

# 'We count too'

Good Practice Guide and Quality Standards  
for work with family members affected  
by someone else's drug use

Second edition



Adfam

Families, drugs and alcohol



## Definitions used in the Guide

Throughout this Guide, the terms ‘families’ or ‘family members’ are used to refer to relatives or close friends affected by someone else’s drug use. This includes: parents and carers; spouses and partners; children and siblings; grandparents; extended family members and close friends with respect to those supporting current drug users, recovering users and those who have been bereaved by drug use.

The definition of ‘Quality Standards’ used is: *“The essential requirements for all family support services, both in terms of how they operate and what outcomes they provide for family members.”*

The definition of ‘Good Practice’ used is: *“More detailed guidance, which supports the achievement of the Quality Standards and is designed to provide a range of ideas and options for groups and services to explore and work towards.”*

For the purpose of the Guide, ‘DAT’ is used to refer to Drug (and Alcohol) Action Team. In this context, the terms ‘Drug Action Team’ and ‘DAT’ should be taken to include integrated Drug (and Alcohol) Action Teams and Crime and Disorder Reduction Partnerships (CDRPs). See Glossary for a fuller definition.

Definitions of other terms used in the Guide can be found in the Glossary.

# Foreword

I am delighted to provide the foreword to the revised edition of this Good Practice and Quality Standards Guide, which aims to increase support for families affected by substance misuse.

The Home Office funded the original version of this guide to enable exciting good practice to be shared and built upon, so that all families in need would be able to access the best possible support services. It has proved to be hugely popular and is an essential aid for anyone wanting to commission or deliver a service for families. Since the first edition was published, our policy direction has moved on and support for families is a key plank of our new drugs strategy, published in February 2008: *Drugs: protecting families and communities*. But there is still more to be done to ensure much broader provision of support, and I am pleased to endorse Adfam's efforts to achieve that goal.

I greatly admire and respect the commitment and energy of those family members and others, including treatment services, who have developed the responsive and imaginative range of services referred to in this guide. I am impressed by the wealth of helpful guidance gathered from service providers, commissioners, projects and family members themselves.

This guide contains the voices of families of drug users and I would like to thank all those who contributed their experiences and ideas. I commend the Guide to all who believe that we can overcome the damage caused by drugs and rebuild positive lives.

***Alan Campbell MP***

***Parliamentary Under-Secretary of State for the Home Office***

# About Adfam

Adfam is the national umbrella body supporting families affected by drug and alcohol use. We work with partner organisations, local support services, professionals, Government and families themselves to drive forward policy and practice in this key area. Our vision is that any family requiring support in dealing with someone else's drug or alcohol use will receive help. For further information please visit [www.adfam.org.uk](http://www.adfam.org.uk)

## Acknowledgments

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## Background and Context

“The impact of substance misuse on children and families can be significant and long-lasting, but has previously been underestimated”

*Drugs: protecting Families and Communities, national drug strategy 2008*

**This Guide is intended for anyone who commissions or provides services for people affected by someone’s drug use (particularly that of a family member). It has been produced to help ensure that family members receive the best support possible.**

### Who is this Guide for?

This Guide is relevant for:

- Drug Action Teams (DATs) and other commissioners.
- Established family support services with paid staff.
- Volunteer-led family support services, including family support groups.
- Anyone setting up a family support service, including family members themselves.
- Other service providers who are working with family members affected by someone else’s drug use as part of other family support work.

### Background to the Guide

This Guide draws heavily on fieldwork undertaken by the project consultants for production of the original guide (2004) and involved widespread consultation with family support groups and services and DATs.

The aim of the Families Good Practice Project was to develop ‘good practice’ and ‘quality standards’ from the experiences of people who had used, developed or commissioned services. This included what family members themselves said had helped them and what service providers felt was important in developing services. Similarly, the good practice for commissioners is based on DAT members’ own experience of what has worked.

The consultation was carried out exclusively with organisations in England. However, the guidance and standards will be useful and relevant across the UK.

Information gathered from projects and services working with families from Black and minority ethnic communities is incorporated into each chapter. In addition, a specific chapter has been included on diversity (Chapter 3), which covers BME groups and other audiences who have traditionally found services hard to access.

## What is covered in the Guide

Much of the Guide is also relevant to those affected by someone else's misuse of alcohol, prescribed and over-the-counter medicines, and/or volatile substances. However, the focus is on family members affected by illegal drug use. There are important differences in the impact of different substance use on families, particularly in relation to the legal status of substances and the stigma attached to certain types of misuse.

The majority of points set out in the Guide were identified by the consultees. Wherever possible, the Guide attempts to give a true reflection of the language used and the opinions expressed by the interviewees. A long list of practice examples emerged during the project. Those included in the Guide have been selected on the basis of providing variety in terms of location, size and focus. The examples featured are either typical and/or innovative, and are willing to be contacted by other organisations.

This Guide also focuses on good practice for commissioners and providers in relation to specific family support services, as listed in The Good Practice Menu of Services (see Chapter 6). It does not provide quality standards or good practice on generic organisational matters. Nor does it provide specific occupational standards for staff within services. Instead, reference is made to general and specific quality standards already in existence (see Chapter 7). Many are relevant to – or can be adapted to suit – family support services.

## Policy context – National Drug Strategy

*Drugs: protecting families and communities* is the first drug strategy to openly and specifically mandate the wholesale expansion of family support work. The strategy promises to 'focus more on families, addressing the needs of parents and children as well as individuals'; the action plan also pledges to 'support family self-help groups through work with the third sector to provide improved advice and guidance' in order to secure 'improved support for families affected by someone else's substance misuse' (Home Office, 2008). Support for families is recognised not just as an integral part of education and prevention, but also as an objective in its own right to help the people whose lives are affected by a loved one's drug use, and who so often provide home help.

*Supporting and Involving Carers: a guide for commissioners and providers* (NTA, 2008) builds upon the dictates of the national strategy and sets out guidance for commissioning services specifically for family members, as well as how best to involve them in drug users' treatment.

Both of these documents reflect the growing consensus that engaging families is an integral part of work in the drug and alcohol field, and the movement towards a 'think family' doctrine. Other relevant reading is listed in chapter 7.

# Chapter 2

## Common experiences of family members with a drug user in their family: what happens, what helps

Having a drug user in the family can have a devastating impact on family life, arousing complex emotions, dividing family members, and weakening the very foundations upon which family units are built.

This chapter describes the impact on family members of having a drug user in their family, and what helps them cope with the situation.

### Family members' experiences

Family members consulted for this Guide spoke openly about their feelings and experiences. These are summarised in four key areas along with details of what individuals said had helped them cope with their situation:

- Fear and loss of control.
- Anger and betrayal.
- Guilt and responsibility.
- Shame and isolation.





## Fear and Loss of Control

Family members with a drug user in their family can often experience a wide range of fears and feel that they have little control over many of the situations arising from the effects of the drug use.

They may worry about the effects of the drug use on the user's health, education and job prospects. They may also be wary of their chaotic, irrational and unreasonable behaviour and fear harassment, threats, intimidation and violence, not only from the user but also from drug dealers.

Fears surrounding the user's (potential or actual) involvement in criminal activity or prostitution, or family members becoming involved in breaking the law, can be common. People may fear that they might have to deal with terrifying situations – such as finding the drug user dead, the house being raided by the police, the unexpected 'knock at the door' or the drug user being sent to prison or deported. Family members may no longer feel safe at home or be afraid to leave the home unoccupied. They may feel they have lost control over the family's finances as a result of the constant financial drain of supporting the user's habit, repaying his or her debts or replacing stolen or damaged possessions. Family members may even be afraid that they will lose their home due to financial difficulties or tenancy problems.

The effects on other aspects of family life, such as the ability to concentrate at work or the need to take time off to deal with crises, can be a concern. People can feel unable to enforce family norms about acceptable behaviour, values and standards and worry that the strain on the family will lead to conflict, arguments and breakdown of other family relationships. As the family's energy is expended on the drug user, some worry that this will mean that the needs of other family members will be ignored. They may also be fearful about the risks to the drug user's children or siblings, or the involvement of statutory services, e.g. police or social services.

On a personal level, self-doubt and anxiety about how to deal with the situation can be significant and family members may feel unable to seek support due to fear of emotional and/or physical violence. They may experience constant anxiety and stress leading to mental and physical exhaustion or stress-related illnesses. They can feel trapped, helpless and despairing as their attempts to manage the situation fail. For many, there may be initial denial or disbelief that a family member is a drug user.

### Help

#### **Things that can help family members to overcome fear and regain control include:**

- Access to information that helps people understand what is happening and provides knowledge about different drugs and their effects, the Cycle of Change (see page 65) and addiction.
- Accessible, well-publicised support services for family members.
- Assurance of confidentiality.
- Being able to talk to someone who understands, and having access to the necessary support for as long as it is needed.
- Being able to recognise that drug treatment will only work when the user is ready.
- Having information about what is likely to happen next.
- Respite, including somewhere to drop in and contact by phone.
- Help to deal with practical problems, and positive ways of dealing with stress.
- Gaining hope from other people in a similar situation who are further along the line.
- Being able to make choices about what would help now, and having things to work towards.

# Chapter 2

## Anger and Betrayal

Anger and betrayal are often significant emotions for family members in this situation. People can feel confused by their own lack of understanding and feel that their emotional and logical sides are in conflict with each other.

They may feel angry towards the drug user for putting them in this position and feel that the drug user has betrayed the family's trust and expectations. They may consider the drug user to have desecrated the sanctity of the family home, marred family celebrations and holidays, and spoiled the childhood of their own children or siblings. They may feel that the drug user has taken advantage of family members' ignorance about drugs and so feel betrayed. They may also feel angry with themselves and at their own collusion with the situation, such as giving the drug user money to support their drug habit. Some feel they have been forced to betray the drug user by not being able to support or defend their actions and may feel angry that they have had to impose extreme sanctions (such as making them homeless). Some say that they feel relief when the drug user is in prison or that they have wished that the drug user was dead, and are angry that they feel forced to have these feelings.

Anger towards other members of the family can occur, as the individual feels betrayed - either by those who knew about the user's drug problem and didn't tell them, or by those who they feel are not dealing with the situation in ways that they personally consider appropriate.

People also report feeling angry at and betrayed by people outside the family, such as the drug dealers and suppliers and by services (e.g. drug treatment services, the police, health services etc). They may feel they have to put on a 'front' in public and pretend that nothing is wrong. They may think that other people are preoccupied with trivialities. This can lead to resentment of other families' successes - such as their child going to university. Family members may feel let down and angry towards society in general.

### Help

#### **Things that can help family members to overcome anger and regain trust include:**

- Assurance of confidentiality, and someone who will listen and not judge.
- Recognising that they are 'not alone' and that others have had similar feelings.
- Learning to laugh at the situation, as well as cry about it.
- Honest support to help face the reality of the situation.
- Learning new communication, assertiveness and anger management skills.
- Having the support and information to start acting, rather than reacting.
- Knowing about how 'the system' works and what their rights are.
- Working in partnership with treatment services and other services, and having their own contribution recognised.

## Guilt and feeling responsible for the family's problems

Family members often feel responsible for the drug user taking drugs and think that they should have prevented it getting so serious. They may believe that they have failed in their family role (e.g. as a parent or partner) and consider it their responsibility to deal with the consequences.

These feelings can be made worse if they think that other family members are also blaming them. Messages from society (such as the opinion that good parenting prevents a child from later using drugs) can also reinforce this view that they are to blame.

They may neglect their own needs and feel undeserving of help or support. They may also feel guilty if they do positive things for other family members.

## Help

### **Things that can help family members to take appropriate responsibility include:**

- Support to step back and regain perspective.
- Recognising that they didn't make the user take drugs, and that they can't control the drug user's behaviour.
- Realising that it is normal to feel guilty.
- Recognising the need to look after themselves, having time to do relaxing things and focus on their own needs.
- Having services and support for themselves.
- Opportunities to learn from other people's experiences.
- Having support when they don't know what to do, and support and help to change their own approach to the problem, and to maintain these changes.
- Feeling able to work together with other members of the family and being able to pass on what they know.
- Support, praise and encouragement to get on with the rest of their life.

## Shame and Isolation

Family members may experience a deep sense of shame about what is happening. They may feel unable to speak about the situation to the wider family, friends, neighbours or colleagues, feeling they will lose respect and credibility within the community. They may have a loss of self-confidence and self-esteem and feel unable to participate in normal social activities, such as inviting visitors to their home. This can lead to them feeling socially isolated.

They may feel they will be ostracised by the wider family, friends and neighbours, and lose financial, practical and emotional support. Some find that having to deal with (or anticipate) remarks like "You don't look like the mother of a drug addict!" and other prejudicial comments from people in the community adds to their sense of shame and isolation. Feeling stigmatised and ashamed can also lead to reluctance to access support for their own needs, meaning that some families suffering the most can be the least likely to reach out.

Children in the family might feel stigmatised by the family circumstances and become depressed and withdrawn, and unable to invite friends to their house. Some may also fear (or experience) being bullied by other children.

## Help

### **Things that can help family members to overcome shame and isolation include:**

- Recognising that other people have drug users in their families and may be in a worse situation.
- Being able to talk freely, without censoring themselves, to people in a similar situation.
- Having appropriate support targeted at their individual situation (e.g. as a child, parent, grandparent, partner), and at their individual religious, ethnic and cultural background and needs.
- Opportunities for respite from the responsibilities and pressures of living with the situation long-term, including opportunities to laugh and have fun.
- Help to recognise and use the support that may be available within their own family and social networks.
- Access to activities for themselves and their children that build confidence and self-esteem.
- Practical help to compensate for the lack of financial, practical or emotional support.
- Opportunities to use their own experiences for the benefit of others, as a volunteer, a campaigner, or to raise awareness.

