

## **Adfam's 2010 Manifesto for Families – A Review**

### **Introduction**

In Spring 2010, Adfam produced a [Manifesto for Families](#) based on nationwide consultation events and in anticipation of a general election in a demanding financial climate. Since the Manifesto was published, a Conservative-led Coalition Government has set about implementing a radical programme of change across the public sector with far-reaching implications for drug and alcohol family support and the whole voluntary and community sector.

This document will review the themes of Adfam's Manifesto and examine how they fit in with developments since the 2010 general election – in particular the 2010 Drug Strategy (including its recovery focus and progress with implementation), the spending review, the drive to devolve power away from central Government and towards local communities and the Big Society agenda. The implementation, rather than theory, of policy is what will affect families dealing with drug and alcohol problems, so instead of individually 'auditing' the Drug Strategy, this review will look at its implications for practice after a period of settling in, alongside other initiatives and concerns.

With local authorities now given greater control over spending decisions, it is they who will have the final say over how the Drug Strategy is translated into effective practice: though the strategy itself may aim to set out a 'fundamentally different approach' to drugs and alcohol, this is through the devolution of power from central Government rather than new Government directives and mandates. As the strategy itself states in its ministerial foreword, Government is 'setting out a clear and ambitious vision for the future direction of travel, and it will be for local areas to respond to this'. This report, therefore, is centred on the key points for local areas and how they can use the proposed actions of Adfam's Manifesto and the Government's Drug Strategy to improve the quality of life for families affected by drugs and alcohol.

Adfam's Manifesto identified five key areas for improvement and development, which will be discussed in order:

**Key challenge 1:** Supporting families in their own right

**Key challenge 2:** Involving families in treatment

**Key challenge 3:** Monitoring effectiveness

**Key challenge 4:** Public services thinking family

**Key challenge 5:** Commissioning effectively.

## 1. Supporting families in their own right

### What did the Manifesto say?

The Manifesto called for greater recognition of the needs of families in their own right – that is, not just as a support to help their family members recover from drug and alcohol problems. A key part of this was awareness-raising at community level, of both the impact drug and alcohol use has on families, and the availability of dedicated support which recognises their needs as distinct from those of the drug or alcohol user.

### How is it addressed by the Drug Strategy?

The strategy does recognise families' need for support, but stops short of mandating action explicitly. Points include:

- *We will encourage local areas to...consider the provision of support services for families and carers in their own right (p21)*
- *The children of those dependent on drugs have to cope with the impact on their own lives (p6)*
- *Drugs have a profound and negative effect on communities and families (p3).*

### What are the key points for local areas?

'Encouraging' local areas to 'consider' the provision of support for families obviously avoids proscribing action to local authorities – a key part of the localism agenda – but experience shows that promoting the families agenda requires dedicated and strategic leadership. The work done to disseminate best practice learning nationally by agencies such as the NTA, Adfam and many family support services must be carried on locally and across regional boundaries, and new decision-makers – many of whom may have limited experience of drug and alcohol issues – should have access to the information and best practice that have been built up over decades of work.

In times of austerity, there will be an inevitable temptation for local commissioners to blend the provision of drug treatment and family support – that is, to commission them from the same treatment provider. Whilst learning and expertise on family issues has increased greatly over recent years, Adfam has long argued that tying family support to drug treatment risks alienating families and also risks excluding those most in need, whose relatives are not accessing treatment. Closer relationships between treatment agencies and family support providers are to be welcomed and encouraged enthusiastically, but family support as a top-up section of a tender for services is false economy. Families need to recover too, and this should be recognised when commissioning and supporting local service provision.

## 2. Involving families in treatment

### What did the Manifesto say?

The Manifesto argued that drug and alcohol services need to be aware of the needs of families and work to involve them, where appropriate, in treatment plans. However, it also referenced a lack of training and supervision around family issues in the treatment sector, which must be remedied in order for appropriate, effective involvement to happen. Despite a growing consensus of the positive outcomes a 'whole family' approach and family involvement in treatment can create, there is little standardisation in terms of practice.

