



Talitha Kum

Restoration Centre

Project Initiation Report

May 2008

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Registered Charity No 1117077

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1 SUMMARY

1.1 BACKGROUND

The board of Release Ipswich has a concern for women caught in illegal drug misuse and street prostitution. The members of the board are motivated by their Christian values and compassion, and have been further spurred to action by the murders of five young women involved in the street sex-trade in Ipswich in 2006. They have a vision and desire to establish a residential centre of restoration for women.

1.2 THE NEED

Research behind this report has identified the following areas of need:

There is insufficient provision of residential drug treatment places across England and Wales. Residential treatment projects are defined as 'Tier 4' by the National Treatment Agency (NTA)

There are no tier 4 drug treatment places in the county of Suffolk. The Suffolk Drug and Alcohol Action Team (DAAT) are concerned about this under-provision, but are committed to funding placements for clients who require this level of intervention

Nationally there is a severe under-provision of 'women-only' tier 4 projects. Of the 124 residential drug treatment projects, only seven are single-sex for women. Yet research has found that women respond better to therapy when in a single-sex environment

1.3 THE RECOMMENDATION

Having considered the provision of a non-treatment specific residential centre, a non-residential (tier 3) drug treatment facility, this report recommends the board develop a full tier 4 drug treatment project for women only. See section 6 Implementation Options.

- The project needs to be situated in or close to Ipswich
- The project will be based on Christian values, and will be open to all who request the service
- The project will be a place of safety for residents
- The project will have strong links to all related agencies

1.4 NEXT STEPS

From the momentum developed by recent research and the creation of this report, the Release Ipswich board have several key next steps in mind. Outlined below:

- Informing and engaging 'Professionals' who are Christians

- Invite to an information gathering meeting, Christians who are engaged in drug-rehab and related health professions.
- Garner advice and support for the project
- Production of a Business Plan
 - Business model
 - Capital funding
 - Revenue funding
- Production of a Project Plan
 - Project structure
 - Project timescale
 - Implementation Strategy
 - Communication Strategy
 - Fundraising Strategy
- Development of a treatment model
 - The NTA have established guidelines for tier 4 treatment provision. This is contained in section 2.7 of the NTA Models of Care document (2002), and summarised in section 7.3.4 of this document.
 - Review and evaluate the Willowdene Farm and Monty Don projects for appropriate fit to Talitha Kum
 - Re-visit the Hebron and Kenward projects
- Contact with further Tier 1 programmes (such as ICENI project, with regard potential referrals)
- Documented and anonymous contact with prospective clients to further gauge the need for and perceived benefits of the restoration centre, its proposed operation and treatment model

2 INTRODUCTION AND BACKGROUND

2.1 BACKGROUND TO RELEASE IPSWICH

Release Ipswich is a registered charity, No. 1117077. There are six Trustees who constitute the board.

Table 1 Release Ipswich Board Membership

Name	Board Role
Mrs Elizabeth Beaton	Chair
Mr Peter Matthews	Treasurer
Rev Jackie Sears	
Mrs Catherine Linsell	
Mrs Alison Fenning	
Mr Jonathan Barnes	

Release Ipswich has excellent network connections in the Christian community of the Town. These include *Heart For Ipswich* and the Ipswich Partnership of Evangelical Churches (IPEC).

Significantly, since the year 2000, Christians in the Town have been called to pray through the establishment of Ipswich in Prayer. Out of this prayer movement, a number of community service projects have emerged including Town Pastors in mid-2006 and Release Ipswich prior to that.

These community service activities have motivated numerous Christians to become actively involved in social action. This has been recognised and welcomed by the Borough Council and the Police. They provided grant funding to help establish the Town Pastors programme. When on the streets, the Town Pastors are linked to the CCTV control room by two-way radio.

Relationships with the Town authorities remain extremely good. This is encouraging the board to give further attention to the Talitha Kum project.

2.2 PROJECT NAME – ‘TALITHA KUM’

The name of the Restoration Centre project, Talitha Kum, is taken from the biblical story where Jesus speaks to a young girl and says (translated):

“Little girl, I say to you, get up”.

Gospel of Mark, chapter 5 verses 35-43

It is the desire of the board for the Talitha Kum project to help women ‘get up’ out of addiction and be free to enjoy fulfilled, meaningful lives.

2.3 PROJECT MOTIVATION

In the late autumn of 2006 the town of Ipswich was forced into the international media spotlight following the murder of five young women who were involved in the street sex-trade.



