Agenda Item No: 3b) i)

IMPROVING THE EDUCATION AND TRAINING OF PROFESSIONALS TO HELP ALCOHOL MISUSERS

To: **Cabinet**

Date: **22 February 2011**

From: **Reece Bowman, Scrutiny and Improvement Officer**

Electoral division(s): **All**

Forward Plan ref: **Not applicable** *Key decision:* **No**

Purpose: **To present the report and recommendations of a member led review on improving the education and training of professionals to help alcohol misusers**

Recommendation: **Cabinet is asked to:**

- **Consider the recommendations of the review group for implementation (see page 15).**

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1. BACKGROUND

1.1 On 23rd September 2010 the Safer and Stronger Communities Scrutiny Committee commissioned its second member led review.

1.2 The review commenced in early October with the support of County Council Graduate Trainee Hannah Barrett.

1.3 The review group comprised Councillors Brooks-Gordon and Tierney.

1.4 Presented below is the final report and recommendations of the review group for Cabinet's consideration.

1.5 Recommendations relating to agencies other than the County Council will be submitted directly to them in consultation with the review authors.

2. SIGNIFICANT IMPLICATIONS

Resources and Performance

2.1 None

Statutory Requirements and Partnership Working

2.2 None

Climate Change

2.3 None

Access and Inclusion

2.4 None

Engagement and Consultation

2.5 None

SAFER AND STRONGER COMMUNITIES SCRUTINY COMMITTEE

“Can’t do it on my own”

IMPROVING THE EDUCATION AND TRAINING OF PROFESSIONALS TO HELP ALCOHOL MISUSERS

MEMBER LED REVIEW

CLLR BELINDA BROOKS-GORDON

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The authors wish to thank Hannah Barrett and Reece Bowman for their good work on the project. Hannah set up all the interviews, meetings, and sent out the surveys. She worked hard making the arrangements on a task made more complex because the nature of her post meant that she had to move before the review was complete. Hannah handed over the administration of the project to Reece Bowman who distributed the final drafts. We are very grateful to both Hannah and Reece for their patience, competence, and calmness during the tight time constraints of a member led review.

Contents

Executive Summary

Economic pressures on individuals arising from events such as redundancy, easy access to alcohol and its relative cheapness are some of the factors that may lead to alcohol misuse. There is a rising trend of alcohol misuse[1] particularly amongst the "professional classes". High consumption levels maintained over a long period of time can amount to a significant threat to an individual's health and yet, because it does not pose a highly "visible" problem, might receive little attention from statutory agencies. This changes if the individual concerned eventually requires medical attention, at which point costly interventions impact not only the patient, but also public finances.

Groups also associated with alcohol misuse include the homeless, ex-offenders and people – regardless of background or social class - undergoing significant change or problematic events in their life. These groups may consume alcohol in a manner more immediately damaging.

Excess drinking can result in increased risk of alcohol related disorder and disease, loss of workplace productivity and, in the most severe cases, violence and/or criminality. All of which have a human cost in terms of the negative impact on the individual concerned, their families, and wider society ranging from reduced wellbeing to family breakdown.

In financially straightened times it is wise therefore to place emphasis on prevention. And where an individual presents, or is referred to, public service providers, every effort must be made to prevent alcohol misuse from escalating. Already, in response to budget cuts, the council has identified the importance of prevention in its ongoing work. Preventive work benefits the public sector as it manages alcohol misuse in the community, avoiding, where successful, the need for costlier interventions by health services or, in the worst cases, criminal justice agencies. Agencies such as the county council, its Drug and Alcohol Action Team and those it works alongside such as Addaction and CASUS provide a first line of defence against escalating problems of misuse through the provision of training. Those professionals who do this training – called "Identification and Brief Advice" (IBA) – speak highly of it, yet a key finding of the review has been that IBA has not been subject to a thorough analysis of its efficacy.

Furthermore, there is a need for Children's and Adult's Social Workers in particular to have access to alcohol awareness training, and there may be potential to offer IBA training to community members, to increase awareness and promote individual action in the community. The review authors find that training coordination, following the departure of the DAAT Alcohol Coordinator, needs to be allocated to remaining staff members as these functions are too important not to be continued.

[1] Figures released by the Office for National Statistics have shown that, despite a decrease in 2009, alcohol-related deaths since 1992 (to 2008) have more than doubled in males and have nearly doubled in females. See: http://www.statistics.gov.uk/cci/nugget.asp?id=1091

Acknowledgements

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Charlotte Wilson
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Gillian Turton

The Ferry Project
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Children's Social Care Focus Group

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Geoff Sherlock

Health Visitor Service
Sue Mills

Health Trainer Service
Nicola Allan

Locality Teams
Locality Team Managers
All the survey respondents

Cambridgeshire Constabulary
Inspector Richard Lowings
Sergeant Lisa Pearson

Cambridge Youth Foyer
Richard Allcock

1. Introduction

1.1 The misuse of alcohol has a harmful impact on individuals, their families and the wider community. For example, alcohol misuse can be a factor in family breakdown, mental health problems and homelessness. Professionals have key opportunities to help people out of damaging cycles through effective intervention. Training and education on alcohol misuse can support professionals by increasing their confidence in addressing alcohol misuse. This review is a brief, tailored examination of education and training for professionals to address alcohol misuse in Cambridgeshire. It is recommended that this review is read alongside the Integrated Offender Management (IOM) scrutiny review.

2. Background

2.1 National Context

2.1.1 It is estimated that 1.6 million people in the United Kingdom have mild, moderate or severe alcohol dependence.[2]

2.1.2 The Drug Strategy 2010 stated that alcohol misuse spans alcohol related disorders and diseases, crime, loss of productivity in the workplace and health and social problems experienced by those who misuse alcohol and the impact this has on their families.[3] The total estimated cost of this is £18-25 billion a year. For the NHS alone, the estimated financial burden of the harmful use of alcohol (regularly drinking at increasing or higher risk levels) is around £2.7 billion.[4] There is an ongoing debate about how best to deal with, and prevent, alcohol misuse, and last year The Policing and Crime Act 2009[5] amendments on the selling of alcohol came into force. At the time of writing there is an ongoing debate about the setting of a minimum price.[6] What is not in debate is that trained help is needed when there is alcohol misuse.

