



Department
of Health &
Social Care

Funding to Provide Support for Children of Alcohol Dependent Parents (CADeP)

Guidance for Applicants

August 2018

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Contents

Contents	3
1. Introduction.....	6
2. Current knowledge base	8
3. Grant Terms.....	11
4. Eligibility	13
Are you eligible to apply?	13
Is your proposal eligible?	13
5. Evaluation and Dissemination.....	15
Evaluation.....	15
Dissemination.....	15
6. Joint and Partnership Bids	16
7. Communications Activities	18
Restrictions on 'communications activities'.....	18
8. Digital Activities.....	20
9. Additional Approvals.....	22
10. The Application Process	23
Activity.....	23
Delivery	23
Wider system impact	23
What makes a good application?.....	24
How do I apply?	24
Important information	24
Application Form – Questions.....	24
Application completion guidance.....	25
11. Costings	26
Working out the costs of the proposal.....	26
Recovering the full cost of the proposal	26
12. Use of DHSC Logos and Branding.....	27
Data Protection and Confidentially	27
13. What Happens Next?	28
Giving you our decision.....	28
Summary of conditions of the award.....	28
Appeals	28
14. Delivery and Monitoring	30

Funding to Provide Support for Children of Alcohol Dependent Parents (CAdEP)

Summary of monitoring requirements.....	30
15. Contact Us	31
Appendix A: Risk Management Template.....	33
Appendix B: Summary of Discussion at Market Engagement Event	34
Appendix C: Frequently Asked Questions	34

This document provides information about applying for the grant 'Funding to Provide Support for Children of Alcohol Dependent Parents: Section 64 ', which will be awarded in the financial years 2018-19 and 2019-20.

You should read the information in this guide carefully as the document will give you information to help you decide if the Grant is suitable for your organisation and the activity you want the funding for.

If you need support you can contact us by email:

cadep@dh.gsi.gov.uk

To be successful, organisations will need to have a clear focus in their applications on how their proposals would support and drive forward delivery of the ambitions of the grant scheme.

The Grant is open for applications for projects which should be delivered between October 2018 and 31st March 2020.

The deadline for applications is noon 7th September 2018.

Applications received after this deadline will not be considered.

1. Introduction

Alcohol consumption has a significant impact on people's health and on the health and care system, with an estimated annual cost to the NHS of £3.5bn. Public Health England (PHE) estimate that there are 595,000 adults in need of assessment and treatment for alcohol dependency and around 200,000 children in England are living with parents suffering from alcohol dependency. More recently the Children's Commissioner for England published new data on the scale of vulnerability among children in England, highlighting that almost 700,000 children are living in families that have vulnerabilities, including over 15,000 children living with an adult receiving alcohol treatment.

The Cross-governmental alcohol strategy

A new cross-government alcohol strategy is in development. The wider alcohol strategy will take into account recent changes in the cultural patterns of drinking, including increased drinking at home and higher prevalence of alcohol misuse among the over 40's. The strategy aims to focus on reducing harmful drinking, and developing new approaches to the prevention and treatment of alcohol dependency. In addition to this there will be a focus on reducing harm to others caused by problem drinking, which aligns with broader government priorities to protect vulnerable people and reduce crime. Lastly, the strategy will look at ways of better informing people about the risks of alcohol, with a view to reducing the number of people who are drinking in excess of the UK CMOs' low risk drinking guideline of 14 units per week.

The alcohol strategy will complement and support work already underway - for example the draft Domestic Abuse Bill, the Troubled Families Programme and work to ensure every child gets the best start in life.

A key strand of our work is our focus on providing support to children living with alcohol-dependent parents as this is a particularly vulnerable group. Research shows that having an alcohol dependent parent can have long-lasting and devastating impact on a child.

The Government's Commitment

There is strong cross-party support for taking action to support children of alcohol dependent parents (CADeP), including an active All-Party Parliamentary Group on Children of Alcoholics. The Government is committed to working with MPs, health professionals and those affected to reduce the harm of addiction and get people the support they need.

On 23rd April 2018 the Department of Health and Social Care (DHSC) and the Department of Work and Pensions (DWP) announced a jointly funded package of measures to address the problem.

The package of measures, totalling up to £6 million, includes:

- £4.5 million innovation fund for local authorities to develop plans that improve outcomes for children of alcohol-dependent parents
- £1 million to fund national capacity building by non-governmental organisations
- £500,000 to expand national helplines for children with alcoholic parents

The programme also complements a body of work led by the Department for Work and Pensions on Reducing Parental Conflict, including capacity building across services nationally and a face-to-face support package delivered across several local authorities.

This guidance relates to the third element of the programme, namely the £1million fund which will be disbursed through Section 64 of Health Services and Public Health Act 1968.

Ambitions

There are some examples of good evidence-based schemes such as parenting programmes and social work interventions, but the majority of work in the area has not been formally evaluated. There is also limited evidence around the impact of alcohol misuse on parental conflict. Alongside an innovation fund to boost service based delivery of such interventions, the DHSC and DWP recognise that much expertise and capacity lies in the voluntary and community sector. The aim of this grant is to harness the creativity and capacity of this sector, to improve not only support for and health and education outcomes of CADeP currently, but to build the evidence base. . Evaluation and dissemination of learning will be a key role in ensuring the grant supports the agenda for CADeP.