## Meeting Diverse Needs

The major challenge facing support services for Black and minority ethnic communities is the acute financial and social exclusion that the majority of these communities experience.

**Families come from a diverse range of communities and cultural backgrounds. As some areas of service delivery may, as yet, be underdeveloped in terms of addressing these diverse needs, further work is needed to identify the particular needs of different communities and to explore creative ways of meeting them.**

This chapter offers a contribution to debate and service development, rather than definitive guidance. It suggests some of the key points and ideas regarding diversity to be considered when developing services for those affected by a family member's drug use, particularly with respect to Black and minority ethnic communities. Brief reference is also made to other aspects of diversity and Chapter 7 includes a specific section of useful sources of further information.

It is difficult to set out detailed good practice for areas of service delivery that, as yet, remain underdeveloped. Some ideas about what may work well emerged from people who took part in the consultation process for developing this Guide. These are outlined in this chapter. However, further work is needed to identify the particular needs of different groups and communities, and to explore creative ways of meeting them.

### Black and minority ethnic communities

Family members from Black and minority ethnic communities share the experiences outlined in Chapter 2. However, they also describe how levels of stigma, shame and fear can often be particularly acute for them, resulting in extreme isolation for families affected by drug use. Factors such as extended family structures and links with countries of origin can also shape the particular needs of these communities.

Projects working within Black and minority ethnic communities have said that they have experienced difficulty accessing relevant services and information to support family members affected by drug use. The problems experienced by these projects seem to mirror the problems of service users.



The Race Relations Amendment Act 2000 outlaws discrimination (direct and indirect) and victimisation in all public authority functions not covered by the Race Relations Act 1976, with only limited exceptions. It also places a general duty on specified public authorities to work towards the elimination of unlawful discrimination and to promote equality of opportunity and good relations between persons of different racial groups in carrying out their functions.

## Models of service provision for Black and minority ethnic family members

Three main models of service provision have been suggested to help:

- Model 1** Generic women's groups within specific Black and minority ethnic communities.
- Model 2** Family support workers attached to Black and minority ethnic drug treatment services – working with a range of groups or within a specific community.
- Model 3** Substance misuse family support services with staff and volunteers strongly reflecting the diversity of the communities in their areas and in some cases working in partnership with generic projects working with Black and minority ethnic communities.

Each of these models has potential, but they also face challenges.

## Challenges faced by services

The major barrier to providing support to these communities is the financial and social exclusion that the majority of these families often experience. '*We Care Too, A Good Practice Guide for People Working with Black Carers (2002)*' identified a range of causes for this exclusion, including:

- High levels of unemployment and poverty amongst Black and minority ethnic communities.
- Poor housing and environment, leading to high levels of physical and mental ill-health.
- A lack of culturally competent, properly resourced services (e.g. general health and social care).
- A lack of culturally appropriate and accessible information in community languages.
- Ingrained social racism, intensifying isolation and deterring seeking help around sensitive issues. This report was followed by *Beyond We Care Too (2008)*, and is available from [www.afiyatrust.org.uk](http://www.afiyatrust.org.uk)

The three models of service outlined above share other challenges:

- Unrealistic expectations about the extent to which one service or project can meet the needs of all communities.
- Lack of recognition of the responsibilities of mainstream drugs and family support services for meeting the needs of these communities, resulting in lack of development of cultural competence\* and services.
- Lack of understanding about the levels of shame and stigma within many Black and minority ethnic communities around drug use.
- Finding effective and confidential ways to work with extended family structures.

\* See Glossary for definition and [www.drugs.gov.uk/drug-strategy/diversity1](http://www.drugs.gov.uk/drug-strategy/diversity1) for further information.

## Opportunities to develop effective services

There are opportunities to develop more effective services for Black and minority ethnic communities that address social exclusion. These include:

- Developing and resourcing partnership working between local Black and minority ethnic community and family support groups and existing family support services focused on the impact of drug use.
- Funding and equipping Black and minority ethnic community and family support groups to become more knowledgeable and skilled in providing support to family members affected by drug use, e.g. through training, providing culturally appropriate information (in community languages where required) and partnership working.
- Considering family support needs and consulting family members as part of developing the provision of appropriate and culturally competent drug treatment services.
- Including the needs of families within any further needs assessment work carried out about Black and minority ethnic communities and drug use.
- Encouraging and supporting existing family support services focused on drug use to become culturally competent and extend their services to Black and minority ethnic communities.

## Travellers

Experiences of stigma and discrimination in Traveller communities are similar to those reported by other Black and minority ethnic communities. Confidentiality is very important, particularly in the face of fear of community retribution. Transient lifestyles make telephone contact essential.

## Rural Communities

Isolation is a key concern for families in rural communities. Again, confidentiality is paramount, and the development of outreach services essential because of accessibility issues. Telephone support is vital, and having a dedicated email address also facilitates first contact.

## People with disabilities

The *Disability Discrimination Acts* (1995, 2005) require commissioners and providers to make their services accessible to people with disabilities. Service providers are required to make 'reasonable adjustments' so that people with disabilities are not prevented from accessing the service on account of their disability. This includes an organisation's practices, policies and procedures.

Sources of further information on the *Disability Discrimination Acts* are included in Chapter 7. For specific ideas about how to improve access for disabled people to drugs services, see '*Enhancing Drug Services*' *NTA and DrugScope* (2003) – Chapter 5.

## Lesbian, Gay, Bisexual and Transgender (LGBT) People

Lesbian, gay, bisexual and transgender people can experience difficulties in accessing family support services, particularly services working with partners of drug users and parents of gay or lesbian users. The following suggestions are worth considering:

- Recognition of the multiple stigma that can be experienced by same-sex partners, especially those involved in same-sex parenting and by parents of gay and lesbian users.
- An understanding that lesbian, gay, bisexual and transgender people are not an homogenous community but are a diverse group of people from different ethnic, cultural and faith backgrounds.
- Avoiding presumptions of heterosexuality (either in literature or in conversations) or assuming that service users or their family members conform to a heterosexual 'norm'.
- Training and informing service staff and volunteers to enable them to provide support to same sex partners and parents, and non-heterosexual family members.
- Adopting a robust equality and diversity policy with a specific strand for lesbian, gay, bisexual and transgender issues.
- Publicising services in ways that are welcoming to lesbian, gay, bisexual and transgender people.

See *'Enhancing Drug Services', NTA and DrugScope (2003)*, for ideas that may help family support services think these issues through, including:

- Building effective links with lesbian, gay, bisexual and transgender groups and services.
- Staff training about attitudes and assumptions.
- Providing 'out' volunteers and support workers to work with family members.

(Chapter 6, The Good Practice Menu of Services, provides more information, tips and ideas)

## Involving Men

Many services experience difficulty in encouraging male family members to seek and gain support. The majority of family support services are run and staffed by women, and the majority of service users are women too. Several services are exploring new approaches to this issue including:

- Providing information-based sessions with expert speakers.
- Providing externally accredited and knowledge-based training or workshops – this puts the focus on learning outcomes and moves away from the 'tea and sympathy' image associated with family support services.
- Developing IT services (e.g. websites and email communication systems) to support men unable or not willing to access support face-to-face.
- Creating an environment comfortable for men by displaying positive images of men and literature with male inclusive language and illustrations.
- Addressing and responding to key issues for men with men-only support groups.
- Being prepared to operate out of working hours and at weekends.
- Increasing staff and volunteering opportunities for men.

(Chapter 6, The Good Practice Menu of Services, provides more information, tips and ideas)

## Good Practice Guidance for Commissioners

“Partnerships have a lead role to play in commissioning services for family members and carers.”

(Supporting and Involving Carers, NTA 2008)

**This chapter emphasises that families have needs for services in their own right, not just to assist with achieving positive treatment outcomes for drug users.**

This section focuses on good practice in commissioning dedicated family support services and encourages commissioners to work towards the aim of ensuring that as much as possible of the Menu of Services is available in their area (see Chapter 6). It is also advisable for commissioners to develop partnerships with local family support groups and services where they exist, and to support their development where they do not. It is extremely important not to assume a lack of professionalism where services are run by family members and volunteers.

### The Context

In 2003, the National Treatment Agency for Substance Misuse (NTA) produced draft guidance for ‘commissioning services for the families and carers of drug and alcohol misusers’; this was followed by 2008’s ‘Supporting and Involving Carers’. For the purpose of this Guide, DATs are seen to take the lead for commissioning services for families affected by drug use. However, other commissioners have an important part to play.

### Why the good practice guidance for commissioners is needed

#### Families matter and make a difference

The National Drug Strategy charges DATs with reducing all drug-related harm in relation to individuals, families and communities. Primary Care Trusts, Crime and Disorder Reduction Partnerships and Social Services also now have responsibilities for reducing the damage caused by drugs.

Research shows that supporting families can improve outcomes for users seeking treatment, help prevent relapse and aid long-term recovery. Family members often care for drug users and, as such, are entitled to know their rights and receive support under carers’ legislation. They are a valuable resource in terms of expertise in the drugs field and the needs of users, as potential volunteers and paid workers. As such, they can be helpful partners in planning treatment and services. In addition, supporting families can help to break down stigma and prejudice in local communities and the media, both through education and drugs awareness training.

Families who are not supported can experience ill health, including substance misuse by family members themselves, and family breakdown, which is very costly in the long run. However, qualitative evidence shows that family health, self-esteem and functioning improves as a result of dedicated and appropriate support. Addressing the impact of drug use on partners is also an important element of sexual health strategies and domestic abuse policies and practice.



## Consistency in commissioning

At present, there is inconsistency regarding commissioning of family support services. While it is important to allow for local flexibility, current practice can result in significant differences for families depending on where they live.

Situations can vary from no services at all to funding for comprehensive, dedicated family support services. Some may have small grants available for rooms, publicity and training or funding for specific services, such as helplines. In some areas, there may be dedicated carers' or family workers in DATs. In others there are joint posts covering carer and user involvement.

Family support services are sometimes incorporated into treatment service contracts. In some areas, these will be young people's services, in others services for adults. Some have dedicated workers; others do not.

This inconsistency can be accounted for by the variation in where lead responsibility sits for family support work and by the different status given to this work by different DATs.

## Key Areas for Commissioners

The *Families Good Practice Project* identified the following nine areas for attention by commissioners of family support services:

### 1. Determining where family support fits into a DAT's responsibilities and commissioning structure

Commissioning dedicated family support services needs to be linked into DAT Joint Commissioning structures for treatment services and DAT work on Communities and on Young People. It is helpful to identify a lead staff member with allocated time to work on this and to consider links to other strategies, such as Crime and Disorder, Carers and Children and Young People.

Families also need to know how to feed into the consultative and strategic planning processes and family representation (with appropriate support) is advisable within relevant meetings. They can not only be advocates for users, but also provide a voice for family members' own needs.

### Examples of action

**Nottinghamshire County DAAT** commissions Hetty's, a dedicated county-wide family support service, and What About Me (WAM), a support service for children and young people affected by the drug and alcohol use of parents, siblings or friends. Both services are seen by the DAAT as key to the delivery of their treatment, prevention and education strategy, and receive core funding through the DAAT Pooled Treatment Budget and Young People's Partnership Grant, supplemented by funding from DAAT partner agencies.

**Contact: 01623 414114 (ext 6918)**

# Chapter 4

## 2. Needs assessment

Needs assessment requires careful attention, as affected families may not be visible due to high levels of stigma. Particular efforts need to be made to access and understand the needs of specific communities where levels of fear and stigma are likely to be acute (e.g. Black and minority ethnic communities and Travellers). Likewise, different methods of establishing contact with affected families need to be explored.

Firstly, identifying needs requires both creativity and co-ordination. Working in partnership with local community and faith organisations can be a good way of uncovering 'hidden' needs. Similarly, it is best to actively involve treatment service providers in the process of needs assessment, thereby identifying gaps and avoiding duplication.

It is also important to focus on families' needs in their own right, rather than simply supporting treatment plans for users. However, recognise the potential for distress and wide-ranging emotions in these situations; pay attention to the specific needs of individuals in the family, and of men and women.

Finally, remember that partnerships' member agencies have responsibilities to review needs, commonly referred to as the 'audit', and then develop strategies to combat drug misuse. Needs assessment for families should be included in these audits and should be based on an understanding of the impact of drugs on family members. Try to minimise the time gap between conducting needs assessments and making decisions on commissioning services, as community needs can change very quickly.

### Examples of action

**Coventry DAT** commissioned an external consultant to conduct a Review of Services for Parents and Carers that led to a list of action points to further determine need. This includes stipulating that treatment provider services record all contacts with parents and carers as part of their monitoring, in order to determine the level of hidden demand for family support services. There is now a successful referral procedure in place between treatment agencies and local family support services.

**Contact: 024 7683 2094**

**West Sussex DAAT** organised a consultation day entitled 'Voices of Families and Carers'. This was publicised through local services and groups, and also via press releases to local papers and adverts on local radio. Forty-five people from a wide range of backgrounds attended, and a list of recommendations for action was agreed, including which types of services family members felt would be most useful to them.

**Contact: DAAT Families and Friends Project, 01243 382940**

### 3. Taking account of diversity of needs

One service or support group cannot meet the needs of all. Attention needs to be paid to the specific needs of different family members, such as grandparents, partners, children and young people.

In communities where higher levels of stigma and shame are likely, be prepared to resource careful and appropriate needs assessment and development work within these communities. Take account of different family structures, e.g. extended families, and the fact that services will need to be able to respond to these different needs.

Work in partnership with local Black and minority ethnic organisations that focus on general family and community support to build knowledge, skills and capacity to respond to the needs of families affected by drug use in their communities. Encourage and support the development of partnerships between established family support services and local Black and minority ethnic and Traveller community organisations.

