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UK DRUG POLICY COMMISSION

Adult Family Members Affected by a Relative's Substance Misuse: **A Review of Policy and Guidance Documents across the UK**

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Contents

ACKNOWLEDGEMENTS.....	4
1. INTRODUCTION	5
2. METHOD.....	6
2.1 DOCUMENTS COVERED	7
3. THE POLICY RESPONSE TO ADULT FAMILY MEMBERS OF PEOPLE WITH DRUG PROBLEMS ACROSS THE UK.....	8
3.1 ENGLAND.....	8
3.2 SCOTLAND	15
3.3 WALES.....	19
3.4 NORTHERN IRELAND.....	21
3.5 ISLE OF MAN	22
4. THE LOCAL PICTURE: HOW NATIONAL POLICY TRANSLATES INTO REGIONAL STRATEGIES AND LOCAL TREATMENT PLANS	24
EAST MIDLANDS FAMILY AND CARER STRATEGY	24
REVIEW OF LOCAL TREATMENT PLANS.....	25
5. DISCUSSION	28
APPENDIX 1: DOCUMENTS INCLUDED IN THE REVIEW	34
APPENDIX 2: A REVIEW OF LOCAL POLICY IN THE EAST MIDLANDS	37

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- Scottish Government
- Welsh Assembly Government
- National Treatment Agency for Substance Misuse
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1. Introduction

The impact of drug (and alcohol) misuse on families is now widely recognised and accepted. However, it is also recognised that there continues to be variation in the response to this issue across the UK in terms of national and local policy and other guidance. Overall, the attention given to this issue by policy is far less than the extent of the problem, and of the harms experienced by families, demands.

This report forms part of the second phase of a two part project commissioned by the UKDPC. The first phase of the project considered the prevalence of adult family members with a relative with an illegal drug problem and the cost of the harms experienced by these family members and also reviewed the evidence concerning the specific support needs for this group (Copello et al, 2009, UKDPC)¹. The second phase includes a review of policy and other guidance across the UK (reported here) and a detailed survey and mapping exercise of the local response to families affected by drug misuse (reported separately).

The aim of this report is to review national and local policy and other guidance across the United Kingdom, to assess the extent to which family members are included, and the nature of the response to the problem which is considered. As with the first phase of the project the focus is on **adult family members**, and on **illegal drugs**.

¹ See <http://www.ukdpc.org.uk> to access these reports from the first phase of this project.

2. Method

The approach taken by this review was informed by a paper which explored how drug and alcohol policy across the UK considers the needs of families (Velleman, 2010). The current review built on Velleman's work by, firstly, focusing on adult family members and illegal drugs and, secondly, by considering other areas of policy which most closely overlap with substance misuse. **The following six areas of policy were therefore considered:**

- Illegal drugs
- Families and Carers
- Children and Safeguarding
- Domestic Abuse
- Mental Health
- Criminal Justice

While a great deal of policy attention across the United Kingdom has brought a welcome focus on children affected by parental substance misuse, and on the role of parents in this regard, the focus of this review of policy was on the extent to which the needs of a wide range of **adult family members** have been considered.

The documents which have been included in this review were identified in a number of ways:

1. The documents identified through Velleman's review (Velleman, 2010).
2. Knowledge of members of the project research team.
3. Google searches to check for the most recent documents in the policy areas.
4. Input from representatives in each country, usually from individuals who were members of the Project Advisory Group.

Documents from England and the three UK devolved administrations of Scotland, Wales and Northern Ireland have been included. In addition, while not part of the UK, one document from the Isle of Man has been included because it was known to the research team as a unique example (and the first of its kind when it was produced) of a policy document written specifically to consider the needs of families affected by substance misuse.

All the included documents were collated and analysed using Excel. Hard copies and/or electronic copies of all documents were available for review. Analysis was broad and thematic. In many cases the electronic search function was used to gauge the extent to which the issues were covered in each document and, for longer documents, to identify

where exactly the issues were mentioned. So, for example, a document in the area of domestic abuse or mental health was searched to identify the extent to which issues of drugs/alcohol and/or families/carers were mentioned, while a drugs policy or strategy document was searched to identify the extent to which families/carers/children were mentioned². Many of the shorter documents, or those which were obviously directly relevant, were read in more detail. Thematic analysis considered three main issues, informed by the approach taken by Velleman (2010):

1. Acknowledgement of the issue, and of the impact of drug/substance misuse on families (and children).
2. Involvement, planning and delivery of families/carers in services, focusing on the engagement of family members alongside the drug misuser's treatment.
3. Treatment and support, with a particular focus on supporting adult family members *in their own right*.

A brief summary of each document was written and included in the spreadsheet.

2.1 DOCUMENTS COVERED

Table A.1 (Appendix 1, pages 22-24) lists the documents which were reviewed, of which there were over 50. The dataset consists of policies, as well as consultation documents and guidance, which have been published to support the implementation of policy, and a small number of other documents deemed to be relevant enough to warrant their inclusion. Roughly one third of the included documents are policy documents; the rest are consultation documents, guidance to support the implementation of national policy, or 'manifesto' type documents intended to influence the direction and development of policy. In England, documents from both the previous Labour Government and the current Coalition Government have been included. In Scotland, documents from both the previous Scottish Executive and the current Scottish Government have been included. Many documents covered both drugs and alcohol; documents which considered alcohol only have not been included. Documents related to the *Hidden Harm* agenda exist in each country; these have been reviewed in less detail as their focus is towards children and their drug or alcohol misusing parents.

² The search strategy varied across the documents but these were the most common search terms used - families, carer(s), child(ren), drug(s), addiction, substance misuse/use/abuse, alcohol.

3. The policy response to adult family members of people with drug problems across the UK

This section of the report will review, with a small number of examples as illustration, how each country is responding at a policy level to adult family members affected by illegal drug misuse. A table will accompany each section to indicate the extent to which key included documents in each country consider adult family members of illegal drug misusers in relation to each of three themes listed above.

3.1 ENGLAND

This section will consider policy from the previous Government as well as progress to date by the Coalition Government. Table 1 summarises the key English policies in this area.

Labour Government (1997-2010)

Under the previous Labour Government there was substantial progress within some areas of policy (and other guidance) of the recognition of the needs of families affected by drug/substance misuse and how their needs should be met. The majority of this work focused on children affected by parental drug misuse, driven by the *Hidden Harm* and *Every Child Matters* (and then *Think Family*) agendas. However, the 2008 *Drug Strategy* demonstrated a broader holistic commitment to tackling drug misuse by including the word 'families' in the title of the Strategy, as well as including 'families' in some of the key objectives and promises laid out in the document³ (HM Government [Home Office], 2008). The *Carers Strategy* (HM Government [DoH], 2008) and the *Support for All: Families and Relationships* (HM Government [DCSF], 2010) Green Paper both clearly recognised, to varying degrees, families affected by drug/substance misuse. The Green Paper highlighted the Family Drug and Alcohol Court⁴ as an example of developing practice in this area, stated that a support pack for grandparent/kin carers (caring for grandchildren who have been affected by parental substance misuse) would be developed, and made reference to the need for professionals to be alert to how substance misuse can affect children and families. The *Carers Strategy* clearly acknowledged how carers can be affected by substance misuse. Statements are made which include substance misuse as one of a number of areas where investment is needed, and two of the case studies are specific to substance misuse.

³This document, published by the previous Labour Government, has not been reviewed in detail (because it has been replaced by the Coalition Government's Strategy), but Velleman's 2010 review included it and discussed it in some detail.

⁴ See Judith Harwin et al., (2011) for more information. Available at <http://www.brunel.ac.uk/shssc/research/ccyr/research-projects/fdac>

Table 1: Coverage within English/UK Policy documents*

	Recognition	Involvement	Support
Coalition Government (from May 2010)			
Joint Strategic Needs Assessment (JSNA) support pack for commissioners (NTA, 2011)	✓✓	✓✓	✓✓
Supporting information for the development of joint local protocols between drug and alcohol partnerships, children and family services (NTA, 2011)	✓✓	✓	✓
Building recovery in communities (NTA, 2011 – consultation)	✓✓✓	✓✓✓	✓✓
Drug Strategy (HM Government, 2010)	✓✓	✓✓	✓
Healthy Lives, Healthy People (DoH, 2010)	✓	✓	✓
Breaking the Cycle (MoJ, 2010)	✓	✓	✓
Labour Government (1997-2010)			
Adfam's Manifesto (Adfam, 2010)	✓✓✓	✓✓	✓✓
Commissioning for recovery (NTA, 2010)	✓✓	✓✓	✓
Reducing drug and alcohol harms to communities and families (Home Office, 2010)	✓✓✓	✓✓✓	✓✓✓
Reducing re-offending: supporting families, creating better futures (MoJ & DCSF, 2009)	✓✓	✓	✓✓
Support for All (HM Govt [DCSF], 2010)	✓✓✓	✓✓	✓✓
Joint guidance (DCSF, DoH & NTA, 2009)	✓✓	✓	✓
Supporting and involving carers (NTA, 2008)	✓✓✓	✓✓✓	✓✓✓
Violence against women and girls strategy (HM Govt, 2009)	✓	✓	✓
Carer's at the heart of the 21 st Century (DoH, 2008)	✓✓	✓	✓
Drug misuse (NICE, 2007a, b)	✓✓	✓✓✓	✓✓✓
Mental Health NSF (DoH, 1999)	✓	✓	✓

*One tick to indicate minimal or no coverage (✓); two ticks to indicate some coverage but little detail (✓✓); three ticks to indicate a high level of coverage and/or specific detail about the issues (✓✓✓).