2.1.3 Past studies have highlighted potential gaps in professionals' knowledge of alcohol misuse. For example, a recent survey of GPs in the Midlands revealed that GPs did not routinely ask patients about alcohol and most did so only in response to physical indicators of misuse. The survey found that 60% of GPs felt "effective" or "very effective" in helping patients change alcohol consumption, with this proportion rising to 82% if given adequate information and training.[7]

2.1.4 Alcohol campaign groups have called for mandatory social work training on parental alcohol misuse. Despite playing a part in more than 50% of their case loads, most social workers receive little or no training on alcohol misuse.[8]

2.2 Local Context

2.2.1 Cambridgeshire is significantly better than the England average on 16 out of 24

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[2] McManus, S., Meltzer, H., Brugha, T., Bebbington, P., and Jenkins, R. (2009) "Adult Psychiatric Morbidity in England, 2007". Results of a Household Survey. The NHS Information Centre for health and social care, cited in National Drug Strategy 2010, p.7.
[3] Prime Minister's Strategy Unit, (2004) "Alcohol Harm Reduction Strategy for England"
[4] Department of Health (2008) "The cost of alcohol related harm to the NHS in England"
[5] http://www.publications.parliament.uk/pa/cm200910/cmselect/cmhealth/151/15112.htm
[6] http://www.guardian.co.uk/science/blog/2011/jan/17/price-super-strength-lagers-alcohol
[7] Lock, C., Wilson, G., Kaner, E., Cassidy, P., Christie, M., and Heather, N., "A survey of General Practitioners' knowledge, attitudes and practices regarding the prevention and management of alcohol-related problems: an update of a World Health Organisation survey ten years on" (February 2010).
[8] Alcohol Concern and The Children's Society, "Swept under the carpet: Children affected by parental alcohol misuse" (October 2010)

alcohol related indicators, and does better than the regional average for ten indicators.[9] According to the 2010 Local Alcohol Profiles, Cambridge City, Fenland and Huntingdonshire are the key areas where alcohol misuse is a significant problem.[10]

2.2.2 Alcohol misuse training is mainly provided by the two alcohol treatment agencies contracted in Cambridgeshire: Addaction for adult treatment, and Child and Adolescent Substance Use Service (CASUS) for young people's treatment. In their contracts, training is specified as a requirement. CASUS have been in place since April 2010, and Addaction since July 2010. Workforce training supports all three priorities identified in Cambridgeshire's Alcohol Harm Reduction Strategy 2010-2011.[11]

2.2.3 Training is coordinated through the Drug and Alcohol Action Team (DAAT). CASUS provide training specifically to services that come into contact with children and young people. The exceptions are schools, where support is provided to schools by the Personal, Social and Health Education (PSHE) service, with the guidance of CASUS, and training is provided to teachers by the Cambridgeshire Advisory Service.

2.2.4 Free training is offered to professionals who come into contact with alcohol misuse. This includes the Police, the National Health Service (NHS), Locality Teams, the Independent Domestic Violence Advocacy Service, and Housing Providers.

2.2.5 The main training provided by Addaction is "Identification and Brief Advice" (IBA). This consists of a series of questions professionals can use to start a conversation about alcohol with a client. If a problem is identified, they can then give out some basic advice or if necessary refer the person on. The IBA series of questions is being rolled out on a national basis.

2.2.6 Individual services have included some alcohol misuse training in internal programmes. For example, the police include alcohol misuse training in their induction package. Community Alcohol Partnerships (CAPs) also provide training for retail partners.

2.2.7 CASUS delivered training to 561 professionals in Quarters 1, 2 and 3 and 2010/11.[12] Addaction delivered training to around 92 people across quarters 2 and 3.

2.2.8 A review into Cambridgeshire's alcohol training was felt useful as there were some concerns that training was not reaching all relevant groups and was perhaps not being prioritised. This meant that there could potentially be serious gaps in professionals' knowledge of alcohol misuse.

3. Methodology

3.1 This review was undertaken through a combination of desk based research, interviews with those who provide, use and commission services, site visits, online surveys and consultation with experts. See Appendix 2 for a list of who we met with and the surveys that took place.

[9] For the list of indicators, please see Appendix 1. Cambridgeshire and Districts Local Alcohol Profiles 2010 for NHS Cambridgeshire, accessible at http://www.nwph.net/alcohol/lape/.
[10] Cambridgeshire and Districts Local Alcohol Profiles 2010 for NHS Cambridgeshire, accessible at http://www.nwph.net/alcohol/lape/.
[11] Cambridgeshire Alcohol Harm Reduction Strategy 2010-2011.
[12] CASUS figures include professionals engaged by CASUS during initial awareness raising work.

4. Findings

4.1. Training Quality

4.1.1 Training is provided by both Addaction and CASUS. There seemed to be a consensus among professionals that this is of a high quality and fit for purpose. Data collected through feedback forms and during the review supports this statement.

4.1.2 A variety of agencies have undertaken IBA training including Health Trainers, CAMquit, the Gypsy and Traveller service, further education colleges, homeless hostels, residential social landlords, Mobile Gym and Fenland District Council. The IBA training has been well received - as shown through the day evaluation forms and in the interviews the review authors carried out. The Health Trainer Service Manager commented that IBA training was beneficial to their work, as it enabled them to ask about alcohol intake in a non-judgemental way.

4.1.3 Following a successful pilot whereby Addaction workers provided IBA to those in custody (where custody staff deemed alcohol to have played a part in a suspect's arrest). The police are now planning to train officers to carry out IBA from 2011.

4.1.4 Training provided by Addaction has been successful in improving relationships between Addaction and agencies with which they work. For example, the Ferry Project, a temporary housing provider in Wisbech, commented that relations between the project and Addaction had improved following a training session in October 2010.

