

Support for families
and carers affected
by someone else's
drug or alcohol use

making it
happen



Adfam

Families, drugs and alcohol

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Introduction

This document provides guidance for commissioners on how to ensure the needs of families affected by drugs and alcohol are met, and builds on the 'Why Invest' resource produced by Adfam in 2015 which makes the case for investment in family support. Some of the headlines are repeated at the beginning of this guide but readers are encouraged to access Why Invest for further details.

This guidance focuses on the provision of services for adult family members. Services for children affected by drug or alcohol use deserve a separate focus and will be considered outside this guidance.

Unlike with drug and alcohol treatment and the provision of support for general carers services, there are no clear national protocols for this group. Nevertheless, commissioning effective support for these family members helps to achieve a range of priority outcomes across health, social care, and broader community and wellbeing agendas. These are 'mapped' on page 9.

We know that there is currently extreme diversity in the level and quality of services in place for those affected by someone else's substance misuse. Some local authorities fund well-established dedicated services for this group, in some areas there is no provision at all, and in most the reality is somewhere in between. That is why this guide includes an assessment framework to help you identify where you are fulfilling best practice guidance and where there are gaps. Adfam can also support you with local assessment and mapping if you choose. See www.adfam.org.uk/commissioning or email policy@adfam.org.uk for further details.

All of the recommendations in this guide have been informed by extensive engagement with carers themselves and with those experienced in supporting them. Adfam's regional forums around the country, and the networks they support, give us regular opportunities to hear from the grassroots. Whilst regions vary, and local areas must engage at a local level to ensure appropriate adaptation to the local context and to co-produce with local stakeholders, the need for the essential provision outlined here remains constant. With increased localism comes increased opportunity to ensure services are really tailored to the needs in your local area, but also increased risk that each local area must 'reinvent the wheel'. This guide exists to mitigate that risk; so you can use Adfam's 30 years' experience in family support and best practice experience from across the country to develop what will work best in your area without 'reinventing the wheel'.

This guide is aimed at commissioners and those in commissioning teams who may be responsible for tender design and monitoring. It may also be of use to those seeking to implement or improve service provision.

Who is ‘Family’?

‘Family support’ can conjure up images of group interventions. But often it is an individual family member or loved one who will seek support: a partner, parent, adult child, sibling or even a friend. However, those who seek support are the tip of the iceberg. It is estimated that for every problematic substance user, between five and 20 family members are affected by their use.¹

Often a family member will seek support because of the impact of the substance use on other family members, or because they ‘don’t know what to do’ to help the user. Support for themselves is often the last thing on their mind. However, research shows that there are often very high levels of need. Supporting carers and family members in their own right is shown to mitigate a wide range of harms in the family.² It can also have knock-on effects for the substance using relative, as family dynamics change. Some studies show that up to 74% access treatment for the first time as a result of a loved one receiving support.³

Adfam means ‘family’ in the broadest sense. Frequently support will be accessed by just one family member so ‘family support’ does not refer only to family group interventions. In fact, the focus of this guide is services for adults so such ‘whole family’ interventions will not be the focus of this document.

1. Drugscope/ICM (2009) What does the public really think about addiction and its treatment?

2. Adfam, Supporting families affected by drug and alcohol use : Adfam evidence pack; Copello et al (2010) ‘The 5-step method: Evidence of gains for affected family members’, 17 Drug, Education, Prevention and Policy 100-112; Thomas et. Al. (2009) ‘Family members of persons with alcohol or drug dependence: Health problems and medical cost compared to family members of persons with diabetes and asthma: Family members of persons with AODD’, 104 (2) Addiction 203; Copello and Walsh (in press) Families, friends and addiction: Impacts, psychological models and interventions, in Addiction Psychology and Treatment; Copello et al. (2010) The impact of addiction on the family: Estimates of prevalence and costs’, 17 Drugs: education, prevention and policy; Thomas et al (2007) ‘The excess medical cost and health problems of family members with persons diagnosed with alcohol or drug problems’ 45 (2) Medical Care 116.

3. Meyers et al (1999) ‘Community Reinforcement and Family Training (CRAFT): engaging unmotivated drug users in treatment’, 10 J Sub Abuse 291.

Terminology

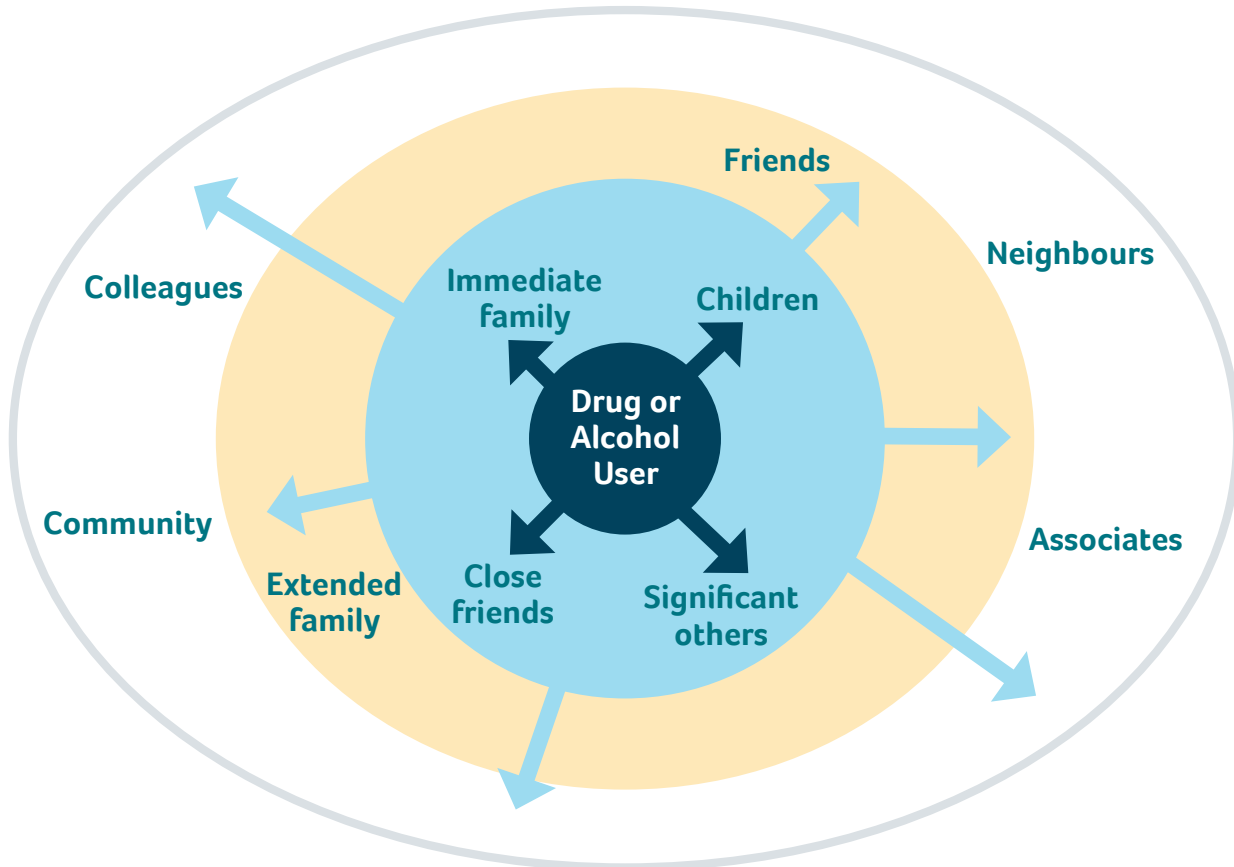
In this document, the terms 'carer' and 'family member' are used interchangeably. Carers are defined as 'a person who provides, or intends to provide, care for another adult'. Given the nature of drug and alcohol use, it is common for family members to fulfil a 'carer' role and many local areas increasingly use this designation, irrespective of the levels of 'care' provided. This helps raise awareness of the impact on the carer and their life, which can be more similar to those in other types of caring role (mental health, disability etc.) than is commonly recognised. Indeed, substance misuse often co-occurs with mental ill health and other challenges. However, it is worth noting that many concerned others do not identify with the label of carer, despite often fulfilling that role. Other common terms are 'concerned other', 'affected other' or simply 'family and friends'.