### How is it addressed by the Drug Strategy?

The strategy notes the positive contributions made by families in several different ways. For example:

- *Evidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved (p21)*
- *Tailored and coordinated support packages around the needs of the whole family can be effective (p10)*
- *Some family-focused interventions have the best evidence of preventing substance misuse amongst young people (p11)*
- *Social capital – the resource a person has from their relationships is noted as a key predictor of an individual's recovery capital (p18).*

### What are the key points for local areas?

If the recovery capital of families is to be effectively and responsibly harnessed, it should not be done without independent support for families in their own right. Families are unlikely to play a positive recovery role if they are still experiencing chaotic circumstances and simultaneously being pressurised to facilitate treatment outcomes without recognition of their own needs.

Family involvement in treatment, though a huge asset where appropriate, is not the right choice for all families. Some families, particularly those with complex and dysfunctional relationships, are not ready to support the treatment process. Family involvement should be sought where possible, but it should not be introduced without due process in ensuring it is timely, appropriate and safe. As an essential first step, families at least need reliable information on the nature and processes of treatment, which is often a confusing arena for those without prior knowledge and experience.

The old saying 'prevention is better than cure' also has some traction when it comes to family interventions. As recognised by the strategy, parents and families are well placed to prevent drug and alcohol use amongst young people, and working to educate parents in particular about transmitting positive messages of prevention should be a key aim. This is an area in which parents often feel overwhelmed and, due to the shifting nature of drug consumption patterns and changing media coverage, under-informed.

### 3. Monitoring effectiveness

#### What did the Manifesto say?

Whereas the delivery of drug treatment has official systems of evaluation in place (such as NDTMS, the National Drug Treatment Monitoring System), there are no such performance frameworks for family support or involvement in treatment, and indicators must be improved and developed. Developing a monitoring system which recognises the significance of family support, whilst not burdening small, overstretched services with administration, is a priority.

#### How is it addressed by the Drug Strategy?

A key development of the strategy is the move towards an outcome-focused, rather than process-orientated strategy: that is, the results that treatment provides (such as being free of drugs or securing stable housing) are valued and focused upon more than its outputs (for example the number of clients seen). The strategy identifies:

- Best practice outcome: *improved relationships with family members, partners and friends* (p20)
- Best practice outcome: *the capacity to be an effective and caring parent* (p20).

#### What are the key points for local areas?

This issue has had – and will continue to have – repercussions across not only the family support sector but also the wider drug and alcohol treatment community, the voluntary sector at large and anyone else providing public services. Family support services often work with soft outcomes and ‘quality of life’ measures which are in themselves hard to monitor, and many small community organisations do not currently have robust (and often expensive) monitoring systems in place.

It is important that, with impending ‘payment by results’ measures coming into force, local providers are aware in advance of which outcomes they need to be measuring, and that these measures are implemented gradually to allow services to eliminate the ‘data deficit’ that many currently operate with. It should be acknowledged that any lack of data from small, independent family support organisations is not a reason to cut them out of negotiations or evidence that they are in any way ‘unprofessional’: it is merely a symptom of the environment they previously operated in, and also a sign that families dealing with drug and alcohol issues do not want to feel ‘evaluated’ as soon as they walk in the door for confidential, informal support.

Performance indicators and paid-for outcomes relating to families – both in terms of the relationships of the drug/alcohol user and the independent wellbeing of family members – are important. Over the coming months, local authorities should be working closely with family support providers to collaborate on deciding the best outcomes for families and how they are to be measured. The development of new targets, policies and practices should be an open process, with open access for possible partners.

*Piloting Payment by Results for Drugs Recovery: Draft Outcome Definitions* – [read Adfam’s response](#).

