

# A partnership approach

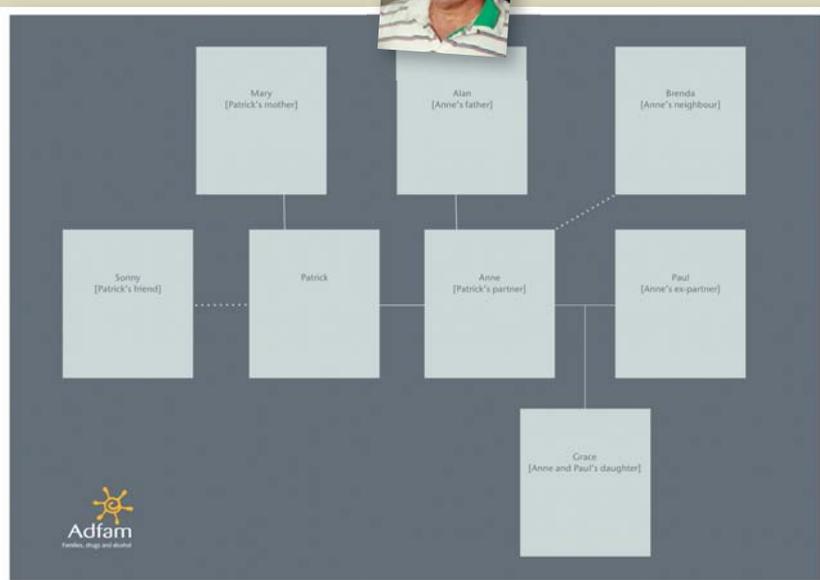


**Adfam**

Families, drugs and alcohol

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## The Virtual Family

To stimulate open, honest and realistic debate in the consultations, Adfam created a family unit for participants to work with – the family was fictional, but represented real-life scenarios often faced by support workers and other professionals. Each family member had their own issues and concerns (including drug and alcohol use, family breakup and offending history), as well as specific personality traits and emotional and physical support needs.

Consultation attendees were asked to meet the family’s needs through multi-agency work, given a particular ‘entry point’ into the system such as presenting to A&E or contacting a treatment service on behalf of a family member. The scenarios developed by group participants identified local differences, ideals and barriers to success, and the model proved highly successful.



# Introduction

**Partnerships and partnership working have been highly valued for many years, with local areas making attempts to forge strong working practices that improve the support offered to individuals and communities.**

However, getting it right in reality and practice - especially in a shifting political and financial landscape - has been seen as increasingly challenging, and fractured systems are often frustratingly difficult to navigate for people in our most vulnerable communities. The 2010 drug strategy promotes a system focused on the recovery of individuals, families and communities and states that true recovery can only be achieved through a 'whole systems approach' that provides 'end to end' support and requires agencies to work in partnership. The Government has also set out its ambition to support families with multiple and complex needs through approaches that develop and sustain strong community partnerships. In the drug strategy, the Government recognises that 'the voluntary and community groups, charities and social enterprises sector plays a key role in making communities stronger and safer.' In an environment of cuts and budget tightening, working in partnership can be challenging and the future for many vital voluntary and community groups can feel uncertain. However, as this paper will discuss, often these times are exactly when partnerships should be at their strongest.

In order to consider the future of partnership working and the needs of families affected by drugs and alcohol, Adfam ran a series of consultations in winter 2010 with partners across the country including family support providers, drug and alcohol treatment staff, commissioners, social workers and health professionals. The consultations challenged participants to consider working with families as a partnership and the key considerations such an approach entailed. To facilitate the discussion Adfam asked participants to work with a 'virtual family' (see explanation opposite) and consider their process and support needs as they would be in reality, drawing on their experiences and expertise to support all family members to achieve positive outcomes and sustained recovery. This interactive environment stimulated interesting and challenging issues which – against the backdrop of the spending review, the planned introduction of Payment by Results measures to the drug and alcohol treatment sector, a drive for efficiency in delivering public services and the localism agenda – required participants to think beyond the demand and need for funding and resources.

This briefing identifies and analyses the common themes and questions which emerged from the regional events, setting out the key questions which local areas will need to address in order to provide an effective service for families affected by drugs and alcohol.



# Families' needs are multiple and complex – services must be able to respond flexibly

## All families are unique and their particular needs may require a range of different support structures and services.

Families affected by drugs and alcohol are no different, but participants at the consultation events reported that often the support these families receive does not appreciate their distinct needs and may reinforce stigma and a lack of trust in services. Multiple assessments, conflicting information, confusing forms and services each trying to address their own specialist piece of the puzzle without coordinating with each other can sometimes lead to an ineffective net result. Historically, family support has been funded on short-term contracts or end-of-year surpluses and has therefore sometimes sat on the periphery of partnerships and the local treatment system; this in turn can render the support offered to families by support groups in the voluntary and community sector as fractured and disconnected from statutory provision.

