

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

9 – 20 July 2012

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Editorial

This week saw the publication of [Louise Casey's report](#) highlighting the stories and experiences of troubled families, which we have summarised in our [featured issue](#). We welcome this in-depth and unique analysis of each of the families and the opportunity to understand their full experiences rather than just a single issue or piece of their puzzle. Below is Adfam's official response:

Substance use is clearly a common theme identified in this new report from DCLG, and one which will impact on many troubled families. As the report demonstrates, drug and alcohol problems are often a part of a more complex web of disadvantages and they are not reducible to a simple cause and effect analysis. We strongly encourage local authorities, in designing their troubled families programmes to meet local need, to ensure that drug and alcohol services are engaged in this process and their expertise is sought in this often specialised area.

Particularly concerning is the significant impact of intergenerational drug problems, which makes ever stronger the need to support the children of parental substance users so that – first and foremost – they have a safe and happy childhood, but also to build resilience and coping skills to ensure that addiction does not become a common thread through the family tree. In many people's eyes there is a grey area in young adulthood where children stop being innocent victims of their upbringing and become independent architects of their own circumstances and behaviour; Adfam believes we need to concentrate on supporting these young people to understand their history and environment as they develop their own identity. Parental substance use has long-term effects on young people and support needs to be available throughout childhood.

Adfam has always argued that you don't have to use drugs to have a drug problem – so we would encourage local services to focus not only on an individual's substance use, but on its wider effects on family relationships, functioning, parenting and childcare. Though the case studies in the reports paint a picture of whole troubled families, there are often wider relatives and friends who are adversely affected – particularly children – or who can play a supportive role, for example grandparent carers. The report does have limitations by its own design in being based on a small sample of case studies – we cannot assume that 16 families speak for the 120,000 the Government speaks of – and in the fact that the families involved had already been engaged by Family Intervention Projects. We welcome the report and the debate it has undoubtedly stimulated, but encourage local areas to use it to inform their responses to troubled families rather than assume it presents the total picture of families' needs.

We are also looking for concerned parents who would like to know more about club drugs. [We are hosting a focus group](#) with Dr. Bowden Jones from the Club Drug Clinic at the Chelsea and Westminster Hospital on September 5th; please do spread the word!



Joss Smith
Head of Policy and Regional Development

Parliamentary roundup

Hospital admissions for under-18s partially attributable (PA) and wholly attributable (WA) to alcohol misuse, by socio-economic group and gender, 2002-11:

Group	2002-03		2006-07		2010-11	
	WA	PA	WA	PA	WA	PA
Least deprived 10%	367	319	474	383	334	420
Less deprived 40-50%	489	402	734	529	501	485
More deprived 40-50%	572	453	754	611	613	559
Most deprived 10%	1,062	824	1,574	1,017	1,148	1,017
Male	2,901	2,566	3,790	3,115	2,657	2,906
Female	3,305	2,222	4,641	2,931	3,486	3,283

People in drug treatment at 31 March 2011, by first presentation to services and contact status:

Journeys since first presentation	Number
Continuous contact with services	59,144
2 journeys	32,621
3 journeys	19,212
4 journeys and over	22,643
Total	133,620

Debates and questions have also revealed:

- There were 6 charges for supplying anabolic steroids in the UK in 2010-11, and 2 prosecutions
- The average time to successfully complete the adoption process over the last decade is 2 years 8 months
- The size of the UK illicit drug market was estimated at between £4bn and £6.6bn in 2006
- In 2011 there were 1,175 proven offences of ‘unauthorised transaction/possession’ in women’s prisons, which can include illegal drugs but also other prohibited items such as mobile phones.

Consultations

[**Arrangements for the inspection of services for children looked after and care leavers**](#)

– Ofsted/Care Quality Commission

New inspection arrangements for services for looked after children and care leavers will come into force in April 2013, and this consultation seeks views from both adults on young people about how the new system should work. At present, children's services, adoption services and adult services are all inspected separately and it is proposed that they are inspected as one, and without prior warning. The consultation also asks what inspectors should examine, for example the speed of placements and how children in care are kept in touch with their families.

The consultation is open until **18 September 2012**.

[**Proposals for the joint inspection of multi-agency arrangements for the protection of children**](#)

– Ofsted

As with the consultation on the care system (above), the main proposal here centres on implementing multi-agency inspections which look at the overall approach to child protection in local areas, rather than assessing single agencies separately; also as above, these inspections will be unannounced. There is also a questionnaire for children and young people to have their say.