There has been much less attention paid to the specific issue of families affected by drug/substance misuse in other areas of policy such as mental health, domestic abuse and criminal justice (e.g. HM Government, 2009; DoH, 1999). Where particular progress was made was in guidance documents and other documents, particularly in relation to drug treatment and in supporting families. The documents which have been particularly important in developments in this area include:

- i. *Drug misuse, psychosocial interventions CG51* (NICE, 2007a).
- ii. *Drug misuse, opioid detoxification CG52* (NICE, 2007b).
- iii. *Supporting and involving carers: a guide for commissioners and providers* (NTA, 2008).
- iv. *Joint guidance on development of local protocols between D&A treatment services and local safeguarding and family services* (DCSF, DoH and NTA, 2009).
- v. *Reducing drug and alcohol harms to communities and families: updated guidance on developing local practice* (Home Office, 2010).
- vi. *Adfam's manifesto for families: 5 key challenges for supporting families affected by drug and alcohol use* (Adfam, 2010).
- vii. *Reducing re-offending: supporting families, creating better futures - A Framework for improving the local delivery of support for the families of offenders* (MoJ and DCSF, 2009).

The documents listed above are considered in more detail below. Some of them have been adopted, or reviewed and revised, under the Coalition Government and this will be considered in the next section.

The two sets of NICE guidance both make (slightly different) specific recommendations relating to families (see Box A for the detail of the recommendations. Guidance CG51 (psychosocial interventions – NICE, 2007a) focuses on asking clients about family involvement and how families can be supported, as well as recommending BCT (Behavioural Couples Therapy) as an intervention; the 5-Step Method is also indicated, although it is not referred to by name. Guidance CG52 (opioid detoxification – NICE, 2007b) focuses on involving families and on assessment. However, as can be seen in the findings of the web survey, there is a relatively low level usage of Behavioural Couples Therapy across the United Kingdom. Furthermore, very low numbers of interviewees who participated in the qualitative study referenced the NICE guidance as informing commissioning or service delivery in their areas.

Box A: NICE recommendations relating to Adult Family Members

1.1.2 Supporting families and carers

1.1.2.1 Staff should ask families and carers about, and discuss concerns regarding, the impact of drug misuse on themselves and other family members, including children. Staff should also:

- offer family members and carers an assessment of their personal, social and mental health needs
- provide verbal and written information and advice on the impact of drug misuse on service users, families and carers.

1.1.2.2 Where the needs of families and carers of people who misuse drugs have been identified, staff should:

- offer guided self-help, typically consisting of a single session with the provision of written material
- provide information about, and facilitate contact with, support groups, such as self-help groups specifically focused on addressing families' and carers' needs.

1.1.2.3 Where the families of people who misuse drugs have not benefited, or are not likely to benefit, from guided self-help and/or support groups and continue to have significant problems, staff should consider offering individual family meetings. These should:

- provide information and education about drug misuse
- help to identify sources of stress related to drug misuse
- explore and promote effective coping behaviours
- normally consist of at least five weekly sessions.

1.4.4 Behavioural couples therapy

1.4.4.1 Behavioural couples therapy should be considered for people who are in close contact with a non-drug-misusing partner and who present for treatment of stimulant or opioid misuse (including those who continue to use illicit drugs while receiving opioid maintenance treatment or after completing opioid detoxification). The intervention should:

- focus on the service user's drug misuse
- consist of at least 12 weekly sessions."

(Drug Misuse: Psychosocial interventions, NICE 2007a)

Supporting and involving carers: a guide for commissioners and providers (NTA, 2008) is one of a very small number of documents across the UK which considers more specifically, and hence in much more detail, adult family members affected by drug/substance misuse. The guidance considers best practice for commissioning provision of services for carers, as well as how to include carers as appropriate in relative's drug treatment. The guidance also emphasises the importance of carer involvement, stating:

"The guidance as a whole is predicated on the assumption that commissioners and service providers involve and consult carers in every stage of service design and delivery" (p3)

Acknowledgement of the issue is supported by one of the lengthy appendices to the guidance (a review of the literature and other supplementary information). The guidance covers a range of issues for commissioners to consider, both for involving carers in relative's

drug treatment and in supporting carers in their own right. Specific issues, such as assessment, domestic violence, diversity and workforce development, are briefly covered. There is less detail on what support should be available to families, although there is a section of the document which gives a list of ideas of "what would a family and carers service look like" (p13) and another section which considers principles and levels of work with carers within drug treatment services (p15). However, very low numbers of interviewees who participated in the qualitative study referenced this NTA guidance as informing commissioning or service delivery in their areas. Other documents from the NTA to support commissioning, however, have given very little coverage, other than at a broad level, to issues relating to family members (e.g. NTA, 2010).

The *joint guidance* (DCSF, DoH and NTA, 2009), item iv in the list above, aims to develop and enhance joint working practices between drug and alcohol services, and children and family services. The document is comprehensive in terms of the range of issues it covers, and in making links with other policies, and the two checklists are helpful. While the document focuses on children affected by substance misuse and their parents/families, there is much which could be translated into the response which is needed to support all families affected by substance misuse, and which could therefore consider adult family members.

Reducing drug and alcohol harms to communities and families: updated guidance on developing local practice (Home Office, 2010) aimed to support implementation of the Drug Strategy by offering more detailed guidance on one of the foundations of that Strategy, namely to support families and communities and to reduce the negative impact of drugs on families and communities. The document highlights how families are affected, gives details of estimated prevalence (based on previous work completed by the UKDPC), summarises why families matter and explores the impact of substance misuse on families and carers. There are also brief sections which consider co-existing domestic violence and/or mental health problems. The guidance suggests that four levels for family support should be in place (universal, primary, structured and intensive - p18) as well as detailing a range of different things to consider around planning and delivery (for example, setting up family support services, conducting carer's assessments), although some issues are covered in much less detail (for example, workforce development, service evaluations and measuring outcomes). Some additional considerations for developing more effective support for families are also considered – for example, supporting families in their own right, including families where possible at an initial assessment, offering families high quality training, seeing education/training for families as integral to treatment, and encouraging local provision and awareness without overwhelming services (see pages 26-28). Some specific examples of services which could support families are given – including support groups, FIPs (Family Intervention Project), support in prisons and the 5-Step Method.

In 2010 Adfam, the national umbrella organisation for family members affected by substance misuse, published its 'Manifesto'. The Manifesto argued for policy and practice to consider five key areas. These are: supporting families in their own right; involving families in treatment; monitoring effectiveness; public services thinking family; and commissioning effectively.

Reducing re-offending: supporting families, creating better futures - A Framework for improving the local delivery of support for the families of offenders (MoJ and DCSF, 2009)

includes one section on alcohol and substance misuse and some of the tasks listed at the front of the document are relevant to this population. However, overall, there has been little attention paid to families of substance misusers in criminal justice policy.

Coalition Government (from May 2010)

Under the Coalition Government there has been continued progress in some areas. Six documents have been published that are directly relevant, although they vary in the extent to which (adult) family members affected by substance misuse are considered:

1. *Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life* (HM Government [Home Office], 2010).
2. *Healthy Lives, Healthy People: Our strategy for public health in England* (HM Government [DoH], 2010).
3. *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders* (Green Paper) (MoJ, 2010 - consultation document).
4. *Building Recovery in Communities* (NTA, 2011 – consultation document).
5. *Joint Strategic Needs Assessment (JSNA) support pack for commissioners* (NTA, 2011).
6. *Supporting information for the development of joint local protocols between drug and alcohol partnerships, children and family services* (NTA, 2011).

The *Drug Strategy 2010* (HM Government, 2010) covers a range of issues relevant to children and families, and considers how a holistic response can be part of the recovery movement which is central to the Strategy. The Strategy clearly acknowledges the impact of substance misuse on families, parental substance misuse on children, and young people's substance misuse on parents, and also considers the benefit of early intervention to give children the best possible start in life. Also covered are: Looked after children; keeping children safe; safeguarding; training; and relevant agencies working together. There are also examples of services and initiatives which support families, including for example, the Family Drug and Alcohol Court, Sure Start and Family Nurse Partnerships. Importantly, there is also one of the most significant statements relating to adult family members in this document, perhaps the first time that the needs of adult family members **in their own right** has been made within a national policy document In England:

"Evidence shows that treatment is more likely to be effective, and recovery to be sustained, where families, partners and carers are closely involved. We will encourage local areas to promote a whole family approach to the delivery of recovery services, and to consider the provision of support services for families and carers in their own right" (page 21)

While families are considered in both the *Healthy Lives, Healthy People* (HM Government [DoH], 2010) and *Breaking the Cycle* (MoJ, 2010) documents, there is little within either document which is specific to families affected by substance misuse. *Building Recovery in Communities* (NTA, 2011) is a consultation on the document which will replace MoCAM (Models of Care) and support delivery of the Government's Drugs Strategy. Families,

children and carers are mentioned throughout the document; one section is specific to families and asks three questions:

1. How can local systems and services better involve families, partners and carers in the treatment and recovery process?
2. What are the key sources of support that families, carers and partners need to enable them to participate in the service user's treatment and recovery?
3. How can the framework support local areas in strengthening the support that is available for carers, partners and family members?

The document is also clear that it hopes that families and carers themselves will be one of the groups of respondents to the consultation.