There was a strong sense of shock and an outpouring of sympathy for the family and friends of the young women. As the local newspaper reported, "One of the most remarkable aspects to emerge from these tragic events is that we as a town did not judge Gemma Adams, Annette Nicholls, Anneli Alderton, Tania Nicol and Paula Clennell for the lives they ultimately led, but that each one was somebody's daughter."

A memorial fund has been established called 'Somebody's Daughter', one aim of which is "to establish a safe house and rehabilitation centre in the town for young women who have developed drug habits and who desperately want to find a way out". The board have held discussions with fund trustees to ensure a co-operative approach is taken to the development of services.

Prayer and community action in the area of drug and alcohol abuse have been part of the original vision and passion of Release Ipswich. These can be summarised as:

- Praying against the supply and misuse of illegal substances and anything promoting harmful behaviour, and for all those affected by any sort of compulsive or addictive behaviour
- Promoting a better understanding amongst Christians of compulsive and addictive behaviour, preparing them to mentor those who need help
- Engaging with clients and encouraging positive choices, teaching the Christian faith and nurturing relationships with Christ

The events of 2006 spurred the board into more direct action, with the initiation of the Talitha Kum project.

2.4 PROJECT LOCATION

As its name suggests, the board of Release Ipswich have a vision and passion for the town and surrounding areas of Ipswich, Suffolk.

As such, it is intended that the project will be located within or close to the Town.

2.5 BRIEF EXPLANATION OF DRUG TREATMENT MODELS

In Models of Care, the National Treatment Agency (NTA) groups treatment into four "tiers" or levels. These reflect increasing intensities of intervention.

Table 2 Drug Treatment Models

Tier	Description
1	This level mainly involves interventions from general healthcare and other services that are not specialist drugs services, for example hospital A&E departments, pharmacies, GPs, antenatal wards and social care agencies. Tier 1 services offer facilities such as information and advice, screening for drug misuse and referral to specialist drugs services.
2	This is open-access drug treatment (such as drop-in services) that does not always need a care plan. Tier 2 covers things like triage assessment, advice and information and harm reduction given by specialist drug treatment services.
3	This is drug treatment in the community with regular sessions to attend, undertaken as part of a care plan. Prescribing, structured day programmes and structured psychosocial interventions (counselling, therapy etc) are always Tier 3. Advice, information and harm reduction can be Tier 3 if they are part of a care plan.
4	This is residential drug treatment – inpatient treatment and residential rehabilitation. Treatment should include arrangements for further treatment or aftercare for clients finishing treatment and returning to the community.

Source: NHS – NTA Models of care for the treatment of drug misusers 2002

3 PROJECT MISSION AND PURPOSE

3.1 WHY THIS PROJECT AND WHY NOW?

The members of the board of Release Ipswich are motivated by their active Christian faith. They have a longstanding vision and desire to help people improve their life options. The activities of Release Ipswich involve caring for people within the community.

One aspect of care recognised by the board is the need for a residential care centre for women.

In the late autumn of 2006, the Town was shocked by the murders of five young women involved in the street sex-trade. Some ministry activity was being undertaken with that community, but the tragedies of these young lives lost spurred further action.

Recognising that most street-workers have a serious drug habit, the board of Release Ipswich decided to look into the possibility of having a place where those wanting to leave the streets could be supported in a safe residential centre.

This is in harmony with the Ipswich Street Prostitution Strategy (2007-2012) prepared by the Crime and Disorder Partnership. The Strategy describes a multi-agency and multi-pronged approach to tackling street prostitution. Within the overall aim to remove prostitution from the streets of Ipswich, one of the key areas is to 'Develop Routes Out'.

Talitha Kum will support this key area of the Strategy.

The project is also in line with national goals to support people out of illegal drug dependency through access to treatment.

3.2 AIM OF THE PROJECT

The Talitha Kum project will provide a safe and caring environment for women to address life controlling drug and alcohol dependency, enabling them to lead fulfilled and purposeful lives.

The board of Release Ipswich desire to offer a project specifically for women. This does not necessarily mean the project will be exclusively for women wanting to leave street prostitution.

The board desire to see the project developed and maintained on Christian values. In summary:

- The project will be open to all who request the service (with a screening process)
- The project will be a place of safety for residents
- The project will have strong links to all related agencies

3.3 DESIRED PROJECT OUTPUTS & OUTCOMES

The project will have a throughput of clients. The length of their stay is yet to be determined, but should be consistent with their needs.

A measure of success will be the voluntary retention of clients who enter the project.

The desire of the board is to see the lives of clients entering the project restored and transformed. This will include them living drug-free and for those previously involved in street prostitution, not returning to the sex-trade.

