

SER Family Support Network

Involving family members in Whole Family Recovery



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Introduction

The SER Family Support Network is a peer led organization that advocates on behalf of families to help improve their situation. The Network believes that is it essential to the development of good policy and practice that families, concerned persons and the SER Family Support Network be involved in the planning and commissioning of **Family (Recovery Oriented Services)** drug treatment services. This principal is recognized in the National Drug Strategy 2009-2016, under action 41 which identifies the needs of the family trying to cope with substance related problems and the potential of the family as agents of change. The NDRIC Framework recommends the needs of families/concerned persons be recognized. That the needs of families as service users be acknowledged and the potential of the family as agents of change.

NDRIC states this may require specialized interventions and appropriate referral.

The network is aware of the challenge this presents and has engaged with the lead agencies in promoting the needs of families within the implementation of the NDRIC process. To support the collaborative, process the Networks submits the accompanying document to support the principle that family and concerned persons involvement improves the drug treatment system and the effectiveness of services.

Involving family members and concerned persons in treatment services

This paper identifies the key principles for appropriately involving families and CP in substance users' treatment. There may be instances where it is not appropriate and their involvement will have a negative impact. Considering the family context in all assessments will determine whether and when family and CP involvement is appropriate in substance users' treatment. This section then outlines ways of increasing levels of family and CP involvement where it is appropriate, and how these are supported through needs assessment, care planning and information sharing. Finally, the approaches, agencies can take to facilitate more effective involvement of families and CP within treatment services are discussed.

Family and concerned persons involvement with substance users' treatment

The evidence base suggests that family and CP involvement helps substance users at all stages of the treatment journey: it assists and encourages the users to engage in treatment, it helps retention, and it can speed successful throughput and reduce treatment dropout (Copello *et al.*, 2005). It is associated with more positive outcomes, both drug-related (reduced illicit drug use and progression to abstinence) and social (reductions in legal, family, employment and violence problems, and greater improvements in psychosocial functioning of children). Family based engagement strategies have also been shown to make a significant difference in the treatment engagement rates of young people (Liddle, 2004). There is a growing evidence base for behavioral, community-reinforcement and family approaches, showing that involvement of concerned others can lead to improved outcomes in treatment for drug and alcohol users (Stanton *et al.*, 1983; Stanton and Shadish, 1999).

Key principles in involving families and concerned persons

Key principles for effectively involving families and CP when commissioning services include:

- Building in family and CP involvement in care planning and care plan reviews into treatment service specifications, when commissioning or reviewing services
- Developing care pathways defining how families and CP can access help, advice, and support, both for themselves and in conjunction with their drug-using relative.

Key principles for effectively involving families and concerned persons when providing services include:

- Taking a holistic, whole family approach, in relation to the impact of drug use on others, and families and CP contributions to addressing it

- Including standard questions in substance user assessments about whether the user has a family member or CP, and what support they may require, followed up by the offer of a family member or CP assessment to any of those identified
- Offer all family members and CP information (such as on the specific addiction, treatment and how to look after themselves as CP and a referral to family and CP support services)
- Training treatment service staff on the impact on families and CP of drug use, and on support offered by family and CP support services. Enabling specialist staff to develop the competencies to offer psychosocial interventions to families and CP where these are indicated
- Joint working between treatment services, family and CP services and other local agencies that may be a source of support.

Levels of work with family members and concerned persons

As these principles become practice family members or CP expectations in the care planning process need to be handled carefully, to ensure that users themselves, not CP, take primary responsibility for treatment engagement and outcomes.

Including family members and CP in the assessment of drug users

Information can be routinely gathered from substance users about their family members and CP as part of their own assessment. The information can be used to help assess the families and CP needs and can be achieved in several ways, including:

- Asking substance users during their own assessment about their opinions on the needs of their CP and family
- Asking substance users whether they are happy for the service to send information about drugs and drug services to their families and CP directly
- Asking substance users for consent for families and CP to participate in their treatment and assessment sessions
- Enquiring about young people affected by the adult's substance use
- Undertaking an appropriate assessment (for example, via the substance using parent who is currently being assessed) of the needs of these young people
- Referring any young people to appropriate local services. Clearly, a key element of the assessment of family members and CP, and users is their own willingness to be involved in this way, which remains their decision. However, to encourage both users and families or CP to be jointly involved, staff can stress that:
 - The involvement of members of the substance-user's social networks who can encourage change is an important step in reducing or stopping drug misuse

- Family members are among those most likely to encourage and support that change. However, users and family members or CP expectations in the care planning process need to be handled carefully, to ensure that users themselves, not Family members or CP, take primary responsibility for treatment engagement and outcomes.

Family member and CP assessments and support plans

- Family members and CP will need to have a full assessment of their own needs, offered separately from the needs assessment of the substance user.
- It is helpful if the local model of service delivery can offer the family member or CP a choice about where the assessment takes place depending on their preferences and needs.
- When undertaking an assessment, staff should bear in mind that family members or CP will often be focused on the needs of the substance user.
- Instead, the purpose of a family member and CP assessment is to focus on their own needs, so discussion about the user should be kept to a minimum in the family member and CP assessment process.
- Assessments are carried out by a member of staff who is trained and confident in undertaking this responsibility.