4.1.5 CASUS appear to provide excellent training, according to the review interviews and evaluation forms. For example, Cambridge Youth Foyer – another temporary housing provider - stated that they were pleased with CASUS' approach to the links between drugs and alcohol. Their residents had asked for more specific information on the effect of mixing alcohol and drugs, instead of a generic warning. In response, CASUS delivered a session on this topic. An online survey of Locality Teams showed that 53.3% of respondents viewed training as good and 26.7% viewed training as excellent. All respondents who had undertaken alcohol misuse training stated that they felt more confident addressing alcohol misuse issues with service users after the training.[13]

4.1.6 Both Addaction and CASUS were praised for their flexible and responsive approach to training needs. Previously, GPs were perceived to be uninterested and did not attend training. The introduction of a liaison worker and a shift to online learning and training in more convenient locations has reversed this. GPs are said to be engaging well and Addaction is in high demand to provide talks at surgeries. GPs have stated that they are happy referring to community alcohol services now they have added support and can access training in a convenient way.

4.1.7 Promoting equal access to services is partly done through targeted training. For example, as stated above, the Traveller Liaison Service attended IBA training. Addaction and CASUS train volunteers and they encourage people from a variety of cultures to get involved.

[13] For the full survey results, please see Appendix 3.

4.1.8 Further IBA training sessions are being developed for other agencies including members of the Community Alcohol Partnerships (CAPs). People involved in the CAPs have stated that they would benefit from more general knowledge of alcohol misuse.

4.1.9 Addaction and CASUS staff referred to the struggle in keeping alcohol misuse a priority for some practitioners. CASUS staff commented that some professionals had to be reminded to look out for alcohol misuse because they did not view it as a problem they faced. They were concerned in meetings where professionals stated it was never an issue, when there was a high probability that there may be problems that were being missed. It can be difficult for practitioners to focus on alcohol misuse when several high risk issues are present in a case.

4.1.10 Both the Locality Team survey and the Children's Social Worker focus group undertaken by the review made the point that practical experience was a key factor in building confidence in addressing suspected alcohol misuse with a service user. It was suggested that training didn't always leave professionals feeling confident enough to apply the learning in their day to day role. However, some stated that this was a problem which training could not solve and which would only be remedied through building experience.

4.1.11 The review authors would like to see a more comprehensive evaluation process applied to training. The IBA evaluation is well regarded but needs to be systematically and scientifically evaluated. On the day evaluation cannot provide information on how the training is used to improve the quality of the service. Training should be evaluated at a later stage to see how attendees are applying it in their day job.

4.1.12 Past reviews of brief alcohol interventions show that some groups respond better than others[14] and that the efficacy of the programme is influenced by context.[15] Systematic reviews show mixed results for various interventions.[16]

Recommendation 1: The IBA training roll out is continued to ensure practitioners feel more confident addressing alcohol issues with clients.

Recommendation 2: There should be rigorous systematic and scientific evaluation of the IBA training.

4.2. Addressing Training Gaps

4.2.1 The group spoke to five people who used alcohol misuse services over the course of the review. Their experiences are detailed below. Tom[17] stated that his experience with his GP had been poor. On asking for help, Tom felt that his GP had a good medical understanding of the effects of alcohol on the body but not of the problems of addiction. Fred felt that he was bounced between his GP and Addaction for six months. However, this contrasted with the experiences of Terry and Mark who praised their GP and said the referral process was straightforward.

[14] Kaner, E.F.S., Dickinson, H.O., Beyer, F.R., Campbell, F., Schlesinger, C., Heather, N., Saunders, J.B., Burnand, B. Pienaar, E.D. (2009) "Effectiveness of Brief Alcohol Interventions in Primary Care Populations", *Cochrane Database of Systematic Reviews*
[15] Bertholet, N., Daeppen, J-B, Wietlisbach, V., Fleming, M., Burnund, B. (2005) "Reduction of Alcohol Consumption by Brief Alcohol Intervention in Primary Care" *Archives of Internal Medicine*
[16] Foxcroft, D.R., Lister-Sharp, D., Lowe, G. (1997) "Alcohol Misuse Prevention for Young People: A Systematic Review Reveals Methodological Concerns and Lack of Reliable Evidence of Effectiveness". *Addiction*
[17] Pseudonyms are used throughout to maintain anonymity.

4.2.2 Terry stated that it would be useful to have more information in libraries for people to see, and for library staff to have greater knowledge on where to go for help.

4.2.3 An online survey of Adult Social Care suggested that there is a strong need for alcohol misuse training in this field. The majority of survey respondents (n = 12, 75%,) stated that they had not undertaken any specific alcohol misuse training. Although some respondents had not come across alcohol misuse in their work and had not used any training, several respondents expressed a desire to gain more knowledge in this area:

"I really require training"

"More knowledge on alcoholism would be beneficial"

"Training would be beneficial"[18]

4.2.4 The Health Visitor Service stated that alcohol misuse training would be highly beneficial. Currently, they only access ad hoc free training provided by groups such as the Local Safeguarding Children's Board (LSCB), leading to varying levels of training being accessed across the County. The Health Visitor Service members stated that they would be interested in sending health visitors, staff nurses and nursery nurses on training, providing it remained free.

4.2.5 In general, where training has been offered, people have attended and benefitted. However, there is a problem in that training needs to be coordinated and managed at a more strategic level within services. For example, individual social workers who receive an invitation might attend, but there does not appear to be a strategy or encouragement from management for all Social Workers to attend. Children's Social Workers commented that alcohol misuse training would be beneficial, as it something they have to deal with on a regular basis.

4.2.6 The main barrier to professionals undertaking training is the paucity of time to attend. This was highlighted by Children's Social Care practitioners and Locality Teams in particular. The exception to this was Adult Social Care survey respondents who said that being unaware training was taking place was the main barrier. Respondents (n=10) said they were not aware of any training taking place. This suggests that there is a specific issue in publicising training to this group.

4.2.7 Training is sometimes prioritised but hard to use in practice. For example, the Domestic Violence team viewed training on alcohol misuse as sufficient and appropriate, but the nature of their work means it is hard to refer clients to Addaction, as it could increase risk and cause further problems. For example, a domestic violence victim leaving the house on a regular basis to attend treatment sessions could make their partner suspicious and lead to further aggression. Children's Social Care practitioners' comments supported this point, stating that sometimes the risk to the child would be increased by starting a discussion with a parent about alcohol. An example of this could be a supervised contact session between parent and child. The Adult Social Care survey suggested that a major factor in practitioners finding alcohol misuse hard to address with clients could be

[18] For the full Adult Social Care survey results, see Appendix 4.

the risk of provoking violent, unpredictable and threatening behaviour. For example, one practitioner wanted to address the smell of alcohol with a parent at a contact centre, but because she was there alone with the parent and child, she could not address it with the parent (who had a known history of violence) in front of the child. Any training provided any of the above listed groups needs to take this into account and practical advice and suggestions for dealing with this problem given.