It is hoped that every client will make significant progress in their 'journey travelled' towards a healthy, wholesome and fulfilled life.

4 NEEDS ANALYSIS

4.1 THE SCOPE OF THE DRUG TREATMENT

The following table gives the total number of people presenting for drug treatment (across all tiers) for the year 2006/2007.

Table 3 The Size of Drug Treatment Provision

	2006-2007	
	Total treatments	Average at any one time
National	195,464	140,000+
East of England	14,071	1600+
Suffolk	1,253	800+

Source: www.nta.nhs.uk/areas/facts_and_figures/national_statistics

However, the Home Office estimates that there are approximately 250,000–300,000 problematic drug misusers in England who require treatment.

Source: NHS Models of care for treatment of adult drug misusers: Update 2006

Therefore the scope for further interventions is vast.

4.2 STATUTORY SUPPORT AGENCIES

The statutory agencies involved in the area of drug and alcohol misuse include:

- The National Treatment Agency. This agency is tasked with increasing treatment provision and effectiveness.
- Regional Drug and Alcohol Managers based in the Government Offices for the Regions. Talitha Kum would be in the Eastern Region, GOEAST.
- Drug and Alcohol Action Teams (DAAT's), based in the counties. The county of Suffolk is divided into east and west for the purposes of DAAT's.
- Commissioning managers, responsible for a multi-agency approach to the purchase of treatments
- Primary Care Trusts, provision of Tier 1 services.

4.3 CURRENT DRUG TREATMENT PROVISION IN SUFFOLK (TIER 2 AND ABOVE)

Table 4 Drug Treatment In Suffolk

Name	Tier	Location	Provision
The Junction	2	Ipswich	Harm reduction and drop-in centre
ICENI	2/3	Ipswich	Harm reduction, drop-in centre and some programming
Focus 12	3	Bury St Edmunds	12-step day programme

5 GAP ANALYSIS

5.1 INSUFFICIENT TIER 4 PROVISION

An NHS national report written in October 2005 on the provision of Tier 4 treatments found the following:

“The overall findings of each study were that, despite some individual examples of excellent service planning and delivery, the system as a whole was characterised by:

- *Insufficient supply of Tier 4 provision which fails to meet overall demand and varies sharply in regional availability*
- *Differing beliefs among commissioners regarding the role and purpose of Tier 4 treatment*
- *Inconsistencies regarding treatment planning and coordination, especially in relation to integrated care pathways between IPD and aftercare programmes*
- *Inconsistent levels of client preparation, assessment and onward referral arrangements, and poor use of the available time for harm reduction and health interventions*
- *Perceptions by users and carers of Tier 4 services being difficult to access, of insufficient duration and poorly mapped against the needs of groups with particular profiles (such as women with children).”*

Within the report’s main finding it stated:

“The current level of provision is insufficient to meet demand. This under provision will intensify if the public sector agreement treatment target numbers are met without increasing Tier 4 capacity. The NTA’s treatment effectiveness agenda increases the need for services to help clients complete the treatment journey.”

Source: NHS Tier 4 drug treatment in England: Summary of inpatient provision and needs assessment June 2005

Although written in 2005, and the numbers of tier 4 beds has increased, there is still an under supply across the country.

5.2 LACK OF TIER 4 PROVISION IN SUFFOLK

Although there is limited tier 4 drug treatment provision in bordering counties, there is no provision in the county of Suffolk.

This gap is recognised in the Suffolk DAAT Adult Treatment Plan for 2007/2008. Under Planning Grid 9: Residential and inpatient drug treatment interventions, it states:

“There is currently little outcome monitoring or systems in place to assess quality of placement or value for money. There are no rehabilitation facilities in county and only one

in-patient detoxification bed available for clients from the north of the county. Clients from the east and west of the county have to access in-patient detoxification out of county.”

A target within the same Suffolk DAAT Plan says:

“Continue to fund specialist workers within drugs teams to carry out assessments and refer clients to Tier 4 services”.

Source: Suffolk DAAT Adult Treatment Plan for 2007/2008

5.3 EFFECTIVENESS OF TIER 4 TREATMENT

“The National Treatment Outcome Research Study (NTORS) showed that clients entering residential rehabilitation and inpatient programmes made substantial improvements in terms of abstinence from, and reduction of, illicit drug misuse, criminal activity, levels of injecting and psychological health. The study also showed that clients who stayed in treatment for a critical time (more than three months) showed better outcomes than those who left the programme at an earlier stage. It also showed that severely dependent and problematic misusers could achieve positive outcomes as a result of residential rehabilitation programmes”.

