

# Surviving the transition: Local structures and networks

**New structures**

**New connections**

**Localism**

**Community links**

**Media**



**Adfam**

Families, drugs and alcohol

## About Adfam

Adfam is the national umbrella organization working to improve the quality of life for families affected by drug and alcohol use.

We work with local and national partners to develop policy and manage projects. As the voice of families and family support, we provide best practice guidance on drug and alcohol related family work. We continue to raise awareness of the needs of families affected by drugs and alcohol and work to inform and influence government policy, the media, and national, regional and local services.

Adfam's mission is that every family member should be able to access the help and support that they need and deserve.

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## Introduction

**The environment for family support services is challenging at the moment. Our supporters have told us repeatedly over the past two years that times are hard and getting harder.**

A shrinking pot of cash locally means that family services are being decommissioned and in many cases, treatment providers are being asked to incorporate family work into their overall services. We welcome a greater focus on families in treatment – but it should not come at the expense of support for families in their own right. Adfam has always maintained that families deserve and need support on their own terms – and that family support is a vital part of any local response to drug and alcohol use.

Changes in local commissioning structures, shifts in personnel and the new emphasis on localism can also make the environment challenging for smaller agencies. It can be hard to see the partnerships you have built with Drug and Alcohol Teams (DATs), Primary Care Trusts (PCTs) and Crime and Disorder Reduction Partnerships (CDRPs) change over such a short space of time. We hope and believe, however, that the new commissioning structures, led by GPs and Public Health England, will also understand that it makes sense economically, socially and in terms of health and community safety, to invest in families – and in family support.

Recovery is the key concept of the 2010 drug strategy, Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life. Adfam believes in recovery for families as well as substance users, and we believe that support for families must be at the heart of any local vision of recovery, and of the Big Society.

We hope that this period of time, difficult as it clearly is, can also become a time of opportunity for family support services. It is certain that difficult economic times take their toll of all families, but families affected by drug and alcohol use can experience great hardship even at the best of times. The need for effective local support for families has never been greater.

This guide is to help family support services navigate this difficult environment. We look at the new local structures, who you should be talking to, what the big issues are in drugs and alcohol, and how you can successfully build good relationships with a range of partners. We also look at how family support fits into some other key agendas – around public health, crime and disorder and children's services, for example – to help you identify the full impact and potential of your work.



**Vivienne Evans** OBE  
Chief Executive, Adfam  
February 2012

*For further information about the issues and areas of work here, please contact your local Voluntary Sector Forum or Council for Voluntary Services (CVS).*

## Drugs and alcohol – the national landscape

In many ways, the current drug strategy – *Reducing demand, restricting supply, building recovery: supporting people to live a drug-free life*, published in December 2010 – looked quite a lot like the one that came before, and the one before that. However, there were some significant shifts in emphasis and delivery that have made a difference on the ground. It set out three headline areas of concern:

**Reducing Demand** – This focuses on dealing with the causes of substance use problems and includes ensuring there is better access to good drug education for parents and young people and enabling vulnerable families to gain effective support. It also focuses on developing public health approaches to substance use and deterrence through consistent approaches by police and courts.

**Restricting Supply** – This is mainly focused on issues at a national level like effective border controls and work with customs, but also includes stifling the supply of drugs in prisons and work with prolific offenders.

**Building Recovery in Communities** – This looks at locally led approaches to promoting recovery and abstinence from drugs and alcohol for those experiencing problems. It calls for a continued focus on getting people into treatment, but with recovery from substance use as the end goal, rather than simply retention in treatment. The strategy sets out the Government's intention to maximize individual opportunities for recovery by building up people's recovery capital – the resources that enable people to recover.

The Government's priorities, which they will expect to see mirrored locally, are to:

- Help people towards freedom from dependence on alcohol and drugs
- Prevent drug-related deaths and blood-borne viruses (BBVs)
- Reduce crime and reoffending
- Create sustained employment
- Increase access to sustained housing

And to help individuals:

- Improve their quality of life, mental and physical health and well being
- Improve their relationships with significant others
- Improve their parenting capacity

## Drugs and alcohol – the local landscape

Critically, the strategy shifts the emphasis for deciding what services are delivered locally away from central government and to local areas. The strategy calls for locally controlled systems to be established which meet local needs. However it does not call for this to be delivered by Drug Action Teams or through current commissioning structures.

