Working Upstream: Delivering Early Intervention on Alcohol Conference

Friday 9th November 2012

Waterfoot Hotel, Derry
Session 1: Joining up Early Intervention: Setting the Scene

Chair: Bernie McCrory
Chief Officer, CAWT
Civic Welcome

Alderman Mary Hamilton
Deputy Mayor, Derry City Council
CAWT – Moving Upstream:
Testing Early Intervention approaches in the border region

Edel O’Doherty
Deputy Chief Officer CAWT
Aim of Presentation

• To provide a brief overview of the work of Cooperation and Working Together (CAWT)
• To highlight CAWT’s approach to early intervention
CAWT - What we do

- Facilitate the health services in the border region to work together and with other community/voluntary sector partners to tackle common challenges
- Attract EU funding to support the development of ‘additional’ services, based on local need
- Innovate – pioneer and test out new ways of delivering health services to improve health and social care on a cross border basis
EU INTERREG IVA
12 cross border services /projects

- Acute Hospital Services
- Sexual Health Services / GUM clinics
- Eating Disorder Services
- ‘Time IVA Change’ – Border Region Alcohol Project
- ‘Turning the Curve’ Autism Support Project
- Improving Outcomes for Children and Families
- Support for Older People
- ‘UP4IT!’ - Preventing and Managing Obesity –
- ‘Citizenship’ - for People with a Disability
- Reducing Social Exclusion and Health Inequalities
- Improving the Management Diabetes in High Risk Clients
- Cross border Workforce Mobility
Where we are delivering

<table>
<thead>
<tr>
<th>Project</th>
<th>Colour Code</th>
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<tbody>
<tr>
<td>Disability / Citizenship</td>
<td>🌈</td>
</tr>
<tr>
<td>Outcomes for Children</td>
<td>💚</td>
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<tr>
<td>Social Inclusion</td>
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<td>GUM services</td>
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<td>Obesity</td>
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<td>Acute Services - ENT</td>
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<td>Acute Services - Urology</td>
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<td>Acute Services - Vascular</td>
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<td>Ophthalmology</td>
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<tr>
<td>Oral Maxillo Facial Surgery</td>
<td>🌈</td>
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<tr>
<td>Older People</td>
<td>🌈</td>
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<tr>
<td>Autism</td>
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<tr>
<td>Alcohol</td>
<td>🌈</td>
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<tr>
<td>Mobility</td>
<td>🌈</td>
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<tr>
<td>Diabetes</td>
<td>🌈</td>
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<tr>
<td>Eating Disorders</td>
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Beneficiary targets

- **2010**
  - Target no. of Beneficiaries: 21,840

- **2011 (December)**
  - Beneficiaries achieved: 17,182

- **2012 (July)**
  - Beneficiaries achieved: 25,153

- **2014**
  - Target no. of Beneficiaries: 21,840
Prevention and Early Intervention
CAWT – Rationale for early intervention

CAWT Border region 1.6 million people

- Growing and Ageing Population
- Increased prevalence of long term chronic conditions leading to high demand for hospital beds
- High level of unemployment/poverty, deprivation/rural isolation
- Strong correlation between poverty and social isolation and ill-health
- High levels of Cancers, Circulatory and Respiratory Diseases, RTA’s and Suicides
Moving upstream or simply plugging gaps

Northern Ireland (Transforming your Care)
• Fastest growing population in UK and continues to grow
• Increase chronic conditions such as hypertension, diabetes, asthma
• Sharp rise in suicides and self harm
• 340,000 smoke
• 2,400 avoidable smoking related deaths
• 59% of all adults overweight or obesity
• Alcohol and drug misuse costs on average £600 million to society
• Estimated demand for services to grow by 4% by 2015

Republic of Ireland (Your Health is Your Wealth)
• Chronic diseases such as diabetes, heart disease and many cancers forecasted to double over a 20 year period.
• Improvements in life expectancy gained threatened by rising rates of obesity.
• Greater health inequalities and life expectancy among poorer people.
• Ageing population presents considerable challenges.
• Every 7 hours someone dies from an alcohol related disease.
Financial Climate

Northern Ireland

• To provide an efficient service, £5.4bn is needed by 2015 - instead allocation is 4.6bn – a shortfall of £800m.
• The health budget is down by 2.4%.
• Remodelling of how money is spent – shift of £83m from hospitals to primary, community and social care.