2. Current knowledge base

Impact

There is clear evidence that growing up in a family affected by parental alcohol dependency can cause significant harm to children's wellbeing and to their long-term outcomes. Nearly one in five Children in Need assessments in 2016-17 included alcohol misuse as a factor, and between 2011 and 2014 alcohol dependency was implicated in over a third of serious case reviews, where a child was killed or seriously injured.(2,3) Children of alcohol dependent parents are at higher risk of not reaching their academic potential, acting out, and developing their own alcohol and drug use problems. They are also more likely to be taking on care of siblings and parents while still being a child themselves, which can have profound impacts on their educational and social outcomes.(4)

Over a third of alcohol-related violent incidents take place within the home and there is significant evidence to indicate that alcohol use is associated with 'hidden crimes' that are likely to occur including domestic abuse, child abuse, sexual abuse/ rape and homicide. Where alcohol abuse and violence are co-occurring within the home, the protective factors offered by the licensed trade environment of supervisory staff, the presence of other people, or the proximity of police officers are removed, leaving victims isolated and less able to seek or obtain help. The British Crime Survey (2010-2011) reported that the victim believed the offender to be under the influence of alcohol in 39% of domestic violence incidents. Research typically finds that between 25% and 50% of those who perpetrate domestic abuse have been drinking at the time of assault, although in some studies the figure is as high as 73%.(4)

Even where abuse does not occur, alcohol misuse can lead to inconsistent and unpredictable parenting. Research with children living with alcohol-dependent parents has found that many report feeling socially isolated, and are reluctant to seek help due to feelings of stigma, shame and guilt about not wanting to betray parents. These children may experience chronic worry and may have to shoulder the additional burden of caring responsibilities for the affected parent or younger siblings.(5)

Parents play a critical role in giving children the experiences and skills they need to succeed. However, children who are exposed to parental conflict can suffer long-term harm. It can affect their early emotional and social development, their educational attainment and later employability - limiting their chances to lead fulfilling, happy lives.(6) We know that alcohol misuse by parents is often associated with a higher risk of parental conflict and family separation.(7)

We are aware that there is unmet need in this area: nationally estimates are that only 1 in 5 alcohol dependent adults that live with children are undergoing treatment, exposing the child to ongoing risks.(8) Gaps in data exist around the extent of the problem in specific groups of children, such as specific ethnic minority groups.(4) Stigma and fear of repercussions is likely to produce barriers for parents to seek help. Tackling stigma and encouraging both children and parents to come forward (as well as other opportunistic means of identification) is therefore key to enabling us to meet the needs of this population.

Adverse Childhood Experiences

There is increasing awareness of the impact of Adverse Childhood Events on later child physical and mental health and educational and employment outcomes.

Adverse Childhood Experiences (ACEs) have been defined as stressful experiences occurring during childhood that directly harm a child or affect the environment in which they live. They include parental mental illness, parental separation, parental substance misuse, parental imprisonment and experience of physical, emotional or sexual abuse. Through differences in physiological development and uptake of health-harming and risk-taking behaviours, individuals who experience ACEs are at greater risk of poor mental and physical health outcomes, and even premature mortality, compared with those who do not experience ACEs. Data from the European Social Survey indicate that in England for every 100 adults, 28 suffered at least one ACE and nine suffered four or more ACEs.(9) Action to improve outcomes for CADeP will support this wider agenda.

Improving outcomes for CADeP

There are few high quality evaluations for specific interventions for improving outcomes of CADeP. The following areas have been identified as beneficial:

Interventions to improve resilience and protective factors: These include individual characteristics such as having high self-esteem and being optimistic, as well as other factors, such as maintaining normal routines like family meals.

Whole family-focussed interventions: These may focus not only on reducing substance misuse, but enhancing parenting skills and using case workers or other means to manage multiple needs such as debt and housing.

Child specific interventions: Research with affected children has indicated that they want services built around their needs rather than focussing on parents. Peer, group support and combinations of 'normal' activities with more therapeutic activities have been highlighted as beneficial.

In addition, we welcome innovations that will increase access to and uptake of services, and awareness raising for professionals and in the community to help identify those at risk, provide intervention earlier and reduce numbers of children going into care, and reduce stigma towards help-seeking.

Further information

Further information around the evidence base can be found via the links below:

[PHE guidance on alcohol and drug misuse prevention and treatment](#)

[PHE 2018 toolkit on problem parental drug and alcohol misuse](#)

Funding to Provide Support for Children of Alcohol Dependent Parents (CADeP)

[Parliamentary research briefing: Parental alcohol misuse and children](#)

[Early Intervention Foundation: Reducing Parental Conflict Toolkit](#)

3. Grant Terms

A total of £1 million has been made available to award voluntary and community sector organisations in carrying out work to support CADeP. Awards will be made to organisations with a robust plan of work that is expected to have impact at national level. We are looking to award grants to organisations with a track record of managing and working in this field.

Grants will be awarded in October 2018 and must be spent by March 31st 2020. Payments cannot be made in advance of need and as a rule will be paid in arrears, although there may be possibility of some flexibility around this with smaller organisations. There are no set criteria for the amount awarded per grant. We aim for a smaller number of grants and therefore encourage application via consortia where projects align. However grants will be awarded according to quality of the bid against criteria outlined below. We recognise that robust cases may be set out for smaller or larger activities.

Applicants will be expected to have a project plan in place with projected output, costs, timelines and plans for internal evaluation. More details on this can be found in the supporting documents on the webpage.

Following receipt of the grant, DHSC will monitor outcomes against criteria agreed upon receipt of the award. Monitoring and evaluation may involve face to face meetings and/or collection of quantitative and qualitative data as well as project reports.

Themes

We welcome applications in the following areas, however the list is not prescriptive and we welcome any creative approach to improving outcomes of CADeP:

Context

- **Target group:** Activities can be targeted across any part of the system around alcohol dependent parents and their children. We therefore welcome applications working directly with children, parents or other carers and supporting professionals.
- **Settings:** Applications working across schools, communities and healthcare, social care, criminal justice, drug and alcohol services are welcomed. We are particularly interested in work that promotes integration of systems and services, and embedding family approaches.