Ensure that services are aware of the requirements of the Disability Discrimination Act 1995 and 2005, and support them to meet these requirements. Recognise the access issues relating to delivering services to rural communities, e.g. the need for outreach, anonymity, home visits and partnership working and work in partnership with local lesbian, gay, bisexual and transgender groups to identify the needs of family members within these communities.

#### Examples of action

**Havering DAT** commissions a range of services, including a Family Support Counsellor at their local adult treatment service who runs separate support groups for parents and partners and provides one-to-one support. The DAT also runs specific workshops for foster carers to help them respond to drug use and its impact on their families.

**Contact: DAT 01708 433093**

**Coventry DAT's** Review of Services for Parents and Carers made efforts to assess needs in local Black and minority ethnic communities, but found it difficult to access this information within the scope of that piece of work. They decided to provide funding to support a local Black community drugs education project to expand its remit to explore further the needs of parents and carers within local Black and minority ethnic communities. This work is continuing through partnerships led by the Assistant Commissioner and Coordinator (Adult Substance Misuse).

**Contact: DAAT Co-ordinator and Commissioning Manager 024 7683 2094**

**Sheffield DAT and Sheffield Family and Friends Alliance** identified that specific services for grandparents was a gap in local provision. Their Development Worker gathered information about services elsewhere and brought together a group including Social Services, local family support services and family members with relevant experience to plan how to address this gap. Since then a specific support group for grandparents has been commissioned.

**Contact: DAT Family and Friends Development Worker, 0114 273 6851**

# Chapter 4

## 4. Seeing the needs of family members as distinct from the needs of users

This can be done either by commissioning separate services or by ensuring that, where offered through treatment providers, they are run separately, e.g. specific helplines. Where there is a choice, the former option is preferable. Where services for both families and users are provided by the same organisation and/or in the same venue, each service's aims need to be clear and transparent, and confidentiality procedures carefully considered and agreed.

The distinction between needs of family members and users should be explicit in Service Level Agreements (SLAs). Involving families in care plans does not replace the need for separate support services to meet family members' own needs. Encourage drug treatment services to recognise this distinction and the specific contribution of family support services.

Work with family members requires different skills from treatment work and includes an understanding of the impact of drug use on families as well as an ability to work flexibly and carefully over longer interventions. Family support groups and projects should also be supported and strongly encouraged to recognise this.

### Examples of action

**Wirral DAT** commission their local voluntary sector treatment agency to provide a separate service to families affected by drug use, including advice, information, one-to-one and group support.

**Contact: 0151 643 5392**

**Gloucestershire DAAT** commissions a local support group, Cheltenham Parent Support Group, to provide services for families. They also appointed a dedicated carers' worker to improve knowledge and awareness in partnership with other local groups.

**Contact: DAAT 08454 221500**

## 5. Capacity building to support the development of services

To support service development, it is important to identify and build on existing family support services, working in partnership with them to ensure that they meet the good practice and quality standards in this Guide. Work in partnership with Black and minority ethnic community organisations, including women's organisations and faith groups, to develop confidential and responsive services. Remember, some families are unlikely to access services publicly known to be associated with drugs. Set up small 'pilot' initiatives and evaluate their impact and the response to them in order to help assess levels of need and build up services.

Provide groups and projects with small-scale support and build up good working relationships with them. This could include small grants for rooms and publicity, provision of training or funding to access training, encouraging treatment providers to promote family support services and giving advice and guidance on developing services.

Provide networking opportunities – regionally or sub-regionally – to break down the isolation of small groups and projects. Services can be commissioned to progress this. Undertake development and support work with smaller groups and services to help them provide key elements of the Menu of Services (note that this should not replace funding the services directly once they are ready) and help them to develop structured interventions for one-to-one work with family members, including appropriate assessment and care planning.

Ensure that family support services can access relevant skills training organised by DATs (e.g. DANOS), to enable them to provide services at Tier 2 of Models of Care and, where appropriate, Tier 3. At the point at which providers have the capacity to deliver them, aim to set up Service Level Agreements with them but make sure that expectations are realistic.

### Examples of action

**Coventry DAT** provided Adfam training courses for local support groups to build capacity, and also runs regular complementary therapy and counselling sessions. This is backed up by an efficient referral scheme between local treatment centres and the family support groups.

**Contact: 024 7683 2094**

## 6. Commissioning flexible services, tailored to local circumstances

It is advisable to select those elements that are most appropriate to local circumstances and assessed needs. In areas where demand for services appears to be low, try different approaches to the surface need. This could include running community-based drug awareness training or funding short-term development work. In areas where levels of expressed need for services are high, try to commission services to provide as much of the Menu of Services as possible, paying attention to the needs of particular groups of family members.

Think about venues, locations and times of services, discuss these with providers and encourage them to try out different options. Offering choice and different models of support to local families and communities (including early responses) can be helpful. Longer-term work may be necessary with some family members so commission to allow for this.

### Examples of action

**Kingston DAT** had difficulty accessing families requiring support. To address this, they planned a Family Day for drug misusing parents and their children, with whom they were already in contact. This included activities for the children and an opportunity to talk. The day launched a pilot project working with these parents and their children, with the aim of improving outcomes for the latter. The DAT also compiled a resource pack including information on running a group and useful national and local contacts. They trained local voluntary sector organisations providing general family support to use this pack, with the aim of equipping these organisations to identify needs, provide support and signpost or refer on where appropriate.

**Contact: DAT Young Persons Substance Misuse Co-ordinator, 0208 547 6011**

## 7. Consultation and Involvement

Family members bring a useful perspective to strategic planning and it can be helpful to involve them at all levels of consultation and joint working. Their needs are different from those of users and they can, and will, want to contribute to discussions on both.

Encourage treatment services to involve family members and carers in care planning and co-ordination. Be aware that family members may bring an emotional element into meetings. This is an important issue and will need to be respected and worked with positively. It is wise to ensure that families also know where they fit into DAT structures and plans.

Use networking to enable them to contribute effectively and provide the necessary practical support to enable them to participate on an equal footing, e.g. childcare, travel costs, papers in advance and briefing meetings. It can be worthwhile to explore undertaking two-way training for families and commissioners. With this, families can train commissioners in understanding their needs and issues and commissioners can provide training for family members to enable them to participate actively in strategic planning.

### Examples of action

**Gateshead DAT** has a carer representative on their Joint Commissioning Group. Local family services are well represented on the Needs Assessment Steering Group.  
**Contact: DAT Co-ordinator, 0191 4332366**

## 8. Funding

There should be transparency and openness with services about available funding and access to it. Provide advice about relevant sources of funding, including Crime and Disorder Reduction Partnerships, Children's Funds and Carers' Support Grants.

Be creative about sources of funding and support groups and services to pull together effective packages of funding, drawing on a range of sources. Remember that partners are expected to bring mainstream funding to the partnership table – not just drug-specific funding. Only 50% of treatment services are funded from the Pooled Treatment Budget, the other 50% from PCT and local authority mainstream budgets.

It is good practice to provide a quick response to short term essential funding needs. This enables projects to be sustained and to develop while longer-term funding packages are sought. Wherever possible, aim to identify recurrent funding, particularly for core services.

It is important to note that voluntary sector services, particularly small organisations, may need to receive any funding up front rather than payment in arrears, due to their limited resources.

### Examples of action

**Kirklees DAT** have been working with local family support groups for ten years to successfully access Carers Special Grant funding. They have been able to broaden the definition of 'respite' to encompass support group meetings, as well as breaks away, which has proved useful. They fund four different support groups through carers support funds, including a dedicated service for Asian families in partnership with GASPED in Dewsbury. They are currently pushing hard for carers of drug users to get carers' assessments more routinely in line with NTA guidelines.

**Contact: DAT Development Officer, 01484 226932**

**Barnsley DAT** has been allocated a proportion of their borough council's Carers Support Grant. This is being used to provide respite services, holiday support and training for carers of drug and alcohol users. The DAT have ongoing consultations with families and carers consultation day to agree the best use of the funding across the borough.

**Contact: DAT 01226 774960**

**Plymouth DAT** commissions a comprehensive service from Hamoaze House. They provide a structured day programme for the treatment of drug users, but also therapeutic whole family work with affected family members. They also facilitate self-help focused family support groups and one-to-one work for family members affected by drug use, whether or not the user is accessing treatment, and run a programme for vulnerable young people, many of whom have parents who are using drugs. The DAT has agreed clear boundaries between the support for users and that for family members.

**Contact: DAT Co-ordinator, 01752 515478**

## 9. Monitoring and Evaluation

Monitoring and evaluation are key to successful ongoing development of services. Encourage groups and services to set clear objectives and work out how to monitor these from the start. This is especially important for smaller groups. Set clear targets in Service Level Agreements, in consultation with service providers, based on meaningful outcomes for family members. Provide training and support for groups and services to help them develop and maintain manageable and effective monitoring and evaluation systems. Don't set unrealistic targets and expectations – relate them to service capacity and their stage of development.

### Examples of action

**Derbyshire DAAT** commission a local service, SPODA, to provide support to family members, including children and grandparents. They have a detailed service specification and set out specific targets, outputs and outcomes for monitoring and evaluation purposes.

**Contact: Commissioning Manager (Young People), 01629 580000 (ext 7236)**

**Nottinghamshire County DAAT** have detailed Service Level Agreements for their local adult and children's support services. These include clear monitoring requirements, performance indicators and target outcomes. Many of the requirements mirror those required of treatment providers, such as adherence to Hidden Harm and Every Child Matters, and increasing the numbers of families engaging with the service. Monitoring information is collected via a customised database provided and implemented by the DAAT. An important part of the performance management of the services is through regular structured service reviews.

**Contact: DAAT Commissioning Manager, 01623 414114 (ext 6918)**



## Towards Quality Standards

To protect services from trying to do too much too soon, the Quality Standards are deliberately simple and limited in number... achieving quality services should be seen as an ongoing process.

**This chapter sets out Quality Standards for service providers in two sections. The first section covers five Essential Requirements for all family support groups and services. The second section outlines seven basic Quality Standards for family support groups and services to work towards.**

### How to use the Quality Standards

The key aims of the Essential Requirements and Quality Standards are:

- To deliver the highest quality services possible to family members.
- To be able to demonstrate that this is being achieved.

Used together, the Essential Requirements and Quality Standards should enable family support services to:

- Monitor and evaluate outcomes of their service.
- Demonstrate to commissioners that they are meeting basic standards.
- Ensure that family members are actively engaged in service delivery.
- Guard against risky or poor practice, including lack of boundaries.

The requirements and standards should help DATs, in partnership with family support groups and services, to:

- Develop the best possible quality services for family members.
- Provide a framework for use in training both for service providers and for commissioners of family support services.
- Use as a basis for developing Service Level Agreements with providers.



To protect services from trying to do too much too soon, the Quality Standards are deliberately simple and limited in number. Achieving quality services should be seen as an ongoing process, and services can use this chapter to help with that. Groups and services may need additional support to assess how well they meet the standards. It could also be helpful to work through a quality assurance process, such as the PQASSO self-assessment. *'How Good Is Your Service for Carers?'* (compiled by Roger Blunden for the King's Fund) also offers a useful guide that can be used alongside these quality standards.

## Five Essential Requirements

The organisational processes that are necessary in order to deliver quality services:

- 1. Family members affected by drug use are actively involved in the organisation:**
  - Family members with personal experience have an effective voice in the service/group design, management, delivery, monitoring and review processes.
- 2. The service works in partnership with other relevant local organisations and services:**
  - The service has access to other services and good networks, which they use to contribute to making sure that families get co-ordinated support.
  - The service works jointly with other drugs services and family support services to maximise choice and opportunity.
- 3. The service is clear about its principles, aims and focus and how these will be achieved and monitored:**
  - The service is clear about its purpose and aims, e.g. whether it is focused on support and/or on campaigning.
  - The service is clear about its target group(s), e.g. parents, grandparents, partners, children and young people.
  - The service has clear monitoring and review processes in place.
  - The service is clear about who it is accountable to and has a clear management structure.
  - The service has an agreed development or business plan.
  - The service has in place sufficient funding to deliver its aims in a sustainable manner.
- 4. The service has in place policies, procedures and protocols covering confidentiality and its legal responsibilities. These include:**
  - Confidentiality.
  - Data protection and record-keeping.
  - Health and safety.
  - Insurance.
  - Complaints.
  - Equal opportunities.
  - Legal and medical advice.
  - Child protection.
  - Drugs and alcohol in the workplace.
  - Volunteers.
  - Service specific protocols (depending on type of service provided).
- 5. All service staff are appropriately trained and supported:**
  - All staff (paid and unpaid) and management committee members/trustees receive the training they need to enable them to carry out their roles.
  - All staff (paid and unpaid) have clear roles and responsibilities.
  - All staff (paid and unpaid) receive regular support and supervision, including around how their personal experience impacts on their work.

## Five Essential Requirements

1. Active involvement of family members affected by drug use.
2. Working in partnership with other relevant local organisations and services.
3. Clarity of principles, aims and focus and how these will be achieved and monitored.
4. Policies, procedures and protocols covering confidentiality and its legal responsibilities.
5. Appropriate training and support for all service staff.

# The seven basic Quality Standards

Quality Standards focus on the outcomes for family members who use the services.

## 1. Confidentiality and safety

- Is discreet and confidential and has clear ground rules for all services.
- Is clear about what information can/cannot be shared, and when confidentiality may need to be broken.
- Provides safe opportunities to talk in a group or one-to-one setting.
- Provides opportunities to share with others and off-load where comfortable.

## 2. Offering choices

- Tailors choices to individual needs and allows individuals to move at their own pace.
- Gives advice as to the choices available, without telling people what to do.
- Provides service users with different things including:
  - Help to survive or change their situation.
  - Non-judgemental support.
- Ensures that service users can access any services that they find useful.
- Provides opportunities for face-to-face service (one-to-one or support group).