Republic of Ireland

• HSE annual budget of €14 billion
• Over the last two years, total budget reductions in the HSE of €1.75 billion have been implemented.
• By the end of August 2012 the HSE was €259 million over budget
• The total cost reduction target in 2012 €750 million.
The case for change

‘The inevitable outcome without change to the status quo will be an unplanned and unmanaged collapse in key health and social care services’.

Transforming Your Care – A review of Health and Social Care in Northern Ireland 2012
Why Early intervention?

There is empirical evidence stacked from the floor to the sky that backs up our taking a different approach to preventive spending and investment in early years (Scottish Health Minister Tom McCabe)

Health investment needs to become developmental not remedial (Graham Allen Review – Good Parents, Great Kids, Better Citizens)

On a practical level early intervention pays a very high rate of return. The dividend is 12-16% per year for every £1 of investment (Transforming your Care)
CAWT Moving upstream - Early Intervention in practice

- Outcomes for Children
- Diabetes
- Social Inclusion
- Obesity
- Eating Disorders
- Turning the Curve
- Time 4 A Change – Alcohol
Outcomes for Children

• Improving Outcomes for Children through an interagency approach
  > Locality Planning Groups established across border region.
  > 5 Programmes – 700 beneficiaries
  > 52 staff trained in using outcomes based planning tool
Diabetes – Structured Patient Education High Risk Groups

- Specialist pre-pregnancy care clinics for women with diabetes planning pregnancy
- Education for children and young people with diabetes
- Diabetes Nurse specialists and Dieticians recruited to deliver CHOICE Education Programme
- 1,549 beneficiaries
Social Inclusion/Health Inequalities

Working in partnership with the C&V sector to tackle health inequalities

- 3 strands to project (Vulnerable Women/Travellers and Improving Access)
  - Mental Ill-health
  - Domestic violence/esteem building
  - Mothers with disabled children
  - New mothers
  - Older Women

2300 beneficiaries
Obesity: A community focused approach to managing and preventing obesity among children

4 pilot sites within border region

- Evidenced based, family centred approach to healthy eating, exercise and positive mental health.
- 1800 beneficiaries (466 families)
Eating Disorders Project

- Enhancing therapeutic eating disorders services at Tiers 1 and 2
- 12 Eating Disorder Therapists in place working within CAMHS
- Carer support groups established
- 1200 GP’s and PC staff trained in early recognition and intervention
- Service leads in Trust already experiencing a reduction in Tier 3 as a result of project
- 434 beneficiaries received 1-1 services
Autism ‘Turning the Curve’

- Improving the lives of children and young people with autism and their families/carers through ‘transition’ support
- young people receiving Transition support/ 125 family members
- Summer respite – 143 young people/502 family members
Alcohol – Time IVA Change

• Multi-level harm reduction
  – Early Intervention (maternity services/primary care) – 750 pregnant women availed of alcohol screening.
  – An additional 1866 clinical early interventions (as at Sept 2012)
  – 241 families supported
  – Roll out of Strengthening Families Programme
  – Community Mobilisation – supported 8 communities to challenge negative alcohol culture.
"The doctor of the future will give no medicine, but will interest his patients in the care of the human frame, in diet and in the cause and prevention of disease."

~ Thomas Edison
Next steps

• Evaluating project outcomes—demonstrating what works/lessons learned
• Influencing mainstreaming of services or ‘re-engineering’ of existing resources.
• Managing project closures where appropriate
• Planning for next round of EU funding ie INTERREG 5
• Continue to lobby for investment in Early Intervention approaches.
• Demonstrate the economic, social and personal impacts of EU investment.
THAT'S ALL FOLKS!
Alcohol in Ireland
a North/South Comparison

Eamon O’Kane
Director, Derry Healthy Cities
A Tale of Two Countries

Northern Ireland
- Population
  - 2011 - 1,810,900 people
  - 30% of the island's total population

Republic of Ireland
- Population
  - 2011 - 4,581,269 people
  - Ranked the 7th most developed country in the world by the United Nations
Adult alcohol consumption

Litres of pure alcohol

Overflowing bar graph showing adult alcohol consumption across various countries.
Social harm in Europe

% reporting problem (of all population aged 18-64)