What do we mean by substance use?

There are many ways in which a loved one's drug or alcohol use can become problematic to family and friends. This can include prescription and over-the-counter drugs as well as alcohol and illegal substances including new psychoactive substances (NPS). What matters to Adfam in the provision of support services, is not the specific circumstances of the substance use, but the experience and impact on loved ones and family members.

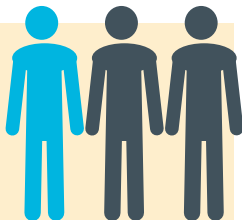
Why Invest in Family Support?

Who is affected?



1,500,000
adults are affected by a
loved ones drug use

Nearly **1 in 3** adults
are affected by a
relative's alcohol use



Cost of harm to family members
is **£1.8 billion** per year

Care provided to drug users by
family members would cost
£747 MILLION
per year if it were provided by
health and social care providers

When families are supported:

This happens to family members



Positive relationships



Participation in society



Productivity at work



Health and wellbeing

This happens to children



Aspiration for the future



Self Confidence & esteem



Ability to deal with change



Educational attainment

This happens to the drug or alcohol user



Entry into treatment



Likelihood of remaining in treatment



Chances of recovery

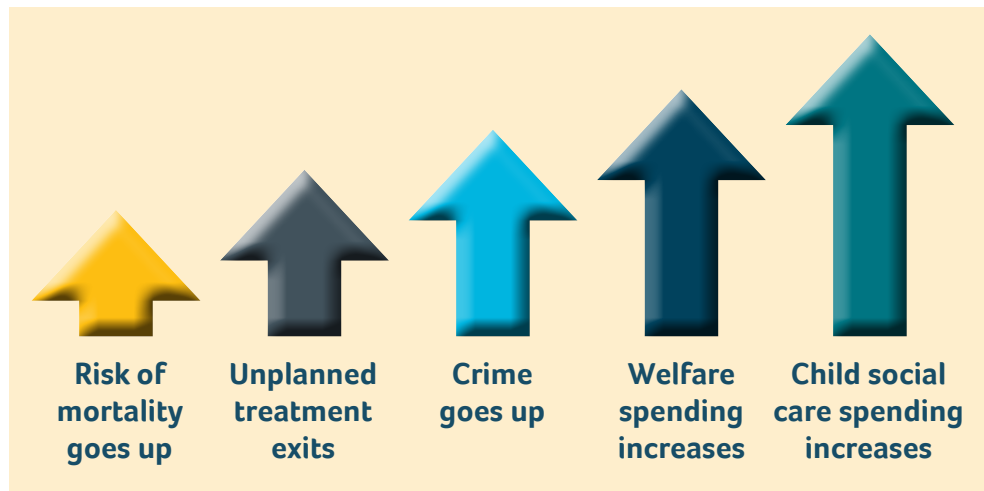


Social responsibility & engagement



Stability and opportunity

Without family support:



Positive social relationships are the most significant determinant of long term health and wellbeing