Suggested field areas

- **Psychosocial:** reduction of parental conflict, peer /mentor support for parents or children, normalising or enhancing childhood experiences and boosting self-esteem in children, work targeting 'hidden harms' such as domestic abuse, child abuse, sexual abuse and homicide. Applications should take into consideration the key role **parental conflict** has to play in the pathway towards these hidden harms and others experienced by CADeP, and the importance of addressing impacts of dependency in fathers and mothers.
- **Awareness and understanding:** coproduction and participatory activities, supporting children's voices, research into experience of alcohol dependent parents, activities raising awareness on impact of alcohol on children, training of professionals working with CADeP.

Funding to Provide Support for Children of Alcohol Dependent Parents (CAdEP)

- **Earlier help seeking:** stigma has been raised as a key challenge and we will particularly welcome work to help identify barriers and encourage people to come forward earlier, to prevent escalation to crisis point and family breakdown.
- **Inequalities and marginalised populations:** Work to better understand and meet the needs of alcohol dependent parents and their children in BME and other marginalised populations.
- **Alcohol use in pregnancy:** Reduction of alcohol in pregnancy, which may be a key catalyst for reducing problematic drinking if sufficient support is provided; and addressing foetal alcohol syndrome
- **Adverse Childhood Experiences:** cross-cutting work linking into this wider agenda.

Suggested activity types

- **Training and support:** Delivery of professional training via, paper or face to face resources.
- **Digital support for families:** We are keen to understand the impact of providing digital support where families go online (for example online communities), and where that support is overseen by professionals, in an innovative format which engages users (families) earlier in their experience of parental conflict. We recognise that anonymised digital support networks and resources may have potential for greater benefit in this area given stigma acts as a barrier to help-seeking.
- **Evaluation and dissemination:** Evaluation of existing schemes or work to scale-up, disseminate, or put into practice interventions that have been already proven to work.
- **User involvement:** Co-production or other activity to help better understand the needs of alcohol dependent parents and their children and develop support around this.

Work that combines approaches to reduce parental conflict and other psychosocial impacts alongside reducing alcohol consumption will be welcomed.

4. Eligibility

Are you eligible to apply?

You must meet the conditions set out in section 64 of the Health Services and Public Health Act 1968 to be eligible to receive funding from the Grant. You must meet the following legal requirements (which are a summary of the criteria in Section 64 and not a complete description of the law):

Your organisation must be carrying out activities that involve

“... providing a service similar to a service provided by the National Health Service or by local authority social services, promoting, publicising or providing advice to do with providing either a national health or local authority social service or a similar service”.

The Act gives the Secretary of State for Health and Social Care the power to award grants to not for profit organisations in England whose activities support our priorities.

The following types of organisation are not eligible to apply to this Grant.

- Individuals or sole traders
- Organisations that make profit for private gain
- Public bodies including local authorities, schools, universities, community or town councils
- Organisations based outside of England
- Organisations formed less than 12 months ago
- Organisations without suitable accounting records

Start-up organisations

Please note that organisations that have been formed within the last 12 months will not be eligible to apply, as we require your last set of audited accounts and a reference from an organisation that has worked with you in the past. It is possible however to partner with an established organisation, with them acting as the lead accountable body. (Please see section on Joint and Partnership bids).

Is your proposal eligible?

You can submit:

- One application with your organisation as the designated sole applicant.
- and/or one of:
- One application (for a separate proposal) with your organisation as the designated lead accountable body for a partnership application; or
 - One application as an equal partner in a joint application.

If you send in more than one application as the sole applicant and/or more than one application as the lead accountable body for a partnership or joint application, we will ask you to identify which application(s) should continue and which should be withdrawn. You can be involved in

Funding to Provide Support for Children of Alcohol Dependent Parents (CAdEP)

numerous partnership applications as a delivery partner, which means that your organisation is not the lead accountable body; however we strongly recommend that this does not exceed 3.

The following types of proposals are not eligible for funding from the Grant:

- Activities that are not allowed under your organisation's aims.
- Delivering an existing service locally that is the responsibility of local organisations to arrange and pay for based on an assessment of local needs.
- Proposals that simply continue existing initiatives or activities.
- Routine on-going, updating or maintenance costs of websites and other electronic communications, phone helplines and hard copies of materials.
- If the organisation plans to use the funding to support party political activities.
- If the organisation plans to use any part of the Grant to finance fundraising efforts.
- Capital projects, for example, buildings, refurbishment and transport. Your proposal can include up to £5,000 of capital spending for equipment.
- Proposals where the funding you request for each year of the project is more than 25% of your annual income (based on your most recent available final accounts). For all proposals you will need to ensure your organisation has the capacity to undertake the work and you can clearly demonstrate value for money.
- Proposals that include passing all or part of the Grant funding to individuals or other organisations e.g. through grants, will not be eligible.

Your proposal should adhere to the [Government Grants Minimum Standards Guidelines](#).

National Impact

All proposals for funding under this Grant will need to demonstrate they will have a national impact. The proposal should be able to make a difference to the health and well-being of people across England. If your proposal is simply to provide local services, we would advise you to contact local funding organisations for help.

Your proposal must only provide health and care services in England.

5. Evaluation and Dissemination

Evaluation

It is important that all applications include a clear evaluation methodology which will be in place from the outset and take place throughout the life of the project. The evaluation should focus on how and why the project works and the impact it has on parents with alcohol dependence and their children. As a minimum, you should ensure that there is an assessment of key performance indicators or outcomes which is meaningful and unbiased.

Dissemination

For all projects we also expect to see national dissemination arrangements reflected in your plans. This should factor in how learning from your activity might be taken up and used effectively by other organisations. We are not suggesting a preferred method as each project will be different, but some methods could include: learning events and conferences, setting up learning sets and networks, peer-to-peer support, and developing best-practice guidelines. Passing on these findings is essential and would have to be carried out effectively in order to have a national impact and make a difference to health and care across England. To take a worst-case example, we may not support a proposal that produces a report and simply mails it to other organisations across England. We would like to see some thoughtful appraisal and action plans on how learning can be applied.

