



The drug sector PARTNERSHIP

Why support families?

This is a condensed version of a literature review carried out to survey the underlying workforce development priorities and issues as well as the policy drivers for the project in general.

Introduction

The idea that families (which we might best understand in its broadest sense as ‘concerned others’ - parents, siblings, grandparents, children, extended families and close friends) are integral to recovery is now widely accepted. The NTA write that ‘effectively involving family members, kinship carers and other carers helps users increase their chances of entering treatment, reducing or stopping their drug misuse, engaging with treatment if they do enter, being retained in treatment [and] successfully concluding treatment’¹. Good parenting, a secure family environment and non-chaotic home life have been acknowledged to benefit many areas of life, including the recovery from drug and alcohol problems, improved outcomes in physical and mental health, academic achievement, anti-social behaviour and more.

It is also accepted that drug use can have severely detrimental effect on family members. ‘Family members and carers need help in their own right. They are very often significantly affected by drug misuse and frequently experience high levels of physical and psychological problems’ the Supporting and Involving Carers guide tells us.² Hidden Harm states that ‘parental substance use was identified as a feature in 24% of cases of children on the child protection register’³. Put simply affected families need and deserve support in their own right.

Families are diverse. There is no standard family affected by drug and alcohol use just as there is no standard individual with problematic drug and alcohol use. ‘Family relations and circumstances are extremely variable and depend on a whole range of other factors – including divorce and separation, closeness and geographical dispersal and culture and ethnicity’⁴ write DrugScope and Adfam.

¹ P6, Supporting and involving carers

² p8

³ p54

⁴ p1, Recovery and drugs dependency: a new deal for families



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Characteristics of the workforce

A varied workforce

The drugs and alcohol workforce is a varied one. Skills, qualifications and experiences vary between practitioners. A varied workforce, however, is needed to meet the wide ranging needs of service users and their families. The variety, then, is a vital strength and necessity as well as a challenge to those seeking to map or standardise skill and qualification levels.

Due to this variety the skills and qualifications of the workforce are difficult to map. Many of the organisations involved in family support work are, or started as, small, informal grass roots organisations with strong emphases on pragmatic self-help and support. The people involved with them have not been recruited through uniform processes or according to standardised job roles or descriptions. This diversity in the nature of the practitioners combined with the diversity of the organisations themselves (which vary greatly in size, scope and operational focus) makes it sometimes hard to accurately know how skilled and qualified the workforce is.

A skilled workforce

There is some framework existing though to help. The Drug and Alcohol National Occupational Standards (DANOS) units can be used to create and map job descriptions. The 'NTA requested that all job descriptions (JDs) for adult service delivery, management of services and commissioning were written in terms of DANOS standards by December 2004'⁵ the NTA website says, so it is clear that NOS are already at least partially embedded in workforce practice. In 2007 Skills for Health reviewed and updated the DANOS units. The importance of ensuring that service providers and practitioners comply with guidelines is also covered – 'services [should] comply with...detailed organisational standards including systems for self-assessment and the relevant staff competencies included in the DANOS standards'.⁶

The importance of ensuring practitioners have the skills they need to do a good job is touched upon in much relevant literature. The 2008 strategy cites increased effectiveness of prison and community sentences as a means of reducing harm caused by drug use, for instance. 'Developing the skills of the workforce in prisons and probations services, so that they can

⁵ <http://www.nta.nhs.uk/areas/workforce/resources/danos.aspx>

⁶ P10, Supporting and involving carers



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deliver quality drugs services'⁷ is the desired outcome. Hidden Harm stresses the importance of 'an integrated approach, based on a common assessment framework, by professionals on the ground'.

