

Adfam response: Building Recovery in Communities

Introduction

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use. We do this by working with a network of organisations, practitioners and individuals who come into contact with the families, friends and carers affected by someone else's drug or alcohol use. We provide direct support to families and practitioners through publications, training, consultancy, prison visitors' centres and signposting to local services, and work extensively with professionals and Government to improve and expand the support available to families.

It should be noted that throughout this response, the terms 'families' or 'family members' are used to refer to relatives or close friends affected by someone else's drug or alcohol use. This includes parents and carers; spouses and partners; children and siblings; grandparents; extended family members and close friends with respect to those supporting current substance users, recovering users and those bereaved by drug or alcohol use.

Summary of responses – key points:

- Adfam very much welcomes the explicit recognition of families both in the 2010 drug strategy (original response [here](#)) and the *Building Recovery in Communities* consultation, and the valuable role they can play in the development of a recovery-oriented framework
- Families need to recover too and should have their own needs addressed
- Family support is an integral part of an effective all-round response to drug and alcohol use and not a secondary priority; families should therefore be involved at all stages, from the commissioning process and beyond treatment when their role supporting the maintenance of recovery can be at its most crucial
- Family support should not be tied to the treatment status of their drug- or alcohol-using relative: this excludes families with a user not in treatment; denies support to bereaved families; and misses the great opportunity to work alongside families who might have a role in encouraging users into treatment
- Families have the potential to play a huge role in their relatives' recovery from drug or alcohol use, but this role cannot be forced upon them and there should be no involvement in treatment without parallel work to support them independently.

Consultation responses

Adfam's expertise is in how drugs and alcohol affect the family around the user, what support they need to address these impacts, and what their role can be in recovery. Not all questions in the consultation are within Adfam's remit, and this response therefore concentrates on areas of immediate relevance to families.

Widening the focus to consider dependence on all drugs

In terms of the impact of substance use on the family, Adfam welcomes the recognition that many different types of drug use - and many different types of drugs – have an effect on those around the user. There is not a 'heroin and crack only' threshold underneath which the problem does not negatively impact family life. Alcohol, powder cocaine and cannabis, for example, can have different and serious consequences for family relationships, and Adfam welcomes the suggestion that these substances will be recognised and families struggling with their effects will be encouraged to seek support. Parents are especially in need of timely and reliable information on substances, including ones new to the market – the 2010 problems with mephedrone and the prevalence of hearsay and unreliable information in the media demonstrated this.

Defining and measuring the best practice outcomes identified in the 2010 Drug Strategy

- The ability to access and sustain suitable accommodation

Since treatment providers will be paid for the results they achieve and these results include measures of accommodation, there may be a risk that the family will be pressurised to provide accommodation, which is then claimed by the provider to be suitable, and considered a positive outcome achieved by treatment. Of course this may be true in many cases, but should not be assumed: not all families will want to provide accommodation or be appropriate to do so, and proper assessments should be conducted alongside appropriate support being offered to families.

- Improved relationships with family members, partners and friends

It is important that this measure takes into account the family's perspective and not just that of the drug/alcohol user. There should be a detailed assessment of family relationships upon entry into treatment, and these should be reviewed periodically. There should be more attention given to securing improved wellbeing for families in their own right, including measurement of stress, anxiety, depression and physical health indicators.

- The capacity to be an effective and caring parent

This is a key outcome both for drug/alcohol users and their children, who are often negatively impacted by parental substance use. Measuring this outcome should start simply – the collection of more detailed data about how many drug/alcohol users presenting to treatment have children, and what their living arrangements are. This data is currently unreliable, despite being part of the NDTMS data set, because it may not always be asked at assessment and reported on. Many service

users are reticent to give details in this situation because they fear the implications of such admissions, but it is vital that these children do not remain out of sight. As measures of family relationships (see above) should include assessment of independent outcomes relating to family wellbeing, the capacity to be an effective and caring parent must look in detail at outcomes for the child, including their development needs.

When a drug/alcohol user is in residential treatment or otherwise unable to provide care for their child, there should also be assessment of the living arrangements for the child(ren), including the common informal placement of children with family and friends carers – particularly grandparents. It is vital that families who take on a caring role for children are adequately supported as they can be crucial to securing positive, sustainable outcomes for the children of substance users.