6. Joint and Partnership Bids

For each application, working with partners, a 'Lead accountable body' (LAB) will need to be assigned. The LAB must be a voluntary, community, social enterprise or mutual organisation. The LAB will be responsible for:

- The audit trail of the project (including work carried out by partners)
- Completion and submission of monitoring data for the whole project, in a timely manner as requested
- Distribution of funds to partners
- Provide assurance of the suitability of partners
- Undertaking to deal with any breaches of eligibility/audit requirements/disputes amongst partners

What is the difference between a partnership application and a joint application?

A partnership application is where there is a lead organisation who acts as the 'lead accountable body' for the proposal, and a number of other organisations that deliver certain aspects of the project. These other organisations could act as subcontractors and receive money for delivering the services, but contracts would have to come from the lead organisation and all work would need to be invoiced for. It is advisable to check whether the activities that they are undertaking will incur VAT. Subcontractors have no management input; they are involved to provide specialist elements of the proposal.

The partnership should be guided by a 'Partnership Agreement', working towards a common set of strategic objectives.

For a joint application two or more organisations would come together as equal partners to apply for funding from the Grant. Although there must be a lead contact, each organisation would play an equal part in delivering the project. We would include both the names on the offer letter, and could even pay both organisations separately for the work. For joint applications, partners should have a 'Partnership Agreement' in place before the project begins.

We would require both organisations in a joint bid to complete the eligibility form, provide their most recent set of accounts and trustee sign off and both organisations would be involved in completing the form, but only the lead contact would submit it. Please contact us to discuss joint bids to ensure that the correct procedure is followed.

I'm making a partnership bid with two other organisations. Can we split the Grant money three ways?

No. The lead organisation will have full responsibility for the project and the Grant award throughout the life of the project. The lead organisation will be expected to have strong project governance in place covering all organisations within the partnership. You will however have to supply a breakdown of expenditure for each partner.

Can a private sector organisation be involved in a partnership application or a joint application?

In a partnership application, as long as the lead applicant (accountable body), who is the recipient of the grant is eligible as a voluntary organisation, it can partner with any other type of organisation (including, for example, private, NHS or local government). Where two or more organisations make a joint application (as opposed to a partnership application); each organisation would need to be eligible to apply in their own right.

Can I make unlimited bids under partnership arrangements?

We will allow an organisation to be involved in only one partnership application as the project lead. However, that same organisation could be involved in other partnership applications, provided that it isn't the project lead or involved in a joint application.

How will you handle the 25% rule for 'joint' applications?

We want to encourage joint working through our investments. If a bid is made jointly, we will look at the incomes of both partners when assessing the 25% rule. The reason behind this is that if one of the partners (with a small income) unfortunately has to close down, we would expect the project not to be at risk as it would continue under the management of the remaining partner.

How will you handle the 25% rule for 'partnership' applications?

We also want to encourage partnership working through our investments. If a bid is made as a partnership, we will look at the audited accounts of just the lead partner when assessing the 25% rule and will not take into account the income of any of the partner organisations.

7. Communications Activities

Restrictions on 'communications activities'

Effective, timely and targeted communications about your project will be critical to the delivery of its success. However, there are some considerations in the area of communications of which you need to be aware.

DHSC applies restrictions to any communications activity where the marginal cost of carrying it out is in excess of £5,000 per year. Costs of £5,000 and under (not including the time spent on the activity by those already employed by, or donated on a voluntary basis to the organisation) can be approved by the applicant organisation, where it is satisfied that the highest levels of value-for-money have been achieved. Organisations will be required to provide a detailed breakdown and justification as to why the costs that are in excess of £5,000 per year are essential in the delivery of the project.

For organisations considering applying for the Grant, the restrictions apply to all new advertising and marketing spend which is defined as:

Advertising including, but not limited to:

- TV advertising
- Radio advertising
- Digital advertising
- Outdoor advertising
- Print advertising, including advertorials
- Recruitment advertising campaigns
- Costs of media, and fees and commission for media buying, media planning, creative development and production

Marketing activity, including but not limited to:

- Design and branding
- Direct and relationship marketing
- Customer relationship management programmes
- Telemarketing
- Campaign help lines
- Partnership marketing
- Sponsorship marketing
- Field or experiential marketing
- Merchandising
- Advertiser-funded programming

- Audio-visual activity
- Storage and distribution of marketing materials

Communication strategy, planning, concept and proposition testing and development

Market research that informs marketing and advertising activity

Evaluation of marketing and advertising activity

Printing and publications

Events, conferences and exhibitions

Public relations (PR) activity

8. Digital Activities

DHSC applies restrictions to any digital activity; organisations will be required to provide a detailed breakdown and justification as to why any costs are essential in the delivery of the project.

The following basic tests will help you to detect if there are digital elements to your proposal. This is not an exhaustive list and it is the responsibility of the submitting organisation to ensure that any potential digital elements are clearly highlighted in the application.

For the purpose of these controls digital has been defined as:

“Any external-facing service delivered through the internet to citizens, businesses, civil society or non-government organisations”.

The definition of digital covers any service that the public has any access to, regardless if that is the main audience or not. However, there is a distinction between the functional side of a website and the content it carries. The tests below are designed to detect if there are any functional requirements that would place the proposal under the digital controls.

Test Questions

If you answer ‘yes’ to any of the questions below, your application may be subject to additional approvals:

Q1. Does this application have any of the following?