The consultation is open until **2 October 2012**.

[**Mephedrone survey**](#) – Sheffield Hallam University

The researchers for this project note that the effects of mephedrone on memory are yet to be investigated; therefore this short survey consists of a number of tasks which test short- and long-term memory, and is aimed at both mephedrone users and non-users. Responses are anonymous but participants cannot have used mephedrone since it was made illegal in April 2010.

[**Consultation on Revised Safeguarding Statutory Guidance**](#)

This consultation encompasses new versions of three key safeguarding documents: *Working Together to Safeguard Children*; *Managing Individual Cases: The Framework for the Assessment of Children in Need and their Families*; and *Statutory Guidance on Learning and Improvement*. In the wake of the [Munro Review of Child Protection](#), the overall aim of the revisions is to slim down guidance for social workers to facilitate a move away from a culture based on compliance with procedures, performance indicators and paperwork, and into one which stresses the needs of the

child and puts professional judgement back at the forefront of practice. The proposed changes therefore aim to restrict guidance to key information on professional duties and accountabilities; increase local flexibility; and change Serious Case Reviews to ensure that lessons are properly learnt.

The consultation closes on **4 September 2012**.

Reports and announcements

Click on the report titles to access the documents.

Drugs, alcohol & families

[Changes to core data set items collected by adult drug and alcohol treatment providers](#)

– National Treatment Agency

This letter illustrates the changes to the information collected by drug and alcohol treatment facilities, and aims to allow them to record the full extent of the treatment they provide by introducing separate data fields on treatment setting, the interventions which constitute the treatment provided and the time spent in treatment each week. The changes, to be introduced in November 2012, will also align intervention types closer to the standards set by NICE and clinical guidelines, and reflect the different aims on which interventions are provided – for example stabilisation, maintenance or withdrawal.

[Alcohol: public knowledge, attitudes, and behaviour](#) (pdf) – Ipsos/Health Research Board

This report addresses the measure of public knowledge of, attitudes towards and behaviours in relation to the marketing, purchasing, selling and consumption of alcohol, and the current and potential responses to alcohol-related health and social harms. One section addresses alcohol consumption and pregnancy, with survey results regarding whether or not it is safe to drink alcohol in moderation during pregnancy and whether it is safe to drink a glass of wine every day during the last 12 weeks of pregnancy; most disagree that it is safe to drink during pregnancy. Other points relating to the family include that 72% of survey respondents said they knew someone who drinks too much, and 42% of these said it was an immediate family member.

[Dealing with the problems of late night drinking: response to consultation](#) (pdf) – Home Office

This consultation sought views on ideas such as giving local authorities and the police more power over licensed premises causing problems, allowing local councils to charge more for late night licences to fund the extra policing (the 'late night levy') and using Early Morning Restriction Orders (EMROs) to restrict the sale of alcohol between midnight and 6am in certain areas. This document outlines the responses 631 members of key partners and the general public, including representatives from the police, licensed trade, licensing authorities and the hospitality industry. Policy decisions made include exempting New Year's Eve from EMROs and the late night levy

[Universal credit and related regulations: impact on refuge provision](#) – Women's Aid

This briefing considers how the provision of refuges and safe accommodation for women and children experiencing domestic violence can continue with the changes brought about by the Welfare Reform Act 2012. This act brings in a new Universal Credit and the briefing raises concerns about what these changes might mean for refuges. It identifies the benefits cap, payments to landlords and new rent limits as areas which may negatively impact on the existence of refuges.

[In the eye of the storm: Britain's forgotten children and families](#) (pdf)

– Action for Children/Children's Society/NSPCC

This report looks specifically at the impact of recession and austerity (for example tax and benefit changes and cuts to public services) on vulnerable children, who are defined under a range of indicators including worklessness, low income, parental mental health problems and material deprivation. The headline finding is that the number of vulnerable children will 'grow substantially' over the coming years, and that measures put in place to mitigate the impact of austerity are insufficient. For example, the research states that between 2010 and 2015 the number of workless families will increase by 120,000; 25,000 more mothers will suffer from depression; and 100,000 more families will be living on a low income. The indicators for 'vulnerable' in this report are broadly similar to those originally suggested by Government to define a 'troubled family', so there are interesting parallels to be drawn.

