Undertaking needs assessment

Drug treatment

Recovery and reintegration in the community and prisons

Supplementary advice in relation to families and carers

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Introduction

The national drug strategy, *Drugs, Protecting Families and Communities (2008)*, emphasises the need for local partnerships to identify the needs of families and commission a range of family focused interventions in line with the Social Exclusion Task Force report *Reaching Out: Think Family (2007)*, as part of the annual planning process. These documents present new priorities for the treatment sector and this supplementary advice provides a checklist of good practice for the planning and delivery of treatment, recovery and reintegration services for use by commissioners and NTA Regional Teams to review the development of family focused services as part of the needs assessment and planning process.

Planning and delivery areas

1. Safeguarding children of parental substance misusers and access to treatment for parents whose children are at risk

Partnerships have been aware of this priority for a number of years following the publication of *Hidden Harm – Responding to the needs of children of problem drug users (2003)*. In December 2008 the NTA published the supplementary needs assessment briefing *Guidance for Adult Drug Services: Safeguarding the Children of Substance Misusing Parents (2008)*. This advice remains a suggested tool which partnerships can use when reviewing and producing evidence regarding this activity. The importance of safeguarding children has been reinforced by the Government’s response to the second Laming Review which made recommendations that are directly relevant to the adult drug treatment system.

Partnerships may wish to consider whether:

- to bring the advice contained within the NTA document *Guidance for Adult Drug Services: Safeguarding the Children of Substance Misusing Parents (2008)* to the attention of the “Adult Drug Treatment Needs Assessment Expert Group”.
- multidisciplinary training on safeguarding protocols is available to all adult treatment services
- the local Children and Young People’s Plan includes an assessment of the numbers of children with drug using parents
- protocols and referral pathways are in place for adult services to refer on to safeguarding services (agreed by Local Safeguarding Children’s Boards), mental health, domestic violence and housing services
- protocols are in place on confidentiality, information sharing and record keeping approved by the Local Safeguarding Children’s Board and the

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2 [http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx)
3 [http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm](http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm)
2. Inclusion of assessment of the needs of family members and carers at the triage or comprehensive assessment stage

*Think Family*\(^8\) goes to some length to demonstrate how socially excluded families have a range of complex, interlinked problems. In order for key workers to be able to provide effective interventions, it is essential that the workforce is adequately skilled to be able to assess the needs of family members.

NICE (2007)\(^9\) identifies the need for services to: discuss with families and carers the impact of drug misuse on themselves and other family members, including children; offer an assessment of their personal social and mental health needs; and give advice and written information on the impact of drug misuse.

Partnerships may wish to consider whether:

- service level agreements are explicit about the need for the drug treatment workforce to be competent in assessing the whole family needs and identify who will provide supervision arrangements for this
- such required competencies of treatment staff are identified in the local workforce strategy and
- suitable written information is available for families and carers seen during triage or during the process of comprehensive assessment.

3. Development of effective family based work to improve outcomes for service users and families

NICE (2007)\(^10\) has advised that where the needs of families and carers have been identified, services can usefully: offer guided self-help (usually a single session with written material provided); and inform them about support groups – for example, self-help groups specifically for families and carers – and facilitate contact.

NICE has also advised that if families and carers continue to have significant problems, practitioners can usefully consider offering individual family meetings (normally at least 5 weekly sessions). And that these should: provide information and education about drug misuse; help to identify sources of stress related to drug misuse; and promote effective coping behaviours.

NICE (2007) also reviewed the evidence for the provision of behavioural couples therapy for those in close contact with a non-drug-misusing partner, on the service user's drug misuse. This has been shown to be effective for such selected cases.

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8 http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx
9 http://www.nice.org.uk/CG51
10 http://www.nice.org.uk/CG51
These conclusions of NICE are fully reiterated in *Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007)*.11

As part of the *Think Family* approach, DCSF has set up the National Academy of Parenting Practitioners (NAPP)12 to develop the skills of the Children’s Trust workforce to deliver family interventions. Local links to this work can be made via the local Parenting Commissioner and local Parenting Strategy that may be useful in supporting work with families and carers.

