

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

23 July – 3 August 2012

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Editorial

The strength of mutual aid and peer support is well documented and the significant impact that Family Support Groups have on families affected by drugs and alcohol is a strong example of that. Families often describe the support they receive from other family members as a lifeline or a godsend; the provision of a safe space for them to really talk about their experiences and learn new coping tools is invaluable. Family members often describe the impacts of stigma and shame with the community, friends and sometimes even family quick to cast comments, and family support groups offer a sanctuary from this judgement and blame. Families know that they can share the chaos of what is going on at home without facing shock, blame or fear.

Unfortunately these family support groups don't exist everywhere, and some families are left to cope alone without the space to share, learn and gain support. In some areas where there is a group, their funding is being squeezed as Local Authority budget cuts really begin to bite, forcing groups to be increasingly innovative to attract funds.

It is within this environment that Adfam, in partnership with Drink and Drugs News, are running a conference on **November 15 in Birmingham** for family members across the country to come together, share their experiences, demonstrate that they are not alone, and show there is support available. It is also hoped to reenergise individuals involved in the daily stresses of dealing with the consequences of a loved one's drug and alcohol problems, and offer hope and inspiration by showcasing the work of family support services around the country.

Family members and service providers will gain practical tips and ideas about how to cope with their experiences, as well as hearing from key policymakers and thinkers in the field about how families should be at the heart of recovery. The strength of the day will be gathering family members together to meet each other, share and learn.

Further information including how to book can be found at www.drinkanddrugsnews.com, and if you book early there is a discounted early bird rate. Please do join us at this important conference to share and support families affected by drugs and alcohol so that no family suffers alone.



Joss Smith

Director of Policy and Regional Development

Parliamentary roundup

Parliament is currently in the summer recess and further updates will come in the Autumn.

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 learned.

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

[Substance use and life values](#) – Liverpool John Moores University

Liverpool John Moores University is carrying out a survey on how people who use substances (including alcohol, tobacco and illegal drugs) feel in their day-to-day life. The survey includes takes a neutral view on substances, and does not condone use or criticise users. It is completely anonymous, and respondents must be aged 18 years or over to take part. The survey will take around 30-40 minutes to complete, and needs to be completed in one go.

[Inspection of residential family centres](#) – Ofsted

This is a consultation document on Ofsted's proposals for a revised framework for the inspection of residential family centres. It seeks the widest possible range of views from those who have an interest in, or expertise relating to, family assessment and support, so that the inspection framework takes proper account of the needs and circumstances of all interested parties.

It is particularly for people who have been directly involved with residential family centres: children, parents and those who commission services. Above all, the framework must assure the quality of assessment, care, support and guidance for parents and their children who use residential family centres, and support the continuing improvement of the services provided.

The closing date for the consultation is **9 October 2012**.

Reports and announcements

Click on the report titles to access the documents.

Drugs, alcohol & families

[Domestic violence disclosure scheme pilot: guidance](#) – Home Office

This guidance document has been developed to support the implementation of the Domestic Violence Disclosure Scheme. This brings in some new features, including ‘recognised and consistent procedures for disclosing information’, which enable new partners to make better informed choices about their relationship with someone with a known past of violence; and the idea of ‘the right to know’, whereby individuals can seek information from a safeguarding agency regarding another person, which can then be made public if necessary, lawful and proportionate. The guidance also covers the sharing of information and how to manage perpetrators of domestic violence.

[Police and Crime Commissioner candidate briefings](#) - Home Office

This set of briefings has been produced by the Home Office to aid those wishing to stand as Police and Crime Commissioners (PCCs) to understand the roles and responsibilities of the post. They explain the need for PCCs to work in partnership with other local organisations and individuals, and cover a range of important topics including working with troubled families; working with prisons; and understanding the voluntary and community sector (VCS).