### First contact

Participants at the consultations reported that often the first contact made by a family member to any service is due to concern over their loved one's drug or alcohol use, and asking services to 'fix them'. Families very rarely recognise or seek support to address their own needs initially. Adfam and its supporters believe families need support in their own right to in turn help their loved one towards positive recovery; however, services often face a challenge in encouraging families to recognise their own needs as a priority. It is the skills, understanding and awareness of the first contact agency or service – a drugs service, a GP or a probation officer, for example – which are required to reflect to the family the need to access support in their own right, which will in turn improve the recovery outcomes of their loved one; and a 'bad experience' with one of these first contact agencies

can put families off trying again. Participants at the consultations recognised the significant challenge for local areas and first contact agencies where there is no specialist family service established to signpost families towards.

### Peer support

The use of mutual aid and peer support in the community is a valuable resource in supporting families to recognise their own needs. Peer mentors can often meet a family member in their own environment, removing the imperative to make the often difficult and traumatic step to access formal services for the first time. Families can find services especially difficult to access if they are viewed as 'part of the system' designed to meet the needs of the drug or alcohol user; a less formal and threatening type of support is often vital for families, and 'experts of experience' can be a valuable and efficient resource in meeting their needs in the community. However, this peer-led provision should not be seen as a cheap resource to supplement more formal services: peer support is a valuable community commodity that needs to be cherished and supported with training and adequate supervision in order to thrive.

Consultation participants identified that friends can also play a positive role in supporting recovery, but have a significant need for information and support for themselves in order for that potential to be safely harnessed. Non-using friends or those in recovery can support the family and the drug or alcohol user in many different ways, but have historically been excluded from support and information due to the lack of a blood tie. Participants suggested that friends may be asked 'what has it got to do with you?' if they approached services for information, advice or support. This may be a missed opportunity to harness positive recovery capital and support for the whole family, not just the using family member. The concepts of 'contagious recovery' and 'recovery communities',



whereby people are encouraged and inspired by people who have made the difficult recovery journey and want to pass on what they have learned and experienced, have growing significance and we may need to apply this ideology to families and consider the 'impact of hope' on families in recovery.

### Family support

As recognised in the most recent drug strategy and academic studies, families can play a crucial role in a drug or alcohol user's engagement in treatment, and positive and sustained recovery<sup>1 2</sup>. It must also be recognised that families are undoubtedly negatively impacted by their loved one's substance use – the cost of the harms they experience has been estimated at £1.8 billion<sup>3</sup> – and they are often too vulnerable and lack the knowledge and resilience to even begin supporting treatment without having their own needs met first.

It was stressed at the consultations that as treatment has more and more efficiency demands placed on it, there should be a continued recognition that families must have support in their own right – both for their own benefit and for the success of their involvement in treatment. With the current budget tightening in operation it may be tempting for local areas to consider 'one stop shop' or 'all under one roof' provision for both families and the substance user: however, this could compromise the quality of support for families in their own right by tying it to the treatment status of the user, and risks undermining the dedicated work of small, independent providers with a long history of family support on a shoestring budget.



### Positive recovery capital

It was also recognised at the consultations that sometimes family members are a negative influence and may not be appropriate to be involved in treatment. Sometimes fractious family relationships or a difficult upbringing can be contributing factors in an individual starting to use drugs problematically, and unfortunately we cannot assume that all families will be a positive influence on treatment. Every family is unique, so the challenge may be in defining criteria for who is appropriate to be engaged in treatment and who may be a negative influence; and for those who do bring positive recovery capital, support

1 HM Government (2010) *Drug Strategy 2010 Reducing Supply, Restricting Supply, Building Recovery: supporting people to live a drug free life*

2 Copello, A., Velleman, R. & Templeton, L. (2005) *Family interventions in the treatment of alcohol and drug problems, Drug and Alcohol Review*, 24, 369-385

3 UK Drug Policy Commission (2010) *Supporting the supporters: families of drug misusers*



services need to work alongside the family to decide which roles they are willing and confident to take on. There are significant challenges to considering the appropriateness of involving family members in treatment and how to measure their positive or negative recovery capital: how is this done, what are the parameters and who makes the assessment? Indeed, if a service user is assessed to have a family with a large amount of positive recovery capital, does this then mean that their access to statutory treatment provision is limited due to their 'head start' in the community? Does inter-generational drug use preclude families' involvement in treatment?

