

*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 Jan 2012

### Contents

<a href="#">Editorial</a> .....	2
<a href="#">Parliamentary roundup</a> .....	3
<a href="#">Consultations</a> .....	4
<a href="#">Reports and announcements</a> .....	6
<b>FEATURED ISSUE</b>	
<a href="#">Measuring personal outcomes: challenges and strategies</a> .....	10

# Editorial

---

Many services in the drugs, alcohol and family support field make heavy use of volunteers – and it's safe to say that some could not survive without them. However, developing volunteer work is not as easy as many people assume: volunteers are not as 'free' as they might first appear and proper structures have to be in place to manage them effectively; and rather than being a one-way relationship, it is also important for services to provide supervision and development opportunities for volunteers in order to make their experience just as worthwhile as their contribution.

So Adfam has released a new, free toolkit, [Real Voices in Volunteering](#), to help guide drugs, alcohol and family support services through making the best use of volunteers. It is aimed at current and potential volunteers, as well as their managers, and contains a wealth of information on the policies, practices and legal side of volunteering. The toolkit also uses a number of case studies to bring out people's real experiences, as well as providing useful sample versions of documents like role profiles and supervision forms. We hope that you will make good use of the toolkit in your work.

Please note that [Adfam's conference](#) will take place on Thursday 15<sup>th</sup> March this year. This year's theme is *Family Support: Everybody's Business* so we will be looking at the relevance of families, drugs and alcohol across a range of services. The programme of speakers is excellent and we urge you to sign up as quickly as you can! [Details can be found here](#).

Also, a quick note on some other upcoming Adfam events:

- A **focus group** for people affected by a family member's **alcohol** problems – in **London** on the 20<sup>th</sup> February – [click here](#) for details
- **Workshops** on volunteering and surviving the transition to new local commissioning processes – events in [Leeds](#) (9<sup>th</sup> February) and [Newcastle](#) (16<sup>th</sup> February). Click the links or email our Regional Development Coordinator, Kate Thorpe, for further information at [k.thorpe@adfam.org.uk](mailto:k.thorpe@adfam.org.uk).



**Joss Smith**

Head of Policy and Regional Development

## Parliamentary roundup

---

Drugs seized by the UK Border Agency (UKBA), 1 April 2010 - March 2011:

Drug	Quantity (kg)
Cocaine	1,519
Crack cocaine	13.9
Heroin	420.4
Herbal cannabis	13,597
Cannabis resin	15,344
Amphetamines	137.3
Ecstasy	300 tablets

Debates and questions have also revealed:

- 68.7% of children 'looked after' for 12 consecutive months have a special educational need
- As of 30 September 2011, there were 10,604 prisoners in England and Wales serving sentences for drug offences. This total included 561 who were serving sentences for drug possession, and a further 3,461 for possession with intent to supply.
- The most accurate information available at present suggests that there about 120 residential rehabilitation providers. However, these data from [Rehab online](#) are incomplete because they do not include data from all non-statutory providers.

# Consultations

---

## [Support for those affected by someone else's problematic drinking](#) - Adfam

Adfam is conducting a short survey for family members affected by problem alcohol use. We want to better understand the barriers that people face in accessing support for themselves when a family member has an alcohol problem. This anonymous survey will help give a picture of what prevents family members from accessing help and how these barriers can be broken down.

If you are a family member we would greatly appreciate your time in filling in this survey. The information you submit will not be used for any other purposes and its anonymity will be respected at all times. If you are a practitioner who works with family members please pass the link on.

## [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.

## [Consultation on the cross-Government definition of domestic violence](#) – Home Office

This consultation seeks input on the definition of domestic violence. It is open to statutory and community sector organisations with a stake in preventing domestic violence, as well as members of the public. It suggests a number of possible outcomes from the consultation, including the maintaining of the current definition, the expanding of the definition to include 17 and 18 year-olds and the expanding of the definition to include all under-18s. The consultation consists of an online form.

It is open until **30 March 2012**.

## [Stigma Consultation](#) - Scottish Drugs Recovery Consortium

The [Scottish Drugs Recovery Consortium](#) is exploring ideas on how best to tackle stigma shown to individuals in recovery from drug problems and addiction.

### [Continued Access to Maintenance Prescribing](#) – The Alliance

[The Alliance](#) is seeking opinions on maintenance prescribing to inform their continued work-plan. They are interested in hearing from anyone with experience of maintenance prescribing, including those currently in receipt of it.

There are also three consultations from the **Recovery Partnership** still open:

- [Employment, education, training \(Service Provider Survey\)](#)
- [Priorities and key messages survey](#)
- [Residential rehabilitation \(residential provider survey\)](#).

### [Volunteering and Criminal Justice Guides feedback survey](#) – Clinks

[Clinks](#) are running a survey to assess the perception and usage of their guides to volunteering, mentoring, befriending, service user involvement, and evaluation and the criminal justice sector. This can be completed by anyone who has used or heard of the guides. The results will be used to build future work and understand how publications are used by the sector.