In 2011 the NTA published two further documents which are relevant. First, is a *Joint Strategic Needs Assessment (JSNA) support pack for commissioners* to assist with their development of integrated treatment and recovery systems. The document considers five key principles which should be considered by commissioners. Families are mentioned throughout the document, in terms of both treatment and the engagement required from local stakeholders and partners in terms of developing integrated treatment and recovery systems, although there is no direct specific mention of addressing the needs of (adult) family members in their own right. This document will be influential in putting the needs of family members, including adult family members who are the focus of this report, and the way in which their needs are best met on local agendas when responsibility for commissioning drug treatment transfers to public health in 2013. Second, is *Supporting information for the development of joint local protocols between drug and alcohol partnerships, children and family services*; this document updates the 'Joint Guidance' published under the previous Labour Government (see page 7). While the wider family is mentioned, and initiatives such as 'team around the family' are alluded to, such guidance is targeted towards children where there are safeguarding issues, and there is little specific attention given to the needs of adult family members.

In addition, Adfam continues to campaign on issues related to families affected by drug and alcohol misuse, has conducted a number of surveys on key issues, runs a training programme on a range of issues, and has published a range of documents to support services at a local level (including partnership working, fortnightly policy briefings and a volunteering toolkit).

Key Points - England

There has been increasing recognition given to families affected by substance misuse by the Labour and Coalition Governments.

The Coalition Government's *Drug Strategy* contained a significant statement in referring to the needs of adult family members **in their own right**, the first time such a declaration has been made within a national policy document

Good progress has been made in considering families in a range of guidance and other documents, designed to support national policy and its implementation, particularly in relation to drug treatment and in supporting families.

There has been much less attention paid to the specific issue of families affected by drug/substance misuse in other, overlapping, areas of policy such as mental health, domestic abuse and criminal justice.

3.2 SCOTLAND

This section will consider both policy from both the Scottish Executive and the Scottish Government (renamed in 2007). Over the last decade or so Scottish policy has clearly acknowledged the significant impact of substance misuse on children and families. A considerable amount of attention has focused on the children of substance misusers and on the response needed in terms of child protection, safeguarding, and supporting these children and their parents – and this valuable work has made an important contribution to recognising and responding to the needs of these children. Scotland's response to *Hidden Harm* (Scottish Executive, 2006) and documents such as *Getting our Priorities Right* (GOPR - Scottish Executive, undated⁵), *It's everyone's job to make sure I'm alright* (Scottish Executive, 2002 – report of the Children Protection and Audit Review), and the *Getting it Right for Every Child* (GIRFEC) agenda have been central to progress in this area in Scotland. Acknowledgement of young carers and grandparent (or kinship) carers has been given but there has been more limited broadening of policy to consider the needs of adult family members as a specific group.

Table 2 summarises the key Scottish policies in this area and rates the extent to which each of the three main issues outlined above are considered using a three point scale where three indicates the highest level on each factor. Since the focus of this review of policy was on the extent to which the needs of a wide range of **adult** family members have been considered, documents related to the CAPSM (Children Affected by Parental Substance Misuse) agenda were reviewed in less detail.

More recently, however, there are indications that further progress is being to give greater policy recognition to adult family members, and that this is having an impact on the provision of services to meet the needs of such family members at a national and local level.

⁵ GOPR is currently being updated but no more information about this is available as yet.

The three key documents which are leading this development are *The Road to Recovery- a New Approach to Tackling Scotland's Drug Problem* (Scottish Government, 2008), *The Road to Recovery – One Year On* (Scottish Government, 2009) and *Caring Together – The Carer's Strategy for Scotland 2010-2015* (Scottish Government, 2010).

The Road to Recovery (Scottish Government, 2008) includes over 100 mentions of 'families'. The impact on families is mentioned early on in the document and grandparent carers are specifically mentioned as a group of adult family members in need. One of the priority areas of the strategy is "supporting families affected by drug use" (page 8). Chapter 5 of the policy focuses entirely on 'Getting it Right for Children in Substance Misusing Families', where the two following statements are given:

"build capacity, availability and quality of support services for children and families affected by parental substance misuse" (p49);

"strengthen the focus of adult substance misuse services on the needs of children and families by including relevant outcomes in the commissioning framework" (p52)

Table 2: Coverage within Scottish Policy documents

	Recognition	Involvement	Support
Caring Together (Scottish Govt, 2010)	✓✓✓	✓✓	✓✓
Safer Lives (Scottish Govt, 2009)	✓✓	✓	✓
Towards a Mentally Flourishing Scotland (Scottish Govt, 2009)	✓	✓	✓
Road to Recovery (Scottish Govt, 2008) and progress report	✓✓✓	✓✓✓	✓✓✓
National Domestic Abuse Delivery Plan (Scottish Govt, 2008)	✓✓	✓	✓
Early Years Framework (Scottish Govt, 2008)	✓✓	✓	✓
Getting our Priorities Right (Scottish Exec, undated)	✓✓	✓	✓
It's everyone's job (Scottish Exec, 2002)	✓✓	✓	✓
Crime Prevention Strategy for Scotland (ACPOS, undated)	✓	✓	✓

*One tick to indicate minimal or no coverage (✓); two ticks to indicate some coverage but little detail (✓✓); three ticks to indicate a high level of coverage and/or specific detail about the issues (✓✓✓).

The document further promises to meet its aims in this area by continuing to support the Scottish Network for Families Affected by Drugs (SNFAD – now known as SFAD) and to support parents through the *Know the Score* campaign. There is little detail beyond this as to how families will be supported. However, the 2009 document on the progress (one year

on) made with *The Road to Recovery* indicate that progress has been made in a number of areas. The document lists six achievements which have been made in relation to families:

1. Continuing to fund SNFAD;
2. Enhancing knowledge and awareness amongst BME families/communities;
3. Work in the area of overdose awareness and training for families;
4. Published a leaflet on overdose bereavement
5. Supporting kinship carers; and
6. Supporting young carers.

The document also indicates that there have been a number of other achievements in terms of supporting the children of substance misusing parents. It is encouraging that work in Scotland is considering specific groups of family members, such as families from black and minority ethnic groups and kinship carers, and particular issues with which families have to contend, such as overdose and bereavement.

There are several specific and important statements regarding carers of drug (and alcohol misusers) in Scotland's *Carer's Strategy* (Scottish Government, 2010). This document appears to go beyond a more simplistic acknowledgement of the needs of this group of carers, and consider specific ways in which they could be supported. The particular role of Drug and Alcohol Partnerships is highlighted.

"There is scope for the Scottish Government to work with Alcohol and Drug Partnerships (ADPs) and with the new Scottish Drugs Recovery Consortium (SDRC) to promote the need for the identification of, and support to, carers of people with substance misuse problems. The Scottish Government expects ADPs to engage with all relevant aspects of community planning to help secure the best outcomes both for people with addiction problems and for their carers and families. The SDRC will be working closely with ADPs by assisting service user groups, family support networks and local communities. Carers of people with drug and alcohol problems can make an important contribution to the recovery of the people they are caring for, and the welfare of carers is an important part of this agenda" (p54-55)

The challenges of identifying and working with this group of carers are also recognised in this document (page 56), as are the needs of particular groups of carers such as grandparent carers and young carers (page 34). Currently, it seems that other areas of policy in Scotland (e.g. mental health, domestic violence and generic child policy such as the Early Years Framework) are not as far advanced in considering the needs of family members. However, there is some evidence that domestic violence policy is starting to recognise the need to consider addictions as one of a number of areas where there is overlap and where collaboration is needed. *Safer Lives: Changed Lives. A Shared Approach to Tackling Violence Against Women in Scotland* (Scottish Government, 2009) includes one mention of acting on the link between domestic violence and addictions in terms of making

more detailed enquiries of victims. This Strategy talks about a 'shared approach' (for example, page 14-15) but this does not highlight areas of policy which might more closely match with drugs and alcohol and/or families and carers. The *National Domestic Abuse Delivery Plan for Children and Young People* (Scottish Government, 2008) includes a small number of statements which acknowledge that addiction services are one of a number of places where women who have experienced domestic abuse will disproportionately present. Addictions services are later highlighted as area where attention is needed as part of improving the NHS response to domestic violence, and there are some statements about how this will be achieved. Priority Area 9 of this Plan focuses on developing a skilled workforce to better respond to domestic violence and there is a statement in this section which mentions addictions (p52).

In 2012, there has been an important development in terms of implementing policy at a local level across Scotland. Seven core outcomes have been agreed, outcomes against which all Alcohol and Drug Partnerships (there are 30 of them) will be expected to deliver against. Outcome 4 is focused on children and families and states:

"CAPSM: Children and family members of people misusing alcohol and drugs are safe, well-supported and have improved life-chances: this will include reducing the risks and impact of drug and alcohol misuse on users' children and other family members; supporting the social, educational and economic potential of children and other family members; and helping family members support the recovery of their parents, children and significant others" (it is possible that the first word in this outcome will change from CAPSM to Families).

Key Points - Scotland

Considering children, adult and other family members affected by substance misuse has been an important part of Scottish policy for over a decade.

Supporting families is a priority area of *Road to Recovery*, with a progress report indicating that progress has been made in several areas.

Work in Scotland considers specific groups of family members, such as families from black and minority ethnic groups and kinship carers, and particular issues with which families have to contend, such as overdose and bereavement.

The extent to which families of substance misusers are considered in other areas of policy is varied. The issue is given greater attention through the Carer's Strategy, and some recognition through domestic violence policy, but less attention in other areas such as mental health and criminal justice.

3.3 WALES

Table 3 summarises the key Welsh policies in this area.