## 4. Public services ‘thinking family’

### What did the Manifesto say?

Raising the awareness of all public service professionals – including GPs and social workers, for example – around the needs of families affected by drugs and alcohol is a key challenge for local partnerships. A lack of this awareness, and the corresponding lack of a coordinated approach, can lead to families not receiving support appropriate to their needs. This is a particular concern in relation to children, and how they are affected by drug and alcohol use in the family.

### How is it addressed by the Drug Strategy?

The strategy recognises that substance use does not exist in a vacuum, and impacts on many different kinds of public service. It states that:

- *An increasing number of substance misuse and children and family services have accessed training to help them better identify safeguarding concerns and respond to the needs of the whole family (p22)*
- *Sure Start will be refocused on its original purpose of improving the life chances of disadvantaged children (p9)*
- *Family nurse partnerships will develop the parental capacity of mothers and fathers within potentially vulnerable families (p9).*

### What are the key points for local areas?

There are many different services involved with families with multiple needs at any one time – for example schools, hospitals and GP surgeries, drug treatment agencies, family support providers, social workers and Sure Start centres can all have roles with the same family at the same time. All need to be aware of, and responsive to, the wider needs of families affected by drugs and alcohol and be mutually aware of each other’s work.

Though the phrase ‘Think Family’ itself disappeared with the last Labour Government and the Department for Children, Schools and Families (now the Department for Education), partnership work remains a huge priority for delivering effective – and cost-effective – services, regardless of the party in power.

Public sector staff such as family nurse practitioners, health visitors, social workers and Sure Start workers should undergo at least basic training in drug and alcohol issues. The links between poverty, social deprivation, disadvantage and substance use are well-documented and social care staff need to be fully aware of drug and alcohol issues so they are better placed to deal with the full range of problems faced by families with multiple needs. This greater mutual understanding would form a key plank of improved partnership work and lessen instances of families falling through the gaps in service provision because staff are not confident to ask the right questions.

Read Adfam’s [A partnership approach: Supporting families with multiple needs](#) paper for further discussion of this issue.

## 5. Commissioning effectively

### What did the Manifesto say?

Families affected by substance use often struggle with myriad issues relating to mental and physical health, housing, finances, employment and more: commissioning and delivering effective services for these families requires understanding of these complex needs. The Manifesto called for local needs assessments that recognise the diverse policy agendas that families contribute to, and for local commissioning practices that contain a family support element and are accessible to small, community-led providers.

### How is it addressed by the Drug Strategy?

Given the imperative to save money in the current financial climate, the strategy understandably identifies partnership work as a key route to effectiveness, and references joint commissioning. The strategy notes:

- *Recovery can only be delivered through...working with family support services (p20)*
- *Next step: to encourage local areas to work together in the joint design and commissioning of services (p25)*
- *Next step: to enable local areas and key partners to work up their plans for implementation and delivery of the prevention, early intervention, enforcement and recovery approaches set out in the strategy (p25).*

### What are the key points for local areas?

Family support must be commissioned effectively as an integral part of tackling drug and alcohol issues in local communities, especially in times of disinvestment and when small services may appear 'easy cuts', which risks the false economy of saving money but producing worse outcomes which cost more in the long-run. At present, too many family support services survive on insecure and unpredictable funding streams, and this hinders any long-term planning or investment in outcomes.

When commissioning for recovery, family support must be an integral part of the plan from start to finish – not just an add-on or something to be thought of once the service user's treatment journey is coming to an end. Family relationships are not on the periphery of recovery journeys – they are at its centre, and they are integral to positive outcomes. Partnership work needs to be recognized not as a luxury but as a necessity, and this should be reflected in commissioning practices.

Open commissioning processes are a key issue for local authorities, and must be readily accessible to small, independent family support providers. With payment by results systems on the horizon, there should be clear recognition that different services all have a stake in the outcomes achieved for individuals – so services should be driven to work in partnership.

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*The original Manifesto can be downloaded from [Adfam's website](#).*