Source: NHS – NTA Models of care for the treatment of drug misusers 2002

In a separate report on models of residential rehabilitation projects, the authors found the following.

“Residential rehabilitation is:

- *A highly effective form of treatment for drug and alcohol misusers who wish to achieve a drug-free lifestyle*
- *Appropriate for a range of drug and alcohol misusers at different stages of their treatment journey*
- *An essential – but often missing or inadequate – element in treatment systems*
- *Most effective when aftercare is planned before the end of treatment.”*

Source: NHS Models of residential rehabilitation for drug and alcohol misusers October 2006

5.4 GOVERNMENT FOCUS ON TIER 4

In the light of the effectiveness of residential drug treatment, the Government is currently focusing attention on improving the quality and expanding tier 4 provision.

During the period 2006 to 2009, one assessment measure used for the effectiveness of DAAT’s will be the level to which they commission and provide for tier 4 interventions.

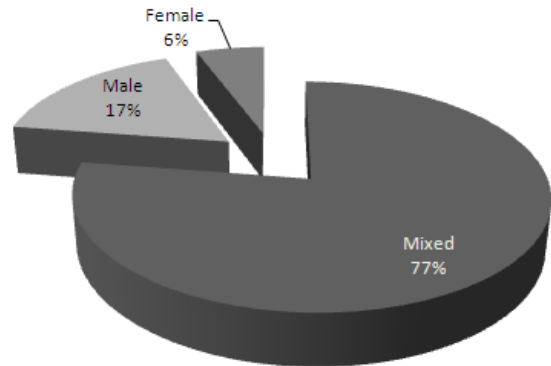
Source: www.nta.nhs.uk/areas/standards_and_inspections/2007-08_review

5.5 LACK OF WOMEN ONLY TIER 4 PROVISION

As at March 2008, there are 124 tier 4 projects across England and Wales. From research of the NTA database, the gender-acceptance of the projects are as follows:

Table 5 Tier 4 centres by resident sex

96	Accept both men and women	♂ and ♀
21	Are 'men' only	♂
7	Are 'women' only	♀



The table below gives details of the seven 'women-only' projects in terms of location, size and faith involvement.

Table 6 Analysis of Women only drug treatment projects

Project	Location	Beds	Faith based
Hebron House	Norwich	10	✓
Kenward Trust	Kent	2	✓
Maya Project	London	8	×
Hope House	London	8	×
Longreach	Devon	20	×
Trevi House	Devon	12	×
Pierpoint	Lancashire	16	?
	Total beds	76	

This indicates a significant under-supply of provision for women requesting treatment in a single-sex residential project. Also, of the seven providers, only two are explicitly based on Christian values.

In discussion with one DAAT, they commented that single-sex residential treatment is a better option for most women. Their view was predicated on the following:

- Most women entering drug treatment come from a background of abuse by men. In therapeutic situations, they are more likely to engage in an all-women context.
- Opiate use suppresses the human sex-drive. As the effect of opiates in the body reduces during (abstinence) treatment, the sex-drive returns. This can cause complications within a therapeutic community with the transfer of attention away from treatment as clients 'pair-up'.

6 IMPLEMENTATION OPTIONS

The three options considered by the board are described in this section, with greater detail being given to the preferred option.

- Option 1. Residential care, post drug rehabilitation
- Option 2. Tier 3 provision, potentially for women only
- Option 3. Tier 4 provision for women only (preferred option)

6.1 OPTION 1 - RESIDENTIAL CARE, POST DRUG REHABILITATION

Prior to detailed research, this option was the initial preference of the board. They considered the need for residential care and saw the provision of a 'place of safety' as the least complicated option to implement.

ADVANTAGES

- Simplest of the options to implement
- Quickest option to implement
- Cheapest option to implement

DISADVANTAGES

- Does not fulfil the desired purpose
- No clear identification of ongoing need
- Does not deal with causal issues (drug misuse)
- Perceived difficulties with ongoing funding (no 'service provision')

DECISION

This option does not have a strong enough fit with the desired purpose and will not be progressed.

6.2 OPTION 2 - TIER 3 PROVISION, POTENTIALLY FOR WOMEN ONLY

The board considered this tier 3 (non-residential) option which addresses the drug and alcohol dependency needs of women, and is an easier option to implement than tier 4.