Table 3: Coverage within Welsh Policy documents

	Recognition	Involvement	Support
Domestic Abuse Implementation Plan (Welsh Assembly, 2010)	✓	✓	✓
Substance Misuse Strategy (Welsh Assembly, 2008)	✓✓✓	✓✓	✓
Carers Strategy (Welsh Assembly, 2007)	✓	✓	✓
Domestic Abuse Strategy (Welsh Assembly, 2005)	✓	✓	✓
Mental Health policy guidance (Welsh Assembly, 2003)	✓	✓	✓
Domestic Abuse Joint Working document (unauthored and undated)	✓	✓	✓
Framework for Carers and Families of Substance Misusers (unauthored and undated)	✓✓✓	✓✓✓	✓✓

*One tick to indicate minimal or no coverage (✓); two ticks to indicate some coverage but little detail (✓✓); three ticks to indicate a high level of coverage and/or specific detail about the issues (✓✓✓).

The *Substance Misuse Strategy* for Wales (Welsh Assembly Government, 2008) includes 'Supporting Families' as one of its four key action areas (Action Area 3). There is a high level of recognition of the impact of substance misuse on families and children, and the detail of Action Area 3 covers protecting vulnerable children, family interventions, young carers, supporting parents, carers, and domestic abuse (pp35-40). The strategy indicates what needs to be in place for agencies to be able to support families and gives examples of family services (e.g. Option 2, Families First, Early Parental Intervention Projects), but there seems to be no mention of supporting adult family members in their own right (the focus is towards vulnerable or at risk families and children) nor of how family members can be included within the support offered to misusers (Action Area 2).

There are few mentions of adult family members of illegal drug misusers in other areas of Welsh policy – carers, domestic violence and mental health. *The Violence Against Women and Domestic Abuse Implementation Plan 2010-2013* (Welsh Assembly Government, 2010) does consider how domestic abuse and substance misuse services should work in partnership, but it is unclear how this might impact upon families (although there is a short section on domestic violence in Action Area 3 of the substance misuse strategy).

A key development in Wales has been the publication of the *Substance Misuse Treatment Framework. Carers and Families of Substance Misusers. A Framework for the Provision of Support and Involvement* (unauthored and undated). This is part of the Welsh Assembly Government's suite of documents which make up the Substance Misuse Treatment

Framework. This is the only specific policy (rather than guidance) document in the UK which considers families and carers of substance misusers. The Framework states that it seeks to:

"...promote the benefits of involving adult carers and adult family members of substance misusers in the development of policy, and in the design, planning and evaluation of services for these carers. It also seeks to promote the involvement of them in the planning of their individual care plans" (p3)

Importantly, the Framework highlights that organisational responsibility for these issues should be shared:

"All organisations with a responsibility for providing services for substance misusers are additionally required to consider carers' needs" (p9)

The underlying principles to the document are listed as:

- co-ordinated and quality services,
- consultation and partnership,
- choice,
- equity,
- information,
- financial security,
- practical help and recognition.

Carer involvement is a theme which threads throughout the Framework. The document later summarises the key steps to take and issues to consider when developing services for families (p12-14) and lists five quality standards for delivering quality services (p15-16). Importantly, the Framework emphasises the need to provide dedicated support to carers as well as recognising the role they may play in supporting the misusers. Their health and well-being, as well as wider family functioning, need to be considered.

Key Points - Wales

Supporting Families is a priority area within the Welsh Substance Misuse Strategy.

Part of the suite of documents which make up the Substance Misuse Treatment Framework is focused on *Carers and Families of Substance Misusers* and this provides some detail on how support should be designed and delivered.

Less attention to this group of family members has been given in other areas of policy, such as mental health and domestic violence.

3.4 NORTHERN IRELAND

Table 4 summarises the key Northern Irish policies in this area.

Table 4: Coverage within Northern Irish Policy⁶

	Recognition	Involvement	Support
New Strategic Direction for Alcohol and Drugs 2011-2016 (2011, Phase 2)	✓✓	✓✓	✓✓✓
Building Safer, Shared and Confident Communities (Dept of Justice, 2011 – consultation)	✓	✓	✓
Families Matter (2009)	✓	✓	✓
Care Matters (2007)	✓	✓	✓
New Strategic Direction for Alcohol and Drugs 2006-2011 (2006, Phase 1)	✓✓✓	✓✓	✓✓
Suicide Prevention Strategy and Action Plan (2006)	✓	✓	✓
Tackling Violence at Home (2005)	✓	✓	✓
Our Children and Young People (undated)	✓	✓	✓

*One tick to indicate minimal or no coverage (✓); two ticks to indicate some coverage but little detail (✓✓); three ticks to indicate a high level of coverage and/or specific detail about the issues (✓✓✓).

Northern Ireland's *New Strategic Direction for Alcohol and Drugs 2006-2011* (Phase 1: Department of Health, Social Services and Public Safety, 2006) appears to have a holistic flavour throughout. One of the seven aims of the policy states: *"reduce level, breadth and depth of alcohol and drug-related harm to users, their families and/or their carers and the wider community"* (p17). One of the values underpinning the policy is the need for a balanced approach - *"The needs and rights of the individual to make health related choices should be balanced with the need to protect families, communities and societies from any adverse effects of such choices"* (p19). There are five pillars to the policy and families are specifically mentioned in three of them - prevention and early intervention, treatment and support, and harm reduction (p22-23). There are also two key themes emphasised as crucial to all aspects of the policy, one of which (Theme 1) is children, young people and families (see p25) – for example, the policy aims to establish an advisory group (one of 4) for children, young people and families (p32). However, despite its holistic approach the document is weaker in terms of detail about how the needs of families will be met (there is more about children). For example, there are several mentions of families and carers in the table of outcomes by which the policy will be implemented and measures (listen as an appendix) but these are phrased very broadly so it is hard to know exactly what is expected.

⁶ All documents are authored by Department of Health, Social Services and Public Safety unless otherwise stated.

In 2011 the Department of Health, Social Services and Public Safety published Phase 2 of the Northern Ireland's *New Strategic Direction for Alcohol and Drugs 2011-2016*. Children and families continue to be a strong thread which runs throughout the document. In fact, this latter document recognises that the response to children and families needs to be improved, saying:

".....effectively engaging with families and parents/carers is a much more difficult task, and we acknowledge that this has not been tackled with the same consistency or focused approach. The revised NSD therefore contains a greater emphasis on engaging with parents and carers, both in terms of prevention and education, and treatment and support". (p25)

The Strategy (2011-2016) also recommends that *"....where appropriate, family-based interventions should be encouraged"* (p32), lists one of its overarching objectives as being to, *"....reduce the level, breadth and depth of alcohol and drug-related harm to users, their families (including children and young people), their carers and the wider community"* (p36), and has two (of seven) categories of outcomes which specifically consider children and families.

A scoping of policies in other areas in Northern Ireland identified little that was specific to adult family members of illegal drug misusers. However, some of these other policies do recognise the links between their issues and substance misuse, and some highlight the need to dovetail with policy in other areas, with the *New Strategic Direction for Alcohol and Drugs* usually one of the documents listed.

Key Points – Northern Ireland

Children, young people and families are one of two themes central to Northern Ireland's *New Strategic Direction for Alcohol and Drugs 2006-2011* and *2011-2016*. Furthermore, families are specifically mentioned in three of the five pillars of this policy.

There is little recognition of families given in others of policy, although the Alcohol and Drugs Strategy is usually referenced as an overlapping policy area.

3.5 ISLE OF MAN

Supporting affected others living with substance misuse: a National Implementation Plan for the Isle of Man (Templeton, Velleman and Zohhadi, 2006 or 2007) is the only document which has been included from the Isle of Man. It has been included because it is a unique example of a policy document which specifically considers families affected by substance misuse. The Plan considers, and makes recommendations, in the following five areas:

1. Identification and assessment;
2. Service delivery and development;
3. Workforce development;

4. Monitoring; and
5. Delivery and implementation.

The Plan was developed following a consultation exercise which was undertaken on the Isle of Man, and it is further recommended that the policy dovetails with a number of other key areas of policy on the Island. There is less about the direct involvement of families/carers themselves in taking this work forward, but there is a good amount of information and guidance about how services could be planned and delivered, and there are specific suggestions as to what services/interventions could be made available to families as an appendix to the main document.

4. The Local Picture: how national policy translates into regional strategies and local treatment plans

In addition to reviewing national policy and guidance it was decided to also review the extent to which national policy and guidance is translated into local plans. In order to do this, we selected one region in England (East Midlands) and the constituent areas within the region as the focus of this part of the work. The choice was based on the fact that there was a published Family and Carer Strategy in December 2009 in the East Midlands region, the only region to have such a Strategy named and available via the NTA website at the time (East Midlands Regional Family and Carer Forum, 2009). This Strategy, and all available local adult treatment plans for 2009-2010 (Part One documents were reviewed) in the East Midlands region covered by the Strategy⁷ were reviewed. Towards the end of the study, treatment plans for 2010-2011 were also available via the NTA website and so a comparison was possible. The 2009-2010 treatment plans were published just before the East Midlands Family and Carer Strategy, so an additional review of 2010-2011 plans provided an opportunity to see whether changes had been made following publication of that Strategy. Further details of this aspect of the work can be found in Appendix 2. Results from the reviews of the strategy and the treatment plans are discussed in more detail below.

In a separate piece of work, the local treatment plans for those areas included in the in-depth study conducted as part of this project were reviewed. The findings from this can be found in the report of that project component.

4.1 EAST MIDLANDS FAMILY AND CARER STRATEGY

This was published by the NTA on behalf of East Midlands Regional Family and Carer Forum (December, 2009) to "support the ongoing improvement agenda for drug treatment services across the region and promote the need for developments in family focused provision" (p3). Reading this document revealed that it:

- * Highlights that there are some "inspiring examples" of support for families but that "the most striking feature of the region has been the wide variation in provision for carer support.....what is clear is that there is not a variation in need" (all p23). In a way it is a shame that such a statement is somewhat tucked away near the end of the Strategy – the point might have been more powerful if highlighted much earlier in the document.