[Family report card 2012](#) (pdf) – Family and Parenting Institute

This report card awards a poor rating of D+ to the situation of families through the past year. The card is split into several sections: on 'a fairer society for families' an E+ has been awarded, with serious reservations voiced regarding economic conditions and the introduction of Universal Credit; 'family friendly business and working life' fares better with a C rating, with the number of people working anti-social hours rising slightly and continued worries over the commercialisation of childhood; 'essential service provision for families and children' is rated at D, with worries over education and care for older people; and lastly, 'family friendly infrastructure and living environment' has been given C- with problems in housing, public transport and neighbourhoods identified.

[Medications in recovery: re-orientating drug dependence treatment](#) (pdf)

– Professor John Strang/National Treatment Agency

This report looks at recovery through a medical lens, particularly the provision of Opioid Substitution Therapy (OST) such as methadone maintenance, and asserts that OST 'has an important and legitimate place within recovery-oriented systems of care'. There is a detailed

explanation of the effectiveness of OST based on available evidence; the authors state that clear goals and timescales are key components of properly individualised treatment, but warn that time-limiting someone's access to OST would jeopardise their recovery and result in health and community harms. The report also provides information and analysis of other sources of recovery support, including mutual aid, housing support and family relationships.

[Protecting children and young people: the responsibilities of all doctors](#) (pdf)

– General Medical Council

Beginning with the statement that 'this guidance has been edited for plain English', this guide lays out what all doctors should do and are responsible for in protecting the welfare of children they come into contact with. It covers areas such as the rights of children and young people, the signs to look out for in children who may be neglected or abused, how they should be safeguarded from abuse, the importance of confidentiality and keeping accurate records and what happens when doctors have to give evidence in court.

[An evaluation of the Option 2 Intensive Family Preservation Service](#) (pdf) – Forrester *et al*

Option 2 is a Welsh crisis intervention service for families with parental substance issues and serious child protection concerns. This report presents an evaluation of the positive changes made by the service on family functioning, parental welfare and the wellbeing of children, with the important addition that a control group was used (i.e. the Option 2 results are compared with a similar group who did not receive the service) and the follow-up time after original referral, at 5.6 years, is sufficiently long to ensure that the findings present a meaningful picture of long-term change. The overall findings were positive: Option 2 parents were more likely to have reduced their substance use and were less at risk of psychological problems; fewer children went into local authority care; and families had more solidarity and cohesion. The key elements of Option 2's success, as reported by the parents, included a strengths-based approach, skills in negotiating with other services and professionals and availability at the right times. The report concludes that 'Option 2 is now the best evaluated service to prevent children entering care in the UK' and that its models should be replicated more widely.

[Navigating change: using new crime, health and financial structures to tackle multiple needs and exclusions](#) (pdf) – Making Every Adult Matter

This briefing is for all third sector organisations with an interest in supporting adults with multiple needs. It is of particular relevance to those working in the fields of substance use, homelessness, mental health and offending. It identifies new opportunities for influence with the establishment of Police and Crime Commissioners (PCCs) and Health and Wellbeing Boards (HWBs), Payment by Results (PbR) and a new emphasis on social investment. The briefing suggests that although the

degree of change is daunting, there are many excellent opportunities for involvement and new partnerships.

[**Government alcohol strategy**](#) (pdf) – House of Commons Health Committee

This report contains written and oral evidence given to the House of Commons Select Committee regarding the Alcohol Strategy. It looks at the aims and objectives of the Alcohol Strategy and related elements of Government alcohol policy and considers what progress has been made, taking into account evidence from relevant parties. Topics covered include binge drinking, minimum unit pricing, the idea of safe targets and multi-buys. The exact evidence given by expert witnesses is detailed at the end of the report.

[**A framework of outcomes for young people**](#) (pdf) – The Young Foundation

Today's world, this report argues, is complex and challenging for young people, who need to be empowered and resilient to take advantage of its opportunities and navigate its risks. This report, therefore, sets out a range of emotional and social capabilities which children need to achieve positive outcomes in areas such as education, employment and health, as well as presenting a measurement framework to measure these key criteria. The outcomes model is split into four broad areas: individual achievements or behaviours, including qualifications and participation in youth activities; social and emotional capabilities, such as creativity and resilience; benefits to society, for example reduced need for health and welfare services; and inter-personal relationships. A measurement matrix is then presented, which maps all the indicators against a number of tools which measure them to different degrees, such as the Children's Society's Wellbeing Tool, Outcomes Stars and the Rickter Scale.