This happens to the community and state

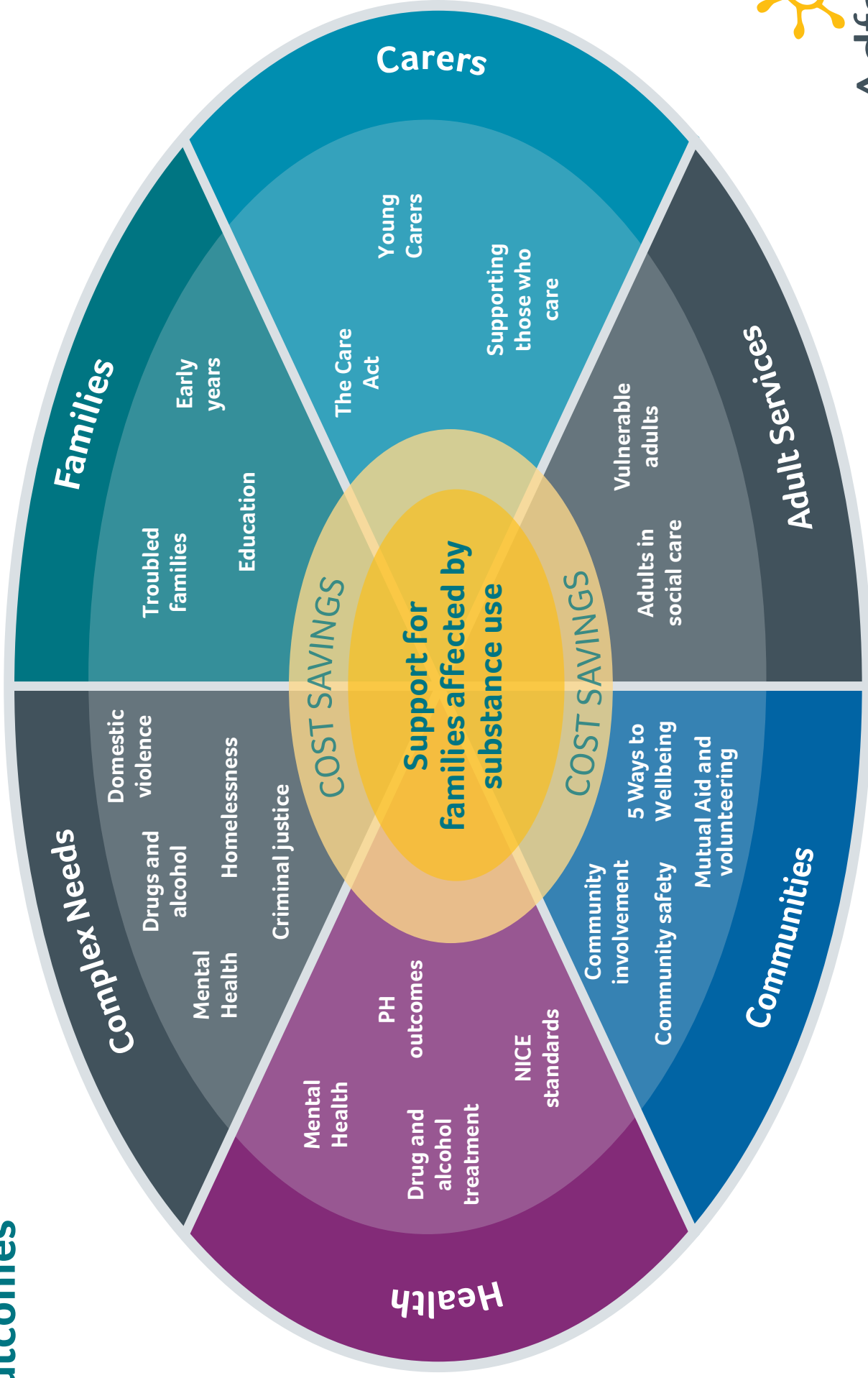


Every £1 invested



Gives £4.70 in value

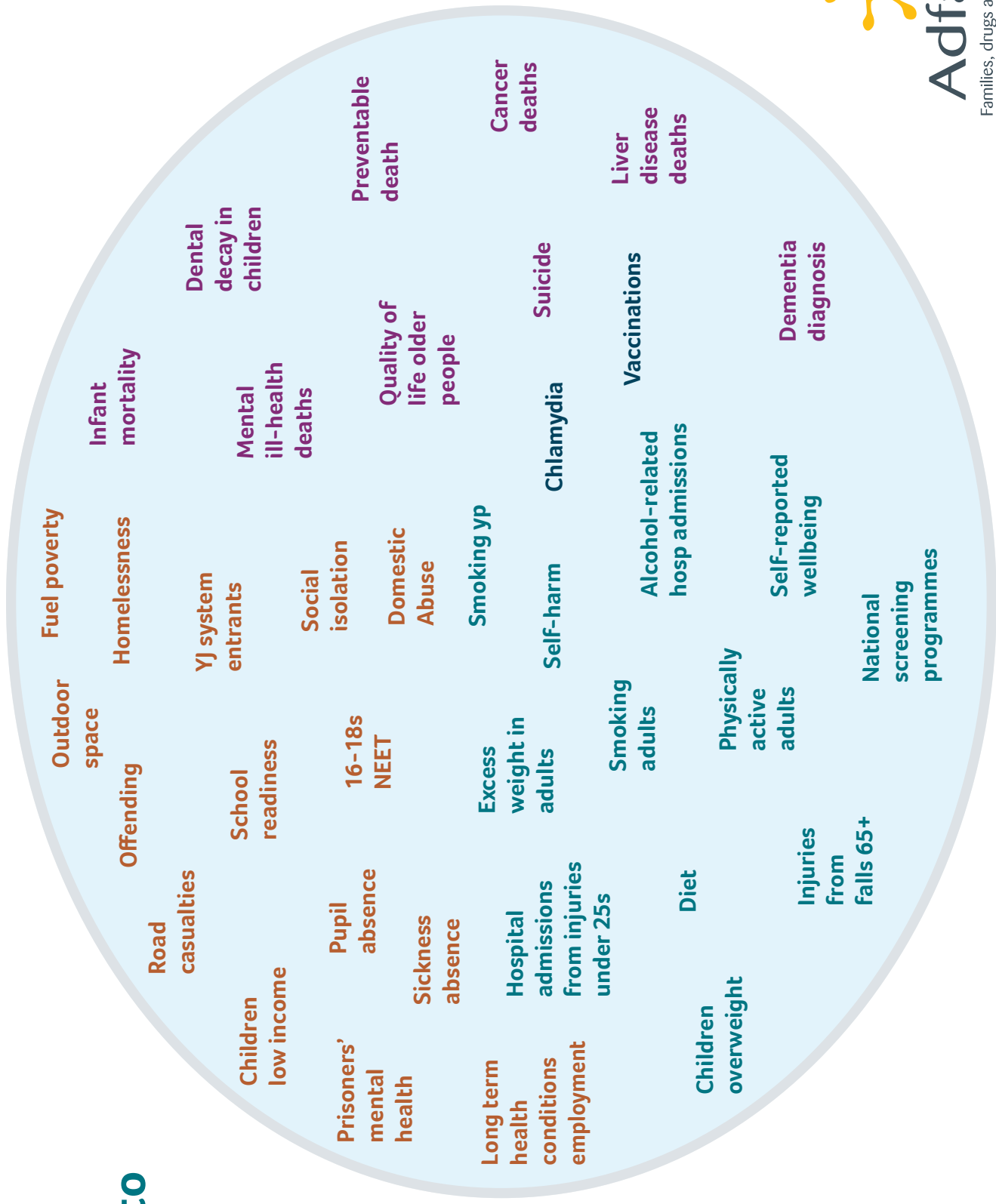
Outcomes



Adfam

Families, drugs and alcohol

Public Health Indicators Contributed to Use Family Support



- Improving the wider determinants of health
- Health Improvement
- Healthcare, Public Health and Preventing Premature Mortality
- Health Protection

Making it Happen

There are different ways to support family members affected by substance misuse. However, while the how of providing support may vary, Adfam's 30 years' experience makes us well placed to say what good family support consists of. Across the different models, Adfam has identified key components and characteristics which provide the backbone of essential support. Adfam recommends that local authorities aim that each of these aspects of support are provided somewhere within the system:

Essential Components of Support:

1. One-to-one practitioner support: listening, signposting and advice.
2. Information: on drugs and alcohol, self-care, communication, boundaries, keeping safe, enabling and other important topics.
3. Peer support: often, but not exclusively, delivered in a group setting.

Essential Characteristics of Support:

1. Recognise the need to support family members in their own right, and not simply as a source of 'recovery capital' for those who use substances.
2. Has a warm, supportive, 'client-centred' ethos and is responsive to individual circumstances (rather than adopting a 'one size fits all' approach).
3. Services should seek to involve family members in service design

Like those with a drug or alcohol problem, those affected also find themselves on a journey which may require different support at each stage. Typically, carers first access services at a time of crisis or after stress and strain has been building for some time. Allowing them time to simply talk, 'offload' and be heard in a supportive, non-judgemental environment is important. Specific information, programmes or interventions may be offered too but it is important to recognise that those experiencing high levels of stress may struggle to engage immediately. Feeling heard, learning they are 'not the only one', receiving basic information and meeting others in similar circumstances all help to provide a level of support and reduce stress so that family members can benefit from other programmes. Of course, some people are keen to learn as much as they can as quickly as possible and to feel that they are 'doing something' rather than 'just talking'. Anecdotal evidence from our networks suggests that men often prefer this approach. Models of support must be flexible enough, and staff well trained enough, to recognise and adapt to these individual needs.