For the past ten years or so, money has been fairly easy to access in the drug sector, and to a lesser extent for those working with families. That's all about to change.

PCTs (who have often held the drugs budget and commissioning structures) are currently being abolished and although they will be replaced by GP lead Clinical Commissioning Groups (CCGs) who will purchase healthcare on behalf of their patients, they will not usually purchase drug and alcohol treatment. Instead the responsibility for drug and alcohol strategy and commissioning will fall to the Director of Public Health within the Local Authority – alongside Public Health England. The work of the National Treatment Agency (NTA) is being absorbed into Public Health England and they will provide advice and support to local areas on drugs and alcohol.

Crime and Disorder Reduction Partnerships (CDRPs) will remain a part of the local landscape, but their position will change following the election of Police and Crime Commissioners (PCCs) – the locally elected officials who will oversee crime and disorder work across a police area.

The centrally allocated budgets for CDRPs will transfer to the PCCs – this will include a big chunk of Drug Interventions Programme (DIP) funding and The Safer and Stronger Communities monies. On top of this, the Pooled Treatment Budget will transfer across to Public Health, but it will not be 'ringfenced', which means it can be spent on any local public health priorities and is not reserved for a particular purpose or strand of work. If you have been supported financially by your DAT or CDRP in the past, it is likely that the money you

received came from one or more of these sources. It is also likely that these pots will get smaller over the coming years and that there will be more and more pressure to fund different things from them. The amount of money available to you from these sources is likely to get smaller.

If all this seems very confusing and difficult to keep track of, there's a simple reason for this – it is that drugs and alcohol work is at the intersection of a number of policy areas which are seeing big changes and big cutbacks. During the transition period you need as far as possible to try to keep tabs on who is commissioning what locally – and to map any changes. If you have the time, attend any DAT or DIP or more general drug and alcohol meetings you can. Don't lose touch with the commissioners and groups who have supported your service in the past. It may be that they can't answer all your questions about future funding now but they still probably remain, for the time being at least, your best local contacts.

Notwithstanding that, it's time to begin to consider your work not just in terms of what it delivers to local alcohol and drug strategy, but to the broader local agendas of health, social care, community safety, children's welfare and education. You've got to be proactive and get yourself out there again to demonstrate the relevance of your work to new audiences, even if this may seem a daunting prospect.

## Understanding the new structures

The new commitment to localism means that every area will be able to set up their commissioning systems and services slightly differently according to local need and budgets. However there are some core groups who it's really important you make links with.

- Health and Wellbeing Board (HWB)
- Police and Crime Commissioners (PCCs)
- Director of Public Health (DPH)
- Clinical Commissioning Groups (CCGs)

Who	What they do	Why they are important	How to get involved
<b>Health and Wellbeing Board (HWB)</b> a high level partnership	Coordinate planning and commissioning across health, social care, children's services and public health. Members include Local Authority Directors, GP Commissioners and elected members.	The HWB is responsible for writing the Joint Strategic Needs Assessment (JSNA) and monitoring progress towards delivering it. JSNAs set out the priority outcomes that need to be delivered locally. Getting families affected by substance use on the agenda here could make a real difference in terms of support and commitment across commissioning.	<p>There are a few ways you might get involved here. The first is by using the contacts you may already have with DAT or CDRP members who could be members of the HWB.</p> <p>Secondly you might get involved through your local CVS or Voluntary Sector Forum. They may well be represented here and your voice may come through stronger if it's part of a group like this.</p> <p>Elected members can also be part of HWBs. Find out which councillor sits on your HWB and then invite them along to see the work you do.</p> <p>Health Watch – the new consumer organisation for people who use health services (so replacing LINKS) will also be members of the HWB so it may be worth making links with them.</p> <p>Talk to the local authority officers responsible for finalizing the JSNA on behalf of the HWB.</p>