Ensuring a range of recovery pathways is available

As the 2010 Drug Strategy asserts, there needs to be a range of recovery pathways in local areas to enable service users and their families to access a tailored package of care and support. Adfam welcomes the inclusion of families and the recognition that recovery is a unique journey for each individual. Local areas need to consider how accessible their commissioning practices and processes are, and ensure that they are open and accessible to all providers regardless of sector, size, origin or marketing acumen, which can best provide local services and recovery pathways to meet the needs of substance users and their families.

As also recognised by the latest drug strategy, recovery is a whole person journey; Adfam would argue it is also a whole family journey. As such, recovery pathways should consider the needs of families to recover too and provide appropriate services and support for their needs. Families can and do provide an enormous amount of recovery capital to service users and this can be harnessed along their journey; however in order for families to have the resilience and strength to support their family member appropriately along their journey, they too need support. Local areas and partnerships should recognise families' needs when planning recovery pathways and ensure that provision is connected and recognises the wider impacts of drug and alcohol use.

Recovery is not an end-state but an ongoing process which may be very different for every person experiencing it. A wide variety of flexible and effective support may therefore be needed for each person over a long period of time. As recovery is a unique journey, some service users may require both abstinence and harm-minimisation focused treatment, and local areas need to avoid a polarised and dogmatic debate between the merits of these two standpoints in order to successfully provide a wide range of recovery pathways for substance users and their families.

Recovery planning

A focus on client-led recovery planning is very much welcomed by Adfam as a principle of service provision and should allow the service user to identify goals to support their whole person journey, including family focused goals. However the assumption should not be made that all service users would like as much involvement in recovery planning as possible throughout their entire journey:

sometimes service users may be lacking the stability in their lives to allow them to make these hard decisions. Crisis interventions, support and information should be offered to enable the service user to reach a point where they feel empowered and stable enough to lead this process.

As the drug strategy states, recovery cannot be defined in purely physical terms: as well as an abstinence from drugs and alcohol and/or the use of substitute prescribing, it should be taken to include the participation of the substance user in society, their employment and housing status, and relationships with friends and family. 'Functioning' relationships are viewed as crucial to an individual's sustained recovery and as such are an important outcome to be addressed by any recovery plan or framework. However, relationships are based on complex interactions and unique to each family, and improving a family's relationships may take a series of baby steps and positive relationships are often subjective and fluctuate during the journey of recovery. Practitioners should be skilled and feel competent to explore the importance of relationships on an individual's recovery, and have knowledge of other organisations to help them address relationship concerns.

As mentioned previously, the workforce is essential in the development and implementation of recovery planning. The drug and alcohol workforce must have appropriate training and feel confident and competent to support a service user and their family to develop an effective recovery plan. A renewed and ambitious focus on recovery for all professionals working with substance users will also be essential in making recovery plans effective.

As well individual practitioners, it is essential that organisations develop effective local partnerships with other agencies involved with the recovery journeys of service users. These organisations may be from a wide range of statutory and voluntary backgrounds, including drug and alcohol teams, local family support organisations, employment support, children's services, housing services, police and the courts, GPs and other healthcare professionals. Maintaining good communication and partnership working between local agencies is of paramount importance in ensuring an effective, person-centred approach to substance users on their recovery journeys.

Mutual aid

Adfam supports the use of mutual aid and peer support in the community and values its success within the family support sector in supporting people affected by someone else's drug or alcohol use. Support from peer mentors – those who have experienced similar feelings and emotions - can be of great comfort for family members seeking support and guidance, and a great many family support services were set up in this way, including Adfam in 1984. Peer mentors can meet family members in their own environment, which often removes the difficult step in accessing formal services for the first time. Families can find services difficult to access if they are viewed as 'part of the system' designed to meet the needs of the drug or alcohol user: therefore a less formal type of support is often vital for families, as peer mentors provide a valuable and efficient resource in meeting their needs in the community at a more personal level.

