



Partners in care

Drug and alcohol workers will provide much better support to their clients when they finally acknowledge that carers can be their best asset, say **Alex Fox, Drew Lindon, Vivienne Evans and Oliver French**

Family members and other unpaid carers remain under-involved in substance misuse treatment programmes, and are frequently undervalued as a helpful resource in the rehabilitation process. While a number of organisations including The Princess Royal Trust for Carers and Adfam have called for more appreciation of carers' expertise and contribution, they remain under-identified and under-supported by drug and alcohol services, often feeling that they are left with huge responsibilities and no commensurate rights or entitlements to support.

Carers can be a significant asset to recovery. Indeed, involving carers as partners in the treatment process is a key message of last year's national Carers Strategy. Even carers that have been harmed by contact with a family member's substance misuse may nevertheless hold insight and experience that could be invaluable. With so many people with substance misuse problems never reaching formal treatment, offering support to carers can be a means of reaching hidden clients and offering them a more supportive environment.

If these benefits can come from supporting and involving carers, why are carers rarely identified locally? Some services feel that family involvement is at odds with being user-focused rather than embracing 'whole family' practice. However, the Social Exclusion Task Force's report *Think Family* (2008) argues that individual needs should be 'looked at in the context of the whole family, so clients are seen not just as individuals but also as parents or other family members.' Moreover, the National Treatment Agency's *Orange book* (2007) states that carers' and families' needs for information and support 'should not be overlooked'.

In some cases, dysfunctional family relationships are perceived as a barrier to recovery, or even as partly responsible for the substance misuse. Where this is true, a whole-family approach should be seen as more, rather than less relevant. Even families facing huge challenges may have the

potential, with the right support, to transform themselves from part of the problem to part of the solution. Achieving this may require a much more holistic approach, with substance misuse services working in partnership not only with carers' and families' organisations, but also with a range of housing, health, youth, training and employment services that can together tackle the root causes of the multiple pressures many families experience. Of course, in some instances, such as where there are immediate child protection concerns, protecting the safety of vulnerable children or adults must take precedence over developing the family's capacity to self-support.

Recently, there have been positive moves towards a better understanding of how carers relate to drug and alcohol services. For example, the 2008 Drug Strategy aims to make treatment more effective by:

'supporting and involving young people and their parents and carers more in the planning and process of treatment for young people, and involving carers' and users' groups in the design and planning of treatment services.'

We can look to mental health services as a model for development for substance misuse services, particularly given the overlap between clients with dual diagnoses. Similar to substance misuse services, it is fair to say that mental health services have traditionally lagged behind other health and social care provision in involving and supporting carers. However, while this remains broadly the case, there have been striking changes over the last ten years, which drug and alcohol partnerships could emulate.

Firstly, the *National Service Framework (NSF) for Mental Health* (1999) included a core standard on carers, underlining that carers of people with intensive support packages should have assessments and their own support plans in place, and offering funding for mental health carers' support workers across England and Wales.

Many areas now have some form of mental health carers' support in place, though some regions remain woefully under-served. A number of local carers' centres in the network of The Princess Royal Trust for Carers have specific projects and workers around mental health and there is a national development programme. In 2004 the Royal College of Psychiatrists' and The Princess Royal Trust for Carers' joint campaign called Partners in Care (www.partnersincare.co.uk) made training on carers mandatory for junior psychiatrists, and similar training has now been included in a number of approved social worker courses. However, this is less explicit in training for the new approved mental health professional classification under the new Mental Health Act for England and Wales.

Nonetheless, the Mental Health Act 2007 has also increased the onus on professionals to provide carers with support and information. Both its Code of Practice, and Scotland's Mental Health (Care and Treatment) Act 2003 outline that carers should be routinely offered general information about mental illness, treatment and support for themselves. This is a small step towards thawing the long-frozen issue about confidentiality and carers.

Overall, while there is still a long way to go to change attitudes and provision, carers are increasingly recognised as 'experts by experience' in mental health services, as well as having their own support needs recognised and addressed. Carers are increasingly involved in the planning and development of services which affect them and their families, as well as appreciated as an integral part of promoting consistent support to, and recovery of, service users.

For substance misuse services, some comparable developments are already in motion. In addition to carers' visibility in the 2008 Drug Strategy, the NTA released its revised carers' guidance for commissioners in October 2008, with involvement from Adfam and The Princess Royal Trust for Carers. Crucially, this guidance highlights that local substance misuse services should involve carers more in the development of services, as well as in the treatment of the person cared for. Likewise, it asserts that carers should receive information and support in their own right and notes that supporting the carer is often a path to better recovery prospects for the substance misuser.

Similar to the steady expansion in mental health carers' support, there are also signs of a slow growth in local support services for families caring for people with substance misuse problems. Adfam now lists well over 300 support groups on its national database, and some family services that started out as coffee morning meetings have expanded to offer respite care, training, crisis intervention, alternative therapies and grandparent carer groups.

Between 2007 and 2008, Adfam website traffic increased by 20 per cent and the size of orders for support materials and literature more than doubled, indicating a general rise in interest and capacity. Likewise, local

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carers' centres within The Princess Royal Trust for Carers' UK network are developing their support with these carers, with a number of centres now employing specific substance misuse carers' support workers, such as Wandsworth, Islington and Hertfordshire. Other voluntary and statutory/voluntary partnerships are also available in some areas, such as the Harbour Project (Bolton) and Regents House (Nottingham).

However, generic carers' services recognise that in many areas they have a long way to go towards offering effective support services to substance misuse carers. These carers have been missing from the wording of past government policies, and are almost always ineligible for carers' allowance, no matter how much caring they do. As a result, in the past there has been confusion as to the eligibility of substance misuse carers for statutory carers' assessments, support from carers' services and carers' breaks vouchers which are part of the carers' offer in many areas. Grassroots family groups have missed out on funding from carer-specific funding streams such as the carers' grant, which is a feature of carers funding in every local authority in England.

More positively, the new National Carers' Strategy is explicit in including substance misuse carers within its proposed pan-government definition of 'carer'. Guidance on carers' rights (available at www.carersuk.org.uk) is also clear that local authorities have a duty to offer carers' assessments to substance misuse carers as they would to other carers. Where before substance misuse carers have felt excluded from some generic carers' services, the good practice mentioned shows that there is huge potential for partnerships between organisations with carers' expertise and those with substance misuse and families expertise.

Improving support for carers within treatment services is also in line with the wider personalisation agenda. Personalisation, as set out in *Putting people first* and the accompanying Local Authority Circular LAC(2008) 1, is now the driving agenda for adult social care. *Putting people first* recognises that increasing numbers of people will be called upon to contribute to care, and commits local authorities to deliver a 'universal offer' of information and advice to all service users and carers. Carers' needs must be taken into account when services plan and offer treatment for substance misusers – given not only the impact on their lives, but also the benefits that their input can have. What's more, given their role carers should (and increasingly will) expect services to be offered to them, and for those services to be responsive to their individual needs for information, training, or emotional support.

Naturally, the development of better and more personalised substance misuse carers' support requires both money and will from local drug and alcohol commissioners, as well as from local authorities overall. Nothing will change without recognition that across the field of support for people with long-term conditions, more care and support is provided by carers than by paid professionals. In attempting to provide the best support to substance misusers, drug and alcohol services ignore carers at their cost.

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