Recommendation 3: Alcohol misuse training should be treated as a priority for Adult and Children's Social Care.

4.3. Community Engagement

4.3.1 Change is most sustainable when it is driven from inside the community. The review authors feel that IBA training would be highly effective if provided to community members as well as professionals. Community members could act as informal trainers and in time pass on information and train others to recognise the signs of alcohol misuse. As part of a community, members know it better than outside bodies and may be able to reach isolated residents more effectively. It may be that this will foster a community approach to the problems of alcohol misuse and avoid the "us" and "them" situation that can be problematic in some cases.

The review authors feel that if this approach is adopted, it is vital that training provided can result in a qualification that those who have completed the training can be proud of and would want to include on a C.V. for future work applications. It should be something people want to do as it will benefit their prospects as well as their community, and this may make them more likely to want to share knowledge gained within their peer groups.

It should also be noted that in the current difficult economic environment the training of community members alongside specialists, if properly considered and managed, could save costs by creating a shared responsibility for tackling alcohol misuse between the public and service providers, ultimately delivering better outcomes. This training could possibly be delivered at Children's Centres and other key community buildings.

4.3.2 Community training could also be useful for reaching people who have harmful drinking patterns but are not yet at a point where it is having an impact on their lives. The wider community would have increased knowledge of alcohol issues, and those who require further support would know how to access it. The qualification could perhaps be publicised at Jobcentre Plus, in local community centres and in libraries.

4.3.3 To encourage a stronger sense of community, the review team suggests that more volunteers, perhaps former clients, should be given mentoring and befriending training to provide further peer support. The recently published National Drug Strategy, which also covers alcohol misuse, emphasises the need to build recovery in communities. We advocate "Community Recovery Champions" who can help an individual maintain progress. In making this recommendation, we point to the journey undertaken to get to a detoxication programme. Currently, Cambridgeshire does not have a detoxification facility and so clients have to travel to Peterborough, often alone. Detox can be a frightening and unpleasant experience, and the added stress of travelling there sometimes leads to individuals either not turning up or drinking on the way and thus being unable to enter detox. We are conscious of the

need to enable people to do things for themselves, and a mentor programme would provide peer support and reassure individuals, without requiring workers from alcohol services or housing having to attend, so avoiding dependency on the service.

Recommendation 4: Offer IBA training to people in the community as a qualification that can be used on CVs. People who gain the qualification can then spread the message within their own communities. We suggest this is done as a pilot scheme, and this might be something other councils will look to as a future model.

Recommendation 5: Train volunteers to accompany alcohol misusers on journeys to detox clinics. This would be part of a "buddy" system.

4.4 Links and Coordination

4.4.1 Training is generally well coordinated with other agencies. Joint training has taken place with the Youth Offending Service, for example. DAAT Coordinators are in regular contact with other services and organise shared learning on a regular basis.

4.4.2 Addaction and CASUS have good relations with partners on the whole, and develop these relationships during training. However, this review has revealed variation across the county in terms of how well agencies work together. There were reports of some problems with Addaction in Wisbech during the first six months, while agencies in Cambridge were very positive about their experiences. Both of the two service users we spoke to in Fenland stated that they had had problems getting appointments with Addaction and had sometimes had them cancelled at short notice. In comparison, service users in Cambridge stated that Addaction workers were always there for them and easily contactable. However, it is acknowledged that these problems could be due to short term capacity issues and problems in transferring cases over to the new service. Waiting times are monitored by NHS Cambridgeshire, as part of their quarterly performance monitoring.

4.4.3 The need for information sharing was a recurrent theme during the review. There were several examples where agencies stated that they could provide a better service and manage risk more effectively if more information was shared with them. Hinchingbrooke Hospital do not currently share alcohol related accident and emergency data with partners. The Police have successfully used simple anonymised data about precise location of violence, weapon use, assailants and day/time of violence from Addenbrookes and Peterborough Hospitals to target policing, reduce licensed premises and street violence, and reduce overall A&E violence related attendances in accordance with the Cardiff Model.[19]

4.4.4 In the context of day to day work, Social Workers and housing associations stated that they would like Addaction to share more information about a client's treatment and progress. While they are aware of the need to respect a client's privacy, having more information would enable them to manage risk more effectively. It was stated that Addaction tended to just confirm whether a client was attending meetings, rather than how engaged they were. Social Workers noted that Addaction did sometimes attend child protection conferences but there was a perception that this

[19] For more information on the Cardiff Model, please follow this link: http://www.alcohollearningcentre.org.uk/Topics/Latest/Resource/?cid=5276.

was to gather rather than share information. An example was given by Children's Social Care practitioners of how more information could help. A woman had a history of alcohol misuse but had reduced her drinking during her pregnancy. A decision has to be made about whether her baby can go home with her. Greater information from Addaction such as how engaged she was in treatment and her levels of drinking throughout the pregnancy would enable this to be a more informed decision and allow the risk to be managed more effectively.

4.4.5 Addaction practitioners stated that information on all agencies is not easily available to people who work in the community without access to a laptop. They suggested a hard copy directory of services relating to alcohol would be useful. They could carry this with them during community visits and advise people immediately, rather than being dependent on returning to the office for information.

4.4.6 A recurrent problem, which could be addressed partly through training and education, is the need for a holistic approach to treating client needs. All those interviewed reiterated the fact that a holistic approach was required but did not always happen in practice. Alcohol misuse is complex and often accompanied by other factors. Sometimes factors were dealt with in isolation, which led to problems later on. For example, the Ferry Project staff related the story of a resident with alcohol misuse and mental health issues. Their alcohol misuse was treated in isolation and they reached sobriety. However, six weeks later they returned to drinking as their poor mental health became more acute with the removal of their coping mechanism. The link between the two issues meant that treating them individually was not successful. Similarly, the Domestic Violence team stated that there is little point referring a domestic abuse victim to alcohol treatment without providing parallel support for dealing with the domestic abuse.