## 3. Accessibility

- Provides free services that are friendly, cheerful, welcoming and accessible to all.
- Services and facilities are culturally appropriate and physically accessible.
- Services and facilities are well advertised, give a clear idea of what is on offer, and operate at times and in places convenient to service users.
- Offers flexible services (phone and face-to-face) to enable people to access help and support outside normal office hours.
- Provides speedy and appropriate responses to calls for help.
- Works in partnership with local Black and minority ethnic and other minority communities.

## 4. Supporting family members to look after themselves

- Supports family members to focus on their own needs.
- Provides opportunities for them to 'have a break', socialise and 'have a laugh'.
- Offers personal learning and development opportunities.

## 5. Non-judgemental and caring approach

- Friendly and genuine, open-minded and caring.
- Unbiased – able to have a 'balanced' view of substance misuse.
- Respectful, understanding, non-judgemental and empathetic.
- Staff and volunteers have a heart and a passion for their work.
- Active listening skills, responsive and willing to learn.

## 6. Clear boundaries

- Knows the limitations (time, capabilities, commitment) and is honest about them.
- Ensures workers/volunteers are at the right stage themselves to give a service to others.
- Knows who can help if the service can't and passes to other services if unable to deal with that situation.
- Encourages people who provide the service to do as much as they are happy with, without allowing this to detract from the quality of their own lives.
- Is clear about accountability and responsibilities.
- Supports family members to set their own boundaries.

# Chapter 5

## 7. Being informed and informing

- Values personal experience as expertise.
- Ensures that the service is knowledgeable about drugs, relevant services and related issues.
- Has access to the right information to give to people.
- Ensures that the service has information to advise and support different family members.

## Seven basic Quality Standards

1. Confidentiality and safety.
2. Offering choices.
3. Accessibility.
4. Supporting family members to look after themselves.
5. Non-judgemental and caring.
6. Clear boundaries.
7. Being informed and informing.

## The Good Practice Menu of Services

The Menu is designed for groups and services to use as a checklist against which progress can be measured, and from which new ideas can be generated. Not all points will be essential for all services, but they may be worth thinking about. Equally, there may be points missing. In practice, items on the Menu will overlap with one another; for example grandparents may receive a service from a specialist support group or via targeted one-to-one work.

### Help to set up services outlined in the Menu

Each Menu item includes some relevant examples of family support groups, projects and services in England. More comprehensive lists of family support groups and services in the UK can be found on Adfam and PADA's websites (see Chapter 7). Chapter 7 also lists some services that are willing to share their policies, protocols and procedures with others.

### What makes a good one-to-one support service?

One-to-one support services provide support to family members on an individual basis. The focus of the service is helping the family member to identify and meet their immediate needs and to develop the confidence, knowledge and skills necessary to take more control of their life in the future. One-to-one support services may be provided at a central base, or at a range of outreach settings including the family member's home.

### A good one-to-one support service knows about:

- What it's like to be affected by someone else's drug use, including how it feels, what can happen and ways of understanding the situation and dealing with it.
- Addiction and its effects on the family, including co-dependency and compulsive helping.
- Drugs and drug treatment services.
- Practical barriers that can prevent family members from being able to use services.
- Where to get practical help, advice and support, e.g. advice on finance and housing.
- Legal issues including family law and the Children Act.
- Other useful services, resources and networks.

### A good one-to-one support service is able to:

- Provide an appropriate service for family members from a range of age, gender, sexuality, cultural and ethnic backgrounds that reflects the diversity of the local population.
- Meet the needs of family members with physical and sensory impairments, e.g. accessible venues, providing a BSL interpreter or information in large print, Braille/on tape.
- Carry out individual needs assessments and develop an agreed care plan and review process with each family member receiving ongoing support.
- Create a relaxed and confidential atmosphere.
- Relate directly to the family member's experience, put them at ease and build a relationship.
- Listen (to anything) without being judgemental and recall appropriately what the family member has said in the past.
- Support the family member to express and work through their feelings, understand the complex situation that they are dealing with and develop ways of coping.
- Seek relevant and appropriate information on behalf of the family member and provide it at the right time.

# Chapter 6

- Work with the family member to set goals, to learn and to grow.
- Respond to the different needs of family members at different times, including responding as soon as possible during a crisis.
- Provide access to relevant and appropriate information, and direct individuals to appropriate services, e.g. Social Services Carer's Assessment.
- Challenge statutory services on behalf of family members.
- Provide a range of practical support, such as childcare support, transport for people living in rural areas and access to charitable funding for those suffering extreme hardship.
- Provide advocacy and befriending support, such as access to a mentor as a point of contact, or an advocate or 'befriender' who will speak out on the family member's behalf or accompany them to places/meetings/services.
- Work in partnership with services providing drug treatment to the user.
- Provide information and support about the practical, emotional and relationship issues that can be provoked by the treatment process, including the possibility of relapse.
- Recognise when the service is outside its area of competence and refer to other support.

## A good one-to-one support service is:

- Friendly, confidential, trustworthy and willing to listen.
- Aware that, for the family member, this could be a valuable break from the situation at home, they may already be in recovery (even if the drug user isn't), and that there may be additional financial burdens for the family.
- Flexible. Recognises that the family member may feel more comfortable in their own surroundings, particularly when they first seek support. Offers a choice about where and when contact takes place.
- Reliable and punctual.
- Able to respond to the whole situation, not just the drug problem.
- Positive about meeting other family members.
- Able to encourage the family member to use other services.
- Able to recognise the importance of respite as a stress-relieving activity.

## Practical suggestions for providing a one-to-one service

- Choose a safe, comfortable, non-stigmatising and confidential venue that is easy to find/get to with disabled access. It might not be appropriate to meet at a local drugs service.
- Provide varied and flexible opening hours, with drop-in support and crèche facilities as well as services by appointment.
- Provide a private service with no interruptions.
- Respond quickly to requests for help at a time that suits the family member's circumstances.
- Provide a client-led service, responding to needs there and then.
- Regularly ask for feedback, reviewing the service with clients and make relevant changes.
- Provide trained and qualified staff from a range of age, gender, sexuality, cultural and ethnic backgrounds to enable suitable client-helper matches.
- Provide ongoing training and regular supervision for all staff and volunteers.

## Practical suggestions for providing an outreach service

- Provide continuity of staff, e.g. the same worker each time, or a small staff team that the family member can get to know personally and trust.
- Make sure your service is culturally appropriate.
- Be aware of the risks to staff and have measures in place to deal with them.

- Provide ongoing training and regular supervision for all staff and volunteers.
- Provide a reliable, punctual and flexible service that responds to individual needs, including immediate response in a crisis.
- Provide an anonymous service (no name badges).
- Provide relevant and appropriate information, including other sources of support that are backed up with written information.
- Offer a follow-up service – a ‘one-off’ visit is not enough.
- Recognise that the family member may not access other services because of financial or practical constraints, e.g. can’t afford the fare, lack of childcare.

## Examples of one-to-one support

### **Liberty from Addiction, Chester-le-Street and Durham**

Offers one-to-one support at their base or at people’s homes, according to their choice plus other types of support.

**Tel:** 0191 387 1111

### **North Yorkshire and York Families and Carers Service**

Provides one-to-one support from BACP-accredited counsellors as part of a varied menu of services, including alternative therapies and respite breaks.

**Tel:** 01845 522554 **Email:** northyorkfamilycare@btconnect.com

### **KWADs (Knowle West Against Drugs)**

Provides one-to-one counselling, with the facility to set up appointments by email.

**Tel:** 0117 953 3870 **Email:** info@kwads.org.uk

## Outreach support

### **Lifeline, Huddersfield**

Provides culturally appropriate targeted outreach and one-to-one support to isolated Asian women who are affected by a drug user in their family.

**Tel:** 01484 353353 **Email:** tom.brailsford@lifelinekirklees.org.uk

### **Rising Sun Trust, Workington, Cumbria**

Offers outreach drop-in sessions that provide informal support and access to other family support services.

**Tel:** 01900 870 034 **Email:** response@risingsuntrust.org

### **RODA (Relatives of Drug Abusers), Sheffield**

Provides an outreach service that visits family members at home or wherever they request. This enables contact with other family members, e.g. fathers and siblings, as well as the person who requests the visit.

**Tel:** 0114 231 4443 **Email:** support\_family@btconnect.com

# Chapter 6

## What makes good information for families affected by drug use?

Obtaining the right information is often a crucial first step in seeking support. Information can offer a gateway to a wealth of other services or provide simple solutions to issues that the family member can deal with on his/her own.

### Good information for family members affected by drug use is:

#### Available in a range of formats

- Posters, leaflets, books/booklets.
- Innovative formats, e.g. on the back of beer mats, receipts or prescriptions.
- Large print and spoken language format, e.g. videos and audio-tapes.
- Telephone helpline with access via textphone or Typetalk.
- One-to-one, face-to-face sessions, as well as group situations, e.g. self-help groups, existing community groups.
- Public meetings with expert speakers, training sessions/courses.

#### Targeted and varied

- Aimed at a range of audiences.
- Different languages, age groups and levels of literacy.
- Different levels of information.

#### Widely available

- Well publicised and advertised.
- Choice of information available.
- Quick response to requests for information.
- Private, confidential and anonymous packaging.
- Easy to find and available in all public areas.

#### Accurate

- Credible sources.
- Validated by the appropriate agencies, e.g. home detox advice needs to be cleared by local drug treatment services.
- Regularly updated and checked for accuracy and relevance.

#### Expert and honest

- Written by people with identifiable expertise in the subject, including family members with direct knowledge and experience.
- Provides basic information.
- Realistic, but avoids unnecessary detail that could cause alarm.

#### Holistic

- Comprehensive.
- Signposts to other services and other sources of information.

#### Appropriate content

- Provides basic information targeted at the stage that the family member is at.
- Reassuring.
- Gives people skills and knowledge about help available.
- Contains information about available help in the local area.
- Offers realistic reassurance about the future.
- Tested by users.



## Personal

- Written from the perspective of family members.
- Indicates whether it is based on the experiences of family members in general, or from the perspective of a particular group, e.g. grandparents, people with a family member in prison.
- Contains experience of someone in a similar situation.
- Deals with frequently asked questions.
- Suggests choices and options for different circumstances.

## Appropriate format

- Well laid out.
- Concise information.
- Easy to understand, e.g. no jargon, plain language.

## Examples of information

### **Family Drug Support, Herefordshire**

Has developed a user-friendly website for any family member in the Herefordshire area. Particularly targeted at people living in rural locations who cannot easily access family support services. Only very basic IT skills are needed to use the site, which includes information about drugs, local family support services, helpful hints about coping strategies and a comprehensive list of links to other useful local and national organisations.

**Tel:** 01981 251155 **Email:** famdrugsupport@btconnect.com

**Website:** [www.familydrugsupport.com](http://www.familydrugsupport.com)

### **Hetty's, North Nottinghamshire**

Sends any family member who contacts them an individually prepared information pack. Also provide information and support via their website.

**Tel:** 01623 643 476 **Email:** [info@hettys.org.uk](mailto:info@hettys.org.uk)

**Website:** [www.hettys.co.uk](http://www.hettys.co.uk)

### **The Matthew Project, Norwich**

Have a Carers worker in Norwich and Great Yarmouth who does 1-1 work. There are carers groups in Norwich and Thetford. There is a bereavement group in Norwich.

**Tel:** 01603 764754 **Email:** [support@matthewproject.org](mailto:support@matthewproject.org)

**Website:** [www.matthewproject.org](http://www.matthewproject.org)

### **Silver Lining, Kingsbridge, Devon**

Holds a large stock of leaflets explaining the consequences of using drugs or alcohol. They produce a simple, clear information leaflet about their services including contact phone numbers, which are entirely staffed by volunteers.

**Tel:** 07817 951552/951877

# Chapter 6

## What makes good personal learning opportunities for family members affected by drug use?

Family members affected by drug use identified a range of personal learning and development opportunities, delivered in a group context, that enabled them to acquire the key knowledge, skills and confidence to understand and cope with their situation (details of training opportunities for family members to provide services, e.g. support groups, are covered in the Resources section – see Chapter 7).

### Delivering successful group learning opportunities

Family members identified key factors that make it more likely that the learning outcomes are met:

- The learning opportunity has a clear purpose that is shared with the learners.
- Learners have an opportunity to contribute to development of agreed learning outcomes.
- Learners are encouraged to share their stories and experiences, and these are valued and respected.
- The learning process includes opportunities to explore feelings.
- The learning process uses peer education and outside experts to increase knowledge.
- The learning process includes emotional support for learners, including opportunities for one-to-one support outside the session.
- Learners evaluate their individual learning and the outcomes for the group as a whole.

### Areas where group learning opportunities may be effective

#### Drugs awareness – works when:

- Courses provide opportunities to see samples of different drugs and the equipment used to take them, so that learners can recognise them in the future.
- Learning is backed up with written information that provides separate leaflets about individual drugs.

#### Understanding addiction – needs to:

- Be specifically aimed at family members, and explain what tends to happen in a family when an adult or child uses drugs.
- Explore the effects of drug use on the user and on other family members.
- Cover typical processes/patterns of behaviour and common responses.
- Consider what may influence responses.
- Address the purpose and benefits of certain responses.
- Identify common traps/pitfalls and difficulties that families experience.
- Signpost further sources of general and specific information.

#### Living with risks associated with drug use – should cover:

- Dealing with drug paraphernalia, e.g. disposal, needle stick injuries, safer injecting information.
- Emergency first aid and overdose management.
- Hepatitis and other blood-borne viruses

#### Self-help skills – should cover:

- Confidence building.
- Assertiveness.
- Stress and anger management.
- Learning backed up by access to self-help books.