### Time and place

Support for families in their own right should also aspire to meet the unique circumstances of family members at their point of need. Often they report feeling uncomfortable meeting in treatment premises, or venues that are primarily used by drug or alcohol

users. Consultation participants felt that often the venue and location was imperative to the success of a family support group (and in turn the outcomes for family members) and an anonymous community space may be appropriate. Alongside the venue, the timing of support provided to families is also crucial: often families present initially at a time of crisis, which unfortunately does not always occur within normal working hours. Participants felt it was important to have services available and open at accessible times and when they are most needed, which may include some unsociable working hours for support staff.

It is clear that families can play an integral role in recovery but how this happens in practice needs further clarity of thought, considering not only the needs of family members, but also how their potential recovery capital can be harnessed safely and appropriately to ensure real recovery is possible and sustainable for individuals, families and communities.

## Points for local areas to consider

- 1 What are the common first points of access for family members and is the workforce skilled and informed to respond appropriately?
- 2 Are families and friends viewed as a positive resource? Are services accessible to friends of drug and alcohol users?
- 3 How is a family member's positive or negative recovery capital assessed and what are the parameters of the assessment?
- 4 Where and when are services for family members and children available? Are services accessible to all?



## 2

# Care coordination is imperative for successful whole family work

**As we move to a policy landscape that advocates and asserts the importance of whole family work, consultation participants felt that appropriate and effective care coordination was imperative to the initiative's success.**

Local areas need to consider services not just within drug and alcohol treatment systems but in the wider care framework, and how families may access these care pathways and processes.

As addressed in section one, families have multiple needs and may engage with a variety of support services throughout their local area. Treatment services, housing support, probation, Sure Start centres, young carers' support, adult and child social services and schools may all be actively working with one family at any point in time. Participants felt that in some circumstances agencies do not coordinate their care effectively, which may lead to duplication, conflicting information for families, a large number of appointments to attend and very valuable support and resources being rendered ineffective. Some of the most vulnerable families with multiple needs may struggle to understand the systems and processes they have to go through to ensure their needs are recognised and met. This can add to the stresses and concerns for families and further break down their trust and relationships with providers, therefore exacerbating the very problems they were seeking to address. Routes to access services need to be clear and transparent, meeting the family at their point of need.

### **Whole family intervention**

Families need to be at the centre of any process of support in order to best achieve positive outcomes. A 'team around the family' approach may ensure that resources do not become focused on one particular

issue (drug use or anti-social behaviour, for example) and provide a holistic overview of the key issues, their interactions and relationships and how the family may best be supported as a whole. Participants also felt that when there were a significant number of agencies involved, it may be beneficial to have one worker who coordinated the care for the whole family.

One suggested model was that adopted by the Family Intervention Projects, which provided families with one worker who would assess the needs of the whole family and refer and coordinate the provision of support around that family. The 2010 drug strategy indicates the value of providing intensive whole family interventions – savings are estimated at £2.50 for every £1 invested, or £49,000 per family per year<sup>4</sup> – and pledges that 'a national programme will focus on helping to turn around the lives of families with multiple needs'. The best way to implement this new national programme would involve placing the needs of the whole family, and each family member, at the centre of any support structure.

### **Confidentiality**

Consultation participants felt that some families could have a role in the case management process by supporting agencies to identify unmet needs of their loved ones. However, in some cases confidentiality protocols remain barriers to this form of involvement. Confidentiality is a crucial element of any service – whether it is supporting a drug or alcohol user or a family member – but in order for it to be at its most effective, confidentiality needs to be addressed sensitively and sympathetically. Of course individuals who use support services have a right to confidentiality; however, participants felt that how and when the issue was approached with clients may create barriers to the involvement of families

<sup>4</sup> Kendall, S., Rodger, J. and Palmer, H (2010) *Redesigning provision for families with multiple problems: early impact and evidence of local approaches*, Research Report DFE-RR046, Department for Education



in treatment. Participants felt there was a need for local systems to have a sensitive appreciation of confidentiality which is shared across all agencies. This would offer the opportunity for families to be informed and involved, whilst ensuring the rights of drug and alcohol users are respected.

### Care planning

When deciding on outcomes, participants felt it was important to consider the inclusion in care plans of indicators focused on the whole family which appreciate not only the impact that service users' behaviour has on others, but also their potential to support and improve the quality of life of those around them. These outcomes can be challenging to define and measure and as such it may be difficult to consider how they fit into a traditional care plan. Recovery-focused care planning looks beyond the substance use and sites recovery firmly within the family and the community.