ADVANTAGES

- Creates a programme based drug rehab option for women only in Suffolk
- Is a better fit to the purpose than Option 1

- Encounters less difficult building and planning regulations than Option 1
- Is less expensive to implement and operate as a drug rehab intervention than a tier 4 provision
- Is quicker and less complicated to implement than a tier 4 provision

DISADVANTAGES

- Does not wholly fit with the desired purpose
- With the exception of it being single-sex, this option has significant overlap and duplication with existing provision in county
- Is not seen as the best option for women, especially those wishing to be free from the sex-trade, who probably require residential care alongside the drug treatment

DECISION

Although an improvement on Option 1, this option does not have a strong enough fit with the desired dual-purpose, residential care and drug treatment, and will not be progressed.

6.3 OPTION 3 -TIER 4 PROVISION FOR WOMEN ONLY

The board considered this tier 4 option which addresses both the need for drug treatment and residential care.

ADVANTAGES

- The combined residential care and treatment improves the likely outcomes for women
- Has a strong fit with the now stated dual-purpose of residential care and drug treatment
- Fills a gap in Suffolk for a tier 4 drug treatment intervention
- Is in line with Government policy to increase tier 4 provision
- Increases the tier 4 bed spaces available for women requesting single-sex residential treatment

DISADVANTAGES

- Requires significant financial resources to establish and run the project
- Encounters more difficult building and planning regulations than Option 2
- Requires considerable expertise and knowledge to create and run an effective treatment programme

- Encounters issues for women in residential treatment such as childcare arrangements

DECISION

Despite the difficulties of this option, the board see it as their best fit with their desired dual-purpose of residential care and drug treatment, combined with the potential best outcome for the women engaged in treatment, that this is their preferred option.

7 MAJOR ISSUES MOVING FORWARD

Of the three options considered by the board, Option 3 - Tier 4 provision for women only, was selected as the preferred way forward. (See 6.3 above)

This section considers some of the implications of this selection and points to further work that needs to be undertaken towards seeing this desire become a reality.

7.1 FIT WITH MISSION AND PURPOSE

Motivated by their Christian values, developing a tier 4 provision for women only is a strong fit with the board's desire to help people improve life options.

As a tier 4 project, Talitha Kum will provide a safe and caring environment for women to address life controlling drug and alcohol dependency, enabling them to have fulfilled and purposeful lives.

7.2 FIT WITH THE NEED

The development of a tier 4, women only drug treatment project will help to address the following:

- Insufficient provision of tier 4 drug treatment across England and Wales
- Paucity of women-only tier 4 projects
- The Government's focus on tier 4, especially in the period 2006-2009
- Build upon the recognised effectiveness of tier 4 treatment
- Provide a tier 4 drug treatment option in the county of Suffolk

7.3 MAJOR ISSUES TO BE ADDRESSED

Listed here, not in priority order, are some of the major issues that need to be taken into consideration as the project moves forward.

7.3.1 HOW MUCH FAITH?

Within the drug treatment world, there is recognition of the contribution made by Christian faith-based projects.

This is evidenced from the NTA directory of residential treatment projects, where, 'Christian Philosophy' is indicated.

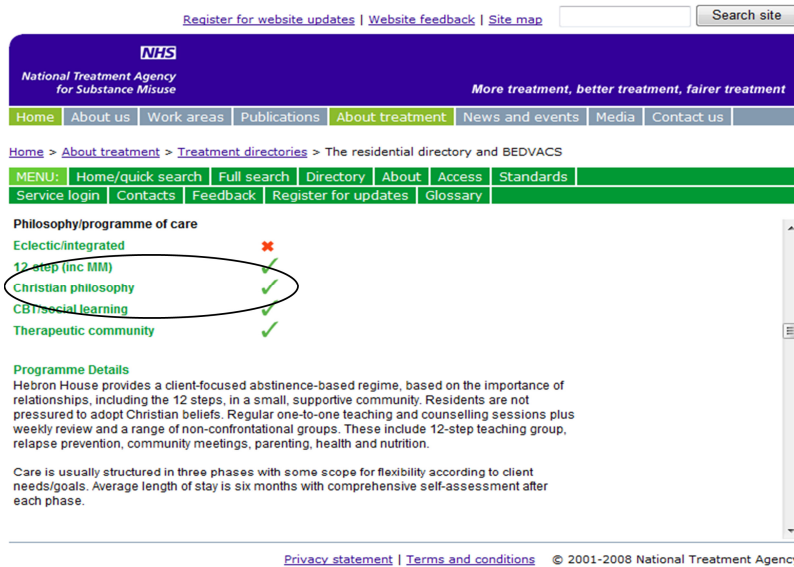


Figure 1 NTA directory of residential treatment projects

The Commission for Social Care Inspection also recognises the Christian sub-sector, and has a specific minimum standard relating to them:

“Some treatment programmes require adherence to a particular philosophy e.g. 12 step homes will require abstinence, religious based homes may require sympathy with a particular philosophy such as Christianity. This needs to be clear to potential service users from the outset.”

