

SER Family Support Network

Involving family members and carers in treatment services

(adapted from the NHS, A Guide for commissioners & Services)

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The SER Family Support Network asks that all the lead agencies, South East Regional Drug Task Force & sub-committees involve the SER Family Support Network, families and carers in the planning and commissioning of drug treatment services. The SER Family Support Networks submits the accompanying document to support the principal that family & carer's involvement improves the drug treatment system and the effectiveness of services.

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Involving family members and carers in treatment services

This paper identifies the key principles for appropriately involving families and carers in drug users' treatment. There may be instances where it is not appropriate and their involvement will have a negative impact. Taking into account the family context in all assessments will determine whether and when family and carer involvement is appropriate in drug users' treatment. This section then outlines ways of increasing levels of family and carer 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 carers within treatment services are discussed.

Family and carer involvement with misusers' treatment

The evidence base suggests that family and carer involvement helps drug misusers 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 behavioural, 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 carers

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

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

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

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

Levels of work with family members and carers

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

Including family members and carers in the assessment of drug users

Information can be routinely gathered from drug users about their family members and carers as part of their own assessment. The information can be

used to help assess the families and carers' needs and can be achieved in a number of ways, including:

- Asking drug users during their own assessment about their opinions on the needs of their carers and family
- Asking drug users whether they are happy for the service to send information about drugs and drug services to their families and carers directly
- Asking drug users for consent for families and carers to participate in their treatment and assessment sessions
- Enquiring about young people affected by the adult's drug misuse
- Undertaking an appropriate assessment (for example, via the drug-misusing 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 carers, and drug users is their own willingness to be involved in this way, which remains their decision. However, to encourage both users and families or carers to be jointly involved, staff can stress that:
 - The involvement of members of the drug user's social networks who are able to 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 carers' expectations in the care planning process need to be handled carefully, to ensure that users themselves, not carers, take primary responsibility for treatment engagement and outcomes.

Family member and carer assessments and support plans

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

more detail in sections 3.3.2 and 3.3.3 of the NHS, Supporting & Involving Families & Carers “A Guide for commissioners and Providers”.

Confidentiality and information sharing

It is clear that joint working between drug misusers and family members or carers 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. Organisational confidentiality procedures should be explained to clients, family members and carers 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 carers 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 or carers and drug 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 drug misuser, a basic confidentiality and information-sharing agreement is introduced, explaining that it is often helpful for family members and carers to be reassured that the person is seeking treatment but that no other information will be shared. If clients consent, the agency can inform family members and carers 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 carers 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 carers know that they

can ask to revisit the agreement at any time, and also that the agency regularly reviews these arrangements with all parties.

Involvement of family members and carers at discharge

Family members and carers can be involved throughout a drug user's treatment journey, where appropriate. However, exits from treatment can present particular challenges for families and carers as well as for the drug user. It is good practice for services to develop clear protocols on how to involve family members, 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 carers 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 carers and family members, and provide information to carers about who to contact in an emergency.

Flexible approaches to involving family members and carers

A service may need to work flexibly with both carers and users, so that the needs of all those involved are best met. The needs of family members, carers 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 carer and drug user may need help and support on their own in order to facilitate holistic family working
- In the initial stages, unilateral family work may be more effective – working only with the family member or carer in order to (better) engage the drug user
- Continuing work with the family member or carer when the drug user (temporarily) drops out of treatment may allow the drug user to return to the service more quickly and smoothly.

Being proactive in involving family members and carers

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

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

Assessing family members and carers

This guidance recommends that services providing structured interventions for family members and carers should carry out a simple assessment of their needs, leading to an agreed support plan. This process need not be as detailed as assessment and care planning for drug treatment; however, there is useful material

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 carer support services often start by focusing on the drug user – the purpose of an assessment is to focus on families and carers' 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 carer 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 carer 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 carer's 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 behaviour on the family member or carer's feelings and personal functioning, including physical and mental health, and social and professional life

- Impact of drug use and the user's behaviour on relationships with other members of the family and close friends
- Whether there are domestic violence or harassment issues
- Whether the family and carer has been involved with the criminal justice system
- Any child protection issues
- How the family member or carer copes or deals with the drug use and the user's behaviour, and the effects of that coping
- How much and what type of social support the family member or carer receives, as well as what they feel they would need to continue caring
- Discussion of the family member or carer's 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

- National policy and guidance increasingly requires that health and social services involve and support families and carers. The national drug strategy 2009-2016 sets out a clear vision for the development of treatment & rehabilitation services and the support for families.
- Providing services to meet the needs of families and carers leads to improvements for families, carers, children and drug misuser
- Areas without provision, or with limited provision, can benefit from developing or expanding services for families and carers
- Developing a family-friendly focus will assist providers to achieve the best outcomes for users and carers
- Involving families and carers can improve engagement, retention and outcomes for drug users in treatment
- Involving families and carers in the planning and commissioning of services improves the effectiveness of services and the drug treatment system.