Who	What they do	Why they are important	How to get involved
<p><b>Police and Crime Commissioners (PCCs)</b> a new kind of elected official managing community safety issues</p>	<p>Responsible for crime reduction, prevention, and Police performance across a police force area. Appoint the Chief Constable and setting out 5-year police and crime plans.</p>	<p>PCCs will control 40% of the money that makes up the DIP budget and all the Safer and Stronger Communities budget. They will also be responsible for signing off police budgets and plans. In all they will control many millions of pounds. They will use resources according to public priorities and identified need. They will control the funding that your local CDRP or Community Safety Partnership have used for grants in the past. While this may still be available through previous channels, you may have to apply to the PCC instead depending on your local arrangements.</p>	<p>This post will not come into existence until the latter half of 2012 (with elections taking place in November 2012). Making contact with candidates for the posts might be helpful. Why not ask candidates to visit your service and find out what you do? Reminding them that families are often victims of drugs crime could help them see the issues differently. When they are in post, responsiveness to public concerns will be a critical part of their role, so good communication with communities about the work you do and what it delivers will be really important. There will be a channel for scrutiny of the PCCs and Police and Crime Panels will be set up to do this.</p>
<p><b>Director of Public Health (DPH)</b></p>	<p>This is a beefed up local post which is to be jointly appointed by the Local Authority (where the post will sit, reporting into the Chief Exec) and Public Health England – the new national body for Public Health. Expect the new DPHs to have more influence on local strategy, and a bigger team/ back office than the existing health based DPHs.</p>	<p>From April 2013, the Director of Public Health will directly control a ringfenced public health budget which includes the Pooled Treatment Budget monies and 60% of the current DIP budget, though they will not be obliged to spend this on drug or alcohol treatment. They will be responsible for overall local strategy on drugs and alcohol.</p>	<p>Meeting with this post holder – when they are appointed – and their team – should be high on your list of priorities. Before you do so, however, take some time out to look at not just how you can help achieve local outcomes around drugs and alcohol, but also the impact of drugs and alcohol on other areas of public health.</p>

Who	What they do	Why they are important	How to get involved
<b>Clinical Commissioning Groups (CCGs)</b>	These are the groups who will take over responsibility for commissioning healthcare services from PCTs. They are made up of local GPs and other involved in primary care. They will have a CEO and are likely to have small staff team or contracted-in private sector support to enable them to deliver their work programme and undertake commissioning.	Although in most areas CCGs will not have direct responsibility for commissioning drug and alcohol treatment, they will be heavily involved in the HWB and JSNA and will also be responsible for commissioning the services that families themselves will use.	Find out which CCGs are working in your area and how they run. Talk to other organisations working in health – it may be that they have begun to map out who has responsibility for different areas of healthcare. Use the relationships you have with primary care staff and GPs to help you find out what is happening – and help them find out about your work.

As the landscape transforms, it is important that you keep in touch with these changes. For information on how to do this see the Updating Your Skills and Knowledge section in Adfam's guide *Surviving the Transition: Organisational Health*.



## Making new connections

Drugs and alcohol is a major issue that affects almost everyone in society. The families of people with drug and alcohol problems make up a significant group in our community. This means that many of the problems faced by families are already being dealt with by a range of local services – or should be. This means you need to connect and make common purpose with a range of local agencies.

The people you may need to be working with include:

- Children's services
- Education services (e.g. schools)
- Jobcentre Plus
- Housing
- GPs and primary care
- Drug service providers
- Probation
- Police
- Adult Social Services
- Citizens Advice Bureau
- Other voluntary sector groups

Intensive family support services (previously Family Intervention Projects, or FIPs)

It's sad but true that it's no longer enough to simply say to people that you do a good job or that the people you work for – your clients – need the service you provide. You now need to be able to show you have shared aims and outcomes and can contextualise your work with that of other organisations. You need to be clear on:

- Why what you do is important – what needs you are meeting
- What outcomes you deliver – what the results of what you do are
- What would happen if you weren't there

It also helps if you can show that you provide a service that's cheaper and more effective than others by either tackling the same problem earlier, or doing it in a more effective way.