Q1.1. The proposal requires the creation of a new website, including microsites, sites for the publication of information, campaigns, consultation or transactional activity, (note: transactional activity in this context typically means a web based system or site that provides an exchange of information, money, rights, goods or some combination of these),

Q1.2. Requires a new domain registration,

Q1.3. Requires a new e-learning platform,

Q1.4. Have any requirements for a native mobile app that is specifically designed to work on any smart phone platforms, such as Android or iPhone etc. rather than computer web browsers,

Q1.5. Initiate any new web function,

Q1.6. Development or redevelopment any web function.

Q2. For this proposal, will you have to?

Q2.1. Form a new contract for web services, including hosting, web development, support or maintenance,

Q2.2. Make any contract amendments, extensions or renewals, including renewal of licences or Cloud services associated with the website,

Q2.3. Make any ‘business as usual’ changes, enhancements, maintenance or refreshes to the function of an existing website, but not any content changes or testing such as AB testing,

Q2.4. Create a website to run any pilots, feasibility and/or proof of concept sites,

Q3. Other questions

The following areas are often more difficult to determine. The proposal should be clear that any cost in this area would be part of a present or future digital project.

Q3.1. User needs research. This is often a mixture of comms or policy research work and technical evaluation. There is potential that this cost, and the process used, would form part of a future digital proposition in the discovery phase, and therefore within the digital controls.

Q3.2. Identity assurance for the general public. This function may be part of digital controls.

The use of social media applications such as links to a video loaded on Facebook, which do not change the functionality of a website, are not in scope of digital controls. However, if the use of social media applications requires any changes to a website, then the controls apply.

If you answered yes to any of the above questions please let us know in section 3.4 of the application form.

9. Additional Approvals

Proposals that include communications/digital activities will be subject to additional scrutiny, you will need to be satisfied that the highest levels of value-for-money have been achieved. Digital solutions are not to duplicate digital support and tools already available and that they should reflect User Needs (families) and be innovative. If a proposal can demonstrate that communications/digital activities would be able to demonstrate value-for-money in achieving specified, measurable benefits, the Department of Health and Social Care may consider the proposal for funding. Each bid will be considered on its own merit, but:

- All bids may be subject to an additional approvals process within DHSC. This would consider whether, in the particular case, the measurable benefits from the paid-for communications/digital activities proposed outweighed general concerns about the value-for-money of using Government funds in this way. **We may contact you with a request for additional information.**
- Proposals will need to include consideration of how they could achieve their outcomes other than through paid-for communications/digital activities and why these options are not being proposed. Please insert this information in section 3.4 of the application form. Proposals should show evidence of how the communications/digital activities will directly contribute to the projects objectives.
- The preparation and distribution of printed copies of publications will be funded only in exceptional circumstances; for example, where there is a known need from service users or the need for the document to be available in circumstances where electronic access is not available.
- Conferences and events will not be funded, unless they are explicitly for training or development and can demonstrate measurable outcomes and benefits.
- There are restrictions on grant funding for some aspects of technology and grant funding should not be used for Native Mobile Apps or for websites that duplicate existing services such as NHS Choices, GOV.UK.
- DHSC is not expecting that, even with value-for-money justification, any application would include a communications element of more than £100,000. Any such proposals over this figure would not only require the approval of DHSC, but also that of the Efficiency Reform Group at the Cabinet Office.

10. The Application Process

This chapter gives guidance on the application process and timescales.

Mid-June: Stakeholder engagement activities and preliminary FAQs.

July: Call for applications will be open for a period of 5 weeks.

October 2018: Successful applicants will be selected and informed.

October/ November 2018: Project delivery commences.

March 2020: Grant money to be paid out by this date.

Assessment

Applications will be reviewed and assessed in relation to the following areas. Proposed weighting for each criterion is as shown however please note this may be adjusted closer to time:

Activity

- Extent to which grant ambitions are met (30%)
- Evidence base / Justification for approach (15%)
- Project reach and impact (10%)
- Quality of evaluation (10%)
- Feasibility (10%)
- Value for money (set minimum standard)

Delivery

- Expertise of bidding organisation/consortium (set minimum standard)
- Financial robustness of bidding organisation/consortium (set minimum standard)

Wider system impact

- Quality of plans for dissemination (5%)
- Potential to build capacity to better meet the needs of CAdEP across the system (15%)
- Impact on reducing inequalities (5%)
- Integration with work across statutory services and innovation fund (work is either complementary to or fills gaps not addressed by other workstreams, and does not duplicate work done elsewhere). (not weighted but taken into consideration on final selection)

What makes a good application?

In addition to the above criteria, a good application:

- is concise;
- focuses on clearly defined aims and measurable outputs;
- clearly describes what benefits the proposal will bring, avoiding jargon and abbreviations (unless explained);
- has a strong project plan and clear details of costs (see Budget Template);
- shows meaningful arrangements for working with others;
- has a realistic strategy for long-term plans, including an 'exit strategy'.

How do I apply?

The deadline for applications is noon 7th September 2018. Include all the details we need to assess your application. We will not accept extra or supporting information received after this date and will treat it as if you have not supplied it. We will not accept applications after the closing date. We have fixed these deadlines to be fair to everyone applying and to make sure we can start the assessment process. Incomplete applications affect our ability to complete the assessment process as planned.

Important information

You should be aware that we do not fund all applications that meet the criteria and preferences. We are looking for those that best meet the criteria and preferences and this will allow us to take account of any similarities between proposals. If we identify similar proposals from different organisations, we will either choose the ones that show most potential on the information provided, alternatively, we may ask you to consider working together with the other organisation on a joint proposal.

Remember that the information we use to assess applications will be what you give on the application form and our knowledge of existing and planned initiatives in that area. If you know of similar services, you should explain on the form how your proposal adds to but does not just copy similar services. If you have applied for alternative funding to deliver similar activities to those described in your application form you should declare this in section 1.9 of the application form.