Guidance for Inspectors: Key National Minimum Standard 2.3 (x)

What must be paramount is the willingness of Talitha Kum to accept, without prejudice, a client of any faith or none, who wishes to access the services.

Any explicitly Christian spiritual content in the programme should be clearly defined and attendance and engagement in that activity clearly expressed to potential users in advance.

7.3.2 DEVELOPMENT OF A BUSINESS CASE

A key decision for the project will be its **size** in terms of bed spaces available.

This decision will have a major impact on the Business Case in two areas:

- Size of the building and therefore the **capital** outlay
- The likely ongoing **revenue** stream from service provision

From the research undertaken of other tier 4 projects, Talitha Kum is advised to be no less than eight beds and (probably) no more than twelve. This leaves some room in the Business Case for non-occupancy, and therefore no income, for beds during transition from one client to another.

CAPITAL COSTS

For this report, no activity has been undertaken to assess the potential cost of a building(s). However, such costs are clearly a major factor in the initiation of the project and need addressing as an early next step.

POTENTIAL REVENUE INCOME

Given below are the current (March 2008) published weekly rates for the existing women-only tier 4 projects:

Table 7 Weekly rates for women only drug treatment centres in England and Wales

Project	Location	Beds	Weekly charge
Hebron House	Norwich	10	£560.00
Kenward Trust	Kent	2	£625.00
Maya Project	London	8	£686.00
Hope House	London	8	£688.00
Longreach	Devon	20	£525.00
Trevi House	Devon	12	£545.00
Pierpoint	Lancashire	16	not declared
	Total beds	76	

Source: www.nta.nhs.uk/about_treatment/treatment_directories/residential

FUND-RAISING

All of the projects contacted during the research for this report engaged in fund-raising activity.

For Talitha Kum, such activity is highly likely for the capital costs of the project.

If other tier 4 projects require fund-raising activity to support revenue costs, there is no reason to suspect that Talitha Kum will be different.

SOCIAL ENTERPRISE

Some revenue costs can be off-set by including an element of social enterprise into the treatment plan. Other projects do this through such work as growing produce for their own consumption and selling any surplus, small workshop based activity such as furniture reclamation and sale.

7.3.3 BUILDING

LOCATION

It is desirable to have the residential centre away from the women's 'normal' environment. This will free them from outside distractions which could jeopardise their engagement with the treatment plan.

However, as the residents progress through the phases of the treatment, controlled reintegration back into the community becomes essential. This should include town visits, shopping trips, etc.

Therefore, the location should not be so remote as to inhibit this aspect of the project. Either public transport or project-based transport must be available.

LOCAL PLANNING REGULATIONS

Professional advice will be necessary to negotiate the myriad of regulations around building and planning regulations.

The requirements of the National Minimum Standards for Care Homes for Adults (18–65) (February 2003) must be taken into consideration.

7.3.4 TREATMENT MODEL

The NTA have established guidelines for tier 4 treatment provision. This is contained in section 2.7 of the NTA Models of Care document (2002).

The following issues also need to be taken into consideration when designing the treatment model for Talitha Kum.

HARM REDUCTION

Most harm reduction is about preventing diseases passed on by contaminated blood (particularly HIV and hepatitis infections), and preventing overdose and drug-related death. The NTA advise:

“All drug treatment services, whether residential or based in the community, should provide this as a core service”.

Another NTA document goes further:

“A harm reduction approach recognises that a valid aim of drug interventions is to reduce the relative risks associated with drug misuse, by a range of measures such as reducing the sharing of injecting equipment, support for stopping injecting, provision of substitute opioid drugs for heroin misusers and support for abstinence from illegal drugs.

Most harm reduction interventions specifically aim to prevent diseases due to blood-borne virus (BBV) infections (most particularly HIV and viral hepatitis infections) and other drug related harm, including overdose and drug-related death. All drug treatment services – residential or community-based – should provide, as part of core treatment, distinct harm reduction interventions aimed at reducing the spread of BBVs and risks of drug-related deaths.”

Source: NHS. Care Practice Planning Guide. August 2006

DETOX

This is known medically as “assisted withdrawal” and involves a stay as an inpatient. Most people receiving detox are given medication to help clear their bodies of drugs and reduce the unpleasant symptoms of withdrawal.