- Ireland
- Finland
- Sweden
- Germany
- UK
- France
- Italy

- Fight
- Work/studies
- Homelife/marriage

Source: ECAS
Economy

NI
• Licensed Trade worth c.£1 Billion per year
• c.34,000 jobs directly & indirectly
• 1/3 of tourism spend on food and drink (c.£ 1/2 Billion per annum)
• DHSSPS estimate pubs pay c.£2 Million annually into Arts, Sports & Charities
• c.25% of alcohol is purchased in pubs

ROI
• Market worth over €6 billion per year
• Approximately €2 Billion in Excise and VAT
• 50,000 jobs directly and indirectly
• Major export product with internationally recognised branding
• Key feature of Tourism product (€3.5 Billion)
• <50% purchased in pubs
Health/Social Care

NI
• Annual Cost - £250 Million
• 5 deaths per week
• 2010/11, over 12,000 acute admissions
• 1 March 2010 - >3,000 in treatment for alcohol misuse

ROI
• Annual Cost - €1.2 Billion
• 3 deaths per day
• 2000 acute beds per night
• Acute admissions doubled 1995 to 2008
• 7,940 admissions to specialised treatment in 2008
Suicide & Self Harm

NI
• A contributing factor in at least 50% of all suicides
• A major contributing factor in 63.8% of all episodes of self-harm

ROI
• A contributory factor in ½ of all suicides
• Consumed in 4 out of 10 episodes of self-harm
Driving

NI
- Legal limit for driving
  - 80 milligram's of alcohol in 100 millilitres of blood for all drivers
  - Legislative change imminent in NI

ROI
- Legal limit for driving
  - 50 milligram's of alcohol per 100 millilitres of blood for experienced drivers
  - 20 milligram's of alcohol per 100 millilitres of blood for other drivers

- Estonia, Romania, Slovakia, Hungary, Czech Republic = zero tolerance
- Sweden, Norway, Poland = 20mg
- UK, Luxembourg = 80mg
- All other European States – 50mg
Road Deaths

NI

- Average 25 people killed & 119 seriously injured every

- 2003 to 2007
  - 127 people died in collisions (20% of all road deaths in Northern Ireland in that period.)
  - 595 people were seriously injured – 10% of all serious injuries NI roads

ROI

- Alcohol a contributory factor in 1 in 3 fatal collisions.

- Most common factor in all fatal collisions between 2001 & 2004 in the Republic’s border counties

- 1990 to 2006
  - 2,462 road fatalities were alcohol related
Drinks Measures

NI – Units
• 1 Unit = 8 grams of pure alcohol
  – Alcopop = 1.5 units
  – 35ml of spirits = 1.5 units
• Men
  – no more than 3 to 4 units per day or 21 units per week
• Women
  – no more than 2 to 3 units per day or 14 units per week.
• Binge drinking
  – Man 10 or more units in one session
  – Woman 7 or more units in one session

ROI - Standard Drink
• 1 standard drink = 10 grams of pure alcohol
  – Alcopop
  – 35.5 ml of spirits
• Men
  – less than 17 standard drinks per week with at least two alcohol free days
• Women
  – less than 11 standard drinks per week with at least two alcohol free days
• Binge
  – 6 more standard drinks
Consumption

NI
• 7 out of 10 adults drink alcohol (Males 79%, Females 70%)
• 4 in 5 adults exceed recommended daily limits (Males-79%, Females-83%)
• ¼ exceeds weekly sensible levels
• Younger adults (18-29 years) more likely to exceed weekly guidelines

ROI
• 89% males, 85% females current drinkers
• 31% of men, 21% of women consume alcohol at least twice weekly
• 27% consume 7+ standard drinks/drinking occasion
• 20% experienced at least one of six harms as a result of their drinking
Price & Availability

NI

• 62% more affordable today than almost 30 years ago

• Between 2005 & 2009
  – 118 pubs closed
  – Value of off-trade sales increased by 1/3

• Within UK, lowest expenditure on alcohol but highest on drinks consumed outside the house

ROI

• 50% more affordable between 1996 & 2008

• 1998 to 2008
  – 161% increase in the number of off-licences
  – Pub-licences decreased by 29%

• Pub Prices increased 300% in 10 years - in off-sales price fell 50% in same timeframe.