Though peer support has a reputation of volunteer-led informality, it must be borne in mind that effective peer support requires proper training, resources and supervision like any other practitioner activity. Of course the overhead costs of providing peer support tend to be low, but it must not be

the case that a venue is provided once a month and families simply left to their own devices. Peer support also has clear goals, development needs and outcomes, and this should be acknowledged in the structural and financial support it is provided with.

It is also important that the role of peer support is not considered a replacement to more formal services or provision – it is one of many options to support families, alongside other types of service provision.

The involvement of families in treatment

As mentioned above, Adfam's view is that recovery is a journey the whole family takes and not just the drug or alcohol user, and so families need support to recover too. Families are insufficiently prepared to play an undoubtedly challenging role in treatment without recognition of their own needs and how their family member's drug or alcohol use is affecting them.

There are a number of important ways that families, partners and friends can be effectively involved in the treatment and recovery process:

Clear systems of responsibility and accountability: though there is increasing consensus that family involvement in treatment can be an effective way of improving outcomes, there is a distinct lack of consistency regarding how this is best applied. There need to be robust protocols, good practice guidance, clear rights and responsibilities, minimum standards and proper evaluations for family involvement in treatment. Though Payment by Results measures may eliminate the opportunity to overstate family work that is being provided, the 'market' in outcomes needs to be properly monitored and evaluated to ensure that families really are getting support to meet their needs.

Information sharing and confidentiality: a common complaint from families is that they simply aren't able to share information which may be beneficial to treatment or receive any information about their loved one. This is clearly stressful for family members and can be improved by applying a sensitive appreciation of confidentiality. While planning recovery pathways and deciding the level of family members' involvement, agreements should be made between the service user, family and treatment provider about what information will be shared and these should be reviewed on an ongoing basis.

Involvement in service design: to facilitate effective involvement, families need to be a key part of development from the outset and not an add-on at the end. If families are to be relied upon to help improve treatment outcomes, it goes without saying that they should be involved in designing these systems to ensure they are properly needs-led; this could be done through representation by local family support services during planning processes or on commissioning boards, for example.

Continuity of care: tying support for families to the treatment status of a user not only excludes families who cannot (or do not wish to be) involved and those whose family member is not in treatment, but also removes support from involved families once treatment ends. For many families, this is where the hard work really starts. Also, families can play a key role at the other end of the process in supporting 'treatment-naive' substance users to seek help for their problems in the first place, and not supporting families in this position represents a huge missed opportunity to

encourage the recovery of people who would not otherwise access services. To be involved in the recovery process, therefore – and not just the treatment journey – families need to have access to support structures before, during and after their relative has received treatment, and also when they have chosen not to access it.

A sliding scale of involvement: family involvement in treatment is a great opportunity to improve outcomes, but it cannot be introduced one-size-fits-all across the board. Each family is different, which means it is very difficult to use a one-size fits all framework for involvement. Family involvement is not an either/or option, and there must be open and honest dialogue about what role the family can take on, and what support they need to perform it. Some families may be unwilling or unable to support a relative's treatment journey, and those at the other end of the scale may want to do anything they can (for example home detox); each family needs to be fully informed of the expected extent of their involvement in treatment and the recovery journey so they can make an informed choice. Service users, their families and treatment providers should also regularly review the conditions of involvement as different support is needed at different times during the recovery journey, as discussed previously.

Supporting families to play a role in recovery

There should not be an over-reliance on the family as a source of support without recognition that they need to recover too: families and carers deserve support in their own right, without the caveat that this will make them more effective participants in someone else's recovery. Families are deserving of support in their own right for the harms they experience in various aspects of their lives – the UK Drug Policy Commission estimates that these amount to £1.8bn per year in terms of financial costs (including crime, theft and debt), healthcare, lost opportunities for employment and the day-to-day costs of an intensive caring role; the support they provide for problematic drug users would also cost the state and local authorities £750m to provide¹. Without effective support for families in their own right, they are often underprepared and lack the strength to take on a role supporting a user's recovery and can even have a counter-effect.