We will provide feedback on all unsuccessful applications. We provide this in a constructive way so you can review your proposals and see where we felt the strengths and weaknesses were in your application.

Application Form – Questions

You can download a word template of the application form from our website or if you require a paper document please contact us on the details in the introduction section. You should make sure that the responses you give clearly answer each question as fully as possible. Relate the responses to the detail set out in this guidance for applicants.

Please be aware of any word count limits on each section you answer. They will be clearly marked on the application form.

Application completion guidance

Some areas of the application form have resulted in questions from organisations in previous funding rounds. Please see the guidance below for advice on completion:

1.1 Proposal summary: Please ensure that this is kept to no more than a few sentences (100 word limit); this should be a very brief synopsis of what the proposal aims to achieve.

1.4 Joint/Partnership Bids: Please ensure you are completely clear on which structure type you are applying under; organisations have failed eligibility due to selecting the wrong option for joint or partnership bids. Please see page 16 for further information.

4.1 Reference: You are required to provide a reference letter as further evidence of your ability to deliver a project effectively. The reference must come from a stakeholder you have worked with recently on a project, for example an NHS organisation or Local Authority. The letter should provide some context (including a timeline) as well as contact details. Please note that this must not be a 'Department of Health and Social Care' or 'Department for Work and Pensions member of staff.

All proposals will be expected to consider the sustainability of their project after funding has ceased. We would expect projects to develop a sustainability strategy showing how the project's outcomes will continue and how learning will inform future practice.

11. Costings

Working out the costs of the proposal

There are no set criteria for the number or size of individual grants delivered under current funding criteria.

Your application for funding should be realistic and follow the principles of recovering the full cost of your proposal. We will expect you to be able to show that your proposal will achieve value for money. Don't forget to take account of cost increases for any additional years of the proposal. We will not automatically increase future years in line with inflation.

We will not accept applications where the proposal costs are more than 25% of your annual income for each year of the project (based on your most recent available final accounts). We have introduced this rule because experience has shown us that organisations who receive a single project grant which is a high percentage of their income may experience difficulty in covering core costs which then has an effect on their ability to deliver the project. If there are particular circumstances which mean that your latest accounts do not represent your current or expected income, please explain this on the form.

You do not have to pay VAT on the Grant as they are generally considered out of scope of VAT because we do not receive direct benefit from the Grant. We cannot give you advice on whether the activities you will be carrying out with the Grant will be charged VAT. You will need to discuss this with HM Revenue and Customs. It could be that while the income (the grant) is outside the scope of VAT, the activities you are providing may be charged VAT. If you need to pay VAT on any of the work and you cannot get it back, you should include this in the initial costings. If it is a partnership bid and delivery partners will be invoicing you for their costs, you should also check with HM Revenue and Customs whether the activities will incur VAT that cannot be recovered.

Recovering the full cost of the proposal

You should aim to recover the full costs of delivering services for public sector organisations, including overhead costs and VAT that you cannot recover. This will involve you presenting applications for funding on the basis of strong and evidence-based calculations of the costs of the funded activity or service. Overhead costs can include accommodation, human resources, utilities, maintenance for premises and monitoring requirements. This is not a full list. These overhead costs need to be both relevant and reasonable.

We would normally expect overheads to make up to 10% of your projects costs, if your overhead costs are higher please provide an explanation why.

Please note you may find it helpful to refer to clause 3.8 of [The Compact](#) in relation to recovering the full cost of the proposal. There are also organisations in the voluntary sector that may be able to support you in calculating these costs, including the Association of Chief Executives of Voluntary Organisations (ACEVO) and the National Association for Voluntary and Community Action (NAVCA).

12. Use of DHSC Logos and Branding

You will not normally be able to use the DHSC or the NHS logos on any material you produce through the Grant. You can use 'Produced with funding support from the Department of Health and Social Care' or similar. But the statement should not suggest that we have guaranteed the quality of the product or that we endorse the product.

If you are producing material that has intellectual property rights (IPR) or copyright issues, we ask that you highlight this in your application. We may want to discuss this with you.

Data Protection and Confidentially

It is essential for the Grant recipient to have all the necessary processes in place to ensure the exchange of information between external bodies throughout the lifetime of the project is fully respected, secure and to adhere to rules of the Data Protection Act (DPA) 1998, the Freedom of Information Act 2000 and the Human Rights Act 1998. The Grant recipient will need to take reasonable care to prevent inappropriate access, modification or manipulation of data from taking place. In practice, this is applied through three cornerstones – confidentiality, integrity and availability;

- information must be secured against unauthorised access – confidentiality;
- information must be safeguarded against unauthorised modification – integrity;
- information must be accessible to authorised users at times when they require it – availability.
- For further information please refer to Data Security and information governance on the [NHS Digital website](#)

13. What Happens Next?

We will assess applications along with the supporting information you have provided.

We may contact external stakeholders to discuss your proposal with them. If we send any applications outside the Department, we will also inform them that the proposals are confidential and they should not discuss them with others.

A short list of applications will be submitted to Ministers, along with advice as to how it matches up with our conditions and preferences.

Giving you our decision

We aim to inform you of our decision of the outcome of your application by October 2018. We will do this by e-mail to the contact on the application form. Please let us know if the following changes: the e-mail address of the application contact and/or her/his organisation; the name of the organisation and/or its application contact; the address of the organisation. Some organisations have their e-mail systems set to automatically filter out 'system-generated e-mails', so if you have not received a reply from us, please check your 'spam' or 'junk' folders before contacting the helpdesk.

Summary of conditions of the award

If you are successful, we will send you an award letter showing the full terms and conditions of the Grant. Below are some of the conditions you should be aware of at this stage.