• Spending 3 times more than European households
# Pubs with Alcohol Licences

<table>
<thead>
<tr>
<th>Year</th>
<th>NI</th>
<th>ROI</th>
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</thead>
<tbody>
<tr>
<td>2005</td>
<td>1,568</td>
<td>8,922</td>
</tr>
<tr>
<td>2006</td>
<td>1,488</td>
<td>8,894</td>
</tr>
<tr>
<td>2007</td>
<td>1,475</td>
<td>8,842</td>
</tr>
<tr>
<td>2008</td>
<td>1463</td>
<td>8,086</td>
</tr>
<tr>
<td>2009</td>
<td>1,450</td>
<td>7,980</td>
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Children Drinking

**NI**

- Over half of pupils report ever having drunk alcohol
- 55% of whom report being drunk on at least one occasion.
- Girls more likely to report being drunk than boys

**ROI**

- Over half of 16 year olds have ever been drunk
- 1 in 5 is a weekly drinker
- Average age of first consumption decreased from 16 years for those born in 1980 to 14 years for those born in 1990
Hidden Harms

NI

• At least 4,000 children living with someone with an alcohol problem

ROI

• 271,000 children (children u15 yrs) or up to 587,000 children (all ages) exposed to risk from parental hazardous drinking

WHO estimate adult alcohol problems are associated with 16% of child abuse cases
OPPORTUNITIES & SYNERGIES

• National Substance Misuse Strategy (ROI) – 2009 to 2016
• New Strategic Direction for Alcohol & Drugs (NI) – 2011 to 2016
• Fit & Well NI – 2012
• Your Health is Your Wealth ROI – 2012
• Alignment of Drink Driving Legislation
• North South Ministerial Agreement on Alcohol (January 2012)
• INTERREG V
• MINIMUM PRICING
Without Increased Action

In 10 Years

- 13,000 + people will die from an alcohol condition on this Island
- Over 1 Million cases will pass through justice system
- Age of first drinking will continue to fall
- Collective Costs
  - Economy - £38 Billion
  - Health Services c. £15 Billion +

Management is doing things right,
Leadership is doing the right things.
Crossing Boundaries with Early Intervention- the CAWT Time IVA Change Border Region Alcohol Project

Caitriona Mullan, CAWT Project Manager
A Working Vision

A cross-border initiative which uses partnership and finite resources to develop workable, robust and affordable models for awareness raising, community ownership, and early intervention to reduce alcohol harm; and which provides one response out of many required to alleviate the suffering and damage that misuse of alcohol causes the population, in particular the children and young people, of the Ireland/Northern Ireland Border Region.
Partners

- CAWT partners: WHSCT, SHSCT, HSE Dublin North East, HSE West, NI Public Health Agency, NI Health & Social Care Board, DHSSPSNI, DOHC
- Project partners- all of the above plus 2 NGOs- Derry Healthy Cities and the Alcohol Forum (Donegal).
Project Delivery

• Demonstrate workable best practice in clinical, community and family support settings- all aimed at working upstream;

1. **Early intervention Service**: Clinical Health Service partners: Client-facing referral + systemic practitioner training and support

2. **SFP Pilot for NI**: WHSCT, PHA and Derry Healthy Cities

3. **Community Mobilisation** (Derry Healthy Cities, Alcohol Forum- Pilot in Donegal, Derry/Tyrone)
The Bottom Line:

• **1,886 clinical beneficiaries** (Early Intervention Service) as at 30\(^{th}\) September (original overall target 1,800)

• **621 health & social care practitioners trained** (Applied Early Intervention Techniques, BI into core practice, SFP)

• **241 families supported** through Early Intervention Service family-orientated approach (includes SFP)

• **5,484 community participants** Community Mobilisation pilot activities
Project Philosophy and Culture - The Story Behind the Figures

• Legacy: networks, skills, practice shift, impact on service users and their families
• Practice-led advocacy for change (present solutions that work)
• Cross-disciplinary leadership for change – what do we mean?
• Networks of knowledge and commitment
• Effect: Skilling the system- Alcohol everyone’s business
• Recovery Philosophy in Early Intervention context
Tools for Change- Project Products

• **Hidden Harm Prevention in Action:** Partnership between Addictions and Maternity Services (NI); Partnership with Family Support Services (across the region); family-oriented support for Early Intervention clients