### **Learning to accept what you cannot change – will:**

- Focus on understanding the process, struggles and difficulties of the journey of acceptance.
- Explore previous interventions and their outcomes.
- Look at different ways of responding.
- Look at making choices of response.
- Focus on the positive – acknowledging and celebrating progress.

## **Examples of personal learning opportunities**

### **Council for Voluntary Services, Bolton**

Regularly delivers a programme of free self-help training courses, including confidence building, stress management, assertiveness and anger management. The training courses are highly recommended by the local family support group.

**Tel:** 01204 546010 **Email:** mail@boltoncvcs.org.uk

### **Footsteps, Warrington/St Helens**

Provides a six week structured 'survival' training course for family members of long-term drug users.

**Tel:** 01925 244524 **Email:** info@footstepsforfamilies.org

### **GROW, Rotherham**

Provides a personalised programme of OCN accredited personal development training and one-to-one support that includes confidence building, stress management and assertiveness skills for women who lack confidence and self-esteem. Many learners are family members affected by drug use.

**Tel:** 01709 511171 **Email:** info@growproject.org.uk

### **Parent Support Link, Southampton**

Delivers an OCN accredited training course called 'Responding to Drugs in your Community' that aims to raise awareness about different drugs, their effects, legal issues and available services. The course also prepares and supports learners to take action in their local community to raise awareness of drug-related issues.

**Tel:** 02380 399764 **Email:** p.s.l@btconnect.com

# Chapter 6

## What makes a good telephone helpline?

**A telephone helpline provides a dedicated, confidential service for anyone affected by someone else's drug use. As well as providing information about drugs, drug services and other family support services, the helpline worker also supports the caller to talk about his/her experiences, feelings and worries.**

### A good telephone helpline knows about:

- What it's like to be affected by someone else's drug use, including how it feels, what can happen, ways of understanding the situation and ways of dealing with it.
- Drugs and drug services.
- The cycle of change (see Glossary).
- Other local family support services, including support groups.
- Quality, practical information.

### A good telephone helpline is able to:

- Provide a service specifically for family members or concerned others.
- Demonstrate understanding of other cultures apart from white British culture.
- Provide a service in languages other than English, in response to local need.
- Provide a service via textphone or Tynetalk for deaf family members.
- Listen and communicate effectively using a calm tone of voice.
- Follow approved policies and procedures and make callers aware of these.
- Convey understanding of the needs and feelings of callers, using counselling skills to provide emotional support.
- Offer realistic reassurance about the future, and empower the caller to begin to take control of his/her life.
- Give simple, accurate and locally relevant information about drugs and drugs services.
- Provide follow-up calls to callers, with written information, email support, home visits or referral to another service if appropriate.
- Identify choices rather than giving direct advice.

### A good telephone helpline is:

- Open when it says it is.
- Warm and friendly.
- Confidential and trustworthy – the caller is able to remain anonymous.
- Calm, reassuring and empathic.
- Non-judgemental, respectful and not patronising.
- Available to talk for as long as a caller's needs dictate.

## Practical suggestions

- If possible, provide a free phone service.
- Give a clear message about opening times.
- If an answer phone is used, make sure that someone rings back quickly.
- Use trained and qualified staff who know about drugs and drugs services.
- Recruit staff from a wide range of age, gender, sexuality, ethnic and cultural backgrounds that reflects the diversity of the local population.
- Provide ongoing training and regular supervision for all helpline staff and volunteers.
- Have approved policies and procedures that are followed by staff, including:
  - Confidentiality (including when to break confidentiality).
  - Equal opportunities.
  - Diversity.
  - Good practice protocols.
- Market and advertise the service widely. Clearly specify the service offered on all the promotional literature.
- Regularly use client feedback to evaluate the service and make relevant changes as appropriate.

## Examples of telephone helplines

### **PADA (Parents Against Drug Abuse) Helpline**

National 24-hour helpline for parents and families of drug users.

**Tel:** 01516 491580 **Helpline:** 08457 023867

### **Parent Support Link Southampton**

Trained volunteer-staffed 24-hour contact line operating for over ten years. Offers factual information, support to deal with a crisis, referral to other services and access to other Parent Support Link services.

**Tel:** 02380 399764 **Email:** p.s.l@btconnect.com

### **Worcester Drug Link, Worcestershire**

Well established 'Pressure Point' helpline and also an 'Inside Out' service for children of drug users. Staffed by volunteers who have thorough training and are supported by good policies

**Tel:** 01905 724754 / 0800 652 9664

### **Hetty's, Nottinghamshire**

Provides a freephone service (9am-7pm every day) and a text number.

**Tel:** 0800 085 0941 **Text:** 07896 228547 **Email:** info@hettys.org.uk

### **Lauren's Link, Derby**

Through the Angels Project, provides support by telephone and via their website [www.laurenslink.org.uk](http://www.laurenslink.org.uk) for any family member, from any part of the UK, who has been bereaved through drug use.

**Tel:** 01332 362744 **Email:** info@laurenslink.org.uk

# Chapter 6

## What makes a good support group?

A support group is a self-help group, or one facilitated by an outside expert, for family members affected by someone else's drug use. It provides group members with opportunities to share their experiences with, and to learn from, others in a similar situation. The focus of the group is on learning to 'help yourself' rather than continually focusing on the needs of the drug user.

### A good support group knows about:

- What it's like to be affected by someone else's drug use, including how it feels, what can happen, ways of understanding the situation and ways of dealing with it.
- Drugs and drug treatment services.
- The Law.
- Where to get practical help and advice, plus other useful services, resources and networks.

### A good support group is able to:

- Provide a safe, anonymous and neutral venue.
- Provide an accessible and culturally appropriate service for family members.
- Meet the needs of family members with physical and sensory impairments.
- Provide a service that is sensitive to issues of sexuality, and does not make assumptions.
- Provide opportunities to share with others who have similar problems, giving reassurance that an individual member is 'not the only one', is not to blame, and that their needs matter.
- Provide opportunities to learn about the effects of having a drug user in the family, suggestions about how to cope with different situations and see the situation in perspective.
- Provide an experienced group facilitator who knows about drugs and family support issues, can offer options to group members rather than tell them what to do and can prevent individuals dominating the group.
- Help group members to access additional support outside the group, e.g. Social Services carer's assessment, one-to-one support, counselling.
- Provide one-to-one support (either by telephone or face-to-face) for family members who are not yet ready to join the group. Set up a 'buddy scheme' to help shyer individuals to attend.
- Train staff who can provide 'expert' knowledge to answer group members' questions, e.g. drugs counsellors, mental health staff who know about dual diagnosis.
- Access training sessions, e.g. dealing with overdose, hepatitis C and other blood borne viruses.
- Provide refreshments to help members feel comfortable, and 'camaraderie' to reduce feelings of isolation, including telephone support from group members in-between meetings.
- Provide opportunities for friendship, outings and stress-relieving activities away from home.

### A good support group is:

- Friendly, cheerful, welcoming – quiet and relaxed with an informal atmosphere.
- Confidential with clear ground rules.
- Able to prioritise the need for group members to share their feelings and experiences.
- Based on the empowerment of group members. This can entail:
  - Open membership (joining/leaving/moving on when they want and at their own pace).
  - Letting everyone have a turn and not allowing individuals to dominate the group.
  - Letting members just sit and listen if they want to.
  - Making suggestions, but not telling people what to do.

- Non-judgemental with a focus on listening to each other, and respectful of each group member, recognising that everyone's situation is different.
- Inspirational; learning from others' experiences can help people be more positive about their own.
- Able to develop at its own pace, setting its own priorities and working together as a team.
- Encouraging of experienced members in taking on additional roles (but not taking over).

## Practical suggestions

- Choose a safe, accessible, comfortable, non-stigmatising and confidential venue that meets the needs of family members.
- Ensure members are clear about the aims, ethos, philosophy and process of the group.
- Provide written information to back up discussions, to take away either on loan or to keep.
- Advertise the group widely, e.g. in libraries, GP surgeries, on local radio.
- Try to secure adequate funding so that the group can provide a regular and reliable service.
- Network with other organisations that can provide practical resources, e.g. rent-free premises, funding, advertising.
- Limit outside speakers to set times at special meetings.
- Provide ongoing training and regular supervision for group facilitators.

## Examples of support groups

### **Hetty's, North Nottinghamshire**

Facilitates support groups in different parts of the county, with the facility for family members to attend one out of their area if they wish.

**Tel:** 01623 643 476 **Email:** info@hettys.org.uk

### **Hamoaze House, Plymouth**

Runs family support groups, facilitated by a skilled counsellor/drug worker, for any adult family member or 'significant other' affected by drug use. One-to-one support and family counselling are also available for group members.

**Tel:** 01752 566100 **Email:** office@hamoazehouse.org.uk

### **The Harbour Project, Bolton**

Voluntary support group for parents, partners and friends affected by someone else's drug or alcohol misuse. The Harbour Project works in partnership with Bolton DAT and Bolton CVS (Council for Voluntary Services).

**Tel:** 01204 62274

### **SLAWO (South London African Women's Organisation)**

Runs support groups and provides one-to-one support for women affected by someone else's drug use in the African community.

**Tel:** 020 8648 1808 **Email:** africanlawo@aol.com **Website** www.africanlawo.com

# Chapter 6

## What makes good support to help family members work together?

Helping family members work together focuses on the family as a whole, rather than on the needs of individual members. The purpose is to help family members work together more effectively to deal with the consequences of having a drug user in the family.

### Good support to help family members work together is able to:

- Provide a trained and experienced facilitator who:
  - Knows about drugs and family support issues.
  - Can maintain a focus on what will help the family as a whole.
  - Can prevent individual family members from taking over.
- Provide a service for the family where different family members can be involved on an equal basis.
- Help the family to explore how it operates as a unit.
- Improve communication between family members by enabling the family to hear each other's perspectives.
- Balance the differing needs of family members, including those of children and adults.
- Improve understanding between family members.
- Bring the family together to support each other.
- Help the family to set safe boundaries and realistic goals.
- Provide one-to-one support for individual family members outside of the family sessions if required.

### Good support to help family members work together is:

- Focused on strengthening the family unit.
- Aware that different family members may experience the situation differently and may have different needs to address at different times.
- Non-judgemental.
- Based on self-empowerment and recognising strengths.
- Able to connect with each family member in a way that recognises their individual experience of the situation.
- Able to offer realistic reassurance about the future.

### Practical suggestions

- Choose a local, safe, accessible, comfortable and non-stigmatising venue.
- Respond quickly to requests for help.
- Provide both regular contact and crisis intervention.



## Examples of services to help family members work together

### **Action on Addiction Families Plus**

Offers support groups for families, partners and friends of substance misusers. Has also piloted the M-PACT (Moving Parents and Children Together) programme, working with whole families to explore the issues and difficulties arising from substance misuse.

**Tel:** 0845 126 4130 **Email:** familiesplus@actiononaddiction.org.uk

### **EDDAAS (East Dorset Drugs & Alcohol Advisory Service)**

Provides one-to-one support and family work through their Alcohol & Drugs Community Aftercare Programme (ADCAP) for Families.

**Tel:** 01258 489784

### **Kirklees Lifeline, Huddersfield**

Runs a Family Drug Service that provides family mediation in the home, for all family members, including the drug user. Also provides family mediation to families with a member involved with the criminal justice system.

**Tel:** 01484 353353 **Email:** chris.lawton@lifelinekirklees.org.uk

### **Oasis Project, Lincoln**

Support for the families, carers and friends of drug & alcohol users in Lincolnshire. Confidential, empathetic support based upon personal experience. Support by telephone, one to one meeting or in groups. Drop-in venues across the county or meetings can be arranged in client's home or at a 'neutral' venue.

**Tel:** 01522 523581 **Email:** oasislincs@hotmail.com

## What makes a good service that provides a break (respite)?

Family members affected by someone else's drug use have identified being able to have a break as an essential part of enabling them to deal with their situation. Receiving a quality family support service is perceived by many family members to be a form of respite in itself. All commissioners and family support services should be aware that they can 'add value' to their service by maximising the respite opportunities available.

### **A good service that provides a break is able to:**

- Provide clear information about the different respite opportunities that are available and how to access them.
- Direct family members to:
  - Services that can provide respite in an emergency, e.g. in response to domestic abuse.
  - Other services that can provide immediate stress-relief, e.g. telephone helpline, drop-in services.
  - Other family support services that are also a form of respite, e.g. one-to-one support and support groups.
- Provide specific respite opportunities that meet the needs and interests of family members at times that suit their individual circumstances, including when the drug user is in rehab, hospital or prison.
- Plan activities and venues carefully so that they meet the needs of a wide range of family members.

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- Provide access to a range of free or low cost respite opportunities, e.g.:
  - Holistic and complementary therapy sessions.
  - Going out for a meal or other social event.
  - Organised breaks on an individual or group basis.
- Access funding for family members to have a break from their situation, e.g. weekend away, day off.
- Direct family members to possible sources of financial help with respite, e.g. via Social Services carer's assessment.
- Provide help with practical arrangements, including childcare and transport, so that family members can enjoy a stress-free break.
- Provide practical information, support and signposting to other services that will help family members increase the security of their home.

## A good service that provides a break:

- Recognises the importance of respite as a means of relieving stress, mental and physical exhaustion and social isolation for family members.
- Recognises that many family members experience the enforced absence of the drug user (in prison, rehab, hospital) as a period of respite.
- Recognises that many family members may be anxious about leaving their home unattended for long periods and may want respite opportunities close to home, in case there is a crisis.
- Understands that, as coping with someone else's drug use places an additional financial burden on the family, many family members are unlikely to use respite opportunities unless they are provided free or at a low cost.

## Examples of services that provide a break

### **Base 10, Leeds**

Provides a 'buddying service' for young people affected by someone else's drug use. Trained volunteers will accompany young people to respite activities identified by the young person, including swimming and go-karting.