Services must also be accessible to those who may face additional barriers. This may include those from different cultural or language backgrounds, different age groups and sexualities. Men are typically under-represented in support services and may appreciate different kinds of support to women.

Essential Components Unpacked

1. One-to-one practitioner support: listening, signposting and advice

Every family is different. Whilst group support approaches are important, Adfam advocates that every family member is met with individually, assessed and given support as needed.

Such support should be provided by a trained, skilled and resourced practitioner.

Listening

Living with substance use is isolating. Family members often experience stigma and shame, and may not have a supportive social network. Being heard empathically and without judgement can immediately alleviate stress and help problems seem less overwhelming. Listening carefully to the individual's story and experience is also crucial for the practitioner to understand the family context and provide effective and relevant ongoing support.

“ It was the first time in my life I'd gone somewhere and been treated like a mother in need rather than someone responsible for it all. I felt like I'd won the lottery. I've never looked back. ”

Signposting

Families frequently face a range of other challenges, including debt and financial problems, reduced engagement in education, training or employment, mental and physical ill health, isolation and, sometimes, domestic violence, abuse or neglect.

Family support practitioners play a crucial role in identifying where an individual or family might benefit from additional local services, and in signposting or referring. Practitioners must be well networked with local services including advocacy, welfare rights, debt advice, counselling, support groups in related fields such as mental health, young people's support, sexual health (including screening and vaccination services where appropriate), education, training and employment services as well as statutory health and social care services.

Advice

Practitioners play an important role in providing information and guidance to clients on a one-to-one basis, although information may also be given in a group context or in other ways.

Some of the specific information family members need is outlined in the Information and Guidance section below.

One-to-one support meetings can complement the delivery of group interventions and help individuals apply it to their own particular situation.

Some services train practitioners in particular approaches for the delivery of one-to-one (or group) support. An example is 5-Step. Such models are not essential but have been developed specifically for use with this client group and are available to those commissioners or services which would like to purchase them. Further details about such interventions are provided on pages 18-22.

“ Having someone to talk to and contact for advice is such a relief, especially because we felt so isolated from the rest of the family who didn't want to be involved. ”

2. Information and Guidance

Good support will equip carers and family members with information and guidance to enable them to make changes in their life and in their relationship with their substance-using loved one, should they so choose.

“ [The family support service] gave me the tools I needed and I began getting stronger. When I changed, it forced change in my son too. ”

This should include

- **Self-care and Personal Wellbeing**
Life for family members often becomes consumed by their loved one's drug or alcohol use. They can need encouragement and support to re-establish social networks, hobbies, work or volunteering. Especially as there is often guilt and shame associated with the substance use, it can be difficult for family members to initiate these steps without support. Some services are able to find funding for social and wellbeing activities such as mindfulness, allotments, social visits, walking groups etc. These can make a significant contribution to overall health and wellbeing, and can reduce isolation.
- **Drugs and alcohol Education**
Anxiety arises for families when they know little about the substance their loved one takes. What does the possession of certain paraphernalia mean? What are the effects on the body? What will help / not help?
- **Treatment options**
Family members can have wildly unrealistic – and even unsafe – perceptions of treatment. Educating them on what is available and what is effective is very important if they are to help, not hinder, their loved one's journey.
- **Keeping Safe**
With uncertainty about substances can come misjudgements about when and how to intervene with a loved one. This can put family members at risk of harm.
- **Managing Conflict**
Families affected by substance use typically experience a lot of conflict. Simple tips and skills to de-escalate and manage conflict can improve life for everyone.

- **Positive Communication**
Negative communication patterns, often developed over many years, can lead to unhealthy cycles of behaviour and damage relationships. Guidance and skills to improve communication can transform family relationships.
- **Boundaries**
Family members often struggle to see clearly how - and how not - to get involved with their loved one's life. Especially where a teenager or young adult is the substance user, knowing when to intervene and when to allow natural consequences can be challenging. Some carers also need support to re-establish their own boundaries and 'get their life back'.
- **Enabling**
Family members often inadvertently enable substance use, protecting loved ones from its consequences, giving them money or supporting them in other ways which makes the substance use easy to perpetuate. Sometimes carers are unaware that they are doing this, or are aware but are scared of what might happen if they stop. Guiding and supporting carers as they make decisions around this is crucial.
- **Understanding Recovery**
Helping family members understand what is involved in successful recovery enables them to play a supportive role in their loved one's journey and gives them the best chance to build a positive future together.

“ [family support meetings] are a tool, to help you get your bit in proportion and reclaim your life. ”

- **Naloxone**
Most local authorities now have Naloxone programmes which makes this life-saving opioid overdose-reversing drug available to those at risk. Changes to the regulations in 2015 mean that it is now possible for family members of those at risk of overdose to be supplied with and trained in the use of Naloxone. Making families of those who use opioids aware of this and providing training and Naloxone kits to them is a crucial aspect of family support. Visit www.prenoxadinjection.com for more information.

Some services provide this information and support family members to apply it in their own context as part of a structured programme such as CRAFT (Community Reinforcement and Family Training) or SMART (Self Management and Recovery Training), delivered either in a group or one to one. Other services may incorporate these topics into a peer support group or less structured one-to-one approach. Further details of these approaches can be found on pages 18-22.

3. Peer support

A good service should provide opportunities for family members to meet, and learn from, others in similar situations. Peer support is invaluable in³:

- **Reducing isolation**
- **Developing social networks**
- **Overcoming stigma and shame**
- **Helping family members problem-solve**
- **Gently challenging from a position of 'I used to do that too'**

“ I've changed my own life from something negative, into something positive. Starting [to go to] the group really changed my life. ”

Peer support often takes place in group settings. However, some people find groups extremely daunting and they are not for everyone. Areas which provide only groups (especially where people are expected to self-refer or 'just turn up') will exclude many of those who are in need of support but who will simply never feel comfortable taking the daunting step of coming to a group meeting where they know no one.

Some family support, treatment and carers services have well developed volunteering, involvement or peer support mechanisms for those who have reached a level of stability in their personal circumstances. These volunteers can be trained to provide befriending or welcoming, telephone and online support as well as to be involved with groups, so that those who won't go to a group can still benefit from support from a peer.