Partnerships may wish to consider whether:

- a range of simple and more formal structured work with families and carers is available for those accessing drug treatment in line with the NICE and the *Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007)*;
- suitable written materials are available for families and carers that can be provided as part of a single support session;
- behavioural couples therapy is available locally for appropriate service users;
- commissioners have mapped drug treatment staff who are providing family focused interventions, and the experience and qualifications of such staff;
- commissioners have made links to local Parenting Strategies through the Parenting Commissioner and the work of the National Academy for Parenting Practitioners;
- clear protocols exist on confidentiality, information sharing and record keeping; and
- service level agreements identify family focused clinical governance arrangements.

4. Identification of child focused areas of work that interface with the adult drug treatment system

In many areas there will be at least one *Think Family* pilot family project such as Family Intervention Programmes or Family Pathfinders in place. In such areas, parental drug users identified through the local projects will be able to access treatment immediately. Parenting Strategies and Parenting Commissioners are in place in every local authority and may be a valuable asset at joint commissioning groups to identify referral pathways into treatment from parenting or family projects and to consider the needs of drug using parents who could benefit from support around their parenting.

Partnerships may wish to consider whether:

- clear referral pathways into treatment are in place from all *Think Family* DCSF funded parenting or family programmes, including Family Intervention Projects and Family Pathfinders;
- the staff in family programmes are fully trained and supported to work with parents / family members who misuse drugs.

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• the parenting commissioner is a member of the joint commissioning group or expert needs assessment group
• access to services for parents is monitored locally through NDTMS reporting
• the needs assessment and the local authority parenting strategy are consistent in prioritising access to drug treatment

5. Ensuring that carers and family members are able to access services that address their own needs

The Drug Strategy identifies that partnerships need to provide access to a range of specialist and generic services that assess and meet the needs of carers and family members. Substance misuse specific family and carer services can be commissioned as stand-alone services or as part of the existing treatment services. If located in existing treatment services it is important that a discrete service for families and carers is provided as they may not want to share the same physical space as drug treatment users when accessing services for their own support needs.

Partnerships may wish to consider whether:

• commissioners are able to identify the level of need for substance misuse specific family and carer services as either stand-alone services or services provided by the adult treatment provider
• if provided by the adult treatment provider, commissioners can identify that family and carers are offered a discrete service
• services commissioned as part of local authority arrangements, or where referrals are made to generic services, have specific substance misuse expertise to meet families support needs
• effective joint working is in place across local services including drug treatment providers, substance misuse family services, generic carer’s services, the criminal justice system and other agencies that are potential sources of support. This could be evidenced through a Families and Carers work plan at partnership level
• staff are aware how to access mainstream carer services and are knowledgeable about carers legislation and carer’s rights, including child care arrangements for parents accessing treatment
• all drug treatment providers and family and carer services have up to date and accurate lists of local self help groups and mutual aid networks or other groups such as Adfam or Spoda

6. Ensuring that families and carers are involved planning, needs assessment and the review of services where appropriate

The NTA publication for local partnerships on user and carer involvement Supporting and Involving Carers (2008)\(^{13}\) and the substantive needs assessment publication\(^{14}\) identifies that families and carers should be involved in the needs assessment and treatment planning process. In many areas formal support for carers and families

\(^{14}\)Undertaking needs assessment (2009) www.nla.nhs.uk
already exists although partnerships may not be aware of this. These can include mental help groups such as MIND, generic carer centres and social services centres.

Additionally, partnerships may wish to consider whether:

- a Families and Carers lead is or could be identified within the partnership
- a Families and Carers work plan is or could be produced which identifies the availability of local and national funding sources to provide a comprehensive range of services for families and carers
- family and carers involvement and consultation processes are included within service level agreements
- policies and protocols are in place to facilitate the involvement and consultation of families and carers
- commissioners consider how they link with community or faith based support groups which may be the main source of support to family members from black and minority ethnic groups