**Tel:** 0113 243 3552 **Email:** admin.base10@lifelineleeds.org.uk

### **Escape Family Support, Blyth, Northumberland**

Provides a comprehensive range of quality services for substance users, offenders through substance use, their families, and carers. Also provides one-to-one support, court and prison visit support, counselling, parenting guidance, advocacy, group work, respite breaks, family mediation, diversionary activities and personal development, in house accredited training courses and a full range of complimentary stress and relaxation therapies.

**Tel:** 01670 544055 **Email:** Anne@escapefamilysupport.co.uk

### **PADA (Parents Against Drug Abuse), Liverpool**

Runs regular monthly Stress Relief Days, where family members meet to receive free complementary therapies and beauty treatments such as massage, aromatherapy, facials and hairdressing.

**Tel:** 0151 270 2108 **Email:** admin@pada.org.uk

## What makes a good service for grandparents?

Grandparents who are not only the parent of a drug user, but are also dealing with the effects of this drug use on their grandchildren, face a range of additional emotional and practical difficulties. All family support services should be aware of the issues involved and take steps to ensure that the service is accessible to grandparents. Even if the organisation is not able to provide a specialist service itself, it can be aware of and liaise with other services that provide information and support, including services for children and young people affected by drug use.

### A good service for grandparents knows about:

- What it's like to be a grandparent affected by someone else's drug use, including how it feels, what can happen, ways of understanding the situation and ways of dealing with it.
- Drugs, dependency, drug services, assessment processes and treatment options.
- Legal issues, e.g. child protection, residence orders, specialist solicitors, legal aid.
- Welfare rights, benefits, child tax credits.
- Child protection systems, care orders, fostering and adoption.
- Local childcare provision and how to access it.
- The effects on children of having a drug using parent and how to help them deal with this.
- Where to get practical help and advice, signposting other services, resources and networks.

### A good service for grandparents is able to:

- Clearly state in advertising and promotional literature that it provides services specifically for grandparents.
- Meet grandparents' needs. This may entail holding services at a time and place convenient for them, e.g. at home or outside office hours or providing telephone access, or referral where grandparents' needs exceed a service's limits.
- Remind grandparents that their needs matter. Provide experienced professionals/volunteers to support them, and opportunities to meet other grandparents in the same situation.
- Provide a specialist group for grandparents to:
  - Share experiences and difficulties.
  - Problem solve.
  - Support individuals to understand and make the shift from the role of grandparent to parent.
  - Support grandparents who are not able or who choose not to care for the drug user's children.
  - Empower grandparents to feel more positive about their situation.
- Recognise that creating respite opportunities for grandparents is a key aspect of 'adding value' to any service, e.g. by providing lunch at support group meetings.
- Provide information about the role of Social Services in child protection.
- Facilitate three-way liaison between the drug user's treatment worker, Social Services and the grandparent to support communication and improve care planning (if they are engaged in treatment).
- Facilitate liaison with Social Services and advocate on the grandparent's behalf for appropriate support, e.g. similar services to those provided to support adoptive and foster parents/carers, help with the financial costs of maintaining children and access to childcare.
- Advise on and signpost routes to other services dealing with legal issues, e.g. residence orders, financial benefits and tax issues.
- Advise on how to get help with childcare, including help with the costs.
- Provide financial support and crèche facilities so that grandparents can access services.
- Provide regular respite opportunities with quality childcare included.

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- Provide help and reassurance about how to support the child and alleviate their problems, including how to discuss the parent's drug addiction with the child and how to deal with a child's disclosure about parental drug use or behaviour at home.
- Provide access to services for children to support them to come to terms with their experiences of having a drug-using parent.
- Facilitate access to campaigning organisations, e.g. the Grandparents Association (see Chapter 7).
- Lobby for a statutory body to review the needs and rights of grandparents, with a view to changing current policy on their financial and legal position, and rights to childcare assistance.

## A good service for grandparents is:

- Aware of the contribution that individual grandparents are making to their family.
- Supportive, focusing on relieving the exhaustion of caring, and advocating on grandparents' behalf.
- Aware that grandparents may have to choose between their child and their grandchild/grandchildren, and that taking on the care of the drug user's child/children places a physical, emotional and financial burden on grandparents.

## Practical suggestions

- Do not assume that age is the only factor in creating a good service for grandparents.
- All family support services should have basic information about issues that are relevant to grandparents including:
  - Information from a grandparent's perspective.
  - How to get help through the legal process, e.g. residence orders.
  - How to get childcare.
  - Information about the child protection system.
- All family support services should have a staff member with specialist knowledge of issues affecting grandparents and who is able to signpost routes to other services, including for children affected by someone else's drug use.

## Examples of services for grandparents

### **Drugline Lancashire, Preston**

Young Carers Family Support Project provides support for grandparents who are caring for the children of drug using parents.

**Tel:** 01772 253840 **Email:** enquiries@druglinelancs.co.uk

### **GASPED (Group Awareness & Support for Parents Encountering Drugs), Wakefield**

Facilitates a specific group for grandparents.

**Tel:** 01924 787 501 **Email:** resourcecentre@gasped.co.uk

### **SPODA (Supporting Parents of Drug Abusers), Derbyshire**

Employs a key worker for grandparents and runs specialist groups for grandparent carers.

**Tel:** 01246 210170 **Email:** admin@spoda.co.uk

## What makes a good service for partners of a drug user?

Partners have a different type of relationship with the drug user than other family members. All family support services should be aware of the particular issues involved and take steps to ensure that the service is accessible to partners. Even if the organisation is not able to provide a specialist service itself, it can be aware of and liaise with other services that can provide information and support, including services for children and young people affected by someone else's drug use.

### A good service for partners knows about:

- What it's like to be the partner of a drug user, including how it feels, what can happen, ways of understanding the situation and ways of dealing with it.
- The specific issues for partners of a drug user, e.g. sexual health and domestic abuse including emotional and mental abuse.
- Drugs, dependency and treatment options including harm reduction and dual diagnosis.
- The Law.
- Child protection issues and systems.
- Local childcare provision and how to access it.
- Effects on children of having a drug-using parent, and how to help them deal with this.
- Where to get practical help and advice, signposting other services, resources and networks.

### A good service for partners is able to:

- Clearly state in advertising and promotional literature that it provides a service specifically for partners.
- Provide a service that recognises the diversity of relationships within the local community, e.g. gay, lesbian, bisexual and transgender as well as heterosexual, with staff and volunteers who reflect and can relate to partners from a range of relationships.
- Provide an appropriate service for partners of drug users from a range of age, gender, cultural and ethnic backgrounds that reflects the diversity of the local population.
- Meet the needs of partners with physical and sensory impairments, e.g. using accessible venues, providing a BSL interpreter, producing written information in large print, Braille or on tape as required.
- Provide specific support groups for partners, including single-gender groups.
- Provide one-to-one support to partners and links to services that will work with the wider family.
- Advocate on the partner's behalf with other services and on child protection issues.

### A good service for partners is:

- Respectful of each partner as an individual.
- Aware that:
  - There are feelings of shame and stigma associated with being the partner of a drug user.
  - Other family members may blame the partner for the drug user's behaviour.
  - There may be strong social and/or family pressure on the partner either to remain with or leave his/her drug-using partner, and that this can contribute to the partner's emotional turmoil and a sense of powerlessness.

## Examples of services for partners

### **Barnsley Beacon Support Services**

Provides telephone and one-to-one support, respite events and complementary therapies.

**Tel:** 01226 242990 **Email:** barnsleybeacon@btinternet.com

### **Tassibee, Rotherham**

As part of their family support work with Muslim Asian women, provides one-to-one and group support that has a strong focus on the experiences and needs of partners affected by someone else's drug use.

**Tel:** 01709 829797 **Email:** tassibee@btconnect.com

## What makes good support for children and siblings?

**Support for children and young people affected by someone else's drug use can provide a safe space where the child or young person can escape the physical and emotional responsibility often associated with this situation. It provides a chance for the child or young person to think, talk, play or just be themselves with other children and young people who share similar experiences.**

### **A good service for children and siblings knows about:**

- The Children Act.
- Child development.
- Child protection issues and systems.
- The needs of children affected by drug use.
- Local mainstream services for children and young people.

### **A good service for children and siblings is able to:**

- Provide a service that is led by the needs of children and young people and can take into account a child or young person's individual needs.
- Meet the needs of children and young people with physical, sensory and learning impairments.
- Work within a context of confidentiality and child protection.
- Provide structured, purposeful and fun activities that are research- and evidence-based, within an interesting and stimulating child-friendly environment.
- Use appropriate language that the child or young person can relate to.
- Provide opportunities for the child or young person to explore his/her experiences.
- Provide opportunities to meet others in the same situation.
- Help the child or young person to:
  - Express their feelings, and to deal with issues of blame, responsibility and loss.
  - Understand their situation, e.g. why they are living with grandparents.
  - Set goals and evaluate progress.
- Provide opportunities for the child or young person to develop confidence and social skills, e.g. going on trips in a group.
- Support them to access mainstream services for children and young people as appropriate.
- Provide appropriate follow-up, aftercare and support to the child or young person.
- Monitor each child or young person's development and progress, sharing information and liaising appropriately with other agencies that may be interested or involved in the situation.

## A good service for children and siblings is:

- Friendly, empathetic and confidential.
- Able to reassure the child/young person that the situation is not his/her fault.
- Child-centred.

### Practical suggestions

- Be realistic about complex needs and consider carefully how to meet them.
- Ensure that confidentiality and child protection policies are in place.
- Consider issues of consent to children and young people using the service and how difficulties will be dealt with, e.g. family conflict as to whether the child can attend.
- Provide good play resources.
- Make sure the service is easily accessible.
- Liaise in advance and work closely with the local ACPC, Social Services department and other services for children and young people so that they feel confident about referring vulnerable children and young people to the service.
- Advertise the service widely and make sure that the publicity material explains what the service offers in ways that children and young people can understand.
- Use client feedback to regularly monitor and evaluate the service and make necessary changes as appropriate.

## Examples of services for children and siblings affected by drug use

### Base 10, Leeds

Provides a range of services to meet the needs of young people affected by someone else's drug use including telephone support, drop-in, one-to-one support and group work.

**Tel:** 0113 243 3552 **Email:** admin.base10@lifelineleeds.org.uk

### Drugline Lancashire, Preston

Runs a specific Young Carers Family Support Project for children of drug-using parents.

**Tel:** 01772 253840 **Email:** enquiries@druglinelancs.co.uk

### HAGA (Haringey Advisory Group on Alcohol), London

Through their COSMIC project, run by the Children and Family Service, they provide a range of services for children and young people (0-16 years) who are affected by parental drug or alcohol use, including one-to-one sessions, group work and art and activity sessions.

**Tel:** 020 8800 6999 **Email:** admin@haga.co.uk

### SHED, Sheffield

Runs a project called What About Me that delivers a group programme for children aged 8-12 affected by parental or sibling drug use. Also provides one-to-one support for young people up to 19 years.

**Tel:** 0114 272 9164

### What About Me, Nottinghamshire

Operates a helpline and provides one-to-one support to children and young people affected by someone else's substance use. This includes parents, siblings, friends or anyone close to them who may be a substance user.

**Tel:** 01623 635326 (text 07970 724165) **Email:** wam.team@nottspct.nhs.uk

# Chapter 6

## What makes a good service for lesbian, gay, bisexual and transgender (LGBT) families?

Approximately one in seven people identify as LGB or T but remain under-represented in the substance misuse family support sector. There are suggestions (but not conclusive evidence) that drug and alcohol use amongst the LGBT population is higher. However, services' inability to effectively monitor sexual orientation perpetuates the likelihood of LGBT people remaining invisible and their needs not being met. The fear of bullying, homophobia and discrimination get in the way of accessing help. Services need to be easily recognisable as accessible and sensitive to LGBT people, whether they are 'out' or not. An organisation unable to provide a specialist service itself can still be aware of, and liaise with, other services that provide specialist information and support, including services for LGBT young people affected by drug use.

In the context of this section, the term 'LGBT families' refers to LGBT drug/alcohol users and their families, as well as LGBT members of a drug/alcohol user's family and friendship network.

### A good service for LGBT families knows about:

- The increased likelihood of family disengagement amongst LGBT people and the importance of services being welcoming and working with extended families and friends.
- The importance of respecting and understanding LGBT relationships and friendships.
- The need to have a broad definition of family - one that is inclusive of same sex couples and parents.
- The need to have an equality and diversity policy with a specific LGBT strand.
- The need to have an anti-bullying and harassment policy and the aptitude to use and apply the policy.
- The importance of having a robust confidentiality policy and confidential spaces for people to be able to 'come out' or talk about their relative's sexual orientation without being judged.
- The importance of not 'outing' a client in front of other colleagues, services users and family members.
- Drugs, drug services, assessment processes and treatment options.
- Where to get LGBT-specific help and advice.
- Signposting to other services, resources and networks.

### A good service for LGBT families is able to:

- Create an open environment that enables LGBT disclosure amongst services users, staff and volunteers.
- Establish ground rules which enable homophobic behaviour and language to be challenged.
- Promote LGBT volunteering and job opportunities.
- Explore partnership working with the LGBT sector.
- Offer staff and volunteers regularly updated LGBT diversity training.
- Offer information about drugs and alcohol that is relevant to the LGBT community.
- Provide harm reduction information that covers safer sex practice and wider harms.
- Explore possible links between sexual orientation and the 'coming out' process and drug and alcohol use, suicide, self-harm, mental health and bullying and its impact on families.
- Display LGBT literature, publications and resources.
- Provide workshops with topics of interest to LGBT families.
- Appoint an LGBT champion or someone that takes the lead on these issues.