# Reports and announcements

---

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

## Drugs, alcohol & families

[Alcohol guidelines – Eleventh Report of Session 2010-12](#) - House of Commons Science and Technology Committee

The concept of units of alcohol was first introduced in 1981, and in 1987 'sensible limits' were defined as 21 units per week for men and 14 for women. This report contains the discussion over whether the bulk of evidence that has emerged since 1981 might merit a review of these limits. The report contains a history of alcohol guidelines in the UK, as well as how they compare to similar ones in other countries. It offers a survey of the evidence base for the status quo and formal minutes of the debate that took place in the Science and Technology Committee.

[The Myth of Drug-Induced Addiction](#) – Bruce K. Alexander, Simon Fraser University

This academic paper outlines the evidence for and against the commonly held belief that all or most people will become addicted to drugs if exposed to them for a sufficient time. As well as considering the clinical evidence to support this claim in relation to heroin and cocaine use, the paper also examines the logic used in arguments formulated to support it. It offers additional factors that may have some bearing on the matter before concluding that the evidence for the claim is not as concrete as many of us assume.

[Submission to health and sport committee on alcohol \(minimum pricing\)](#) - Alcohol Focus Scotland

This submission from Alcohol Focus Scotland discusses the merits of minimum pricing as a way forward for alcohol policy in Scotland. It states that alcohol costs Scotland £3.56bn per year, which equates to £900 per taxpayer. The report fully supports the idea of introducing a minimum price per unit, the reasons being saving lives; reducing harm; reducing public expenditure; curbing irresponsible retail practices; and protecting vulnerable groups. There are no real reasons against the suggestion put forward in the paper.

### [Does minimum pricing reduce alcohol consumption?](#) - Stockwell *et al*

This paper looks at the results of minimum pricing in British Columbia, Canada, on alcohol consumption and its associated effects. Its findings indicated that increasing the price of any alcohol drink by 10% leads to a decrease in its consumption relative to other drinks of around 16%. An increase of 10% in all prices was found to have led to a 6.8% drop in spirits consumption; an 8.9% drop in wine consumption a 1.5% drop in beer consumption; and an overall drop of 3.4%. It is therefore concluded in the paper that an increase in the price of alcohol could lead to a considerable drop in consumption.

### [The impact of austerity measures on households with children](#) (pdf) – Family and Parenting Institute/Institute for Fiscal Studies

This report looks at the possible impacts of the government's austerity measures on families, in particular upcoming tax and benefit changes; these impacts, according to the Family and Parenting Institute, make for 'sobering reading' and 'families with children are shouldering a disproportionate burden'. The main findings of the report are that the median income of families with children is set to fall 4.2% in real terms over the next 5 years, which would equate to £1,250 for a family with two children; there will be 500,000 more children in poverty by 2016; a benefit cap will particularly affect large families; and the average loss from tax and benefit changes for households claiming carer's allowance is just over 6%. The report also makes further detailed breakdowns between different family sizes, the age of children, type of housing situation and ethnicity.

### [Press reporting of issues relating to illicit drug use](#) – UK Drug Policy Commission

This submission to the Leveson Inquiry into the ethics and practices of the press looks at media reporting of drug stories, particularly concentrating on the coverage of drug harms and how people with drug problems are portrayed. The aims are to show that inaccurate or exaggerated reporting can create pressure on policymakers to make quick decisions without access to the full evidence, as happened when mephedrone was banned; and that coverage of people with addictions, including celebrities, fuels stigma against people in recovery. The submission also recommends changing the Press Complaints Commission code to make it easier for people who are not the individual subject of an article to complain about it.

### [Homelessness: a silent killer](#) – Crisis

This report looks at the detrimental effects of homelessness, concluding simply and starkly that 'homelessness is killing people'. In terms of the links between homelessness and substance use, the study states that 53% of homeless people in London have an alcohol problem, and 39% a drug problem; four out of five people start using at least one new drug upon becoming homeless; a third

of deaths among the homeless population are due to substance use; and drug and alcohol issues can be both a cause and consequence of homelessness. The report makes a series of recommendations about improving services for homeless people, including drug and alcohol support measures.

#### [Seeking drug abuse treatment: know what to ask](#) – National Institute for Drug Abuse (USA)

This American guide looks at different types of drug treatment, their strengths and how suitable they are for different people, and is partly aimed at family members – who it says ‘can play important roles in motivating people with drug problems to enter and remain in treatment’. As well as providing key information on the different components of treatment, the guide sets out key questions to ask of any model: whether it is backed up by scientific evidence; whether it is tailored to individual needs; if it can adapt as treatment progresses; whether it lasts long enough to secure outcomes; and how it fits in with 12-step or similar recovery programmes.