Peer support groups should be facilitated by someone with appropriate training, support and supervision. Typically Adfam recommends that this be a practitioner. Group members and other peer support volunteers can be supported to facilitate and co-lead a group over time but there is a duty of care to provide appropriate support, training and supervision where this is the case. Too many peer support groups are simply left to their own devices. They can be less effective as a result and some can be unsafe if they fail to deal with safeguarding concerns or if peer support volunteers do not receive the supervision and debriefing that they need.

Peer support is invaluable but it should not exist in a vacuum. It is crucial that it is part of broader provision which includes one-to-one support and information and guidance as explained elsewhere in this section.

Some services use particular peer support models such as Adfam's peer support pathway which can be used as the basis for training family members. Such models are not essential but have been developed specifically for family members affected by someone else's substance use and are available for those services or commissioners who may like to commission them. For more info please see www.adfam.org.uk/training.

3. https://www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf

Essential Characteristics Unpacked:

1. Recognise the need to support family members in their own right, and not simply as a source of 'recovery capital' for those who use substances.

“ My mum sought support and, in as quickly as two weeks, that support had a positive effect on my addiction and the way that it went. I was at a fork in my addiction, the right road or the wrong road. By my mum having support for herself, it made me more able to make the decision to go down the right road. ”

The challenges, disadvantages and harms experienced by family members of those who use substances are very real. This includes those whose loved ones are not yet in treatment and support should be accessible to all family members, whether or not their loved one is in treatment. Family members are often desperate to know how they can support their loved one to seek treatment for their addiction or dependency, and the value of involving family members in this way should not be under-estimated. However, to view family members solely as a resource to improve treatment outcomes fails to recognise the very great needs family members often have in their own right. It is easy to think that 'solving' the substance use will 'solve' the family's problems' but evidence suggests that, even when a loved one enters recovery, family members may need to work through their own 'recovery': rebuilding relationships, re-establishing boundaries and reclaiming their own lives which have often shrunk around the substance use.

“ Everything out there is for addicts but there is nothing for family members. The need is immense. I am 52 and going through [my daughter's addiction] I seriously thought of taking my own life. There was nothing for me. ”

When a loved one who uses substances is resistant to change, life for the family can still be transformed. Good family support will focus on achieving these outcomes for the family, regardless of the treatment status of their loved one.

2. Has a warm, supportive, 'client-centred' ethos and is responsive to individual circumstances (rather than adopting a 'one size fits all' approach).

“ It has helped me – it's made me feel stronger. It's made me very, very strong. And it's made me say things to him that I would never say before because I'd hurt his feelings, but what about my feelings? They didn't exist but now they do. ”

As outlined above, support provision should take a number of forms, and there is certainly a role for structured programmes, groups and more formalised interventions. However, some of the services which are most valued by family members are those which bring a human face and are responsive to individual

circumstances and need. Some family members have shared with Adfam staff experiences of being almost 'processed' through a series of standard sessions and coming out the other end simply frustrated with services which have not sought to listen to them or address their, often very real, concerns. Family members have different needs at different points and it is important that services are flexible enough, and staff well trained enough, to recognise and adapt to this.

3. Services should seek to involve family members in service design.

This guide gives you the essential components which form the backbone of an effective support service. However, local circumstances will obviously vary and, within this framework, there is a need to use feedback to shape the provision of local services. In particular, the size of the region, whether it is urban or rural, local demographics, the quality of transport links, community networks and communication will all be factors in designing a service which is accessible and meets local need. Working together with carers and seeking regular feedback is crucial.

Working With Grassroots Services

Some local areas have grassroots substance misuse family support services, usually started by mothers of drug users many years ago when they found there was little support available to them. The North East has many of these organisations and there are a handful of others around the country. Some receive public funding, or have done over the years, and others are funded via trusts and foundations.

These organisations bring a lot of value and many are now well-developed services providing a range of support. They often have strong community networks, are very accessible and have developed a service in response to local need with a very personal approach. They are highly valued by carers and family members who use them.

Adfam has been concerned to see public funding for these services diminish in recent years. There is much to be gained from working with these organisations, commissioning their services, and making the most of their invaluable knowledge and experience. There is sometimes a cultural divide between the expectations and requirements of modern commissioning tenders and the expectations and capacity of these groups. Adfam strongly encourages you to seek to work together with them so that these vital services are not lost or diminished. They should be involved in needs assessments and tender consultations, and encouraged to bid in collaboration, or involved through partnership working written in to tender specifications. Please contact Adfam if you would like support with this involvement process: policy@adfam.org.uk

Models of Support

The three components of support described above: one-to-one support, information and guidance, and peer support, do not necessarily represent three distinct activities. Information and guidance can be provided in both one-to-one or group settings. However, there are many examples of support which does not provide the essential information and guidance outlined, or which relies on peer support without professional resources and expertise. There are many areas which claim to support families but whose support falls well short of the criteria described above.

There may be overlap between the three components described, and there may be family members who choose to engage with only some aspects. What is important is that all three form part of the family support pathway.

Structured Interventions

Adfam supports effective and evidence based practice in all its forms and therefore does not advocate the use of any of these interventions over any other. Additionally, none of the interventions below are mutually exclusive. They each have a different focus and slightly different aims and objectives. Most effective services use a number of approaches, models or interventions to suit each client.

- **5-Step**
- **Community Reinforcement and Family Training (CRAFT)**
- **Self-Management and Recovery Training (SMART) Family and Friends**
- **Behavioural Couples Therapy (BCT) / Couple's Counselling**

The 5-Step Method

The 5-Step Method is a brief psycho-social counselling approach for family members in their own right. Evaluation suggests it leads to a reduction in the stress and strain experienced by family members of a close relative with a drug or alcohol problem. The steps are:

1. Listen, reassure, explore concerns
2. Provide relevant information
3. Discuss coping
4. Discuss social support
5. Direct family member to other appropriate help

The 5-Step Method can help a service fulfil the 'listening' component of provision. It also provides a framework for the delivery of information.

“ It’s a deceptively simple model... In a lot of cases you see positive change with family members. ”
Practitioner using the 5-Step Method.

Community Reinforcement and Family Training (CRAFT)

CRAFT is an evidence-based programme for families affected by substance misuse, originating from the USA. It has three aims:

1. To improve the functioning and wellbeing of the carer (emotional, physical health and relationships)
2. To reduce the loved one's harmful drinking and / or drug use
3. To encourage the loved one into treatment

CRAFT does not involve, or need the agreement of, the person who misuses substances, or require them to be in treatment and is generally delivered in a group or one-to-one, as part of a wider programme of support.

It uses a functional behavioural approach to help families recognise that, whilst they may not be able to control their loved ones behaviour and substance use, they are able to make changes to their own behaviour and reactions within the family. This, in turn, changes the family dynamics and can result in increased motivation for the loved one to enter treatment. <http://motivationandchange.com/outpatient-treatment/for-families/craft-overview>

CRAFT is a model which helps a service fulfil the 'information' component of provision. If delivered in a group context it can also contribute to the 'peer support' component. If delivered in a one-to-one context it can be combined with the 'one-to-one practitioner support' component.