- Display clear statements that bullying, harassment and victimisation will not be tolerated and will be challenged.
- Conduct systematic family risk assessments (identify risks of bullying and domestic violence).
- Use language in monitoring and assessment tools, forms and interviews that is inclusive of LGBT relationships and lifestyles.
- Provide a welcoming environment for LGBT people with positive messages and attempts to reflect diversity of the LGBT community.
- Provide, in partnership with LGBT organisations, specific forums and/or workshops with LGBT speakers or topics.
- Clearly state in advertising and promotional literature that its services are inclusive of LGBT people.
- Understand stereotypes and myths regarding LGBT people.
- Ensure that confidentiality and information sharing protocols are cross-referenced, regularly reviewed and informed by good practice.

### A good service for LGBT families is:

- Active in providing resources for equality and diversity.
- Aware of the importance of monitoring sexual orientation and gender identity and staff are trained to ask the question appropriately, understand the reasoning behind it and able to react to disclosures.
- Willing to have a nominated LGBT 'lead' or 'champion' to take the inclusive agenda forward.
- Willing to do outreach work in LGBT places.
- Working in partnership with LGBT organisations and services and invites representatives to staff meetings.
- Able to set up a referral procedure with LGBT-specific organisations and keep a referral bank.
- Aware that they should not assume that everyone is heterosexual and ensure that their language is not gender-specific.
- Aware that they cannot 'out' service users to other family members.
- Aware that prison-based services might feel more unsafe for families to talk about sexual orientation and gender identity.
- Able to understand that tokenistic LGBT visibility should be avoided, and staff awareness and knowledge should back up an LGBT-friendly atmosphere.

### Practical suggestions

- Invite colleagues from LGBT organisations to come and talk at one of your meetings.
- Encourage cross-training opportunities between your agency and local LGBT organisations.

### Examples of services for LGBT families

#### **PACE**

London's leading charity promoting the mental health and emotional wellbeing of the lesbian, gay, bisexual and transgender community. They have a Children and Family service offering counselling, support and advice to all family members. The service is free for LGBT people and their families, helping them to address a range of issues including coming out, parenting and drugs and alcohol.

**Tel:** 020 7700 1323

## What makes a good service for men?

Drug and alcohol family support and carer services are – for the most part – run by and used by women. It is often the case that men feel less encouraged to seek and access support. However, men – brothers, fathers, sons and partners – can be just as adversely affected by drug and alcohol use in the family as women, but might cope and respond in different ways. Thus, services need to take a proactive approach to engage with men, identify their needs and how to respond to them and take steps to ensure their service is accessible and welcoming to men. Even if the organisation is not able to provide a specialist service for men, it can be aware of, and liaise with, other services that provide information and support, including partnership working with father-specific organisations and other specialist services for men.

### A good service for men knows about:

- What it's like to be a man affected by someone else's drug/alcohol use. They need to know how it feels for them; how they understand, cope and deal with the situation and ideally have an understanding of masculinities and assumptions about men's roles in the family.
- The need for men to fix things and deny any emotions that are not 'masculine'.
- The barriers for men to access support and how to proactively challenge and remove those barriers.
- Legal issues, e.g. child protection, domestic violence, residence orders, specialist solicitors and legal aid.
- The links between drug and alcohol use and domestic violence and common myths.
- Child protection systems, care orders and adoption.
- The importance of working in partnership with social services, domestic violence forums, and safeguarding children boards.
- Local men-friendly childcare provision and how to access it.
- The importance of having robust child protection and domestic violence policies.
- Drugs, drug services, assessment processes, treatment options, relapse prevention and harm minimisation information.
- Where men can get practical help and advice, signposting to other services, resources and networks.

### A good service for men is able to:

- See men as an integral part of the family and see them as just as important and central as mothers.
- Remind men that their needs matter. Provide experienced professionals/volunteers to support them, and opportunities to meet other men in the same situation.
- Consult with men about development of services.
- Offer or refer men for a carer's assessment for access of statutory support such as carer's benefit and respite.
- Improve recruitment of male staff - both volunteers and paid workers.
- Provide flexible opening hours and service delivered e.g. by post, phone and email as well as face to face.
- Identify and audit provision against men's needs.
- Understand the importance of conducting robust needs and risk assessments.
- Understand issues for men who perpetrate and/or are victims of domestic violence and are able to appropriately refer them to suitable services.

- Provide a specialist group for men to:
  - Share experiences and difficulties.
  - Problem solve.
  - Empower men to feel more positive about their situation and peer support others.

## Practical suggestions

- Make sure literature contains male-inclusive language and illustrations.
- Provide a worker that has expertise in domestic violence and child protection issues.
- Deliver workshops or seminars with 'expert' speakers.
- Have posters that provide positive images of men.
- Make it clear and specific that your services are also for men.
- Encourage local agencies to refer men to your services.
- Develop e-resources.

## Examples of services for men affected by someone else's drug and/or alcohol use

### **RODA (Relatives of Drug Abusers), Sheffield**

#### **NOD (Not Only Dads) - men only group**

This group is for men affected by someone else's substance use. It is held alternate Mondays between 1900 and 2100 in the City Centre.

**Contact:** Eddie Concannon on 0114 2314443.

RODA also run regular activities nights (e.g. tenpin bowling) which take place every six weeks.

## What makes a good service for people with a family member going through the court system or in prison?

When a drug user becomes involved with the criminal justice system, a range of emotional and practical difficulties can arise for other family members. Family support services should be aware of the issues involved and take steps to ensure that the service is accessible to all family members in this situation. Even if the organisation is not able to provide a specialist service itself, it can be aware of, and liaise with, other services that provide information and support.

### A good service for people with a family member going through the court system or in prison knows about:

- How the criminal justice system works, including the rules and regulations of different prisons, in particular relating to prison visits.
- The experiences of family members involved with the criminal justice system and what helps.
- Drug treatment services that are available to the drug user while in prison, e.g. CARAT services.
- The risks to drug users following a period of abstinence or a change in their drug use.

### A good service for people with a family member going through the court system or in prison is able to:

- Clearly state in advertising and promotional literature that it provides a service specifically for people with a family member in this situation.
- Explain all stages of the legal process to family members and advise what to expect at each stage.
- Listen to family members' experiences and feelings.
- Support family members to deal with the process, e.g. attending court, visiting prison.
- Provide information about every stage of process.
- Provide access to other family members with similar experience.
- Facilitate communication between the prisoner and their family, and provide help to book and attend prison visits.
- Liaise with services and advocate on the behalf of family members.
- Provide information and support to prepare family members for the release of the drug user from prison, and follow-up family support after release.

### A good service for people with a family member going through the court system or in prison is:

- Non-judgemental.
- Aware of the feelings of shame and the stigma associated with involvement with the criminal justice system, and that these may be particularly acute for family members experiencing the impact of multiple stigma, e.g. parents or partners of lesbian and gay drug users.
- Clear that, although the drug user may have committed criminal acts, their family members are not criminals.
- Aware that family members may be extremely concerned about the wellbeing of the drug user in prison.

## Practical suggestions

- Have a staff member who has a specialist court or prison support role.
- Provide a worker or volunteer who will attend court with the family member and provide transport to prison visits.
- Provide information to prepare a family member for their first prison visit, and about what support is available for drug users while in prison.
- Invite prison officers to talk at the family support group.
- Do whatever you can to assist family members to obtain feedback about the wellbeing of the drug user who is in prison.

## Examples of services for families with a member going through the court system or in prison

### **Adfam: (Holloway), London**

Well-established project that provides a range of services including a helpline and one-to-one work with family members affected by drugs or alcohol, where the person involved with drugs or alcohol is in prison. The project also provides workshops and training for professionals working with family members affected by substance use and criminal justice issues.

**Tel:** 020 7979 4841 **Email:** holloway@adfam.org.uk

### **Hetty's, North Nottinghamshire**

Works in adult prisons delivering structured sessions to prisoners attending Drug Treatment Programmes. Also works in Partnership with WAM (What About Me) in Youth Offending Institutions.

**Tel:** 01623 643476 **Email:** info@hettys.org.uk

### **SPODA (Supporting Parents of Drug Abusers), Derbyshire**

Provides a specialist support service for prisoners' families through all stages of the criminal justice process, from attending court to prison visits.

**Tel:** 01246 210170 **Email:** admin@spoda.co.uk

## What makes a good service for family members who are bereaved by drug use?

When a person dies as a result of drug use, this can create a range of additional emotional and practical difficulties for bereaved family members. All family support services should be aware of the issues involved and take steps to ensure that the service is accessible to bereaved family members. Even if the organisation is not able to provide a specialist service itself, it can be aware of, and liaise with, other services that provide information and support.

### A good service for family members bereaved by drug use knows about:

- The system and processes for dealing with a sudden death, e.g. police, the coroner, inquests, pathologist's reports.
- The process of grief, bereavement and what helps family members bereaved by drug use.
- Where to get practical help, advice and support, e.g. welfare benefits for funeral costs.

### A good service for family members bereaved by drug use is able to:

- Clearly state in advertising and promotional literature that it provides a service specifically for family members bereaved by drug use.
- Support the family member to cope with the dying process of their loved one, e.g. accompanying them to visit the drug user in hospital.
- Support the family member to challenge prejudicial and discriminatory attitudes or practices of health care staff towards the drug user, e.g. that they don't deserve sympathy, support or treatment because their illness was self-inflicted.
- Liaise on behalf of the family member with the agencies involved following a sudden death, e.g. the police, coroner's office and pathologist. Offer to accompany the family member to identify the drug user's body.
- Provide help to understand 'technical' information, e.g. to explain a pathologist's report in everyday language.
- Provide ongoing practical support to the family member, e.g. help with arranging the funeral, cleaning the drug user's home.
- Provide a specialist bereavement group to:
  - Provide opportunities to share with others who have had similar experiences.
  - Address the particular issues arising from a drug related death, e.g. stigma, death as a consequence of illegal activity.
  - Provide access to one-to-one counselling.
  - Provide self-help techniques to deal with feelings of loss and grief, including stress management techniques, relationship skills and complementary therapies.

### A good service for family members bereaved by drug use:

- Understands that:
  - A family member has lost a loved and dear person, and does not underestimate the impact of the death or devalue the loss and its effect on the family because the person was a drug user.
  - A family member may feel some relief about the drug user's death and that this can add to the guilt that they feel.
  - There are specific issues that the family may be facing following a drug-related death, e.g. suicide, overdose, prison death, violent death (including gangland turf wars) and stigma.
- Is non-judgemental and empathetic.

## Examples of services for family members bereaved by drug use

### **Emma's Link (with Oasis Project), Lincolnshire**

Support service for parents bereaved by their child misusing drugs. One-to-one support in the Emma's Link Lounge, the parents' home or another agreed venue. Support is offered through the inquest process, making funeral arrangements, accompanying parents on identification and liaising with other organisations on the parent's behalf.

**Tel:** 01522 523581 **Email:** oasislincs@hotmail.com

### **GASPED (Group Awareness & Support for Parents Encountering Drugs), Wakefield**

Provides in-house bereavement counselling.

**Tel:** 01924 787 501 **Email:** resoucecentre@gasped.co.uk

### **RODA (Relatives of Drug Abusers), Sheffield**

Provides a specialist bereavement support group that is facilitated by trained volunteers. Provides practical support, including help to deal with the police and the coroner.

**Tel:** 0114 231 4443 **Email:** support\_family@btconnect.com

### **SPODA (Supporting Parents of Drug Abusers), Derbyshire**

Provides support to bereaved families, including a specialised support group and practical help to deal with the police, the coroner and to make funeral arrangements.

**Tel:** 01246 210170 **Email:** admin@spoda.co.uk

## Useful Resources

“Any information found targeting relatives [is] valued as a statement of the importance of the family and the difficulties endured by families when dealing with a cared-for user.”

*(Information resources for family members who are supporting drug users COI Research Report 2003)*

**This chapter includes information about where commissioners and providers of family support services can obtain advice, information, support and training, as well as other resources to help them ensure that family members receive the very best services. It concentrates mainly on national organisations that are willing and able to provide advice to commissioners, groups and services.**

However, some local services are also included that are willing to share their policies and procedures. Some further reading is also suggested. This is not a comprehensive literature review or bibliography, but may prove useful.

## Useful organisations

### **Adfam**

Provides a range of training, publications and video packs, as well as a searchable database of national family support services run through its website.

**Tel:** 020 7553 7640 **Website:** [www.adfam.org.uk](http://www.adfam.org.uk)

### **Action for Prisoners' Families**

The national voice of organisations supporting families of prisoners. FAQs, policy information and useful links.

**Tel:** 020 8812 3600 **Website:** [www.prisonersfamilies.org.uk](http://www.prisonersfamilies.org.uk)

### **Carers UK**

Focuses on policy advice and information about carers' issues. Provides policy briefings, benefits advice, information and research. Also provides a broad range of high-quality training on benefits and community care legislation to people who work with carers.

**Tel:** 020 7378 4999 **Website:** [www.carersuk.org](http://www.carersuk.org)

### **Drugscope**

In-depth information on all aspects of drug use. Provides literature, databases of drug services, good practice information, policy briefings, training, consultancy and many other resources.

**Tel:** 020 7520 7550 **Website:** [www.drugscope.org.uk](http://www.drugscope.org.uk)

### **Families Anonymous**

A worldwide fellowship of relatives and friends of people involved in the abuse of mind-altering substances. Website provides self-help advice and forums for family members, lists a range of publications aimed at family members and gives details about how to access Families Anonymous meetings across the UK.

**Tel:** 0845 1200 660 **Website:** [www.famanon.org.uk](http://www.famanon.org.uk)



### **Grandparents Association**

Provides support, an advice line and legal advice, fact sheets (including Drug Abuse and the Care of Children) and publications to help grandparents maintain their relationship with their grandchildren, particularly during periods of family crisis and breakdown.