[Responding to drug use and related problems in recreational settings](#) – EMCDDA

This report explores how the use of drugs in recreational settings (such as bars, festivals, clubs and pubs) in Europe is manifest and can be dealt with. It finds a clear correlation between drug taking and certain social activities, with people who regularly go clubbing, for instance, much more likely to have used ecstasy, cocaine, cannabis and ketamine than the general population. The report explores how this link happens, and states that ‘a permissive environment, discounted drinks, poor cleanliness, crowding, loud music and poor staff practice can contribute to higher levels of alcohol intoxication and related problems such as violence’. It concludes that, as well as traditional strategies of law enforcement, environmental measures (such as proving safe ‘chill out’ areas and free water) should be used to minimise harms from dangerous drug and alcohol consumption.

[Beyond Crime and Drug Use: Do Adult Drug Courts Produce Other Psychosocial Benefits?](#)

– Green, M., and Rempel. M.

This academic research looks at the associated benefits that may be caused by involvement in Adult Drug Courts, which can be used as an alternative to custody for drug-using offenders and usually involves court-ordered engagement with treatment. It acknowledges that existing evidence indicates that involvement certainly reduces reoffending and possibly a reduction of drug use, but notes a lack of research into whether it affects wider outcomes such as family relationships, homelessness and mental health. In an attempt to fill this knowledge gap, a study of over 1,000 current drug court participants was conducted alongside follow-up interviews and a comparison group from areas without drug courts. The findings suggested there was some small positive change to socio-economic and family relationship outcomes, but not in emotional or instrumental support from family members, mental health, or homelessness.

[Report of the Children and Young People's Health Outcomes Forum](#) (pdf)

This report contains the findings of the Children and Young People's Health Outcomes Strategy Forum, which was established in January 2012 to identify the health outcomes that matter most for children and young people; consider how well these are supported by the NHS and Public Health Outcomes Frameworks; and set out the contribution that each part of the new health system needs to make in order that these health outcomes are achieved.

The main messages of the report convey that, amongst other things, health outcomes for young people in the UK are patchy and are worse than in many other Western and Northern European countries and that too often health outcomes have been built around the system and not the individual young person. Recommendations are made at the end of the report as to how these problems can be tackled, including more age-appropriate services for teenagers and the creation of a survey to support the measurement of outcomes for children with mental health problems.

[The wellbeing and resilience paradox](#) (pdf) – The Young Foundation

This wide-ranging report maps wellbeing in the population and finds that generally those with the highest wellbeing (most strongly focused on material wellbeing) have the most resilience. The most reliable indicator of possessing a higher level of wellbeing is being employed, with education, having children and having English as a first language also important. The paradox of the title are the people who do not fit this pattern – those with an apparently high degree of wellbeing but low resilience and those who appear to have low wellbeing but are very resilient. The conclusion that the report draws from this is that a number of contributing factors which are less easy to map, such as social networks, contribute to people's wellbeing.

[Drug misuse declared: findings from the British Crime Survey](#) (pdf) – Home Office/ONS

This is the UK's annual statistical snapshot of drug misuse, including breakdowns of the age, gender, location and lifestyle of users of various different types of drug, and information on patterns of use and trends. Findings included that 8.9% of adults (around three million) had used an illicit drug in the last year, and around 3% had used a Class A drug; 3.3% were classed as 'regular' drug users, having used on average more than once per month in the last year; men report higher levels of use than women; alcohol consumption and visits to nightclubs and pubs correspond with higher levels of drug use; and the most common age for first taking cannabis was 16, compared with 18 for ecstasy and cocaine.

[Smoking, drinking and drug use among young people in England in 2011](#) – NHS Information Centre

The headline finding of this survey was that drug use amongst 11-15 year-olds has declined over the past decade: in 2001, 29% had ever taken drugs but in 2011 this was 17%. Cannabis was the most widely-used drug, mirroring previous findings, and drug use increased with age: 3% of 11 year-olds had taken drugs in the last year compared with 23% of 15 year-olds. There is also some contextual and attitudinal information: for example 75% of those who had been offered drugs had refused them at least once; under 10% of young people thought that it was OK for someone their age to try cannabis; and 66% of people counted their parents as a helpful source of information about drugs, compared with just 16% for helplines. A quarter of pupils in the survey had smoked at least once, and less than half of 11-15 year-olds have ever had an alcoholic drink.