“ It's fantastic to watch carers affected by someone else's substance misuse grow in confidence and feel that they have found a solution which will help them and their loved ones move towards treatment while gaining positive outcomes for themselves as carers. ”

Practitioner using CRAFT

Self-Management and Recovery Training (SMART) Family and Friends

SMART Family and Friends uses tools from cognitive behavioural therapy and rational emotive behavioural approaches, in combination with CRAFT (see above). It is designed to help those affected by a loved one's addictive behaviour learn new ways of dealing with the challenges, thoughts and emotions they experience. It focuses on:

- positive communication
- disabling the enabling
- self-care

SMART Recovery currently run a weekly online Family and Friends meeting; there are a growing number of groups meeting around the UK, and some family support services also use the approach as part of a range of interventions. www.smartrecovery.org/resources/family.htm

SMART helps a service fulfil the 'information' and the 'peer support' components of support in a group setting. Some 'listening' also takes place in a SMART group although one-to-one provision would also be necessary.

“ I wish I had found SMART F&F years ago! I was so very lucky to have been directed to SMART. Within one session I realised the methodology made complete sense and really was the 'missing piece of the puzzle' I had been searching for. ”

Mother who attends SMART Family & Friends group

Behavioural Couples Therapy (BCT) / Couple's Counselling

BCT is a behavioural therapeutic approach designed to build support for recovery from addiction, and improve relationship functioning. It is suitable for use not only with couples, but with a parent and (adolescent or adult) child or other 'pairs' of family members. Usually developed over a fixed number of sessions (e.g. 12 or 20), BCT promotes recovery through a contractual approach by which both parties agree to particular daily steps in support of reducing or ceasing the alcohol or drug misuse.

A number of services use BCT or other forms of couple's counselling to work with both family member and substance user together, once the family member has received support in their own right. Some services find this extremely effective in improving family relationships and supporting the substance user into treatment and recovery.

“ I am able to say things which I would tend not to try if we were just on our own. The conversations with you avoid the negativity we can get into otherwise. ”

“ I liked the down to earth way you have tackled problems – that suited us. Over the weeks I have learned many skills in communicating and relating and that has made a big difference to the trust and home. ”

Couples who have participated in BCT with the Norfolk Recovery Partnership

Support for family members can be delivered in, and across, a variety of settings:

Who delivers what?

1. An independent, dedicated family support organisation in the community.

This is one of the most effective ways to develop service provision that really meets the needs of this client group. The community is where family support structures began, established largely by 'experts by experience'. Most such services were started by mothers of drug users who found little support or advice available to help them cope with their child's drug use or support their child effectively. Drawing on their own experiences, they began peer support groups for others in a similar situation. Today, some of these community groups have been developed into well-established services, funded through trusts and foundations, or local commissioning structures. Many have developed from their humble peer support beginnings to offer a wide range of support and interventions from dedicated premises, and in the community. These services often retain strong links with the local community, are well known and respected, and often have a high proportion of staff and volunteers who have themselves been affected by family substance use.

If you have such a service already, guard it like gold dust! Adfam does not know of any local authority which has recently sought to establish such a service from scratch (rather than developing or funding an existing community or voluntary group). Such a service can be excellent value for money if developed in partnership with other existing services (including treatment services and carers organisations). If you would like to develop such a service, Adfam would love to support you. Please get in touch: policy@adfam.org.uk

Benefits:

- Family members' needs are paramount.
- Provides a 'safe space' where families know they will not encounter drug use, their substance-misusing loved one or associates, or be judged or misunderstood.
- Provision is tailored for families affected in this way.
- Grassroots community services often bring invaluable experience, community networks and strong credibility with the client group.

Things to be aware of

- In commissioning such a service it is advisable to also build in requirements to the tenders of treatment services and other relevant organisations to work with and build effective information sharing and referral networks.
- Community services can need guidance or support to enable them to fulfil tendering and evaluation requirements which may be unfamiliar to them.

CASE STUDY

PROPS North East: our approach

At PROPS our Family Intervention Workers are trained in Community Reinforcement Approaches. Interventions such as CRAFT (Community Reinforcement and Family Training), ACRA (Adolescent Community Reinforcement Approach) and CRA (Community Reinforcement Approach) and also use SMART, Behavioural Couples Therapy, Family Mediation and wraparound support such as welfare rights, counselling and respite opportunities.

When a family member or carer is referred by a professional or self refers to the service, they are allocated a Family Intervention Worker who will meet with them to assess their needs and the needs of the whole family. They will access a CRAFT group, with a group of carers who will complete the eight-week CRAFT programme together. During this time they can access one-to-one or telephone support and advice as needed. If a carer is reluctant to access a group, or unavailable at the time of the group, we will deliver CRAFT via one-to-one sessions.

When carers have completed CRAFT, they will be encouraged to access CRAFT Maintenance groups to ensure the new skills learnt to support their substance using family member are supported. The groups are run utilising the SMART model, which supports the principles of CRAFT. Where the need is identified, Behavioural Couples Therapy can be accessed, working with the family member and the substance using loved one together on a 12-week intervention. This brings the family members together and supports them to work in partnership to build a positive relationship and support recovery. This can improve life for the family and often results in treatment resistant family members accessing treatment for the first time.

We have robust links in the community which enable us to offer free access to local family attractions and a respite caravan.

PROPS North East is commissioned by the local authority's Public Health commissioning team and applies for supplementary grants from trusts and foundations.

2. Locating carer support within a drug / alcohol treatment service

Some drug and alcohol services now recognise the importance of supporting families and provide an in-house service. It is important to distinguish between involving families in their loved one's treatment, and providing support for families in their own right. It is possible to train drug/alcohol workers to work with families too but it can present challenges. Families are better served by dedicated workers.

It is crucial to recognise the additional training needs inherent in asking existing staff to also work with families and to make provision for this in training budgets and tender specifications if you plan to adopt this approach. Some commissioners encourage partnership or collaboration bids between treatment agencies and carers or family support specialist providers. We recommend building in detailed specifications and reporting requirements around family work to ensure that it is delivered. Unfortunately we have come across the situation of providers winning an integrated tender, only to then not provide good support to family members and to refer them to the service which lost out on funding in the first place.

Benefits

- Families whose loved ones are in treatment may already be familiar with the service and can quickly get support for themselves.
- There is the opportunity to involve family members in the treatment journey where appropriate.
- Service users may be willing to pass on details of family members who may benefit from support.
- If handled well there can be benefits to practitioners knowing both the substance misuser and the family members, or working closely with colleagues who do.