Your organisation

[**Designing and implementing PbR**](#) – Ian Hickman, Audit Commission

This presentation is for those who are interested in finding out more about payment by results (PbR) for drug recovery services and learning in more detail about the local models developed through co-design. Hickman outlines what well-designed PbR schemes offer as incentives, such as greater freedom, improved efficiency and effectiveness for providers, savings and improved outcomes for commissioners. To engage providers in design and implementation, he states that proper measurement, matching rewards to contributions, attractive rewards and a mix of core and reward payments are key. He also lists the five key principles for any PbR scheme – including a clear purpose, understanding of risk and a robust measurement system - as well as the inherent risks involved, such as disagreements about the most desired outcomes and how to attribute success.

[Best Value Guidance and the Compact – Briefing Note](#) (pdf) – Compact Voice/DCLG

This briefing note provides information about how the principles of the Compact – which is an agreement between Government and the voluntary and community sector which sets out ways to work effectively in partnership - and their use locally can help deliver better communities. It highlights how these principles are complementary to those found in the Department for Communities and Local Government's [Best Value Statutory Guidance](#), which set down key principles such as not visiting disproportionate cuts on the voluntary sector in local areas, and gives practical advice about how both can be used to ensure more effective partnerships.

[Trusted and Independent: Giving charity back to charities - Review of the Charities Act 2006](#) (pdf)

– Lord Hodgson, Minister for the Cabinet Office

This extensive review examines all aspects of charity governance and their role in society, including chapters on charity history, fundraising, complaints and redress, the Charity Commission, regulation and social investment. It presents a number of recommendations and who would be responsible for enacting them: for example, that large charities (those with income above £1million) should be able to pay their trustees without permission from the Charity Commission; businesses should explore loaning or seconding staff to charities; all charities with an income below £25,000 should be officially registered as 'small'; and sanctions for the late filing of accounts should include the withdrawal of Gift Aid. There is a summary of different charity and umbrella body responses to the review [available on Storify](#).

[Annual local compact survey 2012](#) (pdf) – Compact Voice

This document presents the results of the 2012 survey carried out by Compact Voice, who represent the needs of the voluntary sector to the Government on [the Compact](#) (pdf). Respondents reported being in favour of the Compact, and identified three important ways to improve it: promotion and awareness raising; leadership from local senior officers; and resourcing. Only 38% of respondents reported that people in the local voluntary sector were fully aware of The Compact.

Featured issue

Listening to Troubled Families – Louise Casey, DCLG

The Troubled Families Team was established in 2011 to deliver the Government's troubled families agenda, which began with the suggestion that there were 120,000 families around the UK with multiple or complex needs, causing problems for their communities, and costing the public purse a disproportionate amount of money and resources. The team is led by Louise Casey and in this report she discusses her experiences of listening to the families themselves in an attempt to fully understand what is going on, and how the families experience the problems in their lives. The families she spoke to were found through Family Intervention Projects (FIPs), which are an existing intensive intervention for families experiencing multiple problems. Sixteen families from six local authorities were interviewed.

The report uses case studies based on real people to explore the issues the families face, with factors such as children affected by ADHD, substance use, feelings of neglect from childhood and difficulties in relationships all identified and discussed.

A recurrent theme was of the large number of services that families with multiple issues can come into contact with. The FIP, like the troubled families agenda, is based on the idea of a more structured and coordinated approach, more tightly organised and in the case of the FIP a single keyworker overseeing all interventions. Karen said "*you spend half your time fending off your kids and fighting against school, and then the other half actually phoning about seven different people saying 'this incident happened, this incident happened'.*"

After recounting the findings of the interviews, with many direct quotes and testimonies, the report identified the key themes that emerge. These include:

- **Intergenerational transmission** – evidence from the interviews is cited as demonstrating the way problems experienced by people as children often influenced their situations as adults.
- **Drugs and alcohol** – '*Problems with drugs and/or alcohol were frequently cited and obviously had a huge impact upon family life*' the report states, with drinking and drug taking reported by young mothers as a factor in their children going to live with grandparents or why they became pregnant in the first place. It also mentions how parental substance use can negatively impact on families by using up much of the family's funds.
- **Violence** – of those families interviewed nearly three quarters had a mother who had experienced domestic violence, and many other members of the families also experienced, or in some case perpetrated, violence.

The report finishes with a set of conclusions which make it clear that '*it has not been the intention of this report to provide a detailed range of conclusions or recommendations about how services should deal with difficult and troubled families.*' Instead the report describes its purpose as a starting point for further discussion on how support and outcomes for these families can be improved. It also acknowledges the skill and dedication of the workforce that supports these families.

Adfam and DrugScope recently collaborated on a [briefing on the troubled families agenda](#).