- The terms and conditions must be accepted by a board member (trustee or director) or the chair of the management committee if you are an unincorporated association.
- We confirm the Grant for year 1 but the amounts for any additional years are provisional offers and are subject to performance and financial reporting.
- Grants are restricted funds and are recorded as such in the accounts. (Identifying the Grant in your accounts is required as a measure of accountability for the use of public funds).
- You will have to repay the Grant if you do not use it for the purposes intended.
- You cannot pass all or part of the Grant funding to individuals or other organisations, funds can only be moved to pay for contractual activities as part of a partnership or joint bid.
- You will be required to provide us with monitoring information.
- We are not committed to provide any funding after the agreed term of the Grant.
- You must identify the Grant in your accounts as being from 'Department of Health and Social Care'.

Appeals

The Grant is a discretionary scheme and you cannot appeal against the decisions made by Ministers. However, we do know that, at times, you may feel that we have not followed the grant

application process correctly and you may want to raise a concern. We treat these requests as complaints and use our complaints procedure. The first stage is 'informal resolution' where the Voluntary Sector Grants Hub would handle your complaint. If you are unhappy with the response, you can make a formal complaint to the 'Deputy Director of Departmental Financial Management and Partnering'. The complaint will be investigated and the findings reported back to you.

Deputy Director of Departmental Financial Management and Partnering

Voluntary Sector Grants Hub

2S10 Quarry House

Quarry Hill

Leeds

LS2 7UE

If you are unhappy with that response, you can take this further within our [complaints procedure](#) by writing to the Head of Customer Service.

Complaints Manager - Customer Service Centre

Department of Health and Social Care

39 Victoria Street

Westminster

London

SW1H 0EU

14. Delivery and Monitoring

Summary of monitoring requirements

All Government Departments have a duty to ensure that all grant awards offer value for money and are spent in line with the original plans. The Department therefore places great importance on the monitoring of all grant awards. If your application is successful and you receive grant funding, you will be asked to provide the following documents during the period of the grant:

- A quarterly update on the progress of the project;
- An end-of-year progress report and forward plan for next year, including expected spending;
- An end-of-project report and summary of total spending on the project; and
- Annual accounts to show you have identified the grant correctly or;
- A 'Certified statement of the project's income and expenditure' signed by any of the following; - trustee, company director, chief executive, finance officer/treasurer, registered auditor, reporting accountant or independent examiner. This must be in the same detail as the budget template provided in Annex A.
- You may also be asked to provide a 'Certified statement of the project's income and expenditure' if we feel that the accounts provided are unclear.
- However if your organisation is not legally required to have its accounts audited, reported on by a reporting accountant or independently examined, then you must provide one copy of a 'statement of your organisation's gross income and total expenditure', in which the Grant must be separately identified, and signed by a trustee or, if a limited company, a company director.

You will be assigned an Accounts Manager, they will:

- Monitor your progress against your project plan/milestones/outcomes
- Discuss and manage any risks against delivery
- Agree any changes to the project plan
- Agree payment against outcomes

Please note, you may find it helpful to refer to sections 3 and 4 of [The Compact](#), particularly clause 3.6.

15. Contact Us

By email: cadep@dh.gsi.gov.uk

We will reply to your query as soon as possible.

16. References

- (1) Children's Commissioner's Report on Vulnerability, July 2017
- (2) Characteristics of children in need: 2016 to 2017, Department for Education, November 2017
- (3) Sidebotham P et al, Pathways to harm, pathways to protection: A triennial analysis of serious case reviews 2011 to 2014. Department for Education; 2016
- (4) Problem parental drug and alcohol use: a toolkit for local authorities, PHE, May 2018
- (5) Alcohol, domestic abuse and sexual assault, The Institute of alcohol studies, September 2014
- (6) POST Note 570: Parental Alcohol Misuse and Children, The Parliamentary Office of Science and Technology, Feb 2018
- (7) Improving Lives: Helping Workless Families Analysis and Research Pack, department for Work and Pensions, April 2017
- (8) Estimates of alcohol dependent adults and alcohol dependent adults living with children, Public Health England, March 2017
- (9) Bellis, Mark A., et al., Adverse childhood experiences and associations with health-harming behaviours in young adults: surveys in eight eastern European countries. Bulletin of the World Health Organization, 2014

Appendix A: Risk Management Template

Please ensure you complete risk management in your application using the template below. See the format in example below:

Risk Reference Number	Rating (Likelihood)	Rating (Impact)	Description of Impact	Action being taken to manage the risk	Risk management responsibility
EG: 001: Impact upon NHS and/or other organisations	Low	Medium	One of the key drivers for the project is to improve functionality for NHS users in order to achieve significant efficiency gains. Impact: Failure to do this would result in reduced confidence both in the system and the DHSC's ability to deliver promised enhancements	Project Manager will closely monitor the project and report progress to the Project Board both by means of Highlight Reports and Board meetings. Any significant project issue will be immediately brought to the attention of the Project Chair.	Project Manager (PM), Project Board (PB)

Appendix B: Summary of Discussion at Market Engagement Event

The Department held a Market engagement Event in June to discuss the priorities and relevant issues for the grant. Below is a summary of points made by participants in the discussion.