• **Perinatal Service Standard:** CYPSF- Supporting mothers with complex needs

• **Prototype Maternity Services Screening and Referral toolkit:** Developed by WHSCT Early Intervention Service (Workshop 1, Marie Dunne)

• **Alcohol & Pregnancy Leaflet:** available to all CAWT Partners in PDF pending production

• **Content for new edition NI Pregnancy Handbook** – in partnership with PHA Midwife Consultant

• **750 pregnant women in WHSCT area of NI risk screened for alcohol misuse in pregnancy**

• **Partnership Model for Working with Community Campaigns** on Alcohol & Pregnancy (Joanne Smith, Drink Think Project, Workshop 4)

• **Subregional Evidence base** of risk of hazardous maternal drinking in pregnancy
Tools For Change- Project Products

- **WHSCT: Family Support Hub staff trained in Alcohol Brief Intervention Approaches** - Interdisciplinary team work for families at Tier 2 (Workshop 2, Mark Mc Chrystal)
- **SHSCT: Integrated Early Intervention Network** Multidisciplinary co-operation across addictions, CAMHs, Maternity (Workshop 1, Kevin Morton)
- **HSE Dublin North East**: Targeted referral pathways and client support for socially excluded groups- Mental Health/Social Inclusion/National Reform Programme (EU); Direct Referrals from Probation Services and Family Intervention Teams
- **HSE Sligo Leitrim**: Partnership with Sligo IT Student Counselling Service- direct referrals; Partnership with GAA
- **HSE Donegal**: Built capacity of Addiction Services to support clients as parents and family members
- **Community Skills**: Community Mobilisation Toolkit, Responsible Server Training, Streetwise 4 Life Schools Programme, Support to Derry Civic Alcohol Forum (Karen Phillips, Anne Timoney, Workshop 3)
- **Portrait of an early intervention service**- Cross-Border regional service profile data, intervention packages, demographics.
Change in a Changing Environment

• Project staff have been the key to success - champions of change in a changing environment

• Partnership with Service Users

• Wider networks of project ‘allies’ - people willing to champion change in their own setting, understand the role of alcohol and draw on practice supports we have offered: eg: social workers, practice nurses, GPs, family support workers, speech & language therapists, Midwives, Health Visitors.

• Crossing boundaries - jurisdictional, organisational, disciplinary, cultural (social and institutional)
Working Upstream: Comments

• We have the evidence of need
• We need to listen to service users and understand the journey
• Time IVA Change has been Leading by Example
• Leadership at all levels- recognition and value of all
• Empathy and empowerment – guiding principles for service planning
• We need to turn our face to the future, change how we deliver and change how we work together
Getting There

It can be done!

Collaboration Instead of Competition

Scrap the Silo, Don’t Redecorate It!
Moving Upstream

Paul Cavanagh
Health and Social Care Board
... **Not a Health Issue**

- How society views alcohol
- How the public sector locates alcohol
- Alcohol bonding communities
- Alcohol bonding and breaking families
- Impact of alcohol on health and social care services
- Community mobilisation and strengthening families
Impact of Alcohol on HSC in NI

• Estimated at some £250million in direct costs
• Additional social costs estimated at almost £900million
• Estimated that alcohol is a significant factor in 40% of all hospital admissions
• Rising to 70% of Emergency attendances at weekends
Impact of Alcohol on HSC in NI

• Ambulance and other emergency services
• Emergency Department, ICU and In-Patient Beds
• Crash Beds, Detox and Addiction Treatment Services
• Family Support and Intervention
• Alcohol-Related Brain Injury
Impact of Alcohol on Children

• Foetal Alcohol Syndrome
• Impaired parenting may lead to early behavioural and emotional problems in children
• Higher risk of emotional and physical neglect or abuse
• Lack of adequate supervision
Impact of Alcohol on Children

- Repeated separation from parents
- Children taking on inappropriate caring responsibilities for siblings and parents
- Social isolation
- Disruption to schooling and school life
- Early exposure to alcohol
- Poor physical and mental health in adulthood
Impact of Alcohol on Communities

- Family breakdown
- Anti-social behaviour
- Debt
- Dependence

- Celebration and Enjoyment
- Bonding Communities
Society’s view of Alcohol

• Positive
  – ‘Can’t have a celebration without it!’