The menu of support families need to enable them to participate in recovery is largely the same as they need to meet their own needs – based on the principle that as they are often more able to make a positive contribution to someone else's needs if they have their own needs met too. Services including peer networks, helplines and email support, one-to-one sessions, drug education, information on harm reduction, criminal justice learning, financial advice, bereavement counselling and training on coping strategies and boundary-setting are always in demand for families; those involved in treatment would also value support on terminology (issues like the 'tier' system are quite obscure to families with limited knowledge of drug and alcohol treatment), treatment options and systems, lapse and relapse, and the process of recovery.

¹ *Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses*, UK Drug Policy Commission, 2009

Strengthening support for families

As the *Building Recovery in Communities* consultation document mentions, the 2010 drug strategy not only acknowledges the positive impact families can have on treatment, but also the need to provide support for families in their own right. It is vital that the second part of this is not forgotten, as family involvement and family support are not one and the same.

Historically, family support has often been provided by small, independent and peer-led services, and consequently it is often not as well understood by decision-makers, and not as easily accessed through existing networks. Adfam's supporters have expressed a key concern that a rapid implementation of family involvement in treatment would not take into account the specific and distinct needs of families and may in turn be damaging to the prospects of more specialist provision. It is vital for the welfare of families that this situation is avoided: family involvement in treatment and support for families in their own right must not be confused and considered as the same thing.

Adfam's good practice guidance *We Count Too* states that family support is best provided in a non-treatment setting: families are often uncomfortable accessing treatment services for a variety of reasons. As has been mentioned several times during this response, relying solely on treatment agencies to provide family support also excludes the huge number of families whose relatives are not in treatment.

As has been touched upon before, family support must not be an add-on to the recovery process but an integral part of it; families therefore need to be part of the discussion from the outset and this should be reflected in institutional design rather than looked upon as a luxury extra. Ways to facilitate this could include national minimum standards for family support, to ensure that despite the community focus of the new drug strategy a 'postcode lottery' does not develop; financial commitments at local level; guaranteed seats for family support representatives on commissioning boards; and open, accessible tendering processes to ensure small providers are not excluded from contracting processes.

Improving effective practices and integrated approaches to safeguarding the welfare of children

Though there have been significant improvements in approaches to safeguarding children and the development of the workforce that this requires, the problem of poor communication between social services and treatment providers is still an issue, and one which is often referenced in serious case reviews. As well as enhanced links between social services and treatment centres, all practitioners should have access to continuous training and supervision in this area to ensure they are confident to approach it: there needs to be a clear framework of managerial support and easily identifiable responsibilities so practitioners feel competent to respond appropriately to safeguarding concerns.

It is important that substance using adults have access to parenting support programmes: it is often difficult for them to access mainstream provision but there is also risk that, if they are below a certain threshold, they are also excluded from the opportunity to improve their parenting capacity before a clear crisis point has been reached.

There should also be dedicated support for the children of substance users which recognises their unique developmental needs and allows them a safe environment to explore the issues they are facing; sadly Adfam has been alerted to a rapid rate of disinvestment in these services, which can be crucial in securing the best possible outcomes for disadvantaged children.

Reviewing new evidence

Many families – and even many support services – are hidden from view and research into them is time-consuming and expensive, which is difficult to undertake for organisations with limited resources: this therefore requires infrastructure support, working in partnership with organisations such as Adfam and their networks of supporters. Though the evidence base is growing, the often disparate nature of the family support community makes it difficult to draw comprehensive conclusions about a national picture without sponsorship and policy support from a statutory or national level.

Recovery for offenders

To support recovery we need to develop recovery-oriented systems of care – inside and outside prison - for prisoners and their families who are affected by substance use. The prison environment can either contribute to or erode human and cultural capital - but the poorer the rehabilitative resources invested in our prisons and the greater the demand for prison places, the less likely prisons are to become recovery-oriented communities. The more services within and around prisons (for example those that support prisoners' families) are engaged in crisis management and firefighting, the less likely they are to be able to focus on recovery.

The difficulties of creating positive communities in prisons should not be underestimated, and the need to reorient the whole prison system to recovery and rehabilitation must not be overlooked in the rush to create specific recovery-oriented units. The difficulties for many - particularly short term - prisoners in accessing specialist units are manifest. Developing an understanding of an individual's recovery capital and the likely impact of imprisonment on it at the point of sentencing may enable more informed decisions about disposal to be made. Similarly, looking at areas of deficit for prisoners and families whilst preparing for release may support reintegration and positive outcomes for the whole family.