⁷ See <http://www.nta.nhs.uk/regional-eastmidlands.aspx> and <http://www.nta.nhs.uk/em-users-carers.aspx>

- * Uses NTA Carer guidance document and presentations at the regional 'Families Matter' conference in 2009 to argue for family focused provision, and highlights the national policy context too. It mentions the UKDPC (2009) *Supporting the Supporters* report, noting that the cost benefit to families is unknown. The strategy endorsed by statements from Viv Evans OBE (Adfam) and Professor Richard Velleman (Academic expert).
- * Argues for attention to be focused in three areas (probably informed by NTA Carer (2008) guidance document, and key literature e.g. Copello et al. review in 2005): ensuring services involve families and carers in treatment; ensuring support to families and carers in their own right; involving families and carers in planning and commissioning of services. Each of these three areas is a section of the Strategy. However, each section is only three to four pages of text in the Strategy and appears to be a summary of the key issues rather than offering any specific direction on exactly what services could or should be doing, and what resources might be available to facilitate the development of work in these areas.
- * There is a series of quite useful appendices to the Strategy. One presents some vignettes of 'family and carer activity in the East Midlands', highlighting nine initiatives across the region. Another appendix references supplementary guidance to undertake needs assessment.
- * The penultimate reference is a list of eight recommendations from the Regional Family and Carer Forum, all of relevance to supporting families. This is included at the end of the Strategy; perhaps it could have featured more prominently in the document and could also have been better integrated with the three main areas of work which the Strategy indicates that it wishes to develop. There also appears to be no detail on how local organisations can be supported to develop services in line with these recommendations, nor how progress against the recommendations will be measured.

4.2 REVIEW OF LOCAL TREATMENT PLANS

Table A2.2 in Appendix 2 summarises the extent to which each partnership area addresses the issues of families etc. The following comments are made in light of the review of documents which was undertaken.

- * All documents mentioned the previous Government's Drugs Strategy and many mentioned things like *Hidden Harm* and *Think Family/Every Child Matters* but none of the documents, in 2009-2010 or 2010-2011, made any mention of the East Midlands Family and Carer Strategy, or the NTA Guidance document which influenced the development of that regional strategy. It could therefore be suggested that there is a need for increased dissemination and guidance to facilitate increased local attention on these issues.
- * Overall, the inclusion of issues related to families and carers received little attention in the documents and, where there was mention, this rarely came with any detail or supporting statements which took work with families and carers beyond the superficial.

Often somewhat unrealistic and general statements were made (see Table A2.2), with rarely any additional substance or detail given to support them. However, given that many of the documents made reference to the 'new' drugs strategy as a primary driver, it is possible that many areas are only just becoming aware of the need to consider families and carers.

- * There were some signs that things had moved on a little bit from the 2009-2010 to 2010-2011 treatment plans. While, the 2009-2010 plans focused much more on children and on supporting families within this approach, there seemed to be a little bit more attention given to family members themselves in the subsequent years treatment plans. One plan made an attempt, using other sources, to estimate the number of adult affected family members in its area.
- * It is interesting, and not surprising, that the area which receives most attention is children/young people living with parental substance misuse and the wider safeguarding attention. It seems that the *Hidden Harm* and *Every Child Matters* agendas, and the availability of at least pockets of prevalence data, have been crucial in more firmly embedding the needs of this population within treatment plans. It might be interesting to better understand how the *Hidden Harm* agenda has led to those issues becoming more widely recognised and included, in order to inform how the adult family agenda can be improved.
- * It is possible that the issue of families and carers is not highlighted in other strategic drivers in the area (for example, priorities around recording, hepatitis or residential treatment) which inform the work of the partnerships, and that this lack of a joined-up picture is acting as some kind of barrier to developing family work within local partnership planning cycles.
- * Within young people's plans (reviewed only for 2009-2010) there is much more focus towards their own substance misuse, and far less detail regarding young people affected by parental substance misuse. There is also no mention of the needs of young people affected by the substance misuse of family members who are not their parents. There is also nothing more than superficial mention of supporting parents and families of these young people who are affected by parental/familial substance misuse, or of supporting the families of young substance misusers (if the latter is mentioned then it tended to be briefly, and in relation to parenting support).
- * The other area which receives more attention in many of the documents (though still little column space relative to the length of the documents and detail in many other areas) is user and carer involvement. Some areas are setting up, or planning to establish, increased involvement in this areas, and new posts to facilitate this, and this is clear from the 2010-2011 plans as well. It is possible again that this is an area which will develop over time, and it will be interesting to assess how this influences policy and then practice.
- * Generally, any mention of families etc. was at a very broad level, i.e. referring to them as families, carers, parents. There was almost no mention or recognition or diversity

and that different group of family members might have different needs. The 'Part 1' document for Nottinghamshire says that it will continue to offer support to kin carers but such mention of specific groups was extremely rare.

- * The 'Part 2' document (reviewed only for 2009-2010) asks the partnerships to identify targets in key priority areas, related to access, engagement and treatment exits of specific groups of patients. One of the groups is parents, but the extent to which local partnerships identify this as a priority (and list how they plan to improve compliance with this) is very mixed.
- * The 'Part 4' document (reviewed only for 2009-2010) appears to present an expenditure profile for 2009/2010. Carer involvement is a budget line and costs of this across the areas appear to be rather varied.
- * While there are some nice examples within the documents reviewed of more detailed thinking about meeting the needs of families (for example, Nottingham City's more detailed ideas, Derby City's aim to sustain its Breaking the Cycle service, and Nottinghamshire County's statement that it wants to "embed....the requirement for family friendly services in all service development, review and SLAs"), it is disappointing that at a local level there is probably still a lot to be done (and in fact to be done at a regional and national level to facilitate change at a local level). There were only indications that things had moved on in the 2010-2011 treatment plans
- * There is little mention of joined up work with other areas of service delivery such as mental health and domestic abuse. Many of the documents also seemed focused towards drugs with very little specific mention of alcohol.

Overall, adult family members were considered very broadly, and at a superficial level, in the treatment plans. There was some indication, between 2009-2010 and 2010-2011, that commissioners were adopting a more family focused approach. However, this was rarely supported by detail and often the main focus continued to be towards the *Think Family* agenda and supporting children and families where there is parental substance misuse. One area attempted to estimate the prevalence of adult affected family members, while another reported that a Families and Carers Involvement Strategy (and Action Plan) had been developed. Some plans mentioned carer involvement, carers' assessments or specific services but, overall, this level of detail was lacking.

5. Discussion

A summary of the key points from the review to date is given in Figure 1 below.

Figure 1: Summary of Key Points

- There is much clearer and more overt recognition within national drug strategies (which often now incorporate alcohol) of how substance misuse affects adult family members and of including their needs in the policy response.
- There is variation in the extent to which drug strategies move beyond this surface rhetoric and consider the detail of exactly how to support adult family members, and how to involve them.
- The guidance which is produced to support the implementation of policy is more likely to contain some of this detail, but the impact and usefulness of such documents at a local level is unknown.
- Overall, there are some examples of good practice across UK policy and guidance (mainly in drugs policy but also seen in carers policy and children and family policy) of some of the progress which has been made to carefully consider how to support adult family members affected by drug misuse.
- Much of the progress which has been made stemmed from the *Hidden Harm* and *Every Child Matters/Think Family* agendas, and their application across the United Kingdom. This has meant that, for the most part, the focus has been on risky/vulnerable families and/or children affected by parental substance misuse. Other groups of affected family members, including adult family members, have been largely overshadowed.
- Policy and supporting guidance tends to take a very broad approach to dealing with the issues of families. It is unusual for sub-groups of adult family members, or those with particular needs, to be considered.
- There is evidence that carers strategies, and generic child and family policy, are recognising the needs of adult family members of substance misusers as one of a number of specific groups with particular needs and more specific attention and investment is needed. However, for the most part, this is quite general with little detail on what these groups might need.
- There is some evidence that drug policy is alert to the need to work closely with the domestic violence sector. However, there is little evidence from domestic violence policy, or from mental health or criminal justice, of the recognition of families affected by substance misuse. Overall, key areas of policy are missing opportunities to work together and dovetail policy and guidance with each other.
- There are some indications that local policy is becoming more family focused, but that detail in relation to adult family members is still, with a few exceptions, a largely under-developed area. The Drugs Strategy and the recovery agenda in England, and the equivalents in Scotland, Wales and Northern Ireland appear to be influencing the development of local policy, but there is little mention of other drivers/guidance which consider adult family members and carers, and of other overlapping policy agendas.
- There has been little attention given to monitoring the quality of services to adult family members and carers. This is an area which requires attention and some ideas are given about

Certainly within two key areas of policy – drugs, and children and families – some significant progress has made been in terms of acknowledging the impact of substance misuse on families, and of considering how their needs can be met. Given the historic neglect given to families in terms of policy (see Velleman, 2010) there have been some important developments, and some quite swift progress, in these areas of policy over the last five to ten years. There is evidence from across the UK that a broader approach is being developed which recognises and considers the needs of families. **The drug strategies for England, Scotland, Wales and Northern Ireland all have a more holistic approach, although the extent to which they consider *adult* family members varies.** There is now a strong recognition across UK drugs policy of the impact of substance misuse on families. However, beyond this, there is variation in how much detail is contained within policy on how to support families and on how they should be involved in the policy and planning processes. Often, rather broad and general statements are made, with little substance or detail given beyond this. In addition, policy tends to focus on some groups of families more than others (e.g. children affected by parental substance misuse and the misusing parents) or on how families might be involved with the substance misusers treatment. Beyond national drug strategies, examples of where more detail has been given include the NICE Guidance on psychosocial interventions, the NTA Carer's Guidance, outcomes for ADPs in Scotland, outcomes listed in Northern Ireland's *New Strategic Direction for Alcohol and Drugs 2011-2016*, and *Carers and Families of Substance Misusers* which is a supplementary document to the Substance Misuse Treatment Framework in Wales. However, the findings from the web survey and qualitative study (reported elsewhere) suggest that knowledge of and implementation of such guidance and recommendations is very varied at a local level.

