

Guidelines for applying Quality Standards to the commissioning and provision of services for families and carers affected by someone else's substance use

Why adopting Quality Standards for families matter

Recent Government initiatives to drive forward improvements in the drug/alcohol treatment system: (*From Harm to Hope: a 10-year drugs plan to cut crime and save lives*, HM Government, December 2021), and *Quality Standards for Commissioning*, H.M Government, 2022), include references to families affected by someone else's substance use, and the need to commission services which meet their own needs:

- **Families can support and aid recovery, but they also have their own support needs."**

(*From Harm to Hope*)

- **Addiction also has a devastating impact on families. It is widely understood that substance use does not just affect the individual drug user** *From Harm to Hope*
- **The intensity of support after treatment is tailored to each person and recovery planning incorporates the needs of their families, carers and dependents ;** *Quality Standards for Commissioning*, H.M Government, 2022)
- **Providing dedicated support for children and young people and adults includes provision for family members and carers directly affected by another person's problem drug or alcohol use, who can access support for their own needs** *Quality Standards for Commissioning*
- **Treatment services offer high quality information and advice and appropriate support to people directly affected by another person's problem drug or alcohol use. Relatives are actively engaged in the treatment of a family member if appropriate.** *Quality Standards for Commissioning*

This document sets out to add detail to these references, based on the experiences of family support services, and of families themselves. Its purpose is to support local authorities and NHS providers in commissioning support for families in their own right in order, not only to support the individual in treatment but in meeting their own needs.

Families affected by substance use can experience emotional stress, mental ill health, financial pressures and social stigmatisation. The strain placed on the emotions and finances of family members can lead to parental conflict, exacerbate domestic abuse, cause ill health and inflict great and long-lasting harm on children.

Although these standards are focused on adults, skilled work with families will, as evidenced by the *Hidden Harm* report¹, undoubtedly help the children of those families.

1. Terminology

Throughout this document we will use the term *affected others* to describe the people who are the focus of these standards. This encompasses the immediate family members of people using substances and other affected family, friends and informal carers or significant others.

This is wider than the Care Act definition of a carer, i.e. *anyone who cares for or offers support on a regular and personal basis to an individual, whether or not he or she has formal carer responsibilities and status.*² However, a proportion of affected others will also be carers in terms of the Care Act.

2. The evidence

The importance of involving affected others in health and social care is widely supported. For example, a “whole family approach” is supported generally by the guidance on the Care Act (2014).³ NICE also emphasise the importance of family involvement in care.⁴

The involvement of affected others is specifically supported in the substance use field. Public Health England stated that *“the involvement of service users, their families, and their support networks can make services more responsive to their needs, improve outcomes and the service user experience, add value and support good quality governance.”*⁵

The Department of Health has said that: *Effectively involving family members, kinship carers and other carers helps (people using substances) increase their chances of:*

- *Entering treatment*
- *Reducing or stopping their drug misuse*
- *Engaging with treatment if they do enter*
- *Being retained in treatment*
- *Successfully concluding treatment.*⁶

¹ ACMD – Hidden Harm - 2011

² NTA – Supporting and Involving Carers - 2008

³ DHSC- Care and Support Statutory Guidance Issued under the Care Act 2014 - 2014

⁴ NICE - Supporting adult carers Quality standard 200 - 2021

⁵ PHE - Alcohol and drug treatment: quality governance guidance - 2015

⁶ NTA – Supporting and Involving Carers - 2008

However, affected others have needs in their own rights as stated in the Government's Drug Strategy From Harm to Hope and emphasised generally by reports such as NICE Quality Standard 200⁷ and specifically by reports such as Adfam's *We Count Too*.⁸

Links and references to the more detailed evidence base on involving affected others is included in Appendix 1.

3. Principles

These standards are built on seven principles, which should inform the commissioning and provision of drug and alcohol treatment services:

- Affected others need help too: the needs of affected others are distinct from the needs of users.
- The role of affected others needs to be identified at the earliest opportunity.
- No opportunity to engage an affected other should be lost: drug and alcohol treatment services need a culture in which recovery workers always remember to think about affected others.
- Supporting affected others can improve outcomes for people using substances.
- If the right interventions are used at the right time, supporting affected others can improve the health, wellbeing and functioning of the whole family, leading to a range of better outcomes for adults and children.
- Family work is a specialism. Recovery workers can be trained to deliver elements of family work but sometimes additional support will be required.
- Affected others need to be involved in consultation and planning around specialist service provision

4. Commissioner standards

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| <ul style="list-style-type: none">• Commissioners should ensure that needs assessments and other strategic development initiatives routinely consider the needs of affected others |
| <ul style="list-style-type: none">• Commissioners should ensure that affected others are consulted in any strategic development or review related to substance use. Affected others have 'lived experience' and as such should be included in discussions involving service users and other experts by experience. |