4.4.7 Many misunderstandings stem from different approaches and a lack of understanding around how each organisation operates. For example, Addaction and CASUS operate from a harm reduction model rather than aiming for complete sobriety. In comparison, Children's Social Care noted that in many of their cases involving child protection, total sobriety was required. It was suggested by the Children's Social Care and Locality Teams that job shadowing would be an effective way for both treatment providers and professionals to learn about how each other works, and to build shared understanding. Whilst there will be inevitable difficulties in finding the time, job shadowing would be a highly effective method for increasing professionals' confidence in addressing alcohol misuse.

Recommendation 6: It is recommended that a hard copy of alcohol services be provided to all practitioners so that services can be contacted immediately.

Recommendation 7: It is recommended that job shadowing opportunities are provided between Addaction and Social Care to increase understanding of each other's roles.

Recommendation 8: Hinchingbrooke Hospital to review its data sharing of A&E information with partner agencies.

Recommendation 9: Addaction to share more information with statutory professionals on clients' progress where appropriate so that appropriate risk assessment can be made (especially re. children).

4.5 Gaps in Service and Future Capacity

4.5.1 This review has uncovered concerns around domestic abuse in Cambridgeshire. British Crime Survey data and Home Office statistics show that 15,173 women and girls aged 15-59 were victims of domestic abuse within Cambridgeshire in 2009, at a cost to agencies of £113,662,661.[20] During that period only 6,931 incidents were reported to the police,[21] supporting the commonly held belief that domestic abuse remains largely hidden. The national data is a less accurate indicator of need for male victims of domestic abuse. Cambridgeshire Constabulary data from 2009 shows that 24% of reported incidents came from men in the period 2006 – 2009. Of the 985 high-risk referrals to the Independent Domestic Violence Advocacy Service (IDVAS) in 2009, 12% were for male victims yet there is little help available and no refuge for these victims. During this review, it has become clear that a separate Member led review into domestic violence in Cambridgeshire is both timely and necessary.

4.5.2 Due to the loss of Local Public Service Agreement (LPSA) funding, the DAAT Alcohol Coordinator post was removed at the end of December 2010. There is now a serious concern to all practitioners and the review authors about how alcohol training will be coordinated, evaluated and publicised in the future.

4.5.3 The DAAT itself is undergoing a restructure and its future is not yet known. The DAAT has limited capacity to take on this work, and there will be no resource dedicated to alcohol misuse. The DAAT and the Adult Alcohol Commissioning Group (AACG) need to ensure that alcohol awareness does not suffer as a result.

4.5.4 Alcohol treatment services must be protected in future budgets due to their vital nature. This was a view shared by professionals and service users. One service user, Joe, stated that Addaction had saved his life and that many would not be here today without it.

Recommendation 10: The Co-Chairs of this review strongly recommend that a separate Member led review be taken into domestic violence in Cambridgeshire.

Recommendation 11: Coordination of training, following the departure of the DAAT Alcohol Coordinator and DAAT's restructure, needs to be allocated as a role to an individual / individuals in the team.

[20] Home Office, 2009, cited in Report to Children and Young People JSNA Working Group on Domestic Abuse Issues Within Cambridgeshire (July 2010).
[21] Cambridgeshire Constabulary, Domestic Abuse Force Profile, 2009, cited in Report to Children and Young People JSNA Working Group on Domestic Abuse Issues Within Cambridgeshire (July 2010).

5. Recommendations

		Priority
1.	The IBA training roll out is continued to ensure practitioners feel more confident addressing alcohol issues with clients	Medium
2.	There should be rigorous systematic and scientific evaluation of the IBA training	High
3.	Alcohol misuse training should be treated as a priority for Adult and Children's Social Care	High
4.	Offer IBA training to people in the community as a qualification that can be used on CVs. People who gain the qualification can then spread the message within their own communities. As a pilot scheme this might be something other councils will look to as a future model	High
5.	Train volunteers to accompany alcohol misusers on journeys to detox clinics. This would be part of a "buddy" system	Medium
6.	It is recommended that a hard copy of alcohol services be provided to all practitioners so that services can be contacted immediately	Medium
7.	It is recommended that job shadowing opportunities are provided between Addaction and Social Care to increase understanding of each other's roles	Medium
8.	Hinchingbrooke Hospital to review its data sharing of A&E information with partner agencies	Medium
9.	Addaction to share more information with statutory professionals on clients' progress where appropriate so that appropriate risk assessment can be made (especially re. children)	High
10.	The Co-Chairs of this review strongly recommend that a separate Member led review be taken into domestic violence in Cambridgeshire	Medium
11.	Coordination of training, following the departure of the DAAT Alcohol Coordinator and DAAT's restructure, needs to be allocated as a role to an individual / individuals in the team.	High

References

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Report to Children and Young People JSNA Working Group on Domestic Abuse Issues within Cambridgeshire (July 2010).

Appendices

Appendix 1- Cambridgeshire & District Local Alcohol Profiles 2010: performance on alcohol related indicators

Appendix 2- Methodology Information

Appendix 3- Locality Team Survey Results

Appendix 4- Adult Social Care Survey Results

Appendix 1: Cambridgeshire & District Local Alcohol Profiles 2010: performance on alcohol related indicators

The chart shows Cambridgeshire's measure for each indicator, as well as the regional and England averages and range of all local authority values for comparison purposes.[22]

[22] NHS Cambridgeshire Local Alcohol Profile 2010. Available online at: http://www.nwph.net/alcohol/lape/pctProfile.aspx?reg=q35

Appendix 2- Methodology Information

Information was collected through desktop research, interviews, focus groups and online surveys.