[Briefing for Police and Crime Commissioner candidates](#) (pdf) – Alcohol Concern

This briefing sets out key contextual information and some recommendations to enable Police and Crime Commissioners (PCCs) to help reduce alcohol-related harm in their local areas upon their election in November 2012. The document explains the links between alcohol and other harms, including domestic abuse, road accidents and city centre disturbance, and Alcohol Concern's recommendations for PCCs include prioritising drink-drive campaigns; pushing for minimum pricing of alcohol; taking an active role in licensing decisions; investing in alcohol treatment; and enforcing alcohol-free zones and underage sales.

[Exploring the Treatment Integrity of Custodial Addiction Therapeutic Communities](#) (pdf)

– Ministry of Justice

A therapeutic community is an intense form of treatment whereby participants live together in a drug-free environment to effect change, with a hierarchical structure where increased personal and social responsibilities reflect more advanced stages in treatment. This review examines to what extent therapeutic communities are a viable model in the criminal justice system, whether they

function as intended and how they stick to their model of change. The study found positive results for clients, with 92% reporting positive change in attitudes and behaviour, including in relationships and self esteem; though without a comparison group, the study cannot say definitively that the therapeutic community was wholly responsible for this change, and success varied between different sites. The report also highlighted weaknesses in the referral procedure for the programme, saying more should be done to advertise therapeutic communities as a resource.

[**Inspection of safeguarding and looked after children services: London Borough of Tower Hamlets**](#) (pdf) – Ofsted

This inspection gives Tower Hamlets an overall grade of ‘good’ and so is useful to see the local arrangements and practices which have contributed to success in safeguarding. Areas of praise include ‘challenging and secure inter-agency relationships’, ‘strong and innovative leadership’ and the routine consideration of young people’s wishes and feelings in service planning and individual casework. There are also some ‘outstanding’ elements identified, including the ‘ambition for, and prioritisation of, safeguarding’, ‘considerable investments to maintain a stable workforce’ and a ‘healthy culture of staff development’. Recommendations for improvement include appropriate training for hospital staff on their roles and responsibilities in safeguarding; appointing a named GP with a safeguarding focus; and increasing capacity to deliver lower-level support for young people with emotional and mental health needs.

[**New learning from serious case reviews**](#) – DfE/University of East Anglia

This report examines a number of Serious Case Reviews and presents information on characteristics including the ages, genders and ethnicities of the children involved, and whether (and to what extent) they were known to social care services before coming to harm. The research also looks at the prevalence of key risk factors in Serious Case reviews, finding that domestic violence was involved in 63% of cases, mental ill health 58% and substance misuse 42%, with just 14% of cases not showing any of these factors. The report also notes that it is more likely that these problems appear alongside one another than in isolation. The authors state that serious maltreatment of children is the ‘tip of the iceberg’ and there are many more suffering from lower levels of neglect.

[**The role of residential rehab in an integrated treatment system**](#) (pdf) – NTA

This report marks an effort by the National Treatment Agency to engage more productively with the residential rehab sector which, it says, accounts for 2% of people in treatment but 10% of the funding, at a cost of around £600 per resident per week. The report states that residential rehab is a vital part of any complete, integrated drug treatment system – especially for complex users who do not benefit from services in the community – but at present outcomes vary widely between different services, and rather than being a standalone sector and an exit point of treatment for users, rehabs

are part of a wider matrix of services in partnership with other sources of support. Statistics from the research include that for every ten people entering rehab, three successfully overcome their dependence, one drops out and six go on to receive further support elsewhere; almost half of all drop-outs from rehab occur in the first fortnight; and rates of success vary from over 70% to under 20%.

[National Naloxone Programme Scotland Monitoring Report – kits issued in 2011/12](#) (pdf)

– NHS National Services Scotland

This document gives details of the naloxone – the ‘heroin antidote’ which reverses overdose – programme in Scotland, which provided 3,445 take-home kits in 2010-11. Information presented includes who the kits were issued to (87% to users themselves, 11% to service workers and under 1% to families, with the users’ consent); whether it was a first-time (83%) or repeat (13%) supply; the age of the recipients, with 10% under 25 years old and 43% for over-35s; and gender (two-thirds of recipients were male). These statistics apply to the 2,730 kits given out in the community; another 715 were distributed in prisons. The report also gives a breakdown of whereabouts in Scotland the kits were given out, and during which months.