It helps if you begin to look at the range of work your organisation does, and looking at the outcomes that you deliver. Much if not most of the work you do probably doesn't deliver directly to the drug strategy at all, but has an impact in areas such as health and well-being, children's services and housing support. Let's look at some examples -

- When you support grandparents who are looking after their grandchildren, you could be delivering interventions that contribute to the work of Children's Services and Education. You might also be helping that grandparent deal with stress and anxiety that is impacting on their health and wellbeing – so now you're delivering Health Outcomes too.
- When you help the partner of a prisoner with young children keep in contact and resolve issues in their family relationships while that person is in prison, you can be having an impact on reoffending and crime.
- When you sit down with a family and help them work through their debts or employment issues, you could be stopping them ending up in emergency accommodation or homeless.

Another way of looking at this is to do some reading. Get hold of some copies of your Joint Strategic Needs Assessment, The Children and Young People's Plan, the Crime and Disorder Strategy – and take a look at the outcomes and results they are trying to deliver. Make a list of the ones you think you make a contribution to, and then identify the lead officers, elected members or departments responsible. Try and see too which fall under each of the new structures set out previously – Clinical Commissioning Groups, Directors of Public Health, Police and Crime Commissioners, and Health and Wellbeing Boards. That way when you meet them or get to some of their meetings, you will be able to show how you can deliver to their agenda. This makes it more likely they will want to engage with you and maybe even help you with some resources.

## Linking into the community

At the root of much of the new localism is a fundamental belief that services are delivered better and more efficiently if they are commissioned closer to the people who use them. The idea of the Big Society takes this one stage further by suggesting that communities themselves need to be providing more of the interventions that the state currently does. In the work of the Health and Wellbeing Boards, the Clinical Commissioning Groups, Public Health and the Police and Crime Commissioners is a responsibility to reflect and meet community needs.

This means that influencing your community, and emphasizing that you as a family group are part of that community, is very important at the moment. You probably already have pretty good links with your own local community – maybe you share premises with other community groups, or work in community venues. People who use your services may well be members of other community groups and forums. You can use all these links and connections to make more people aware of the work you do and its importance.

In most areas now, there are some forms or other of regular neighbourhood meetings. Some may be about services general and some may be more focused on things like healthcare or crime. It's a good idea to attend these when you can and talk about the work of your group. Not only might you be reaching new people who may need your help, but you're also building support in the community for your organisation.

## Talking to the media

Working with local press and media is another way of getting the message across about your organisation and what it does. This can sometimes be a double-edged sword as the media can be difficult to handle: they are not always as sensitive as they could be about issues to do with drugs or drug or alcohol dependency. However, they can be very useful in publicising your work to potential funders and possible service users. Here are some useful pointers to remember when working with the media:

- Decide exactly what message you want to get out there, and stick to it
- Try and have one person for your organisation who is your media link – it's the best way of controlling your message
- Don't make it overcomplicated – if you don't simplify what you say, the media will
- Make it relevant to the local area – talk about the involvement of local people
- Use different kinds of media – have you got a local community radio station? Small community magazines? Maybe your message is appropriate for them?
- When you are contacting newspapers, try and send your information to a named person – the editor, a reporter you know covers similar stories, or a correspondent working in a particular subject area such as health or crime
- Be careful with live interviews commenting about real life cases – and avoid talking about named people
- Letters pages can be good places in local papers to get your message across – but keep to two or three simple points and argue them clearly - avoid ranting and 'outraged' language.

MediaTrust have a variety of resources online (<http://resources.mediatrust.org>). It's also likely that your local CVS or Voluntary Sector Forum will run some free or low-cost courses on working with the media – and certainly may be able to help you with local contacts.