Things to be aware of

- Family members can be reluctant to attend a drug/alcohol service. Providing support in community locations or using a more neutral building can be helpful. This also helps where family members might be estranged from their substance using relatives, or want to avoid bumping into them, or drug-using friends.
- It is important that this service remains accessible to family members whose loved one is not yet in treatment and that this group does not become excluded by default (or by design). Often family members access support before their loved one is ready to consider treatment and many people with drug or alcohol issues never engage with treatment. However, supporting family members can be an important route to their loved one entering treatment so it is important that services do not exclude this group.
- Even where support for family members is located in a treatment service it is important that the needs of families are recognised in their own right and that they are not simply treated as 'recovery capital'.

- Building specified budgets and/or reporting outcomes for family support work in to tender specifications avoids a tokenistic ‘and families’ approach by services which can result in family work that is a ‘poor relation’ in a service focused predominantly on those in treatment.
- Concerted work is needed to break down barriers amongst treatment workers who avoid work with families due to lack of confidence or fear of breaking confidentiality. There are some excellent examples of training or protocols adopted to overcome this e.g. Commonsense Confidentiality (www.adfam.org.uk/commonsenseconfidentiality).

CASE STUDY

SIAS (Solihull Integrated Addiction Services)

SIAS in Solihull is working towards a fully integrated treatment and family service, where families are both involved in their loved ones treatment (where appropriate), and provided with support in their own right.

Family support provision includes:

- one-to-one support using the 5-Step Method (see page 19 for further details)
- a Family and Friends Information Programme

This involves five facilitated workshops in small groups. As part of this someone in recovery will tell their story and help family members understand addiction, treatment and recovery from the user perspective.

- counselling if necessary
- family support groups
- social events several times a year
- advice on overdose management (including Naloxone) and blood-borne viruses.

Involving families in their loved ones’ treatment is a payment by results measure in the service specification. 43% of those in treatment currently have a loved one involved in their care, against an aspirational 45%. It is not always appropriate or possible to involve families, but where it is possible it can be hugely beneficial to treatment outcomes.

It has taken considerable concerted effort over a number of years by a dedicated commissioner, clinical lead and volunteer family member to integrate family work in the service to this extent. It is still a work in progress but there is a strong commitment to continuing to embed this approach across the service.

3. In a generic carers' service

Some generic services include specialist substance misuse support within their provision, usually by employing or training specialist workers.

Benefits

- Generic carers organisations often have strong infrastructure and a range of support in place for carers, e.g. support groups, therapeutic and social activities, respite, and good links to specialist services such as debt advice, education, training and employment services etc.
- Puts family members affected by substance use in the same bracket as other types of carers which means their rights and needs can be better recognised.
- A referral pathway will be in place for statutory carers assessments which will help carers access support they may be entitled to.

Things to be aware of

- Work can be needed to overcome the fact that family members may not relate to the term 'carer' or see themselves as carers. Because of this, strong networks and referral pathways with other local services (including treatment services) are crucial to ensure that family members are made aware of the support available to them.
- Dedicated groups for substance misuse carers are often needed to avoid stigma or misunderstanding from carers of people with other needs.
- Generic carers organisations need additional funding to provide the specialist support needed for family members affected by substance misuse. While generic carer provision is a beneficial part of a package of support, it is not sufficient to meet the requirements of essential support outlined above without a specialist worker or specialist training for all workers and it is important to resource this.

CASE STUDY

Wandsworth Carers Centre

Wandsworth Carers Centre employs a Carers Support and Development Officer – Substance and Alcohol Misuse. There are two aspects to their role:

- To offer a space for carers/family to get support and advice around supporting someone's drink or drug use.
- To work with the carer to focus on their own wellbeing.

Support and advice to enable the carer to better support their loved one is usually delivered through one-to-one sessions, and includes giving tips and advice about dealing with crises, supporting someone going through treatment, information on treatment services, drugs and alcohol and their effects, and specialised advice on housing and benefits, as well as general information and advice around supporting someone with drug or alcohol problems. Carers can also access a peer support group.

The personal wellbeing work includes using an 'outcomes star' to assess where improvements need to be made, and then working with the carer to develop those areas. This might include counselling, holistic therapies such as reflexology, massage, acupuncture, osteopathy and reiki. They have sometimes offered homeopathy and personal fitness training sessions on a one-to-one basis in the carer's home. They offer yoga and work with the local IAPT (Improving Access to Psychological Therapies) service to offer courses around self esteem and stress management, and also run walking groups, social days out, short breaks or respite. They work with carers to apply for grants to fund essentials such as furniture, or short breaks.

Recently, the structure of the service has changed. Now, all staff work with carers initially, and then if further specialised support is needed they are referred on to a specialist worker.

They have consulted carers and they really value having support that is independent of the treatment system.

'For me [the work around personal wellbeing] is the biggest piece of work we do with people. I feel once carers start focusing on their own wellbeing as well as the person they are caring for, it means we are achieving our aim of supporting the carer to look after themselves.'

They are commissioned from Wandsworth Council and the local CCG, along with the rest of the Carers Centre. Having substance misuse carers accessing support within the carers centre has allowed them to link in with the services above to help them receive the support for their wellbeing that they might not otherwise have been able to get.

The three aspects of support described on pages 11-15 do not have to be provided within a single service. However, the more integrated and coordinated the support, the easier it is for family members to know what is available to them and the fewer the barriers to accessing this support. Ideally, some level of provision should be made across the system so that drug and alcohol treatment workers are at least trained to 'think family' and to encourage and refer where possible; carers services are trained in the specific needs of substance misuse carers, and provision for any affected other exists somewhere within this system or through a dedicated service. Wherever provision is located, robust referral pathways and processes are crucial to success. Valuing families is an aspect of the culture of your services and may represent a significant culture change from the current situation. This requires concerted effort.

Monitoring & Quality Assurance

Whilst there is no definitive family support evaluation tool or outcomes protocol, the following frameworks can be used effectively to monitor support work with family members affected by substance use. Adfam recommends that commissioners build in monitoring and quality assurance requirements for services to ensure that family support provision does not become the poor relation to provision which is monitored and evaluated.

- Adfam's Outcomes Measurement Tool (see www.adfam.org.uk/outcomemeasurement)
- Carers Support Outcome Profile (CSOP)
- Outcomes Star

Monitoring frameworks with family members will typically monitor a range of personal wellbeing indicators and can also include indicators around conflict in the family, impact of substance use on the family, and sometimes the substance user's engagement with treatment etc.

As with any service providing support to those with often complex needs, it is important that staff:

- are trained to work with this specific group and in any specific models or interventions being used
- are able to use a number of approaches and work flexibly as appropriate to each family member
- are provided with appropriate clinical support and supervision
- have a good understanding of local service provision for onward referral and signposting.
- are trained in undertaking assessments, including of the individual's needs and any risks to them or the wider family, including children. This must include appropriate child protection and safeguarding training.