Meetings record:

Date	Details	Attendees
12/10/2010	Meeting with the Drug and Alcohol Action Team (DAAT), Addaction and CASUS	Young People's Coordinator, DAAT
		Alcohol Coordinator, DAAT
		DAAT Co-ordinator
		Service Manager, Addaction
		DAAT Drug Intervention Programme Dip Co-ordinator
		Substance Misuse Worker, CYPS
20/10/2010	Meeting with DAAT, Addaction and the Health Trainer Service	Young People's Coordinator, DAAT
		Alcohol Coordinator, DAAT
		Service Manager, Addaction
		Health Trainer Service Manager
02/11/2010	Cambridge Youth Foyer visit (w/ IOM review)	Manager, Cambridge Youth Foyer
		Accommodation Officer, Youth Offending Service
10/11/2010	Meeting with PCT Commissioners for alcohol services	Head of Mental Health, Learning Disability and Substance Misuse Commissioning, NHS Cambridgeshire
		Alcohol Coordinator, DAAT

10/11/2010	Meeting with CASUS	Team Leader, CASUS
		Substance Misuse Practitioner, CASUS
		Young People's Coordinator, DAAT
11/10/2010	Visit to Relapse Prevention Session	3 Service users
		2 Addaction workers
17/11/2010	Meeting with Community Alcohol Partnership (CAP) leads	Trading Standards Officer, Countywide
		Trading Standards Officer, Planning & Projects
17/11/2010	Domestic Violence Team	Domestic Violence Co-ordinator
18/11/2010	Visit to the Ferry Project, Wisbech	Ferry Project Manager
		Team Leader
		Key Worker
		2 service users
24/11/2010	Adult Alcohol Commissioning Group (AACG)	Members of AACG present at this meeting:
		Head of Mental Health, Learning Disability and Substance Misuse Commissioning, NHS Cambridgeshire
		Cambridgeshire Constabulary
		Adult Mental Health (Commissioner of services)
		National Probation Service,

		Cambridgeshire Public Health
		PEC Representative
		Supporting People representative
26/11/2010	Meeting with Cambridgeshire Constabulary	Inspector
		Force ASB Co-ordinator
21/12/2010	Huntingdonshire Children's Social Care Managers Meeting	Huntingdonshire area Social Care Managers
10/01/2011	Children's Social Worker Focus Group	12 Social workers from various teams across the county attended

Online surveys:

Online survey links were sent to the following groups:

- Locality teams (via Locality Team Managers)
- Adult Social Care teams (via the lead commissioners for each area)

The survey questions and results are provided in Appendices 3 and 4.

An online survey was sent to GP Mental Health Leads (who act as leads for alcohol). Unfortunately the final version of the survey results will not be ready to report on February 4th 2011. Arrangements will be made for this piece of work to be reported to the next Safer and Stronger Communities Scrutiny Committee on May 27th 2011.

Appendix 3: Locality Team Survey Results

A link to a SurveyMonkey online survey was sent to all 13 Locality Managers with a request for it to be completed by themselves and their teams. 18 responses were collected. The results are shown below:

1. What specialist training, if any, have you attended on alcohol misuse? Create Chart Download

	Response Percent	Response Count
Formal training sessions	70.6%	12
Intervention and Brief Advice (IBA) training	11.8%	2
Online learning	0.0%	0
I haven't undertaken any specific training in this area	23.5%	4
Other (please specify) Hide Responses		4

1.	Introduction into alcohol and drug misuse - at Buttsgrove, Huntingdon	Wed, Dec 15, 2010 3:47 PM	Find...
2.	all four modules in drugs and alcohol	Wed, Dec 15, 2010 11:27 AM	Find...
3.	In my previous role	Tue, Dec 14, 2010 1:54 PM	Find...
4.	Cassus have offered training	Mon, Dec 13, 2010 4:54 PM	Find...

answered question	17
skipped question	1

2. How would you rate any training you have received on alcohol misuse? Create Chart Download

	Excellent	Good	Average	Poor	Rating Average	Response Count
Quality of training	26.7% (4)	53.3% (8)	13.3% (2)	6.7% (1)	2.00	15

answered question	15
skipped question	3

3. Did you feel more confident addressing alcohol misuse issues with service users after the training? Create Chart Download

	Response Percent	Response Count
Yes	87.5%	14
No	0.0%	0
N/A- I have not undertaken specialist training	12.5%	2

answered question	16
skipped question	2

4. Some practitioners have stated that they do not feel very confident in dealing with alcohol misuse issues. In the context of potential training gaps, why do think this is? Download

	Response Count
Hide Responses	12

1.	Lack of experience in this area. Unsure of outcomes needed	Thu, Dec 23, 2010 3:14 PM	Find...
2.	It is not something I come across regularly as a Parent Support Adviser. Good quality handouts are important to be able to use as a reference	Wed, Dec 15, 2010 3:47 PM	Find...
3.	not sure i am more than confident	Wed, Dec 15, 2010 11:27 AM	Find...
4.	I think that this may be a result of personal confidence and lack of indepth knowledge around the issue. Personal experience is often somthing which gives peeople the confidence in dealing with these issues, which is not something everyone has. In this instance I dont think training can resolve this.	Wed, Dec 15, 2010 10:38 AM	Find...
5.	The training was a while ago and mainly focussed on recognising symptoms and passing info on. That said throughout my career I have had contact and supported parents with alcohol related issues and signposted them to various support, when it was appropriate	Tue, Dec 14, 2010 3:00 PM	Find...
6.	Regular training & support through supervision in case management is key, as well as having knowledge of where and how to signpost	Tue, Dec 14, 2010 1:54 PM	Find...
7.	It is now delivered as a joint subject 'substance misuse' largely focusing on drugs	Tue, Dec 14, 2010 1:50 PM	Find...
8.	?	Tue, Dec 14, 2010 9:24 AM	Find...
9.	Hands on experience as have knowledge but not put it into practice - maybe job shadowing	Tue, Dec 14, 2010 8:30 AM	Find...
10.	The training that I attended focussed on parents - some of the issues I now deal with include young people.	Mon, Dec 13, 2010 10:30 PM	Find...
11.	Possibly still unsure of facts. One thing to have done training, another thing to feel sufficiently knowledgeable to use.	Mon, Dec 13, 2010 5:20 PM	Find...
12.	The difficulties are relating to the honesty of the clients we practitioners are working with. if clients are not truthful about the quantity, volume and strenth of the alcohol consumption how does a practioner know where to pitch the intervention.	Mon, Dec 13, 2010 4:54 PM	Find...