- There was recognition that there is a large gap in the provision of services for this group.
- The All-Part Parliamentary Group for Children of Alcoholics' manifesto is the first manifesto in the world for supporting children of alcohol dependent parents – as such this presents a great opportunity to lead innovation and best practice going forward.
- Integration of services is a challenge and will be a focus addressed within the innovation fund.
- It was raised that there was little currently available around parental conflict and alcohol misuse and work to be done in encouraging both users and professionals to take up opportunities.
- Ideas for digital based interventions were discussed and are welcome. DWP have undertaken research on User Needs in the Digital market for support to reduce conflict and will share this information at appropriate times during the market engagement.
- All agreed there is still a lot of stigma in this area, parents and children being reluctant to seek help due to the stigma attached to alcohol dependent parent and the fear of their children being taken into care. In light of this participants highlighted the importance of online interventions and forums where children can seek help while remaining anonymous.
- In relation to Asian families it was flagged that digital interventions may not be the most effective approaches, due to language and lack of IT skills with the older Asian population, therefore we would need to think about how we can overcome these barriers and challenges
- It has been identified that alcohol dependency amongst Punjabi families is very high and there is a lot of reluctance to seek help due to the fear of children being taken into care .
- Co-production was discussed, for example linking with existing alcohol service and adding parenting aspect, co-design and delivery. This was similar to previous work done with cancer care on what helps and hinders someone's treatment/recovery.
- Bids could also be around building on and further developing existing projects and initiatives, which may be a more feasible option given the tight timescale for delivery, as opposed to executing a project from start. That said, both bids for expansion of existing work and new work would be equally welcomed
- Some concerns were raised from key leaders in this space, that there could be a flood of resources and duplication of effort from new providers. DHSC will work together with DWP and PHE when selecting programmes to ensure fair appraisal of approaches and to avoid unnecessary duplication.

- The need for a standardised approach to evaluation was discussed –the Government will work with successful applicants to align approaches across the wider programme where possible.

Appendix C: Frequently Asked Questions

1. Do projects have to be delivering in the 18 months Oct 2018- March 2020?

Payment will be made upon delivery of activities only and not in advance. Project delivery can exceed this timescale if payments can be made by March 31st 2020.

2. How will the £1 million be proportioned?

There are no fixed restrictions on number or amount of grant. Our current preference is for a smaller number of grants (5 or so), but we recognise that there may be a strong case for smaller or larger individual awards and thus these types of bid should not be discouraged.

3. Who will be responsible for competing evaluation of the projects?

Evaluation will need to be completed by organisations, which will then feed into overall evaluation of the wider CADeP programme. Monitoring and evaluation by Department of Health and Social Care will be carried out as agreed upon grant award. This is likely to focus on process rather than core outcomes given the limited timescale. No extra funding will be available for evaluation - this should be factored into the application costings.

4. What are plans for further engagement with organisations?

Questions are encouraged via the dedicated email address.

5. Can more than one bid be submitted?

An organisation can submit one bid as an individual organisation and one as part of a consortium.

6. Will organisations be penalised for not bidding as consortium?

Organisations will not be penalised. Both individual and consortium bids are welcome. Selection will be based upon quality of bids and how well they meet the criteria for assessment.

7. Is a joint up approach being adopted between the innovation fund and section 64 work stream to ensure there is no duplication of work?

The Department of Health and Social Care (DHSC), Department for Work and Pensions (DWP) and Public Health England (PHE) will work together during the selection process to ensure work streams align and there is no duplication of work. Where approaches between different bids strongly align we may approach you to discuss joint working. We encourage organisations to start thinking about joint up approaches prior to submitting applications.

8. What will happen after 31st March 2020?

Organisations should include in their bids their plans for what will happen post-delivery, how the knowledge will be disseminated and how this can be filtered down to relevant health and local authority services. Once the successful bids have been agreed we will also work with organisations on how knowledge can be disseminated going forward.

9. What is the potential relationship between the section 64 and innovation fund work streams, what do we envisage as the longer term sustainability?

We hope that learning from the Sections 64 grant projects can be used to inform and enhance future work streams especially in innovation fund areas. Where possible if Section 64 and innovation fund work streams can align we will encourage them to work together.

10. Can you provide some clarity on whether we want interventions directed at parents or practitioners or both?

Activities can be directed at any part of the system around CAdEP: this can include direct work with children or parents or with other professionals working with them.

11. Would we be open to a pilot approach?

Yes if it can be delivered upon set timescales.

12. Are we open to digital forms of early intervention?

We are open to this method of delivery as would open up a good opportunity to explore what works well in this space, evaluate it, as well as share best practice. We also recognise the potential benefit these routes have in relation to overcoming stigma.

We aim to help more families digitally self-serve wherever possible, accessing information and support digitally at a time convenient to them. Any potential bids for funding of local or national digital services should consider the Governments published Design Principles for digital services <https://www.gov.uk/guidance/government-design-principles>; which highlights the importance of understanding 'user need', placing information and support where people go on line, and in a format they will engage with.

13. Do the projects have to be delivered at National level?

Projects do not need to be delivered at national level but must demonstrate potential for national impact.

14. If we are seeking collaboration, can funding be awarded to one organisation (lead) and then shared to other organisations that are partnered?

Yes- in a partnership application the lead applicant will receive the money and distribute to others. In a joint application where organisations are acting as equal partners, payments may be made to both organisations.

15. If providers are operating in the Reducing Parental Conflict Programme (RPCP) Contract Package Areas (CPA), can they also make an application for the Innovation Fund (IF)?

The same provider can deliver IF and the RPC face to face interventions, but they cannot operate the Innovation Fund within the local authorities involved in the Contract Package Areas. This is to ensure there is a fair distribution of resources and that that each programme can be evaluated properly without cross-contamination.

16. Can voluntary and community sector organisations applying for the grant collaborate with or refer to treatment centres in DWP CPA areas?

Yes, we are happy for work to link in with CPA areas, as long as the CPA intervention is not altered. This is so that the delivery of the intervention can be evaluated properly. We ask that you do not test interventions in innovation fund or CPA areas.

17. Can a proportion of costs be awarded up-front to allow essential developmental costs?

We cannot pay in advance of need. In general this means payments should be made in arrears upon delivery of key milestones, however there may be room for some flexibility around this: for example we may agree there is need where a smaller organisation has insufficient capital to

start the project but provides a strong application on other grounds and no other financial concerns are raised. This will be subject to appropriate due diligence and consideration of associated risks and therefore cannot be guaranteed.