

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

17th – 28th September 2012

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Editorial

The [Recovery Partnership](#) has recently announced plans for the production of a quality standards framework for residential rehabilitation providers. The aims of the new framework will be to ‘support consistency and delivery of improved outcomes’ and ‘provide a template for informing choice and decisions by service users, people in recovery and their families’.

This follows the release of the recent NTA report, [The role of residential rehab in an integrated treatment system](#). This represented both an increased desire and willingness on the part of the NTA to recognise and support residential rehab’s role in the treatment system, but was also something of a challenge to the residential sector to demonstrate that it’s as effective as it [can claim to be](#). The research found wide discrepancies in the effectiveness of different rehabs – some helping over three quarters of their residents overcome addiction, but others with success rates below 10%.

Residential rehab has a frontline role in the public’s perception of drug treatment, often informed (and not always reliably so) by the ‘celebrity meltdown’ narrative in the media. For families who discover that a loved one has a problem with drugs or alcohol, an immediate reaction or ambition might be to ‘get them into rehab’ to ‘sort them out’ without necessarily understanding the nuances of residential treatment. For example, just 2% of people in the drug treatment system are in residential rehab, and community services are recommended by the National Institute for Clinical Evidence for most drug-dependent people; however, rehab is the most beneficial to the people with the most complex problems, and it can represent families ‘wanting the best’ for their loved one. Whatever treatment is chosen, families need support and information as recovery progresses.

Families can help engage reluctant drug users in treatment, provide a pillar of support while they undertake it, and stick with them as they try to maintain lifestyle changes after contact with services (for example a spell in rehab) has ended. The 2010 [Drug Strategy](#) recognises this explicitly in its statement that ‘treatment is more likely to be effective, and recovery to be sustained, when families, partners and carers are closely involved’.

So we hope that the new quality standards framework fully recognises the importance of families before, during and after their loved one’s stay in residential treatment. As one residential rehab provider recently told us, “without family involvement you are only dealing with a small part of the client’s life”.

Of course, just the term ‘rehab’ does not mean that all services are identical, especially in their approach to families; Adfam is currently undertaking some research in this area. We’re particularly looking for rehabs which are proud of their work with families or the services they provide for them, in order to show what helps family support flourish in residential settings. If you are interested in taking part in this work, please email o.french@adfam.org.uk.

The Adfam Policy Team

Parliamentary roundup

Parliament is currently in recess for Conference Season. Updates will be available soon.

Consultations

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

– Ofsted

The main proposals here centre on implementing multi-agency inspections which look at the overall approach to child protection in local areas (rather than assessing single agencies separately) and introducing unannounced inspections. There is also a questionnaire for children and young people to have their say.

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

[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 aimed at 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**.

[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 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.

[Looked-after children and young people: consultation on draft quality standard](#)

- National Institute for Health and Clinical Excellence

NICE are creating a quality standard for social care on the health and wellbeing of looked after children and young people in England. The quality standard aims to help commissioners and providers design the best possible services. Key statements in the draft include that looked-after children and young people are actively involved in decisions about their care, are encouraged to have high aspirations and engaged in activities to promote overall wellbeing and self-esteem; and that their carers have high-quality, ongoing supervision and training. The consultation asks which the most important quality statements are, whether anything important has been missed out and how the overall quality standard will improve standards of care.

If you are interested in submitting comments during the consultation you can [register as a stakeholder](#) or contact a registered stakeholder organisation that closely represents your interests and pass your comments to them.

The closing date for the consultation is **16 October 2012**.

[Your local politicians](#)- DrugScope

At a key time for the drug and alcohol sector, DrugScope are encouraging practitioners and service users to take part in this survey which aims to establish the extent to which local MPs and elected councillors are engaging with local drug and alcohol services. They also hope to establish more about local media and the coverage of drug and alcohol issues. Responses will be anonymised.

Reports and announcements

Click on the report titles to access the documents.