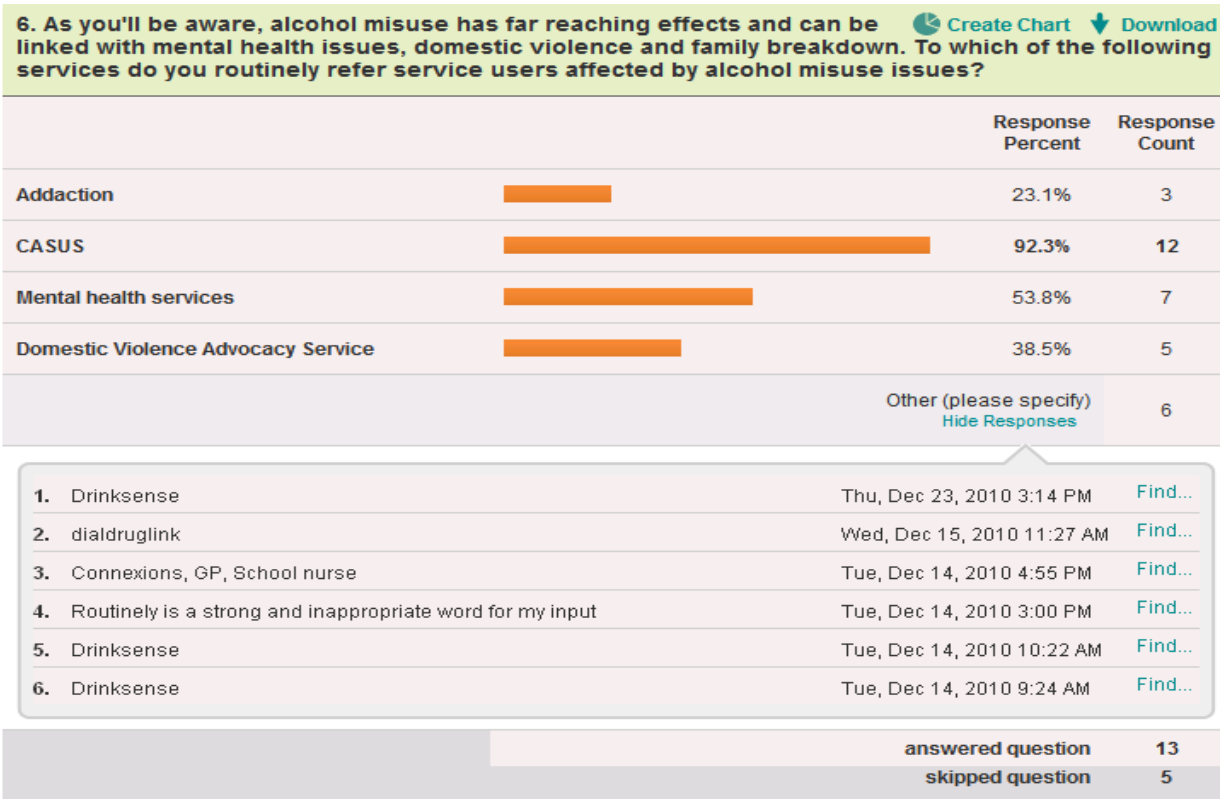
answered question	12
skipped question	6

5. Have you identified any barriers to accessing training? Create Chart Download

	Response Percent	Response Count
Unsuitable dates and times	36.4%	4
Hard to access venue	18.2%	2
Not aware of training taking place	18.2%	2
Lack of time to attend training	63.6%	7
Other (please specify) Hide Responses		3

1.	m/a	Wed, Dec 15, 2010 11:27 AM	Find...
2.	That is specific to the client group I work with.	Mon, Dec 13, 2010 10:30 PM	Find...
3.	funding restrictions	Mon, Dec 13, 2010 10:18 PM	Find...

answered question	11
skipped question	7



6. As you'll be aware, alcohol misuse has far reaching effects and can be linked with mental health issues, domestic violence and family breakdown. To which of the following services do you routinely refer service users affected by alcohol misuse issues?

Create Chart | Download

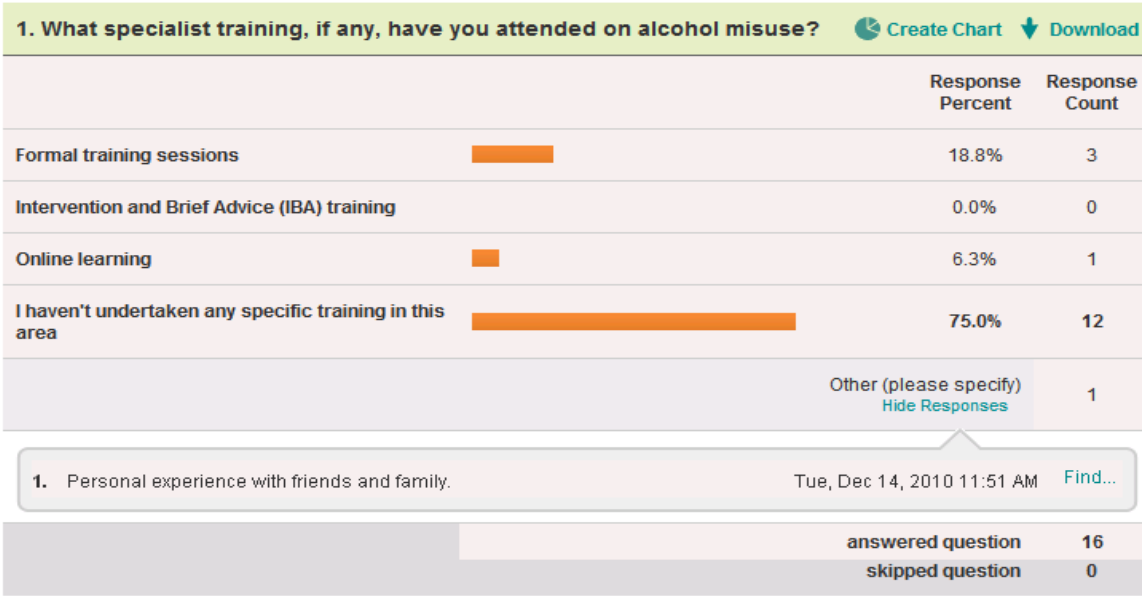
	Response Percent	Response Count
Addaction	23.1%	3
CASUS	92.3%	12
Mental health services	53.8%	7
Domestic Violence Advocacy Service	38.5%	5
Other (please specify) Hide Responses		6