## Useful Websites

### Association of Chief Executives of Voluntary Organisations (ACEVO)

Support and advice for voluntary sector leaders

[www.acevo.org.uk](http://www.acevo.org.uk)

### Big Lottery Fund (BIG)

Delivers 46 per cent of all funds raised for good causes by The National Lottery

[www.biglotteryfund.org.uk](http://www.biglotteryfund.org.uk)

### Contracts Finder

Lists upcoming tenders over £10,000

[www.contractsfinder.businesslink.gov.uk](http://www.contractsfinder.businesslink.gov.uk)

### Council for Ethnic Minority Voluntary Sector Organisations (CEMVO)

Advice, training and support for voluntary organisations working with ethnic minority communities

[www.cemvo.org.uk](http://www.cemvo.org.uk)

### Charity Commission

Responsible for registering and monitoring charities

[www.charity-commission.gov.uk](http://www.charity-commission.gov.uk)

### Children and Young People Now Funding Finder

An excellent resource for those looking for funding to work with families and young people

[www.cypnow.co.uk/go/fundingfinder\\_england](http://www.cypnow.co.uk/go/fundingfinder_england)

### Criminal Records Bureau

Provides the disclosure service on employees / volunteers for organisations working with vulnerable adults or children. You should also be able to get advice on this from your local CVS

[www.businesslink.gov.uk/bdotg/action/layer?topicId=1084415157](http://www.businesslink.gov.uk/bdotg/action/layer?topicId=1084415157)

### Directory of Social Change

Provides information and training to voluntary sector organizations.

[www.dsc.org.uk](http://www.dsc.org.uk)

### Funding Central

A free website for charities, voluntary organisations and social enterprises - providing access to thousands of funding and finance opportunities, plus a tools and resources supporting organisations to develop sustainable income strategies appropriate to their needs

[www.fundingcentral.org.uk](http://www.fundingcentral.org.uk)

### Information Commissioner's Office

Facts and advice about the recording, use and disclosure of information

[www.ico.gov.uk](http://www.ico.gov.uk)

### KnowHow NonProfit

A space where professionals in the non-profit sector can learn and share what they have learnt with others

[www.knowhownonprofit.org](http://www.knowhownonprofit.org)

### Local Government Association

For news and information about and for Local Government

[www.local.gov.uk](http://www.local.gov.uk)

### MediaTrust

For information and advice on dealing with the media

[resources.mediatrust.org](http://resources.mediatrust.org)

### National Association of Voluntary and Community Action (NAVCA)

For information, training and publications

[www.navca.org.uk](http://www.navca.org.uk)

### National Community Safety Network -

Information about Crime and Disorder Reduction and Community safety aimed at those working in local partnerships

[www.community-safety.net](http://www.community-safety.net)

### **National Council for Voluntary Organisations (NCVO)**

For information about many aspects of running a charity or voluntary group; a great starting point  
[www.ncvo-vol.org.uk](http://www.ncvo-vol.org.uk)

### **Regional Contracts Portals**

List a range of upcoming local authority contracts in each area

#### **North East**

<https://www.qtegov.com/systems/nepocms.nsf/vHomepage/fsection?opendocument>

#### **North West**

<https://www.thechest.nwce.gov.uk/cms/cms.nsf/vHomePage/fSection?OpenDocument>

#### **Yorkshire and Humber**

<https://scms.secure.alito.co.uk/>

#### **East Midlands**

[www.sourceeastmidlands.co.uk/](http://www.sourceeastmidlands.co.uk/)

#### **West Midlands**

<http://hub.westmidlandsiep.gov.uk/suppl.asp?PageRef=85>

#### **East of England**

[www.improvementeast.gov.uk/offer/procurementlinks.aspx](http://www.improvementeast.gov.uk/offer/procurementlinks.aspx)

#### **South West**

<https://www.supplyingthesouthwest.org.uk/swce/cms.nsf/vLiveDocs/SD-DEVV-6UNGEK?OpenDocument&contentid=1.001>

#### **South East**

<https://www.businessportal.southeastiep.gov.uk/sece/cms.nsf/vLiveDocs/SD-DEVV-6UNGEK?OpenDocument&contentid=1.001>

### **London**

<https://www.londontenders.org/portal/CMS.nsf/vHomePage/fSection?OpenDocument>

### **Regional Voices**

Provides information about and for voluntary sector groups across all nine English regions  
[www.regionalvoices.net](http://www.regionalvoices.net)