For prisoners, building up recovery capital can be difficult: prisons are not designed to build recovery capital and in many ways they have significant potential to erode it. Maintaining the social relationships that support recovery - particularly those with the family - can be stressful; nevertheless, prisoners can and do make contributions to their families despite their separation. Examples of this include providing ongoing emotional support and maintaining links with children through family days and visits. For some prisoners, access to training and education can foster a hopefulness that enables them to plan effectively with their families for release. Savings clubs and initiatives to tackle financial exclusion can also help prisoners develop greater opportunity to build physical capital on release.

In particular, structural solutions to the challenges of building social and physical capital may be sought. This could include greater emphasis on practical support for maintaining family and social relationships, such as family days, homework clubs etc; enhanced family involvement in sentence and release planning; and enabling prisoners to make a contribution to family income through savings clubs, waged work, and so on.

The Ministry of Justice Green Paper *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*, states that 37% of prisoners have said that they will need help finding a place to live when they are released from prison; it is likely that many of the remaining 63% may rely on their families, and enhanced family support and mediation services could help both this group and those whose family relationships have suffered and broken down.

The workforce

It is not only the family that needs support in order to participate effectively in treatment – the workforce also needs extensive training and supervision in this area to manage the process effectively. This includes knowledge of particular interventions, for example Behavioural Couples Therapy and social network approaches, and a wider culture change within treatment services – at present, many families express concern that they are either ‘not taken seriously’ or face other negative attitudes (including misplaced blame) from treatment staff. At present the treatment system may have capacity, resource and expertise deficits which prevent them from successfully introducing interventions which appropriately harness families’ great potential to improve treatment outcomes.

A trained and competent workforce is essential in supporting substance users on their journey to recovery. Practitioners have the capacity to make real differences to people's lives, including both substance users and their families. The new policy focus on recovery must be translated into actual working practice in the workforce, and for this to happen individuals must become inspired towards a new focus on recovery.

As well as individual practitioners, organisations also need to change in order to encourage an inspirational workforce. Supporting substance users and their families can be both a rewarding and challenging role, and organisations need to ensure staff receive regular supervision and effective management support. This ongoing management process is the opportunity for any additional training needs for practitioners to be identified, and routes to building competency through training suggested.

As mentioned in relation to mutual aid, volunteers can provide a cost-effective way of supporting individuals and families affected by drugs and alcohol and make a valuable contribution to the workforce, but must be adequately supported. Organisations would benefit from guidance about how best to utilise volunteers as a resource and support them appropriately, though it must be remembered that volunteers are not a cost-neutral resource - they need ongoing support and training to ensure they are competent and safe in their employment.

Adfam believes that large parts of the mainstream workforce, including GPs, social workers, health visitors and teachers, should have compulsory drug and alcohol education as part of their training. Having a loved one who uses substances has been demonstrated to decrease mental and physical wellbeing outcomes for family members, who are therefore more likely to come into contact with the health system. If trained and aware of the effects of drugs and alcohol, healthcare practitioners may be better able to identify underlying substance problems affecting the family.

Correspondingly, drug and alcohol workers should receive compulsory training in engaging and involving families. No substance user exists in a vacuum, and if professionals can increase their skills and knowledge in understanding how families are affected by substance use they are more likely to be able to harness the recovery capital of families and ensure they receive support in their own right.

Adfam also suggests that local areas continue to support and provide ongoing training for practitioners on safeguarding and child protection. A significant proportion of child protection cases cite drugs and alcohol as a factor and we know that parental substance use can have a profound and damaging effect on children's outcomes. A trained and supported workforce may help protect vulnerable children and young people put at risk by parental substance use.

Further information

Adfam's responses to previous Government consultations are available online, including:

- [The 2010 drug strategy](#) (pdf)
- [Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders](#) (pdf)
- [Healthy Lives, Healthy People](#) (pdf)
- [Tackling Child Poverty](#) (pdf)

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