## Your organisation

#### [Quick guide to challenging funding cuts](#) – National Council for Voluntary Organisations

A tough year beckons for civil society organisations, with funding cuts set to be carried out in April this year. Because the government and local authorities are under pressure to reduce expenditure, the onus to ensure that decisions are fair falls on voluntary sector organisations, which have never been in a better position to do so with the implementation of the [Best Value Guidance](#) (pdf) last year.

This guide briefly outlines what you need to know about the three options available to use if funding to your organisation is set to be cut: namely the Best Value Guidance, [the Compact](#) (an agreement aiming to achieve an effective and efficient partnership between the government and civil society organisations) and, lastly, the law. Also included are tips on challenging unfair funding cuts.

#### [Protecting independence: the voluntary sector in 2012](#) – Panel on the Independence of the Voluntary Sector

Based on a period of consultation with voluntary services, this report outlines some concerns about how independence in the sector may be compromised in a pivotal time when funding is decreasing, but the need for services is rising. The study identifies six key challenges facing the sector: the way public services are commissioned; the inability to influence design, delivery and funding models; the blurring of boundaries between the private, public and voluntary sectors; risks to the independence of speech as charities are afraid to ‘speak out’ and be critical for fear of losing funding or favour; the pressures of independent governance; and the need for safeguards which protect independence. The

report also breaks down survey responses in a ‘barometer of independence’ format and looks at differences between services, for example those working with vulnerable people or small charities.

#### [A guide to writing effective funding applications](#) – Big Society Capital

This short, blog-style guide, written for the Guardian newspaper’s [Voluntary Sector Network](#), sets out some key considerations for charities making funding applications. Advice includes making time to properly research your area of work in order to demonstrate need; properly detailing short-, medium- and long-term objectives; showing any progress made to date; breaking down clear costings and knowing whether the potential funder will part-finance projects; starting simply and assuming the funder knows nothing of you and your work; and ensuring that extra information that might be needed, like annual accounts or paperwork which proves you meet the eligibility criteria, are available on request.

#### [Work Programme Special Interest Group Survey 2012](#) – NCVO

Though this document is not explicitly related to families, drugs and alcohol, it concerns the implementation of the Work Programme – the government’s flagship welfare policy under which service providers are funded on a Payment by Results basis, and are split into large ‘prime provider’ organisations and smaller, subcontracted agencies – which is widely seen as a test case for new approaches to commissioning in the public sector. The NCVO surveyed a number of subcontracted organisations involved in the Work Programme, who reported that contracts were too much based on price rather than quality of work; the size and complexity of contracts was prohibitive; they were not involved in wider commissioning processes, such as identifying need; large, prime contractors have not used their size to shield smaller agencies from financial risk; and the number of referrals has not been satisfactory.

## Featured issue

---

### [Measuring personal outcomes: challenges and strategies](#) (pdf)

– Institute for Research and Innovation in Social Studies

In an environment of outcome measurement and payment by results, this briefing looks at the implications for services working with ‘personal outcomes’, arguing that it offers an opportunity to focus intensively on the things that really matter to service users.

#### Key definitions

Some terms are easily confused and the guide sets out to clear up this ambiguity. **Inputs** are all the resources a group needs to carry out its activities; **activities** are the actions and tasks carried out to create outputs and outcomes; **outputs** are products, services or facilities that result from activities; **outcomes** are the changes or benefits that result from what the group offers or provides; and **impact** is the broader, long-term effect of a project or organisation’s outputs, outcomes and activities.

#### Judgement or improvement?

Outcome measurement can be used for internal evaluation as well as external judgement, but the guide illustrates some differences for each purpose. In general, external evaluation requires more robust and unambiguous results because indicators are used for punishment and reward (for example in funding), but more ambiguous data, allowance of context and less defined attribution (i.e. who was responsible for what outcome) are acceptable when outcomes are being used to monitor and improve services from within.

**Key challenges** are noted as:

- **Clarity of purpose** – are outcomes being used for judgement or improving services?
- Are the outcomes truly **meaningful**, or simply **measurable**?
- **‘Hard’ vs. ‘soft’ outcomes** – too much focus on easy-to-measure numbers takes a service back to an output-centred system and diverts attention from qualitative measures
- **Attribution** – who is really responsible for securing the outcome? Establishing a true cause and effect relationship is difficult with personal outcomes
- **Variations in service users** – people might have different characteristics related to age, gender or expectations, which don’t necessarily reflect on the quality of service they receive.

#### Conclusions

Outcomes tools cannot be one-size-fits-all; there are many different formats, some of which are designed specifically for an individual organisation and its particular group of service users – though it is important that services don’t get caught up trying to create the ‘perfect tool’ that downgrades their workers’ professional judgement. Overall, the guide illustrates the general rules for outcomes tools according to the **‘SMART model’**: outcomes should be **Specific** or significant; **Measurable** or meaningful; **Attainable** or action-oriented; **Relevant** or rewarding; and **Time-bound** or trackable.