## Points for local areas to consider

- 1 Are vulnerable families supported to manage the significant number of agencies they are in contact with to ensure effective and efficient service delivery?
- 2 How accessible are the routes into and between services for families and vulnerable individuals?
- 3 Are local services encouraged to adopt a 'team around the family' approach?
- 4 Are local services encouraged to have a single dedicated worker who coordinates care for the family?
- 5 What are the local care coordination processes and do they recognise the individual as part of a wider family context?
- 6 Do care planning processes encourage family focused outcomes that promote recovery within the family and the community?



# 3

## Effective partnership is admired in theory but patchy in practice

**Partnership is a common word in our shared lexicon, but it remains hard to deliver in practice; at the consultations there was an element of ‘everyone says it, but who actually does it?’**

In a competitive environment with fewer resources available it may be more challenging to work in partnership, but some argue this is exactly the environment in which partnership working is most crucial. As we move to a system which focuses on substantive outcomes for individuals and families – such as employment or stable housing – rather than simple outputs such as the number of people accessing treatment, services may be required to work more closely together to achieve positive and sustained outcomes, which may in turn be linked to funding.

### Sharing responsibility

The treatment sector in general, and increasingly the provision of family support, are competitive environments with many services struggling to protect their existence and prove their value to drug and alcohol users, families and the wider community. As local authority budget cuts impact on local areas it may become an increasingly challenging environment for both statutory and voluntary organisations, which may in turn impact on services’ willingness and ability to work together or share good practice. In such circumstances the idea of working in partnership may run counter to some of the other, more pressing survival demands placed on organisations: some may feel they need to focus their reducing resources on working with clients, rather than attending partnership meetings or engaging with other professionals. However, participants at the consultations felt that a return to ‘silo working’ may have a counter effect, making services less efficient and creating duplication of provision. In the landscape after the spending review, services have an imperative to work together,

share resources and functions and ensure that the needs of service users remain at the heart of their vision. Organisations that work within communities have a shared responsibility to work together effectively, and that responsibility needs to be put into action in a meaningful way. In the complex area of families, drugs and alcohol, each organisation’s desired results may be helped or hindered by the actions of another agency, and effective working by one organisation may positively influence results in another; this may be brought into sharp focus with the introduction of payment by results measures.

### Sharing knowledge

Consultation participants felt that one of the crucial elements to successful partnership working is the workforce. Local authorities need to foster an environment in which professionals trust and respect their colleagues and partners from other agencies and sectors. Some voluntary and community sector groups that work with families report that their expertise and experience are not respected or trusted by other organisations, which sometimes leads to an imbalance when trying to form an effective working dynamic. Partnership working is not solely achieved by commissioning expensive training sessions or multi-agency networking events, but also by professionals spending time in their partners’ environments and understanding their working practices and service delivery.

Training and skills development is essential but also needs to be accompanied by a greater understanding of other services’ remits and practices; consultation participants felt that improving this mutual understanding and developing relationships with other services were important ways of improving recovery journeys. Some participants suggested that multi-agency meetings, mixed multi-agency inductions and ‘trading’ training and expertise would improve understanding and positive working relationships.



By sharing knowledge with other services and partners, agencies are able to widen the knowledge base of their workforce and ensure that families' needs are met in a joined-up and focused way.

### Support for partnership working

Unfortunately, the responsibility for partnership working often falls to keen or motivated individuals, and once they are no longer in post – a particular risk in times of cutbacks and redundancies – the partnership loses strength and direction. Partnerships work best when there is support from local authorities and decision-makers to create an environment where a focus on partnership working is possible. The recent emphasis in policy to work with families has positively affected local practice; however participants were concerned that with a move towards localism, progress made at national level may disappear and families could slip down the local agenda. Organisations such as Adfam have been working for many years to ensure that families are recognised by policy makers: it would be a major setback if learning was lost in the new environment, with new local decision-makers not fully appreciating the needs of families. Government may be able to provide strong



leadership and direction by ensuring that good practice information is available as widely as possible. At the consultations, it was considered crucial that local voluntary and community services have a voice and their contributions are acknowledged and respected in order to ensure that families' needs are met. Local authorities need to champion partnership working and ensure their own practice reflects their expectations of the services that work with the communities they govern.

## Points for local areas to consider

- 1 How, in an increasingly competitive environment, can working in partnership be put into action effectively?
- 2 How can the skills and knowledge of the workforce be harnessed to provide efficient skills transfer between partner agencies?
- 3 Do the local authority and those in power model partnership working and lead its direction?
- 4 Do voluntary and community sector agencies have a voice at the decision-making table?

## Further information

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drugs and alcohol. 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 professionals through publications, training, consultancy, prison visitors' centres, outreach work and signposting to local services, and work extensively with professionals and Government to improve and expand the support available to families.

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