• Ambivalent and conflicted
  – ‘The economic argument’

• Compartmentalised
  – ‘A Health Issue’

• Stigmatising
  – ‘The hapless alcoholic’
The Journey...

- A Paradigm Shift
- Focus on Emergency Response
- Focus on Addiction
- Focus on Families and Children
- Focus on Communities
- Focus on Partnership
- Focus on Strategy
- Focus on Behaviour
The Journey so far...

• Civic responsibility and partnership
• Funding early intervention and community mobilisation
• Community initiatives
• Alternatives to emergency admissions
• Home detox and treatment
• Family support
• Pricing
Once in a Generation

Working Upstream Conference
Friday 9\textsuperscript{th} November 2012

Gordon Jeyes
CEO Designate
Child & Family Support Agency
Always Children First

- Moral
- Statutory
- Effective
Agency Vision

- Outward looking, inclusive, evidence based, accountable
- Supportive when appropriate, assertive when necessary
- An Agency staffed by professionals:
  Clear in our values such as wisdom, integrity, compassion, justice, respect and courage
- Mindful of our limitations and our need to work as servants of responsible individuals, engaged communities, inclusive schools, responsive health services.

*We cannot do it alone but together there can be very significant improvement.*
Delivery requires:

- The support and permission of the community
- Management which offers high support to enable high challenge within clear lines of accountability.
- Strategy and policy developed on a nationwide basis with decisions and practice taken forward at the most practical local level
All services based on

- Agreed values
- Consistent approach by all service providers
- Open and transparent delivery
- Clear lines of professional accountability
- Evidence based interventions
- Joined up services

Above all child and family centred.
Interventions relating to impact of alcohol on families

- Early intervention including, among others, quality early years provision, well resourced and inclusive schools, responsive health services.
- Cross cutting policies to address the root causes of problems which lead to the pernicious impact of poverty, neglect, drugs and alcohol on families.
- Government attention to the impact of alcohol on all aspects of society.
- Need for specific and effective provision of services which support children in areas such as mental health and addiction services.
- (Gordon Jeyes: on Child Deaths Review 2012)
A Shared Commitment

“The support and protection of children cannot be achieved by a single agency… Every service has to play its part. All involved must have placed upon them the clear expectation that their primary responsibility is to the child and his or her family.”

- Herbert Laming
Always Children First

Available Local Community Services

Local Area Pathway Supporting Children and Families

Community & Voluntary Services (38 & 39)

Other Community & Voluntary Services

Universal Services

*E.g. Local Government, Education, Health*

Early Intervention / Prevention

Target Services

Formal Communication Mechanism

Referral

Social Work

Initial Assessment

Child Welfare re cases at risk of formal intervention (DRM type response)

Child Protection (CPNS)

Close

Child in Care

Not open to social work

Open to social work

Always Children First
A key priority

To promote effective multidisciplinary shared practice and efficient community engagement
Local Area Pathway

- To create a collaborative network of community, voluntary and statutory providers to improve access for children and families to support services at all levels of need.

*In the first instance early intervention should come from immediate family and community supported by professional services where appropriate and proportional.*
LAP co – coordinated services

- To operate a case coordination process for families with needs requiring multi-agency intervention but who do not meet the threshold for referral to the Social Work Department under Children First.

Services should be family led, moving along a continuum of intervention to management by professional services only when this is deemed necessary in the best interests of childrens’ safety and in support of families.
Differential Response Model

- Notification of concern brought to Child Protection System
- RED team
- Strengths based Family Assessment
- Services identified and sourced.
Going forward

It is important that we

- continue to build on our shared evidence base
- deliver targeted services with a clear focus
- reflect on ways of minimum intervention
- build on family strengths
- avoid the creation of a culture of dependency.
Aspirations

If we have learned anything in recent years about improving services it is about the need for concerted community action, a full range of interventions from all disciplines and a recognition of the strengths and contribution of children and families.
The Mysteries
Session 2: What’s Working?
Parallel Workshops
Session 3: Delivering the change
Next Steps: North- South Plenary/Panel
Discussion Topics:

1. How do we move forward with Early Intervention on Alcohol?

2. What action is needed to shift towards early intervention in both health and social care systems/ at community/ civic level and who else needs to be involved?
CLOSE
Thank You