⁷ NICE - Supporting adult carers Quality standard 200 - 2021

⁸ Adfam - We Count Too - 2009

<ul style="list-style-type: none"> Commissioners should ensure that any contract or service specification for a local substance use treatment service includes provision of specialist help for information and support to the families of people using substances. This should be either as a specific element within a larger service or as a separate service. This also needs to be appropriately resourced to ensure there is capacity to provide adequate support to affected others in the local population based on the needs assessment.
<ul style="list-style-type: none"> Commissioners should ensure that there is local promotional material available to encourage affected others to seek support.
<ul style="list-style-type: none"> Commissioners should take into account the need for a menu of services and approaches for families, including facilitated group support, one-to-one support, whole family interventions and mutual aid, to ensure there is choice.
<ul style="list-style-type: none"> Commissioners should consider supporting the development of peer support services targeting affected others through, for example, provision of recurrent funding.
<ul style="list-style-type: none"> Commissioners should ensure that the policies, procedures and client documentation (e.g. assessment, care plan) of substance use treatment services reflect the importance of work with affected others
<ul style="list-style-type: none"> Commissioners should ensure that relevant service performance monitoring systems routinely capture data on: <ul style="list-style-type: none"> ❖ the number of affected others engaged with the service ❖ the number of Care Act carer's assessments ❖ the diversity of affected others engaged with the service ❖ the work undertaken with affected others ❖ the outcomes of that work ❖ unmet need for support to affected others
<ul style="list-style-type: none"> Commissioners should ensure that work on affected others is discussed as part of regular contract monitoring meetings.
<ul style="list-style-type: none"> Commissioners should ensure that training on working with affected others is a regular part of any local training programme on substance use.

5. Non-substance use specialist service standards

These standards are primarily aimed at the commissioners and providers of specialist substance use services. However, a range of health and social care services will encounter people using substances and affected others, for example, domestic abuse services, mental health services and children's services.

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| <ul style="list-style-type: none">• All health and social care providers need to ensure that staff are trained to identify, and provide information and support to, the affected others of people using substances. |
| <ul style="list-style-type: none">• All health and social care providers need to ensure that staff are aware of the local specialist support that is available to the affected others of people using substances. |

6. Further issues to consider

The following need to be considered by both commissioners and treatment providers when developing services for affected others:

- People with co-occurring substance use and mental ill health – some affected others will be concerned about people who also have a mental health problem.
- Kinship care – commissioners and providers may need to consider offering support to family members who are caring for the children of people using substances.
- Bereavement – some affected others will have been bereaved by the death of their loved one. This again will need specific support.
- Foetal Alcohol Spectrum Disorder – some families may have a child who has FASD this will raise a number of issues about accessing assessments and support for the child.
- Some affected others may will require information and guidance on dealing with overdose and the use of [naloxone](#). It is good practice to ensure that free training and equipment is provided to as many people as possible.
- Some affected others may will require information and guidance on managing opiate substitute therapy medications around children. It is vitally important that people are given this information.
- Awareness is needed in areas where services already exist for family members affected by substance use and are not known about, either by frontline professionals or family members themselves.
- Where there is a conflict of interest within a service between the views of the family member, the person using substances and the service, it's important that all views are listened to including those of the family member.

These guidelines have been written by Adfam on behalf of the following Alliance of Family Support Organisations that endorse the guidelines:



- Adfam
- Aquarius
- Bridges Family and Carer Service
- DrugFAM
- ESCAPE
- Family Support Link
- Footsteps 2000
- Sanctuary Family Support
- Turning Point

Appendix 1 - The evidence base

- Department of Health et al. - Drug Misuse and Dependence: UK Guidelines on Clinical Management - 2007
- The National Institute for Health and Clinical Excellence (NICE) issued two sets of guidance in 2007, on opioid detoxification (NICE, 2007a) and psychosocial interventions (NICE, 2007b). Both include recommendations on supporting families and carers, NICE alcohol guidance also supports family involvement.
- NTA – Supporting and Involving Carers – 2008
- DHSC - Care and Support Statutory Guidance Issued under the Care Act 2014 - 2014
- Adfam - We Count Too - 2009
- Scottish Government - The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services - undated
- Alcohol Concern and Drugscope - QuADS Organisational Standards for Alcohol and Drug Treatment Services - 2013
- PHE - [Alcohol and drug treatment: quality governance guidance](#) - 2015
- NICE – QS 11 - statement 7: Families and carers
- ACMD – Hidden Harm - 2011
- NICE QS 200 – Supporting adult carers - 2021
- Adfam – Self-Assessment checklist for services
- [Care standards and the CQC - Carers UK](#)
- Adfam – Evaluation of Buckinghamshire ORB service