Putting It Into Practice

To help you consider what might be best next steps to develop or improve service provision in your area, below are some recommended steps:

Locating Your Provision

You'll need to ask yourself (and possibly others) which aspects of the above essential support are already in place in your local authority, and where the gaps might be. You can use the checklist at the end of this document to help you.

Commissioning Top Tips

1. Assess existing provision.
2. Consult family members affected by substance misuse.
3. Commission creatively: can you co-fund from PHE, CCG, PCC and other budgets?
4. Co-create: if possible, involve family members in the development of the service.
5. Involve the whole system (treatment services, carers services, other family services).
6. Keep services accountable: build in monitoring processes to ensure that family support work is taking place and is effective.

Adfam can also support you in this process. For information on Adfam's consultancy and training packages please see www.adfam.org.uk/commissioners

Conclusion

“ There are great benefits to be had from greater support for families, as well as involving families more fully in the treatment process. These requirements need to be specified by commissioners through the normal levers: specifications, tender processes and decisions, performance monitoring processes, KPIs etc. ”
Chris Clarke, Commissioner, Solihull

Families are often the unheard and unseen victims when a loved one uses drugs or alcohol, and on top of the physical and psychological strains, they must struggle to get the support they need, whilst all the while grappling with the stigma and shame from wider society. The sheer number of families, friends and concerned others who are affected is in itself a justification for the provision of sufficient support. However, the multitude and severity of the impacts on their health, wellbeing and finances make this even more critical.

The benefits of family support are huge, far-reaching and span a number of different spheres, substantially bettering the lives of family members themselves (including children) and their communities. Advantages include improving treatment rates, retention and outcomes for users; reducing the burden on the NHS, criminal justice system and welfare system; and creating significant savings to the state. Furthermore, investment in family support services could help improve links between relevant agencies and encourage partnership working. Without it, we overlook the needs of a large proportion of the population, fail to maximise the potential to reduce drug and alcohol misuse and offending, and incur great and needless cost to the taxpayer.

Following the reform of health and social care structures, there is an opportunity to develop drug and alcohol and family support services within the public health framework. The reforms are also conducive to the development of a dialogue with local communities, which then opens the door to the creation of a framework which truly reflects local concerns and priorities. Drug and alcohol services, along with services which support family members and carers, can make a strong, evidence-based case for the work they do, with benefits delivered to users, their families and their communities – not to mention their cost-effectiveness. The potential to diversify and develop the sector is clear, and the contribution that drug and alcohol family support services can make to everything from the housing sector, employment, mental health and even sexual health, should be highlighted. Local Directors of Public Health, elected members with portfolios covering health and social care and Health and Wellbeing Boards are therefore ideally placed to build cross-cutting and holistic recovery in their communities.

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Self Assessment

1. One-to-one support for family members affected by someone else's substance use	
1.1 We have a service which provides one-to-one specialised support to all family members, regardless of whether their loved one is in treatment or known to services.	
1.2 The one-to-one support we provide is responsive and not just 'one size fits all' or a brief intervention with no ongoing provision	
1.3 The one-to-one support we provide seeks to meet the needs of the family member themselves (rather than treating them simply as 'recovery capital')	
1.4 The support we provide includes signposting and referrals to other appropriate services such as housing, debt advice, training and employment, domestic violence, mental health etc. where necessary	
1.5 Practitioners are well informed about and well networked with local services to whom they provide referrals and signposting.	
1.6 Practitioners have received training in supporting family members affected by substance misuse specifically, are well equipped and skilled in the job that they do.	
2. Information for family members affected by someone else's substance use	
2.1 We have a service which provides information and/or training to family members on important topics including: drugs and alcohol, addiction, cycle of change, enabling, communication within the family, coping strategies, self-care	
2.2 Our services are aware of evidence based programmes such as SMART, 5 Step, CRAFT etc. and other professional approaches to family support (whether or not they have chosen to adopt such approaches)	
2.3 Information is provided to family members in a variety of ways e.g. through one to one meetings and/or group meetings as well as perhaps leaflets or websites	
2.4 Family members are supported to explore how information relates to them and apply it to their situation e.g. through discussions of family dynamics, exploring options for addressing the substance use with their loved one etc.	

3. Peer Support for family members affected by someone else's substance use	
3.1 We have mechanisms for family members to get involved in supporting others e.g. through peer support training or volunteering programmes	
3.2 There are informal opportunities for family members to support their peers, such as peer support groups	
3.3 There is a peer support group for family members affected by someone else's substance use	
3.4 Peer support is recognised, supported and resourced as a part of our family provision	
3.5 Those who provide peer support are themselves supported by professionals; they receive appropriate supervision and are not just 'left to their own devices'	
4. Family Support across the system	
4.1 Our treatment provider has a 'whole family approach', recognising the importance of families and engaging them effectively to support recovery e.g. through involvement in care planning, effective information sharing etc. There are clear protocols in place to involve families without compromising clients' confidentiality and all staff are trained and have a clear understanding of this.	
4.2 Our carers centre makes provision for carers of those who use substances. This includes training for staff so that they recognise and can support the needs of this particular carer group.	
4.3 All relevant services are aware of one another and are well networked with effective information sharing protocols around family members affected by substance use. Referral pathways are in place and are working effectively.	
4.4 I am able to delineate the level of funds within our budgets which is allocated to supporting family members affected by substance use	
4.5 There is clear information available online and in community locations so that any family member worried about a loved one's substance use could find information about our service and know that it is available to them	

Case examples

With respect to point 4.5 above, consider the following case examples. Do you have a service which you believe would provide support to this person (not just an assessment but some level of support following an assessment):

Case example: A 35-year-old mother of three young children is worried about her husband's cocaine use. He functions well when using but is irritable and unpredictable if he has not used. He is not interested in treatment and refuses to discuss it. **Do you have a service which would support her? Which service?**

Case example: A 48 year old woman has a husband who has been a functioning alcoholic for 20 years. He denies having a problem. His behaviour is increasingly erratic and he shows signs of memory loss although he holds down a job. Their 23-year-old daughter is extremely anxious and afraid to move out of the home and leave her mother to handle her father alone. **Which service would support this woman?**

Case example: A man in his early 40s has a stepson in his early 20s who uses cannabis and NPS and, as a result, is not in work or education. He still lives at home and relies on them for money, food and practical needs. He and his wife's relationship is under strain. He thinks they should insist that the son moves out but his wife refuses to 'throw him out'. **Where can they go for help?**

Case example: A 60-year-old man has a wife who is addicted to prescription medication and alcohol. She has early onset dementia. He is extremely stressed and anxious and has no other family or friends to support him. **Is there a service he could go to for support?**

Are you sure that these services would accept these clients? You could call the services to check this with the service manager. We are often told by commissioners or service managers that such-and-such a service would provide support, but when we contact that service there are criteria or thresholds which mean that they would not. Family members affected by someone else's substance use often fall through the gaps in existing service provision.