Some tier 4 projects provide detox facilities. Others require the client to be detox-ed before entry to the programme. If provision is made by the project, cover is required from medically qualified staff. As a minimum; a GP to prescribe the substitute and a nurse to oversee its administration.

ABSTINENCE

There is an ideological debate within the drug treatment world around the appropriateness of abstinence. Fuelled by the emphasis on ‘harm reduction’, many say that abstinence, although an ideal, is too high a bar for most to jump. Therefore, they argue, it is better to help misusers control or reduce their usage than to go for a target of non-use. There is also an argument that it is society’s responsibility to support a person chosen lifestyle, and if that lifestyle includes the use of mind and mood changing substances, then they should be given help to use them safely.

What is clear is that any tier 4 project must have a very clear policy on this matter. It is not possible to mix the two. An abstinence abased project must define its rules around relapse. There must be seen to be consequences from actions.

12-STEP (MINNESOTA MODEL)

The 12-step approach is the most commonly adopted treatment model across tier 3 and tier 4 interventions. Projects work with various modifications and add-ins to suit particular emphasises. A significant benefit of adopting the 12-step approach is that clients can then readily attend Alcoholics Anonymous (AA) or Narcotics Anonymous (NA) meetings when in aftercare.

AFTERCARE

Aftercare is support that is planned for when clients leave structured treatment. The aim is to maintain the positive developments clients have made in their treatment, and help them return to normal life. Examples include help with housing, education, employment, general health care and relapse prevention.

“Few service users who enter drug treatment intend to be in specialist drug treatment indefinitely. For those who wish to be drug-free, commissioners and providers need to create better pathways and exits from specialist drug treatment.

These pathways should include drug-related support (e.g. relapse prevention, mutual support groups, advice and harm reduction) and non-drug-related support (e.g. access to housing, supported accommodation, relationship support, education and training, support to gain employment, and parenting and childcare responsibilities).”

CHURCH INVOLVEMENT

Should a client request it, Talitha Kum will also help the client find an appropriate and supportive local church for them to attend. The project will encourage the development of a relationship with people from the selected church before the client graduates from the project to increase the probability of a successful transit into the local church community.

7.3.5 CONFORMING TO STATUTORY REQUIREMENTS

REGISTRATION

This area requires further research. However it is likely that the Talitha Kum tier 4 project will need to be registered under the Care Standards Act 2000. Administered by the Commission for Standards in Social Care, there is a Residential Homes Inspection framework with which the project must comply.

NATIONAL GUIDELINES FOR TIER 4 PROJECTS

The NTA have established guidelines for tier 4 treatment provision. This is contained in section 2.7 of the NTA Models of Care document (2002).

QUALITY STANDARDS FOR THE PROJECT

Quality in Alcohol and Drugs Services (QuADs) is the standard adopted across all tier 4 projects. Commissioners (purchasers) of drug services look for compliance with this standard when selecting drug services for clients.

Talitha Kum will need to adopt and comply with QuADs standards.

Other Quality Marks that the project should consider obtaining are:

- Investors in People
- PQASSO

QUALITY STANDARDS FOR THE STAFF

There are expected standards for those staff working in drug treatment. The relevant competencies are outlined in the Drugs and Alcohol National Occupational Standards (DANOS) (Skills for Health 2002).

Staff working in the Talitha Kum project will be expected to attain the competencies defined in DANOS.

Further NVQ qualifications are available for staff in the field of drug-rehab to obtain. These include qualifications for non-counselling support staff.

7.3.6 EVALUATION MEASURES

The collection of data that can be used in measuring outputs (quantitative) and outcomes (qualitative) must be planned into the project from the outset.

OUTPUT (QUANTITATIVE) DATA CAPTURE SHOULD INCLUDE:

- Numbers through the programme
- Retention rates
- Number of certificates/awards a client obtains during engagement with the project

OUTCOME (QUALITATIVE) DATA SHOULD INCLUDE:

- The journey travelled by the client (tools to measure this will have to be researched or developed)
- Descriptions of clients who remain drug-free for specified periods on graduation from the project, e.g. six months, one year, two years.
- Descriptions of clients who obtain and remain in employment for specified periods on graduation from the project, e.g. six months, one year, two years.
- Descriptions of clients who lead law abiding lives for specified periods on graduation from the project, e.g. six months, one year, two years
- Descriptions of clients who, having stated a desire to engage with the Christian faith, remain attached to a local church for specified periods on graduation from the project, e.g. six months, one year, two years.

The challenge with evaluation is the ability to capture data, especially qualitative data once the client has left the project.