The key drivers for the increasing attention which has been given to families in these areas of policy have been the *Hidden Harm* and *Every Child Matters/Think Family* agendas, and the ways in which these English agendas have been applied elsewhere in the UK. It is perhaps therefore inevitable that, while some documents use terms such as 'families' often; when the detail of the policies are scrutinised it becomes clear that the focus tends to be far narrower than this, with children, parental substance misuse, safeguarding and supporting risky and vulnerable families in society dominating a great deal of policy in these areas. In itself this is of course important, and policy developments in these areas have had a major impact, but this narrower focus has often meant that the broader issue of 'families' has, in fact, been somewhat sidelined (Velleman, 2010).

"There is still....a major need to increase the visibility both of the needs of all family members, including spouses and parents of substance misusers, to be able to access appropriate help in their own right.....and of their important role as part of the treatment that their substance-misusing relatives might receive" (Velleman, 2010 p8).

Moreover, there continues to be a general lack of recognition of the specific needs of different groups of family members. Often policy and supporting guidance takes a rather broad overview of the need to acknowledge, involve and support 'families'. In fact, whilst this in itself demonstrates the amount of progress which has been made, the policy

response needs to go beyond this over-arching approach. There are many sub-groups of adult family members who are affected by drug misuse and who may have very different experiences and needs, such as parents, spouses/partners, kinship carers, families from black and minority ethnic groups, siblings, and young carers or adult children. Equally, there are specific issues experienced by groups of family members which may require a different or particular response, such as the families of prisoners, those affected by overdose or bereavement, or the needs of different cultural or faith groups. The progress report on Scotland's *Road to Recovery* Strategy is a rare example where the particular needs of some sub-groups of family members have been considered and where specific action has been taken.

One area where there has been a particular gap is in recognising and meeting the needs of adult family members 'in their own right'. Some of the policies and other documents which have been reviewed highlight the needs of, for example, kinship/grandparent carers, parents, young carers or families more generally. However, this is rare and the focus tends to be on what is needed to support them to be carers or parents, or on how they can support the misusing relative to engage with treatment, as a result ignoring any additional needs that they may have 'in their own right'. There are some indications within drug strategies, some carers' and families' strategies, and within guidance supporting policy, that this particular issue is now receiving more attention, but it is an area where more work is needed.

It should be noted that in England, Wales and Northern Ireland there are national drug strategies which include alcohol as well as illegal drugs. Scotland has separate drug and alcohol strategies. Given that families still receive far less attention in terms of alcohol policy, when compared with drug policy, the incorporation of alcohol into the national substance misuse strategies across most of the UK is to be welcomed (because drugs policy is paying more attention to families), although there is a risk of the emphasis on responding to the illegal drug problem overshadowing the different or greater response (because alcohol misuse is a far greater problem) which may be needed when alcohol, and its impact on families, is considered.

This review also explored the extent to which adult family members affected by drug/substance misuse are considered in other, relevant and overlapping, areas of policy. The specific issue is rarely considered in some areas of policy such as mental health and criminal justice. While, in some cases, drug/substance misuse policy has started to recognise (and detail) how to overlap with domestic violence policy/services, domestic violence strategies and documents themselves rarely consider the needs of families affected by the dual issues. Most progress has been made in two areas of policy – namely, carers, and children and families - although most of these developments have focused on certain groups of family members more than others (as already highlighted – see above). There are some examples of good practice emerging from carers' policy, particularly in England (including the NTA guidance) and Scotland. Overall, there is an urgent need for areas of policy to work together to consider this issue (and indeed other issues which no doubt cross policy boundaries), rather than separately considering how to deal with particular issues or groups of people.

"...it is vital that these overlapping areas of policy development dovetail together. It is imperative, if the rhetoric related to 'joined-up thinking' and more holistic policies is to become real, that policies are not developed which should be related but which, in fact, are produced in relative isolation" (Velleman, 2010 p15).

Across the UK it is unclear how developments will continue to progress following changes of Government. Furthermore, the extent to which national policy and guidance is followed by the development of local policy and guidance is also unclear. This review has highlighted the importance of the guidance documents building on the broader recommendations of national policy and its implementation at a local level. However, while some of the supporting documents which have been included in this review could be seen as examples of good practice in how to develop the network of support which is so desperately needed by adult family members affected by illegal drug misuse, the extent to which, in reality, such documents inform policy and practice at a local level is unknown. A review of the impact and usefulness of such guidance documents would be beneficial.

A further area which requires consideration is that of the development of core standards and quality assessment frameworks to guide the development of support and services for adult family members. Currently, there has been little work in this area across the UK. The NTA guidance for commissioners on supporting and involving carers (NTA, 2008), and recently published JSNA support pack (NTA, 2011), and part of the Welsh Assembly Governments' Substance Misuse Treatment Framework (which directly consider carers and families and the provision of support and involvement to them) are examples of progress which has been made to consider more closely the standards required for services for families, and how such standards can be assessed. The Substance Misuse Skills Consortium states that one of its aims is to "Identify what the treatment workforce needs to promote and sustain better outcomes for service users, their families and communities". Although there is little detail on what this might mean for families the potential for this network to contribute towards the quality of delivery and practice which is needed is important. Overall, this is an area where further attention is needed. It is unfortunate that the needs of family members do not form part of the *Payment by Results* outcomes framework.⁸

Work in other areas may therefore be helpful in facilitating further progress in this area. For example, in 2011 NICE published a quality standard for alcohol dependence and harmful alcohol use, with one of the 13 points of the standard stating, "Families and carers of people who misuse alcohol have their own needs identified, including those associated with risk of harm, and are offered information and support"⁹. Similarly, also in 2011, NICE published a quality standard for service user experience in adult mental health, which included reference to families and carers.¹⁰ Finally, the development of NICE quality standard for drug user

⁸ See:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_128332.pdf

⁹ See: <http://www.nice.org.uk/guidance/qualitystandards/alcoholdependence/home.jsp>

¹⁰ See: <http://www.nice.org.uk/guidance/qualitystandards/service-user-experience-in-adult-mental-health/index.jsp>

disorders (to be published in 2012) includes families and carers as an area of care that will be considered.

At a broader level is the NICE document *Principles for Best Practice in Clinical Audit* (NICE, 2002) and the Care Quality Commission's (an independent regulator which is responsible for regulating adult social care) *Essential Standards of Quality and Safety*, (2010) comprising 28 regulations (and associated outcomes) which could be used as a basis for developing standards against which to assess support to adult family members. Also relevant in England is the Department of Education's *Family and Friends Care: Statutory guidance for Local Authorities* (DfE, 2010), which presents a detailed framework for support to family and friends carers, although the guidance is not specific to substance misuse and is concentrated on the carers role and the statutory responsibility towards those children who are placed in the care of family and friends. Similarly, in Scotland the National Care Standards¹¹ (for adults who use services, for children and young people who use services, and for services used by everybody) could be developed to consider the specific needs of carers/family members including, where relevant, those affected by a relative's drug (or alcohol) misuse. The indicators and outcomes frameworks, against which all Alcohol and Drug Partnerships will have their performance reviewed, also bring potential for issues such as quality standards to be considered.

¹¹ See: <http://www.nationalcarestandards.org/>

References

Care Quality Commission (2010) *Essential Standards of Quality and Safety*, London: Care Quality Commission.

Copello et al., (2005) 'Family Interventions in the Treatment of Alcohol and Drug Problems'. *Drug and Alcohol Review*, 24(4): 369-385.

Copello et al., (2009) *Adult Family Members and Carers of Dependent Drug Users: Prevalence, social cost, resource savings and treatment responses*, London: UKDPC.

Department of Education (2010) *Family and Friends Care: Statutory guidance for Local Authorities*, London: DfE, 200.

East Midlands Regional Family and Carer Forum (2009) *East Midlands Family and Carer Strategy*, London: National Treatment Agency.

HM Government (2008) *Drugs: Protecting families and communities. The 2008 Drug Strategy*, London: HM Government.

Judith Harwin et al., (2011) *The Family Drug and Alcohol Court (FDAC) Evaluation Project: Final report*, London: Brunel University London.

NICE (2002) *Principles for Best Practice in Clinical Audit*, Oxon: Radcliffe Medical Press Ltd.

UKDPC (2009) *Supporting the Supporters: Families of drug misusers*, London: UKDPC.

Velleman R (2010) 'The Policy Context: Reversing a state of neglect'. *Drugs: Education, Prevention & Policy* 17(S1): 8-35.