Drugs, alcohol & families

[Promoting Successful Collaboration Between Domestic Violence and Substance Abuse Treatment Service Sectors: A Review of the Literature](#) - Sage

This report presents the results of a literature review of 15 documents. It suggests that those who suffer from Intimate Partner Violence (IPV) are more likely to suffer from substance misuse issues, as one study of IPV survivors determined that nearly 68% were moderate to high risk for substance abuse problems. Because of this, service providers and researchers are developing strategies to foster collaboration between domestic violence and substance abuse services, which have typically worked in different ways: domestic violence services tend to use an empowerment philosophy, whilst medication and behavioural therapy are more commonly used in drug treatment settings. Research has found that a model of coordinated services, including cross-training of providers and cross-screening of clients, can help to encourage this cooperation.

[Facing Up To Offending: Use of Restorative Justice in the Criminal Justice System](#) (pdf) - HMIC

Restorative justice is the process of putting those that cause crime and those that are harmed by it into direct contact. This review aimed to identify the benefits of restorative justice practices across the criminal justice system, as well as offering recommendations on how to improve them. Research has previously found that this kind of approach can have a positive effect on victim satisfaction and re-offending rates and can be used at all stages of the criminal justice system both formally and informally. The findings suggest that restorative justice is being used in a good range of settings, but that take-up varied across criminal justice agencies. The report illustrates an increase in the use of informal, street level restorative justice, going from 0.5% to 12% between 2008 and 2011, but argues that there needs to be a more consistent approach relating to the types of offences included and the eligibility of people with a previous offending history.

[Sink or Swim? The impact of the Universal Credit](#) (pdf) – Social Market Foundation

This report assesses the potential impact of Government reforms which aim to ‘boost personal responsibility’ and ‘smooth the passage to work’, with changes such as the integration of six core benefits into one single payment, a shift towards a standard monthly payment and a ‘fixed’ monthly assessment to replace the annual ‘flexible’ assessment. The research for the report drew upon 30 in-depth interviews and three focus groups with low income families. Findings were that some aspects

of the new Universal Credit system were likely to prove unhelpful to a number of claimants, such as the monthly payment which would challenge the budgeting that the families already had in place. Participants were predominantly in favour of a single payment as it would make the process simpler. The report concludes a behavioural 'nudge' is needed to help families with budgeting, and proposes an optional 'Budgeting Portal' should be created for families to change how often money is transferred and also split it into different pots (designated for childcare or r different family members, for example) before it hits their bank account.

Alcohol Industry Influence on Public Policy: A Case Study of Pricing and Promotions Policy in the UK

- Alcohol Research UK

This report aims to examine the structure of the UK alcohol industry and research the processes through which alcohol policy is made using semi-structured interviews and an analysis of publicly available documents. It finds that there was significant involvement of alcohol industry actors in the policy process both in Edinburgh and Westminster, with extensive access to civil servants, Ministers and Parliamentarians. The report concludes that the industry actors claim to be stakeholders in the policy process, but are actually using parliamentary contacts to promote narrow corporate interests.

Government Response to the House of Commons Health Select Committee Report of Session 2012-13: Government's Alcohol Strategy (pdf) - HM Government

This report presents the Government's response to the [arguments](#) put forward by the Health Select Committee regarding the Alcohol Strategy. The Government rebuffed the suggestion that the strategy does not address alcohol-related harm and risks to young people and that health outcomes are not a clear enough focus of the strategy. The need to promote a healthier culture is highlighted by the Government as they suggest they are currently regulating on pricing and supporting citizens to change their behaviours. In response to the argument that there is a need to restructure services to achieve better outcomes, the Government suggest that Public Health England will have a clear commitment to supporting local areas to join up services to tackle alcohol dependence.

Impact Report: Safer communities, healthier lives - CRI

This report describes CRI's missions, values, vision and accomplishments with people affected by drugs, alcohol and other anti-social behaviours. To date, CRI confidently reports that, among other things, 75% of people who enter treatment at CRI stop using all drugs, and 67% of offenders who enter CRI are no longer offending after 12 weeks. CRI's projects, delivered in communities and prisons, encourage and empower people to regain control of their lives and motivate them to tackle their problems by offering services which provide stability and security to them through their journey to recovery. This report also provides service user testimonials to support its findings.