1.	Drinksense	Thu, Dec 23, 2010 3:14 PM	Find...
2.	dialdruglink	Wed, Dec 15, 2010 11:27 AM	Find...
3.	Connexions, GP, School nurse	Tue, Dec 14, 2010 4:55 PM	Find...
4.	Routinely is a strong and inappropriate word for my input	Tue, Dec 14, 2010 3:00 PM	Find...
5.	Drinksense	Tue, Dec 14, 2010 10:22 AM	Find...
6.	Drinksense	Tue, Dec 14, 2010 9:24 AM	Find...

answered question	13
skipped question	5

Appendix 4: Adult Social Care Survey Results

A SurveyMonkey online survey link was circulated to three managers in Adult Social Care with a request for it to be distributed among members of their team, including workforce development leads. 16 responses were received. The results are shown below:



1. What specialist training, if any, have you attended on alcohol misuse?

Create Chart | Download

	Response Percent	Response Count
Formal training sessions	18.8%	3
Intervention and Brief Advice (IBA) training	0.0%	0
Online learning	6.3%	1
I haven't undertaken any specific training in this area	75.0%	12
Other (please specify) Hide Responses		1

1.	Personal experience with friends and family.	Tue, Dec 14, 2010 11:51 AM	Find...

answered question	16
skipped question	0

2. How would you rate any training you have received on alcohol misuse?

Create Chart | Download

	Excellent	Good	Average	Poor	Rating Average	Response Count
Quality of training	20.0% (1)	**40.0% (2)**	20.0% (1)	20.0% (1)	2.40	5
				answered question		5
				skipped question		11

3. Did you feel more confident addressing alcohol misuse issues with service users after the training?

Create Chart | Download

	Response Percent	Response Count
Yes	27.3%	3
No	9.1%	1
N/A- I have not undertaken specialist training	**63.6%**	**7**
answered question		**11**
skipped question		**5**

4. Some practitioners have stated that they do not feel very confident in dealing with alcohol misuse issues. In the context of potential training gaps, why do think this is?

Download

	Response Count
Hide Responses	8

1.	Lack of understanding of issues surrounding alcohol misuse & most appropriate way of dealing with them	Thu, Dec 16, 2010 2:08 PM	Find...
2.	As there is so much to aware of if not using it all the time then you forget skills learnt, also elearning does not allow for questions and discussion	Tue, Dec 14, 2010 2:03 PM	Find...
3.	Maybe because violence is a major factor in dealing with alchol abuse. Also alcholics very rarely acknowledge they have a problem	Tue, Dec 14, 2010 12:58 PM	Find...
4.	Alcohol misuse can result in unpredictable and sometime threatening behaviour loan workers can find this behaviour difficult to respond to.	Tue, Dec 14, 2010 12:36 PM	Find...
5.	I really require training	Tue, Dec 14, 2010 12:35 PM	Find...
6.	May be dificult in actually identifying people who mis-use alcohol. Also if not very familiar with issue then may be uncertain as to competencies.	Tue, Dec 14, 2010 12:34 PM	Find...
7.	Lack of available training. No personal experience of the issue with friends/family.	Tue, Dec 14, 2010 11:51 AM	Find...
8.	It could be because alcoholics can be very unpredictable and often difficult to communicate with. More knowledge on alcholism would be beneficial.	Tue, Dec 14, 2010 11:40 AM	Find...

answered question	8
skipped question	8

5. Have you identified any barriers to accessing training? Create Chart Download

	Response Percent	Response Count
Unsuitable dates and times	9.1%	1
Hard to access venue	0.0%	0
Not aware of training taking place	90.9%	10
Lack of time to attend training	27.3%	3
Other (please specify) Hide Responses		1

1.	rarely applies to service users directly in the team I work in, so not a priority for personal training	Thu, Dec 16, 2010 10:22 AM Find...

answered question	11
skipped question	5

6. As you'll be aware, alcohol misuse has far reaching effects and can be linked with mental health issues, domestic violence and family breakdown. To which of the following services do you routinely refer service users affected by alcohol misuse issues? Create Chart Download

	Response Percent	Response Count
Addaction	80.0%	4
CASUS	0.0%	0
Mental health services	60.0%	3
Domestic Violence Advocacy Service	20.0%	1
Other (please specify) Hide Responses		4

1.	No routine referrals made; partner of a service user recieves some support from Addaction, which does not seem to meet the needs of the family in reducing or controlling his abuse of alcohol.	Thu, Dec 16, 2010 10:22 AM Find...
2.	drug ans alcohol service, cambridge and nhs personal health trainers.	Tue, Dec 14, 2010 4:20 PM Find...
3.	their GP	Tue, Dec 14, 2010 3:12 PM Find...
4.	The team I work in cannot make referrals to any other team other than via the GP as referrals, as CASUS, Addaction and the mental health teams will not accept referrals from any other team other than via GP, Domestic Violence will only accept Police referral, but will give advise the other teams will not support or give advise and frequently will not assess unless individual agrees which leaves in appropriate support going into individuals suffering alcohol misus, resulting in continued abuse.	Tue, Dec 14, 2010 12:36 PM Find...

answered question	5
skipped question	11

Note: Q6. Comment 4. The respondent's experience has been this. However, CASUS, Addaction and the Mental Health teams do accept referrals from a variety of pathways.

7. Any other comments: Download

	Response Count
Hide Responses	5

1.	I have had limited experience of service users with alcohol problems. Those who do have issues usually are already seeking support from their doctor or been referred to adaction by their GP. Hope that helps	Tue, Dec 14, 2010 3:12 PM	Find...
2.	Having attended Substance misuse training I have gained an wareness and better understanding, At present this knowledge has not been required for the service users that I presently support.	Tue, Dec 14, 2010 1:49 PM	Find...
3.	If government went back to the old opening times this may alleviate some problems I believe statistics have shown an increase in alcholhol related problems since the law was changed to allow for longer opening times	Tue, Dec 14, 2010 12:58 PM	Find...
4.	Better co-operation between teams would be good, which could come about via joint training and working together. Barriers to joint working are funding, of both training and support to individuals.	Tue, Dec 14, 2010 12:36 PM	Find...
5.	Training would be beneficial	Tue, Dec 14, 2010 12:35 PM	Find...

answered question	5
skipped question	11