Appendix 1: Documents included in the review

Table A.1.1 – Policies and other documents included in the review

Document	Details
England – 23 documents	
<p>Supporting information for the development of joint local protocols between drug and alcohol partnerships, children and family services</p> <p>JSNA support pack for commissioners</p> <p>Drug Strategy 2010: Reducing Demand, Restricting Supply, Building Recovery: Supporting People to Live a Drug Free Life</p> <p>Healthy Lives, Healthy People: Our strategy for public health in England</p> <p>Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders (Green Paper)</p> <p>Building recovery in communities – consultation</p> <p>Support for All: the Families and Relationships Green Paper</p> <p>Commissioning for recovery: Drug treatment, reintegration and recovery in the community and prisons: a guide for drug partnerships</p> <p>Reducing drug and alcohol harms to communities and families: updated guidance on developing local practice</p> <p>Reducing re-offending: supporting families, creating better futures - A Framework for improving the local delivery of support for the families of offenders</p> <p>Adfam's manifesto for families: 5 key challenges for supporting families affected by drug and alcohol use</p> <p>Routes to recovery via criminal justice: mapping user manual</p> <p>Joint guidance on development of local protocols between D&A treatment services and local safeguarding and family services</p> <p>Supporting and involving carers: a guide for commissioners and providers</p> <p>Carers at the heart of the 21st Century families and communities</p>	<p>NTA (2011) – 12 pages</p> <p>NTA (2011) – 9 pages</p> <p>HM Government [Home Office] (2010) - 26 pages</p> <p>H M Government [DoH] (2010) - 100 pages</p> <p>Ministry of Justice (2010) - 96 pages - Consultation Green Paper. Coalition Government</p> <p>NTA (2011) - 25 pages - Coalition Government HM Government (DCSF) (2010) - 141 pages.</p> <p>NTA (2010) - 8 pages</p> <p>Home Office (2010) - 34 pages</p> <p>MoJ and DCSF (2009) - 52 pages - previous Govt as co-authored by DCSF</p> <p>Adfam (2010) - 8 pages</p> <p>Author Ed Day for NTA (2010)</p> <p>DCSF, DoH & NTA (2009) - 14 pages</p> <p>NTA (2008) - 20 pages</p> <p>HM Government (DoH) (2008) - 172 pages.</p>

Document	Details
<p>Together we can end violence against women and girls: strategy</p> <p>Drug misuse, psychosocial interventions CG51</p> <p>Drug misuse, opioid detoxification CG52</p> <p>Every Child Matters: Change for Children. Young People and Drugs</p> <p>Hidden Harm</p> <p>Hidden Harm Three Years On</p> <p>Young people's substance misuse treatment - essential elements</p> <p>Mental Health: National Service Framework</p>	<p>HM Government (2009) - 77 pages.</p> <p>NICE CG51 (2007a) - 35 pages</p> <p>NICE CG52 (2007b) - 36 pages</p> <p>HM Government (DfES) (2005) - 16 pages.</p> <p>ACMD (2003)</p> <p>ACMD (2007)</p> <p>NTA (2005) - 27 pages</p> <p>DoH (1999) - 153 pages</p>
Scotland – 13 documents	
<p>The Road to Recovery - a New Approach to Tackling Scotland's Drug Problem</p> <p>The Road to Recovery - One Year On</p> <p>Caring Together - The Carers Strategy for Scotland 2010-2015</p> <p>Safer Lives: Changed Lives. A Shared Approach to Tackling Violence Against Women in Scotland</p> <p>National Domestic Abuse Delivery Plan for Children and Young People</p> <p>Towards a Mentally Flourishing Scotland: Policy and Action Plan 2009-2011</p> <p>The Early Years Framework</p> <p>Getting our priorities right - policy and practice guidelines for working with children and families affected by problem drug use</p> <p>Hidden Harm - Next Steps - Supporting Children: Working with Parents</p> <p>It's everyone's job to make sure I'm alright - report of the Children Protection Audit and Review</p> <p>A Crime Prevention Strategy for Scotland 2006-2009</p> <p>Alcohol and Drug Strategy: A framework for partnership action 2011-2014</p> <p>Protecting children living in families with problem substance use - guidelines for agencies in Edinburgh and the Lothians</p>	<p>Scottish Government (2008) - 95 pages</p> <p>Scottish Government (2009) - 19 pages</p> <p>Scottish Government (2010) - 153 pages</p> <p>Scottish Government (2009) - 30 pages</p> <p>Scottish Government (2008) - 89 pages</p> <p>Scottish Government (2009) - 56 pages</p> <p>Scottish Government (2008) - 44 pages</p> <p>Scottish Executive (undated) - 77 pages.</p> <p>Scottish Executive (2006) - 35 pages</p> <p>Scottish Executive (2002) - 211 pages</p> <p>Association of Chief Police Officers in Scotland (undated) - 15 pages</p> <p>Edinburgh Alcohol and Drug Partnership (2011) - 18 pages</p> <p>Unauthored (2005) - 78 pages. There is also a guidelines leaflet (6 pages) and a guidelines summary (6 pages)</p>
Wales – 7 documents	
<p>Working Together to Reduce Harm - The Substance Misuse Strategy for Wales 2008-2018</p>	<p>Welsh Assembly Government (2008) - 84 pages</p>

Document	Details
<p>Substance Misuse Treatment Framework. Carers and Families of Substance Misusers.</p> <p>Carers Strategy for Wales. Action Plan 2007</p> <p>Tackling Domestic Abuse: The All Wales National Strategy. A Joint Agency Approach</p> <p>The Violence Against Women and Domestic Abuse Implementation Plan 2010-2013</p> <p>Domestic Abuse Joint Working</p> <p>Mental Health Policy Guidance</p>	<p>Unauthored and undated (but part of suite of documents developed as part of the Government's Substance Misuse Treatment Framework) - 17 pages</p> <p>Welsh Assembly Government (2007) - 32 pages</p> <p>Welsh Assembly Government (2005) - 40 pages</p> <p>Welsh Assembly Government (2010) - 16 pages</p> <p>Unauthored and undated (but part of suite of documents developed as part of the Government's Substance Misuse Treatment Framework) - 39 pages</p> <p>Welsh Assembly Government (2003) - 67 pages</p>
Northern Ireland – 11 documents	
<p>New Strategic Direction for Alcohol and Drugs Phase 2, 2011-2016</p> <p>New Strategic Direction for Alcohol and Drugs Phase 1, 2006-2011</p> <p>Families Matter - Supporting Families in Northern Ireland. Regional Family and Parenting Strategy</p> <p>Our Children and Young People - Our Pledge. A 10 year strategy for children and young people in NI 2006-2016</p> <p>Regional Hidden Harm Action Plan: responding to the needs of children born to and living with parental alcohol and drug misuse in NI</p> <p>Care Matters in Northern Ireland - A Bridge to a Better Future</p> <p>Hidden Harm - Addictions in the Family</p> <p>Tackling Violence at Home - A Strategy for Addressing Domestic Violence and Abuse in NI</p> <p>Northern Ireland Suicide Prevention Strategy and Action Plan 2006-2011</p> <p>Building Safer, Shared and Confident Communities. A Consultation on a New Community Safety Strategy for Northern Ireland</p>	<p>Department of Health, Social Services and Public Safety (2011)</p> <p>Department of Health, Social Services and Public Safety (2006) - 67 pages</p> <p>Department of Health, Social Services and Public Safety (2009) - 48 pages</p> <p>Department of Health, Social Services and Public Safety (undated) - 98 pages</p> <p>Department of Health, Social Services and Public Safety (2008) - 33 pages</p> <p>Department of Health, Social Services and Public Safety (2007) - 160 pages</p> <p>Policy and practice briefing (No. 13) written by Webb M and Nellis B - Barnardos (undated) - 6 pages</p> <p>Department of Health, Social Services and Public Safety (2005) - 64 pages</p> <p>Department of Health, Social Services and Public Safety (2006) - 48 pages</p> <p>Department of Justice (2011) - 46 pages. CONSULTATION DOCUMENT</p>
Other – 1 document	
<p>Supporting affected others living with substance misuse: a National Implementation Plan for the Isle of Man</p>	<p>Authored by Lorna Templeton, Richard Velleman and Sarah Zohhadi (Bath MHRDU) (UNDATED but approx. 2006 or 2007) - 35 pages</p>

Appendix 2: A review of local policy in the East Midlands

EAST MIDLANDS

The NTA website describes the East Midlands region as a “polycentric” and diverse region, comprising three major urban hubs and a large number of rural areas. According to the NTA website the following local treatment plans should be supplied by each DAAT partnership:

1. Adults Part 1: Strategic summary, needs assessment and key priorities.
2. Adults Part 2: Local partnership priorities for effective engagement of drug users in treatment.
3. Adults Part 4: Substance misuse pooled treatment budget, mainstream funding and expenditure.
4. Young People Part 1: Young People’s Treatment Plan.

There are nine DAAT partnerships in the East Midlands region and the following documents were downloaded for review (Table 1)¹².

Table A2.1: Local Treatment Plan Documents Identified for Review, 2009/10 and 2010/11

	Part 1 ¹³	Part 2	Part 4	Young People
Derby City	Yes	Yes	not found	Yes
Derbyshire	Yes	Yes	Yes	Same as Part 1
Leicester City	Yes	Yes	Yes	Yes
Leicestershire	Yes	Yes	not found	Yes
Lincolnshire	Yes	Yes	Yes	Yes
Nottingham	Yes	Yes	Yes	Yes
Nottinghamshire	Yes	Yes	not found	Yes
Rutland	Yes	Yes	Yes	Yes
Northamptonshire	Yes ¹⁴	Yes	Yes	Yes

It is unclear whether the documents available and reviewed are all that are submitted by each DAAT partnership, and what more documents (whether fuller reports or additional documents) are submitted but just not available via the NTA website. Nevertheless, the documents reviewed provide a reasonable indication of local strategy in working with families and carers.

