

NEWS

EATA UPDATE BY CHIEF EXECUTIVE SHARON CARSON

THE RESIDENTIAL DEBATE: EMPTY BEDS AND WAITING LISTS...

EATA HAS RAISED with the government the serious concerns currently faced in the residential rehabilitation sector around the lack of committed revenue funding within this financial year. Many services have reported a year-on-year reduction in the number of residential placements.

As a result, they have had consistently low occupancy rates – despite waiting lists of people desperate to receive their treatment – and the dearth of referrals seems to be worsening. This has resulted in some much-needed services being faced with closure and others having to make significant redundancies.

Many of these treatment centres are voluntary organisations meeting a need which the government cannot. So this damage is not limited to the drug- and alcohol-treatment professionals and their colleagues but extends to the very people they were established to help, their families and society in general. “It is important to bear in mind that this situation of empty beds has arisen at a time when the National Treatment Agency has been publicly emphasising the need to see more people admitted to residential treatment,” said EATA Executive Committee member Nick Barton, who is also director of Clouds. “It seems it has taken this position because it is increasingly concerned at the numbers stacking up in a *methadone cul de sac*. In its own terminology, the NTA sees Tier 4 as the ‘exit’ – but whatever so-called exits are chosen by purchasers, they need to take account of the (NTA’s) Quality and Effectiveness agenda, with which many established providers are well up to speed.

“I am afraid that, under the pressure to meet targets, quantity is prevailing over quality, which the NTA itself describes as wasting resources. Into this mix arrives the government’s capacity building programme, which in the current climate appears to make little sense.

“If we do not sort out the structural, systemic and revenue funding issues, then adding more facilities will simply add to the mess and waste more resources in the process.

“Hopefully, sense will prevail – however late in the day,” Barton concludes.

...EXTEND TO SCOTLAND

Figures from the Scottish parliament show delays of 52 weeks or more for programmes both in the community and in specialist hospitals – despite empty beds. Over 800 people were waiting for community support and rehabilitation packages for drug addiction in Scotland at the end of March this year. Of those, 235 had queued for over six months since their needs were identified; 255 had waited a year or more. There were also 118 people waiting for residential detoxification and treatment.

Peter McCann, chief executive of Castle Craig Hospital and a member of EATA’s



WAITING FOR THE CALL TO TREATMENT...

Executive committee, said there was a postcode lottery: the hospital receives 100 referrals a year from Glasgow but the number of patients referred from the rest of Scotland had dropped from 160 to 40. He drew attention to the situation in *The Herald* newspaper. “We have seen a new generation of people coming to work in the field and I do not think they are being educated that residential care is necessary and available. It is a crying shame that people who need help are not getting it,” he was quoted.

THE NEXT MOVES

EATA’s role in providing representation for its members is central in addressing the current residential debate. We are committed to tackling both short-term and long-term concerns within the residential rehabilitation treatment arena. Currently, these are, in relation to the planned capital allocation bids and the current level of committed revenue funding and actual residential placements.

EATA sits on the national panel as a representative for the treatment sector in the government’s capital bids allocation programme and in looking at “expanding numbers into tier 4”, which treats the most complex cases. At the last cross-governmental meeting on 6 September, EATA was requested to collate evidence from its members, to gather an informed picture of the current situation. On the basis of that information, EATA facilitated a meeting in October between member residential services, the NTA, the Home Office and the Department of Health. The purpose of the meeting was to discuss the current situation and agree a way forward in tackling existing and future sustainable needs of the residential rehabilitation sector – and the clients they serve so well and so necessarily.

NON-RESIDENTIAL MEMBERS

EATA is also planning to address the needs and issues facing its members who are nonresidential-treatment. We will be looking at how strategy and commissioning practices are affecting services in Tiers 2 and 3 service delivery, to try and understand current patterns in the referral of clients to drug-treatment services. If you are from a Tier 2 or Tier 3 service and are experiencing funding issues or any other issues, EATA would like to hear from you. If you would like to add any information or have any queries regarding any of EATA’s meetings or services, or would like to join EATA, please contact Ghada Osman as below.

MEMBERSHIP

EATA is a membership organisation representing organisations working in drug and alcohol treatment. It seeks solutions in implementing sustainable policies and practice. EATA is committed to helping people with substance dependencies get the quality treatment they need .

Details of membership and application form can be found on the EATA website: www.eata.org.uk
Email: secretariat@eata.org.uk
25 Corsham Street, London N1 6DR.

Reg charity no 1098577; company no 4759642