[Delivering Quality Care for Drug and Alcohol Users: the Roles and Competencies of Doctors](#)

- Royal College of Psychology

This guidance looks at the roles, responsibilities and competencies of various types of doctors involved in helping people recover from drug and alcohol use, noting that medical professionals of many different backgrounds are involved in the care of substance users, including GPs, emergency medicine doctors and psychiatrists. In order to provide an effective service for this group, the guidance suggests a workforce that can deliver a variety of treatments is needed: it therefore identifies three levels of competencies across generalist, intermediate and specialist levels, from information and advice through to recovery care planning and the design of new, specialist interventions for new and emerging trends of drug use. The guidance also sets out accredited training and supervision arrangements for doctors working with drug and alcohol users.

Your organisation

[Mind The Gap: the growing generational divide in charitable giving](#) - CAF (Charities Aid Foundation)

This paper presents detailed analysis of charitable giving in the UK using more than three decades of data. The aim is to document the main age patterns in giving and to gain a better understanding of the generational changes taking place. The [New State of Donation](#) study has previously revealed that the UK's older people – particularly those over the age of 60 – are increasingly taking the responsibility when it comes to giving and are now six times more generous than individuals under 30. In fact, the over-60s are now more than twice as likely to give to charity as the under-30s and more than half of all donations to charity (52 per cent) now come from the over-60s, compared to just over one-third (35 per cent) thirty years ago. This trend is also evident across families and households and the generosity gap has progressively widened over time.

[Writing a fantastic funding bid](#) (pdf) – NCVO

This 'quick guide' addresses the key difficulties in writing an effective funding bid, which the NCVO states is doubly important in times of scarce resources. Sections are devoted to finding the right funder through research into their priorities and seeing what they've funded in the past; the key things funders look for, including demonstrating need, a realistic budget and an 'exit strategy' for when the money runs out; demonstrating impact; tips on style and tone (like avoiding jargon) and do's and don'ts; increasing chances of further funding; and a directory of further sources of advice.

Featured issue

[Between a rock and a hard place](#) – Adfam and AVA

This report presents the findings of a project carried out in 2011/12 by Adfam and AVA which consulted parents affected by child to parent violence (CPV) from drug and/or alcohol using children. It begins with a section on the research that already exists on this topic, and notes some of the common themes that academics and practitioners have identified.

The next section of the report details the findings of the nine focus groups conducted with 88 parents throughout England. Parents were consulted on their experiences of CPV, who they turned to for help, and which services were effective in providing effective and sensitive support. It was found that:

- Many parents took years to look for support for themselves, often focusing on support for their substance using child instead
- When parents looked for support it was usually from drug or alcohol services, not domestic violence agencies
- Parents have feelings of shame around the abuse – a powerful ‘double stigma’ of both having a substance user in the family and suffering abuse from one’s own child
- CPV does not fit readily into the common public, policy or political visions of what domestic violence is
- Grassroots family support services were rated extremely highly by parents as ‘life-savers’ and ‘Godsends’. As well as providing effective emotional peer support they were judged to be source of practical help. A non-judgemental atmosphere, empathy and coping strategies were singled out as what makes family support groups so appealing to parents.
- GPs, police, social services, youth offending and the church all received a mixed assessment from parents in terms of how sensitive and supportive they were.

The report concludes with a section of recommendations based on the findings:

- The widening of the governmental definition of domestic violence to include victims and perpetrators aged 16 and 17 ([this has now happened](#) as a result of the recent Government consultation)
- Increased recognition and awareness of CPV amongst policymakers, and the meaningful ‘locating’ of substance use-related CPV on the shared agendas and in the strategic vision of those involved – domestic violence services, the family and parenting sector and the drug and alcohol sector
- Improved support for family support services in terms of sustained funding, accessible tendering processes and training (which will be provided by Adfam as the second part of this project)
- The development of domestic violence perpetrator programmes for the under-21s.