A joined-up workforce

Families affected by drug and alcohol use often have complex needs. Some may be reluctant to access services. Clearly a strategic approach is needed – 'their engagement with services may often have been chaotic and it requires a level of coordination beyond the capacity of the individual frontline worker or indeed that of the clients themselves' Think Family tells us.⁸ The challenge to the workforce is that some families see services as lacking joined-up working practices, occasionally lacking respect or knowledge and focussed too much on a single issue. 'Effective interventions for parents who misuse substances require multi-agency working. Interventions that address multiple family problems involve input from multiple agencies. Service planning should therefore consider methods for sharing information and referring families.'⁹

Think Family also stresses the importance of integrated working practices – 'Multi-agency working around the family can help mitigate risks and boost the resilience opportunities that other family members can offer.'¹⁰ The workforce then, clearly has a challenge of working in partnership with other statutory and voluntary organisations and workers – there is a great variety of professionals involved: dedicated drug and alcohol workers, social workers, mental health professionals, the police, family support workers etc. It is possible that families may experience fractured support from agencies working without being wholly joined up with others. Think Family states - 'Individual professionals often have only a partial picture of a family's needs, based on an individual family member's problems and focussed on the agency's specific area of expertise. Families sometimes have up to 10 different assessments from a range of agencies. These can lead to a multitude of uncoordinated support plans for individual family

⁷ P17

⁸ P 27, Think families

⁹ P7, Evaluating the evidence: What works in supporting parents who misuse drugs and alcohol, NAPP

¹⁰ P36



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members.’¹¹ The Common Assessment Framework (CAF) has been developed to help remedy this and its use is to be encouraged for practitioner.

There have been steps taken to address the varied challenges facing families with complex needs – the Family Intervention Project (FIPs) is once such model of combined.

Some specific challenges facing the workforce

Focus on the family

The ongoing challenge for the workforce is to consistently understand problems caused by drugs and alcohol within a family context, that is to *think family*. Agencies must think beyond the substance use of the individual and be alert to the implications for all the family members, especially children. As mentioned, this idea is now prominent on the agenda for those in the social care sector as well as policy-makers in government.

There are some specific examples of these challenges throughout the literature. Hidden Harm recommends that ‘the training of staff in drug and alcohol agencies should include a specific focus on learning how to assess and meet the needs of clients as parents and their children’¹² and that practitioners ‘should carefully consider whether they could help meet the needs of the children of problem drug or alcohol users’¹³.

What is the family? Clearly the nature of the family has changed over recent years. It has become more diverse, less based on an idealised nuclear form. The challenge to the workforce is to understand and work with diverse families. Concerned others who may not be blood relations, grandparents and the extended family should all be considered equally in this widened definition. ‘The diversity of family structures and the multi-faceted nature of the problems facing excluded families make tailored, flexible and holistic services vital to improving outcomes.’¹⁴ Practitioners must be sensitive to their clients – Alcohol Learning Centre give an

¹¹ P40

¹² P17

¹³ P18

¹⁴ P42



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example – ‘there are also indications that practitioners are less likely to bring up the subject of drinking with those whom they perceive as similar to themselves. e.g. GPs with middle class professionals’.¹⁵

Why is workforce development needed?

As discussed the drugs and alcohol family support sector has highly varied levels of skills, qualifications, competencies, job roles and capabilities. Any project seeking to level or regularise this should be extremely aware of the pressing need to preserve this wealth of experience belonging too and acknowledge the fantastic job being done by most practitioners and the profound skills they possess. The danger of a project developing ‘one size fits all’ generic job descriptions is that the workforce skill-set ends up homogenous and people feel their individual experiences (some of which may be from twenty-five or more years or supporting families on the front line) are not recognised. So we must raise the floor of skills whilst preserving the higher peaks of unique knowledge and experience of individuals.

Key points

- Families and carers are key to the recovery of people who use drugs and alcohol
- Families of people who use drugs and alcohol can be at risk of decreased outcomes themselves
- The workforce is highly varied and difficult to map
- The workforce is highly skilled and the individual skills of practitioners should not be lost by trying to shoehorn them into ‘one size fits all’ qualifications
- There is a need for greater joined-up, inter-agency working as drug and alcohol use can be part of a complex set of problems and may be for families which require statutory support
- Specialist knowledge for practitioners should be encouraged but it should also be considered to what extent relevant skills are covered by generic job roles and practitioners

¹⁵ <http://www.alcohollearningcentre.org.uk/eLearning/Training/CommIBATrain/IBATrainLearn/>