[No health without mental health: a cross-government outcomes strategy](#) (pdf) – HM Government

Some key statistics on mental health include that at least a quarter of people will experience a mental health problem in their lives; one in ten new mothers experience post-natal depression; and 90% of prisoners are estimated to have a mental health or substance misuse problem. This strategy outlines six main objectives: more people will have good mental health; more people with mental health problems will recover; more will have good physical health; more will have a positive experience of care and support; fewer people will suffer avoidable harm; and fewer will experience stigma and discrimination. As referenced in its title, this strategy recognises the relevance of mental health to a number of other Government departments and priorities – including those relating to drugs and alcohol – and the importance of effective coordination between different services working with vulnerable people.

[The new Ofsted inspection of the arrangements for the protection of children: presentation at launch event](#) – Ofsted

This presentation covers Ofsted’s launch of new arrangements for child protection. It cites the Munro Review of Child Protection as a crucial driver for change, and covers the consultation phase which informed the new arrangements. 252 responses were received for the consultation, with most people and organisations broadly in favour of the proposed changes. The key features of the new arrangements include the fact that inspection visits will be unannounced and there will be less time spent on site but a bigger team used. The framework itself can be [found online](#), as can

[guidance](#) for those inspecting local authority provision of services for looked after children.

Your organisation

[Commissioning for better outcomes](#) (pdf) – Family Strategic Partnership

This report has three stated aims: to identify barriers to voluntary sector involvement in local authority commissioning processes for family services; to highlight examples of good practice; and to recommend policy and practice solutions. Some common barriers experienced by voluntary sector services include a moral imperative to support families in need which overrides the considerations of profit as seen in the private sector; the 'resource-intensive' nature of bidding for contracts; and the risks associated with the upfront organisational costs in a Payment by Results system. The overall conclusion is that 'competitive tendering is an enormous resource challenge' for voluntary services, and one which many are struggling with. The report recommends the development of standardised commissioning forms to increase efficiency for both commissioners and potential providers; more openness to creating quick partnerships amongst voluntary sector organisations; and the involvement of local families themselves in determining what services are available.

Featured issue

[From Access to Recovery: Analysing six years of drug treatment data](#) (pdf) – NTA

This statistical report from the National Treatment Agency is different from previous offerings in that it takes a six-year study period and therefore allows for a more detailed and realistic account of people entering, staying in and exiting the drug treatment system. The report covers April 2005 to March 2011.

Background

The report first presents some baseline figures on the treatment population:

- Around 200,000 people access the treatment system every year, and 135,000 on any given day
- The treatment system is 'dominated' by heroin users, who make up around two-thirds of the treatment population.

Findings

Overall, the report presents a roughly even split of treatment outcomes, with a third of people 'successfully completing' free of dependence, a third who did not complete but did not return to the system, and a third who are still in treatment or have returned to it. Within this last group, there are 21,000 entrenched users who have been in continuous contact with the treatment system for the whole period of the study.

The statistics show that treatment has become more effective over time, and 'the more recently people entered treatment, the more likely they were to succeed'. The report also finds that the number of heroin users is falling: 48,000 accessed treatment for the first time in 2005-06, but by 2010-11 this had dropped to 12,000.

Key points for families

Though the report does not address family impact directly, some statistics illustrate clearly the challenges of having a drug user in the family. In this respect, findings included:

- Heroin and crack users wait an average of 8 years before accessing support for their addiction, and at this point they are 'often at a peak of criminal activity before coming into treatment'
- The median length of stay in treatment for heroin users was around four years, though this figure varied considerably. So clearly, even when the hope of treatment is presented, it is still a long road which users and families take.
- Of those people still in the system in April 2011, 56% had had at least two separate treatment journeys – that is, they had relapsed or dropped out and then returned. As has long been known, people can make several unsuccessful attempts at treatment and families often support them each time, albeit with possibly altered expectations.
- The report notes changing patterns of drug misuse in that users of 'other drugs' like powder cocaine and cannabis now make up a majority of those entering treatment for the first time. Acceptance that not only heroin and crack cocaine merit treatment interventions may prove important for families who have been struggling with the impact of different drugs for some time.