¹² Note that there are also prison treatment plans available but these have not been reviewed.

¹³ Part 1 of the local treatment plans was reviewed for both the 2009-2010 and 2010-2011 periods.

¹⁴ The 2010-11 Part 1 treatment plan for Northamptonshire could not be found.

Adult family members affected by a relative's substance misuse

To provide comparison with the 2009-2010 treatment plans, the Part One adult treatment plans for 2010-2011 for each area were also reviewed. This allowed for a consideration of the impact of the Family and Carer Strategy, published in 2009, in the second set of treatment plans.

Table A2.2: Details from Local Treatment Plans in the East Midlands

	2009-2010 Adult Treatment Plan	2010-2011 Adult Treatment Plan
Derby City	<p>Several repeated mentions that safeguarding is a priority, both within assessment process and in terms of reporting. Includes broad mention of including global family support and interventions to families.</p> <p>Mentions Breaking the Cycle (BtC, Addaction) service to families, wanting to sustain it and YP plan states it wants to ensure all adult drug users are informed of BtC. The YP plans want to develop a comprehensive communication strategy promoting risks of solvent use, including to parents and carers.</p>	<p>The family and the impact of familial substance misuse on dependent children is one of the 'headlines' of the 2010-2011 local strategy. Lists a commissioning priority as "Develop a family focused and tailored approach to working with parental and familial substance misuse in line with the <i>Think Family</i> agenda". However, there is little mention of families in terms of the needs assessment information which is given, there is little detail in terms of supporting adult family members and there is no mention of the East Midlands Family and Carer Strategy.</p>
Derbyshire	<p>One of 5 priorities for 2009-2010 is safeguarding and some details are given about supporting and extending services for YP affected by someone else's misuse.</p> <p>Adult drug treatment priority around commissioning includes statement, "continuing commissioning of support to parents and carers of drugs users, with increased provision in the southern part of the county". Mention of some issues around working with families and safeguarding in two summary charts for this area, although not sure that detail elsewhere matches perhaps more grandiose statements in the summary.</p>	<p>States that part of the vision is "Recognising and managing the frustrations of families and carers by increasing treatment services" attention to the needs of family and carers with better communication". There is a statement made about carer involvement in commissioning and providers promoting the involvement of families and carers in treatment but there is little detail given beyond this, other than with reference to parental substance misuse/children (and joint working protocols). Mention of carer support as part of a prison pilot. There is no mention of the East Midlands Family and Carer Strategy.</p>
Leicester City	<p>Mention of current bidding for Pilot Status for Drug System Change, indicating that this would bring opportunity to evolve treatment systems "in order to deliver improved outcomes for drug users, their families and communities....". Mentions PSM and NDTMS data on topic. In listing planned improvements to treatment states that DAAT is keen to "instil an approach that families and carers are at the heart of service planning and delivery", both operationally and strategically. Mentions role of</p>	<p>Wants to "commission an effective drug treatment system that focuses on recovery, and has a positive impact on outcomes for drug users and their families", although there is no mention of families/carers in the priorities listed at the end of the plan. There is a short section on families and carers at the end of the plan where a few things are mentioned, including the role of CLASP (Carers of Leicestershire Action and Support Project) and parental substance misuse/children, but there is little attention given</p>

	2009-2010 Adult Treatment Plan	2010-2011 Adult Treatment Plan
Leicestershire	<p>Carer Lead in this.</p> <p>YPs Plan – “takes on board importance of work with families – mentions parenting support, and also mentions PSM, saying featured in 14% of cases to services in 2007-2008 – recognises that this is one group where targeted support etc. is weak, even non-existent.</p> <p>Lists 5 areas of strategic direction, including ‘families and carers have access to support services’. Lists priority area as introduction of dedicated post to involve families and users in DAAT agenda and understanding local need.</p> <p>YPs plan, mainly passing mention, but statement that YP of PSM feature in treatment population in regard to own use and planning mapping exercise to consider provision for this group. Recognition that parents/carers are known to treatment providers but there is no dedicated resource for them.</p>	<p>Wishes to ensure that “families and carers have access to support services”. Says that significant progress has been made in this area – with a Families and Carers Involvement Strategy and associated action plan. Families were one group which were involved in a service review project. No further details are given, however.</p>
Nottingham City	<p>Says user and carer views and experience continue to be a local driver and say that the city’s work in this area is recognised nationally as good practice. Recognises importance of this in the commissioning cycle.</p> <p>Point 1.5 of direction and purpose of strategy: “...partnership commits to supporting the families of drug users (and in particular children of drug using parents) and identifying ways in which families can support drug users through their treatment journey”.</p> <p>One of 4 priority areas for 2009-2010 is ‘families and children’ with four components – availability of advice/support/info, involving families in treatment, pathways for carers to access carer’s assessment, consider needs of parents and removing barriers to accessing help.</p> <p>YPs plan – makes several mentions of children of PSM, highlights on service for families (Head2Head) and makes statement about improving levels of family based work linked to <i>Think Family</i> and FIP.</p>	<p>Carers were one group included in the review which supported development of plan. Highlights support available to young carers and specific support to children with a misusing parent. States that there needs to be “Awareness raising amongst clients and families that families can be involved in treatment or have support offered as a carer” and that family support can positively influence treatment outcome. Adds later that there is a need to “Ensure that carers are recognised as having distinct needs from substance misusers”. Wants to ensure that carers have access to a range of information and resources and for support to them to be available throughout the treatment system. Says that there will be a year long celebration of a decade of commissioning carers services in the City.</p>

	2009-2010 Adult Treatment Plan	2010-2011 Adult Treatment Plan
Rutland	<p>Wants to increase numbers in treatment to achieve successful outcomes for users, families and community. Highlights the number of parents in the system – identified through needs assessment.</p> <p>Mention of being able to support children as appropriate, and later says <i>Hidden Harm</i> has been prioritised for action. Lists one priority area as involving users and parents and carers in planning and commissioning.</p> <p>Passing mention of parents/families in YP plan. One more detailed statement about need for better join-up between adult and children services, highlighting no. of parents accessing treatment, need to increase awareness of service for C&YP of misuse and establish protocols to ensure safeguarding issues are secure.</p>	<p>Wants to ensure that families and carers have access to services and says they have been involved in the treatment review.</p>
Lincolnshire	<p>The partnership “continues to be committed to ensure that the 2009/2010 drug treatment plan will have the voices and experiences of service users, their families and carers at the heart of the delivery model”. Wants to “increase the involvement and voices of user’s, carers, and families – later mention of new service user officer post as vehicle for this.</p> <p>Priority areas – firstly, the point made above, and secondly, “develop improved access, engagement exist for parents and carer’s in relation to ‘<i>Hidden Harm</i>’ working in collaboration with C&YP Services”.</p>	<p>Note that plans available for North Lincolnshire (NL) and for North East Lincolnshire (NEL) – both were read.</p> <p>The Plan for NEL said that a new model for carers services has been developed and that areas of development include involving carers in commissioning and support through Tier 4.</p> <p>The NL plan included consultation with carers. Carers identified as a gap in terms from needs assessment. Mentions that there is a “a new service user and carer schedule, which has been co-written and endorsed by user and carer groups is a schedule within the new contract”. Also refers to Copello’s prevalence estimate to calculate how many affected family members there may be in NL.</p>
Nottinghamshire	<p>Says needs of children of drug using parents are paramount. Later there is a sentence mentioning a review of <i>Hidden Harm</i> in the</p>	<p>The introduction mentions that families and carers were one group involved in developing the strategy. Several mentions of the <i>Think Family</i> agenda and parental substance misuse.</p>

	<p>2009-2010 Adult Treatment Plan</p>	<p>2010-2011 Adult Treatment Plan</p>
	<p>County indicating up to 4,424 children could be affected by PSM. Overall direction includes, "services will be commissioned to deliver family friendly services, involving family members where appropriate in treatment and care planning".</p> <p>Specific, albeit passing, mention of supporting kin carers. Mentions user and carer advocacy service developing peer mentor scheme with those who have been through Hep C treatment. In improving treatment final point is, "embedding the requirement for family friendly services in all service development, review and SLAs".</p> <p>Two priority areas for 2009-2010 relate specifically to families – general aim around support and provision, and parenting and safeguarding.</p> <p>YPs plan is over 100 pages. <i>Hidden Harm</i> features as a key theme in the needs assessment informing the treatment plan – specific mention of WAM (What About Me) for children. Not specifically mentioned in the summary of priorities at the end of the summary, although there is one broad mention of family interventions and services.</p>	<p>Statement that improvements are needed in "Embedding the requirement for family friendly services in all service development, review and Service Level Agreements". A priority is given to "Acknowledge the role and support the needs of families and maintain and improve the provision of family support and involvement in treatment services, increasing the level of family interventions offered" although no further detail is given other than a finding from the needs assessment that "Treatment services should work with family/carer support services to develop family friendly policies and literature". There is no mention of the East Midlands Family and Carer Strategy.</p>
<p>Northamptonshire</p>	<p>Says there has been significant change as the area moves towards "true multi-agency partnership working". As part of this states that there has been increased understanding around the services which users, and families and carers, need – but no further detail is given.</p> <p>Uses Brofenbenner's ecology model to visualise the direction for the partnership. This recognises the importance of families etc. but how this translates into front-line delivery is unclear.</p> <p>Training for users and cares is highlighted – and later on it is listed that this programme of education will include BBV and overdose. Plans to invite service users and carers to become members of the JCG.</p>	<p>Adult plan not available for 2010-2011.</p>