of services which have used PbR in achieving outcomes for families and children, and a series of case studies which illustrate the issue. Potential problems, opportunities and further reading links are all identified.

[Payment by results for local services](#) (pdf) – Audit Commission

This briefing aims to help local commissioners and anyone else involved in improving services to understand the implications of Payment by Results (PbR) systems at the local level, and how it can be implemented successfully. The briefing begins by explaining in simple terms what PbR is, how it works, how it fits in with Government priorities and what its risks are, before moving onto 5 chapters on the key elements of PbR systems: identifying whether PbR is the right approach and what its clear purpose is, for example saving costs or bringing about innovation; understanding the risks, and ensuring financial and practical accountability is set out clearly; designing a reward structure with the right mix of incentives, core funding and competition elements; planning for the whole life of the scheme, including contingencies for failure, a range of payments for success and future changes in circumstances; and finally, implementing a robust system of measurement and evaluation, including baseline data and methods for deciding future payments.

## [The Government's Alcohol Strategy \(pdf\)](#) – Home Office

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This strategy presents the Government's vision of how to deal with irresponsible drinking. According to the strategy, such changes cannot be achieved overnight and will require a long-term commitment by different agencies, industry, and of course the Government itself. Several objectives are set out in the strategy, including a positive change in attitudes to alcohol consumption, a reduction in the amount of alcohol-fuelled violent crime and a reduction in the number of alcohol-related deaths. To achieve these outcomes the strategy proposes several approaches, including the introduction of a minimum unit price for alcohol and a ban on multi-buy promotions in supermarkets and off licenses.

The strategy also sets out the extensive range of tools available to empower local agencies to take action against those who continue to behave in a socially unacceptable way.

The strategy stresses both the importance of awareness of the risks of excessive of alcohol consumption and the provision of adequate support to help individuals change their behaviour when it does become dangerous. To help achieve this improved support the strategy details a number of measures that will be taken -

- Guidance will be readily available for parents through many public and community organisations including; NHS Choices, Directgov, Family Lives, NetMums, Mumsnet, Dad Talk, and Contact a Family
- The Government is investing £448 million to turn around the lives of the 120,000 most troubled families in the country. There is scope within the troubled families work for local authorities to focus on families affected by drugs and alcohol if they wish.
- A new £2.6 million youth marketing programme aimed at achieving further reductions in regular smoking, drinking, drug use and risky sexual behaviour during the teenage years will be introduced.
- Continuing efforts will be made to raise awareness of the need for women who are pregnant or trying to conceive to avoid alcohol, and a corresponding increase in the awareness of health professionals also aimed for.
- Encouraging cooperation between local treatment services and children's and family services, which has become more common in helping to identify and respond to alcohol-related problems. The strategy notes that Family Intervention Projects (FIPs) have been shown to be effective in tackling families' entrenched problems including substance use, with a 34% reduction in drug and alcohol problems and a 58% reduction in anti-social behaviour.

This strategy highlights the pressing importance of these alcohol related issues and highlights the Government's commitment to address the multi-faceted problem of excessive alcohol consumption. As the document acknowledges, there is no one-size-fits-all solution – Government, individuals, communities, local support agencies, local pubs, supermarkets and national industries all have a role to play.