TREATMENT OUTCOME PROFILE

The NTA has developed the Treatment Outcomes Profile (TOP) which should be used by the Talitha Kum project.

TOP is a drug treatment outcome monitoring tool that has been developed by the NTA in partnership with drug treatment providers. It is applicable for use in all of the structured treatment models defined by the NTA in Models of Care.

Of TOP, the NTA states:

“For the first time, service users, clinicians, service managers and commissioners will be able to obtain objective and comparable data about real improvements”.

Source: www.nta.nhs.uk/areas/outcomes_monitoring

OTHER EVALUATION TOOLS

Other evaluation tools to consider include the Maudsley Addiction Profile (MAP) and the Christos Inventory. The Christos Inventory is a board screening tool.

7.3.7 ISSUES AFFECTING WOMEN IN TREATMENT

One of the recommendations in the NHS document 'Tier 4 drug treatment in England: Summary of inpatient provision and needs assessment' (June 2005) recognises there are specific issues facing women going into residential rehab. The recommendation says:

"Improve(d) services for young people and women, particularly those with dependent children, possibly through shared care arrangements, and more flexible use of specialist services to meet local needs."

Kenward Trust provides separate tier 4 treatment for men and women. Their experience is that it takes longer for women to achieve the same result as it does for men. Therefore they need to be in treatment for longer.

Women who have active family ties also require more support than their male equivalents. If there are dependent children, these will sometimes be in the care of relatives, or possibly Social Services. Lack of contact with children is an added pressure for women in treatment.

Pregnant women presenting themselves for treatment also require specialised attention.

It has been stated that the first six-weeks of 'drug-treatment' for women can be a time of addressing the issues from their past that they bring with them to the project. The drug misuse is secondary at this stage of their 'treatment'.

In an article by Lucy Rodgers on the 'Cycle of Drugs and Prostitution' (BBC News website 15th December 2006), she quotes Harry Shapiro, of the charity DrugsScope, as saying,

"(He) hoped the murders (in Ipswich) acted as a 'wake-up call' to the government to put funds into helping women off drugs. Many of these women come from terrible backgrounds and start taking drugs to deal with that at a young age."

From the research undertaken, those involved with women in treatment overwhelmingly commented that these clients come with serious abuse issues in their lives. Some projects sort to help clients with such issues, others focused only on the drug misuse.

If Talitha Kum wishes to be a project which addresses the whole-person, consideration must be given, and time permitted in the treatment plan, to help clients address core issues of abuse, be it physical violence (possibly domestic), sexual or psychological.

7.3.8 REFERRAL PATHS

Although Talitha Kum will (probably) accept clients who self-refer, or are privately referred, e.g. by family or employer, it is anticipated that the majority of referrals will come from local service Commissioners.

This being the case, it is vital that information about the project is widely disseminated to the DAAT's nationally and, once registered, is able to be accessed from the NTA database of treatment providers.

In addition, it is recommended that strong links be developed with local tier 1 and 2 providers. These providers may encourage clients who require further treatment to attend Talitha Kum.

From meetings with other tier 4 providers from women, it has been stated that a relationship with the client prior to treatment will help women stay on the project. This does not mean that Talitha Kum needs to run lower tier or 'street-based' projects, but strong links with such organisations may develop positive referral processes, giving clients greater confidence to take the step into residential treatment.

Such links could be developed with:

- The Ipswich Project (<http://www.rsvptrust.co.uk/ipswich.html>)
- The Magdalene Group, Norwich (<http://www.themagdalengroup.org.uk>)
- One25, Bristol (<http://www.caringinbristol.org/organisations/17>)

PUBLICATIONS (THESE ARE AVAILABLE ONLINE)

- Models of care

NHS: NTA Models of residential rehabilitation for drug and alcohol misusers, October 2006

AN UNDERSTANDING OF THIS DOCUMENT IS VITAL FOR THE TALITHA KUM PROJECT

Models of care sets out a national framework for the commissioning of treatment for adult drug misusers in England.

It is published in two parts:

Part 1: A summary for drug treatment commissioners and those responsible for local implementation of Models of care.

Part 2: This report is a detailed reference document for drug treatment managers and providers, and those responsible for assuring quality and appropriate delivery of local drug treatment services.

- NHS: NTA Care Practice Planning Guide, August 2006

WEBSITES

- www.nta.nhs.uk

This website is key to understanding and implementing drug treatment services

Important sub-sections include:

- www.nta.nhs.uk/areas/standards_and_inspections/2007-08_review
- www.nta.nhs.uk/areas/outcomes_monitoring