Confidentiality and information sharing

Joint working between substance users and family members or CP is only appropriate if all parties are willing participants. Where joint working is appropriate it is supported by clear confidentiality and information sharing protocols which are understood by all parties. Organizational confidentiality procedures should be explained to clients, family members and CP when they first engage with a service. This will cover what information is confidential and to whom and when the agency has a legal obligation to breach confidentiality.

Where clients and family members or CP agree to joint working, it is useful to also have information sharing agreements which describe what information will be shared, by whom and when it will be shared. Where family members, CP or substance users are working with different services, there will need to be agreed information sharing protocols and policies across the agencies that are clear and understood by all participants.

Levels of information sharing

Level 1: To provide information about drugs and services on offer.

Level 2: At a first session with a substance user, a basic confidentiality and information-sharing agreement is introduced, explaining that it is often helpful for family members and CP to be reassured that the person is seeking treatment but that no other information will be shared. If client's consent, the agency can inform family members and CP that clients are being seen, how frequently, their next appointment and if they miss an appointment, but no detail of what is happening in their sessions.

Level 3:

A more extensive agreement, where clients consent to agencies informing family members or CP of what is happening in the sessions. If appropriate, they may agree to invite them to participate in sessions.

Whichever type of confidentiality or information sharing agreement is agreed upon, it is vital that both users and family members and CP know that they can ask to revisit the agreement at any time, and that the agency regularly reviews these arrangements with all parties.

Involvement of family members and CP at discharge

Family members and CP can be involved throughout a substance user's treatment journey, where appropriate. However, exits from treatment can present challenges for families and CP as well as for the substance user. It is good practice for services to develop clear protocols on how to involve family members & CP, what procedures to follow and what information to share during exits from treatment, both planned and unplanned, and when crises occur.

If clients drop out of treatment, family members and CP may be able to assist in re-engaging them in treatment. If there is an unplanned exit, there are risks of overdose, and it is very useful for family members to have some overdose prevention training. Similarly, if users are being discharged prematurely from residential drug treatment, or from hospitals, there is a need to inform family members and attempt to arrange some form of family support, and to inform the family members of the dangers that their user will face, such as relapse and overdose. All services will want to have emergency contact details for CP and family members and provide information to family members and CP about who to contact in an emergency.

Flexible approaches to involving family members and CP

A service may need to work flexibly with both family members, CP and users, so that the needs of all those involved are best met. The needs of family members, CP and users will change over time and the services they receive need to reflect these changes. Holistic, family-focused work may be realised in different ways:

- Both the family member or CP and substance user may need help and support on their own to facilitate holistic family working
- In the initial stages, unilateral family work may be more effective – working only with the family member or CP to (better) engage the substance user
- Continuing work with the family member or CP when the substance user (temporarily) drops out of treatment may allow the substance user to return to the service more quickly and smoothly.

Being proactive in involving family members and CP

There are many ways that services can take proactive steps to ensure that they are becoming more CP friendly, and family focused. These include:

- Actively seeking to engage family members or as partners in the treatment plan, as opposed to waiting for family members or CP to contact the team
- Ensuring family and CP work is regularly examined at team meetings
- Undertaking regular audits of cases and case notes to review the extent of family and CP work
- Ensuring questions about family and CP work are included in client satisfaction questionnaires.

Assessing family members and CP

This guidance recommends that services providing structured interventions for family members and CP should carry out a simple assessment of their needs, leading to an agreed support plan and allocated a key worker. This process need not be as detailed as assessment and care planning for substance user's treatment.

The depth of the assessment should be considered and should be in line with the capacity of the service to meet identified needs. Clients of family and CP support services often start by focusing on the substance user – the purpose of an assessment is to focus on families and CP own needs, so information and discussions around the user should be kept to a minimum in the assessment process. The assessment should be carried out by a staff member who is competent to carry out an assessment of need. A family member and CP assessment would include personal and contact details, including any information required for monitoring purposes, as well as the following areas:

- What the family member or CP wants to know about, for example substance use, relevant harm reduction measures (such as safe sex for partners), treatment services and the criminal justice system
- The family member or CP relationship with the user, including whether the user is living with them and how well they communicate
- Impact of drug use and the user's behavior on the family member or CP feelings and personal functioning, including physical and mental health, and social and professional life
- Impact of drug use and the user's behavior on relationships with other members of the family and close friends
- Whether there are domestic violence or harassment issues
- Whether the family and CP has been involved with the criminal justice system
- Any child protection issues
- How the family member or CP copes or deals with the substance use and the user's behaviour, and the effects of that coping
- How much and what type of social support the family member or CP receives, as well as what they feel they would need to continue caring
- Discussion of the family member or CP goals for the next six months in terms of the issues identified through the above assessment.

Once clients are aware of the range of services they can access, it is important to agree which of these will be helpful in terms of achieving their goals

Key messages

- The National Drug Strategy 2009-2016, action 41 recognizes the needs of the family trying to cope with substance related problems and the potential of the family as agents of change.
- The NDRIC Framework recommends the needs of families/CP be recognized, the needs of families as service users in their own right and the potential of the family as agents of change. NDRIC states this may require specialized interventions and appropriate referral
- Providing services to meet the needs of families and CP leads to improvements for families, CP, children and drug user
- Areas without provision, or with limited provision, can benefit from developing or expanding services for families and CP
- Developing a family-friendly focus will assist providers to achieve the best outcomes for users and families & CP.
- Involving families and CP can improve engagement, retention, and outcomes for drug users in treatment
- Involving families and CP in the planning and commissioning of services improves the effectiveness of services and the drug treatment system.