**Tel:** 01279 428040 **Website:** [www.grandparents-association.org.uk](http://www.grandparents-association.org.uk)

### **Home Office Drug Information**

Policy information - strategies, legislation, reports and links.

**Website:** [www.drugs.gov.uk](http://www.drugs.gov.uk)

### **Over-Count**

Deals with misuse of over-the-counter medications.

**Website:** <http://myweb.tiscali.co.uk/overcount> **Email:** [info@over-count.org.uk](mailto:info@over-count.org.uk)

### **PADA (Parents Against Drug Abuse)**

Provides information about drugs, family support and a database of support services.

**Tel:** 08457 023867 **Website:** [www.pada.org.uk](http://www.pada.org.uk)

### **Release**

Provides a range of services dedicated to meeting the health, welfare and legal needs of drug users and those who live and work with them. Also runs a support and information service for heroin users and people who care for them.

**Tel:** 020 7749 4044 **Website:** [www.release.org.uk](http://www.release.org.uk)

### **Re-Solv**

Deals solely with solvent abuse. Has a national helpline, factsheets, research and information specifically tailored for parents.

**Tel:** 01785 810762 **Website:** [www.re-solv.org](http://www.re-solv.org)

### **SHARP (Support, Help and Advice for Relatives and friends of Prisoners)**

Provides free help and support for the relatives and friends of those serving sentences, awaiting trial or facing the prospect of legal action. Includes useful FAQs about prison.

**Tel:** 01743 246365 **Website:** [www.s-h-a-r-p.org.uk](http://www.s-h-a-r-p.org.uk)

### **Telephone Helplines Association**

Specialist information about the setting up and running of not-for-profit helplines - advice, consultancy and training on matters relating to the provision of quality services.

**Tel:** 0845 120 3767 **Website:** [www.tha.org.uk](http://www.tha.org.uk)

### **Turning Point**

Works with individuals and their communities in the areas of drug and alcohol misuse, mental health and learning disability. Has particular expertise in working with people who have complex needs and are facing multiple social challenges. Website gives details of the local services and projects it provides.

**Tel:** 020 7481 7630 **Website:** [www.turning-point.co.uk](http://www.turning-point.co.uk)

## Lead Partners

### **Adfam**

Adfam is a national voluntary organisation working with families affected by drugs and alcohol and is a leading agency in substance related family work. It provides a range of publications and training resources for groups, services and families themselves about substances and criminal justice. Adfam has its own website with an online message board and a searchable database of local support groups that helps families to hear about, and talk to, other people who understand their situation. It also operates direct support services at London prisons for families of prisoners with drug problems.

**Tel:** 020 7553 7640 **Website:** [www.adfam.org.uk](http://www.adfam.org.uk)

### **PADA (Parents Against Drug Abuse)**

PADA is a national voluntary organisation working with family members affected by substance misuse. It provides a national telephone helpline for family members affected by substance misuse and a website with a database of local support groups and drug treatment services. PADA also provides support and advice to voluntary sector family support groups and projects regarding organisational management and development, including obtaining charitable status and working with volunteers. It offers a number of OCN accredited training courses in these areas. It also operates direct family support services in Cheshire, Wirral and North Wales.

**Tel:** 08457 023867 **Website:** [www.pada.org.uk](http://www.pada.org.uk)

## Policies and Procedures

### **Disability Discrimination Act (DDA)1995**

Information about Government disability policy, including implementation of the Disability Discrimination Act, can be obtained from [www.disability.gov.uk](http://www.disability.gov.uk).

### **Specific Disability Issues**

- For advice about how to check that your service complies with the DDA, contact the Disability Rights Commission Helpline on 08457 622 633 (telephone) or 08457 622 644.
- For information, advice and publications about how the built environment can be made or modified to achieve access for disabled people, contact The Centre for Accessible Environments (CAE) via their website [www.cae.org.uk](http://www.cae.org.uk)
- For information and advice about how to make your service accessible to deaf and hearing impaired people, contact the RNID Casework Service on 0808 808 0123 (telephone) or 0808 808 9000 (textphone). RNID also produces a useful DDA factsheet for service providers that can be downloaded from [www.rnid.org.uk](http://www.rnid.org.uk)
- For information and advice about how to produce information that is accessible to blind and visually impaired people, contact the RNIB accessible information consultancy service via their website [www.rnib.org.uk](http://www.rnib.org.uk). RNIB also produces publications that provide practical advice on planning, designing and producing information that can also be obtained via their website.
- For information and advice about how to make your service accessible to people with a learning disability, contact the Mencap Accessibility Unit on 020 7696 5551. Mencap has produced some useful guides on how to make information and services more accessible to people with a learning disability, that can be downloaded from [www.mencap.org.uk](http://www.mencap.org.uk) .

### **Drug Interventions Programme (DIP)**

(Formerly the Criminal Justice Interventions Programme). For further information on this Programme visit [www.drugs.gov.uk](http://www.drugs.gov.uk)

For information relating to Families and the Drug Interventions Programme Contact the Aftercare Team 020 7035 0512.

## Local organisations willing to share their policies and procedures

The following local services are willing to share their policies and procedures with other groups and services, as long as they are acknowledged.

### **Family Drug Support, Herefordshire**

**Tel:** 01981 251155 **Email:** familydrugsupport@btconnect.com

Provides a family support helpline, website, support group, one-to-one support, outreach and advocacy services. Willing to share policies and procedures with others developing similar services.

### **Newcastle PROPS**

**Tel:** 0191 2263440 **Email:** office@newcastleprops.org.uk

**Website:** www.newcastleprops.org.uk

### **Parent Support Link, Southampton**

Knowledgeable and experienced staff willing to share and discuss policies, procedures and good practice.

**Tel:** 02380 399764 **Email:** p.s.l@btconnect.com

### **SPODA (Supporting Parents of Drug Abusers), Derbyshire**

**Tel:** 01246 210170 **Email:** admin@spoda.co.uk

Provides a family support helpline, support groups, one-to-one support, outreach and advocacy services. Willing to share policies and procedures with others developing similar services.

### **Support Group for Parents and Partners of those with a Drug Problem (Weymouth)**

**Tel:** 01305 770995

**Email:** supportgroupwey@aol.com

A well-established volunteer-run family support group with a simple constitution and terms of reference that it is willing to share with other groups.

## Relevant Quality and National Occupational Standards

### Quality Standards

#### **National Council for Voluntary Organisations (NCVO)**

**Tel:** 020 7713 6161

**Email:** ncvo@ncvo-vol.org.uk

**Website:** www.ncvo-vol.org.uk

#### ***Getting Ready for Quality - learning from experience (2004)***

A guide produced jointly by NCVO and the Charities Evaluation Services to help voluntary organisations decide how to implement quality management within the organisation and to make an informed choice about whether to adopt a particular quality system.

#### **Investors in People**

**Tel:** 020 7467 1900

**Email:** information@iipuk.co.uk

**Website:** www.investorsinpeople.co.uk

Investors in People was developed by the National Training Task Force in partnership with leading national business, personnel, professional and employee organisations and is used by a wide range of large and small organisations from all sectors of the UK economy, including the voluntary sector. It provides a framework for improving organisational performance and competitiveness, through a planned approach to setting and communicating organisational objectives and developing people to meet these objectives.

# Chapter 7

The Investors in People Standard provides an opportunity for organisations to measure their organisational practice against four key principles, both to determine areas of strength and areas where further development is required. Organisations can seek external accreditation, which leads to recognition that the organisation has obtained Investor in People status.

## **PQASSO (Practical Quality Assurance System for Small Organisations) 2nd Edition (2000) Charities Evaluation Services**

**Tel:** 020 7713 5722

**Email:** enquiries@ces-vol.org.uk

**Website:** www.ces-vol.org.uk

PQASSO is a quality assurance system specifically designed for use by small voluntary organisations and projects that are part of larger organisations. It is based around 12 quality areas, with three levels of achievement. Each organisation can assess its own stage of development and decide which level to work towards. PQASSO is based on self-assessment, but the resulting portfolio can be externally recognised.

## **King's Fund**

**Tel:** 020 7307 2400

**Website:** www.kingsfund.org.uk

### ***How Good is Your Service To Carers? (2002)***

A guide to help local carer support services check how well they are meeting the Quality Standards for Local Carer Support Services.

## **National Occupational Standards**

### **National Council for Voluntary Organisations (NCVO)**

**Tel:** 020 7713 6161

**Email:** ncvo@ncvo-vol.org.uk

**Website:** www.ncvo-vol.org.uk

***How are you doing? Using National Occupational Standards to enable people to achieve professional and personal goals (2004)*** A guide to help voluntary and community organisations understand how they can use National Occupational Standards (NOS) to define good practice in the performance of staff and volunteers in their organisation.

### **Drugs & Alcohol National Occupational Standards (DANOS)**

These are the National Occupational Standards for substance misuse and describe all the functions and activities involved in improving the quality of life for individuals and communities by minimising harm associated with substance misuse. There are three main areas in DANOS:

- Service Delivery.
- Management of Services.
- Commissioning Services.

Each area has a large number of associated occupational standards but those of particular relevance to work with family members affected by drug use can be found in **Unit AB7 - Provide services to those affected by someone else's substance use.**

This unit has three elements:

AB7.1 Enable those affected by someone else's substance use to explore and select options

AB7.2 Support those affected by someone else's substance use to put selected options into practice

AB7.3 Empower those affected by someone else's substance use to review the effectiveness of selected options

The unit, which is part of a group of units about supporting individuals in difficult situations, may be downloaded from the DANOS Sector Skills Council website at [www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

## Training Opportunities

### **Adfam**

**Tel:** 020 7553 7640

**Email:** [training@adfam.org.uk](mailto:training@adfam.org.uk)

Provides customised training and stand-alone training packages both for family members and for the professionals working with them. Training courses cover a wide range of subjects including family dynamics, coping with conflict, working with families, families' influence on treatment and supporting a drug or alcohol user.

### **DrugScope**

**Tel:** 020 7520 7550

**Email:** [info@drugscope.org.uk](mailto:info@drugscope.org.uk)

**Website:** [www.drugscope.org.uk](http://www.drugscope.org.uk)

Has a searchable training database on their website that provides details of organisations throughout the UK that provide drug training.

### **HIT**

**Tel:** 0844 412 0972

**Email:** [stuff@hit.org.uk](mailto:stuff@hit.org.uk)

**Website:** [www.hit.org.uk](http://www.hit.org.uk)

HIT is a Liverpool-based organisation with an international reputation for its publications, consultancy and training on all aspects of reducing drug related harm, including working with minority ethnic and lesbian and gay communities. A training catalogue is available.

### **PADA (Parents Against Drugs)**

**Tel:** 08457 023867

**Email:** [admin@pada.org.uk](mailto:admin@pada.org.uk)

Provides a range of OCN accredited training courses for voluntary sector organisations on topics including: *Supporting families and carers of substance users; Supporting volunteers; Managing and co-ordinating in voluntary organisations; Teaching practice, preparation and assessment; Administration and finance for the voluntary sector and Business planning.*

### **Parent Support Link, Southampton**

**Tel:** 02380 399764

**Email:** [p.s.l@btconnect.com](mailto:p.s.l@btconnect.com)

Provides customised training on a consultancy basis for family members and volunteers who want to set up a support group for family members affected by drug use.

# Chapter 7

## Useful Reading – A Selected List

### Family and Carer Support

#### **Carers Strategy 2008**

To find out more about the strategy *Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own*, visit [www.dh.gov.uk](http://www.dh.gov.uk), where it is available in the publications section.

#### **Supporting families and carers of drug users**

Effective Interventions Unit (2002) Scottish Executive

#### **Supporting and Involving Carers**

National Treatment Agency (2008)

#### **Support for the families of drug users: A review of the literature**

Effective Interventions Unit (2002), Scottish Executive

#### **How Good is Your Service for Carers?**

King's Fund (2002)

### Drug Strategy and Services

#### **Living Policy: A Complete Guide to Creating and Implementing Policy in Voluntary Organisations (2004)**

Guide to help voluntary sector management boards to understand their policy-making role, make effective policy and see that it is implemented in the organisation. Contains action steps and worked examples of policies.

#### **Drugs: Protecting Families and Communities**

Home Office (2008)

#### **Models of care for treatment of adult drug misusers: update (2006).**

#### **Part 1: Summary for commissioners and managers responsible for implementation**

National Treatment Agency for Substance Misuse (2002)

#### **Drug Misuse: Opioid Detoxification**

National Institute for Clinical Excellence (NICE) 2007

#### **Drug Misuse: Psychosocial Interventions**

National Institute for Clinical Excellence (NICE) 2007

### Diversity Issues

#### **We Care Too: a Good Practice Guide for People Working with Black Carers**

National Black Carers Workers Network (2002), the Afiya Trust

#### **Black and minority ethnic communities in England: a review of the literature on drug use and related service provision**

NTA and Centre for Ethnicity and Health, University of Central Lancashire (2003)

#### **Community Engagement Reports 1 and 2 (The Process and The Findings)**

Department of Health's Black and Minority Ethnic Drug Misuse Needs Assessment Project (2003), Centre for Ethnicity and Health, University of Central Lancashire

***Delivering Drug Services to Black and minority ethnic communities***

DPAS paper 16, Home Office. Public Policy Research Unit Goldsmiths College and Ethnicity and Health Unit University of Central Lancashire (2001)

***Asian families and drugs: a qualitative research report (draft)***

Turnstone Research and Consultancy Ltd (2004) prepared for COI Communications and the Home Office

## **Children and Young People**

***Hidden Harm: Responding to the needs of children of problem drug users***

Advisory Council on the Misuse of Drugs (2003)

***Hidden Harm Three Years On: Realities, Challenges and Opportunities***

Advisory Council on the Misuse of Drugs (2007)

***Every Child Matters: Change for Children***

Young People and Drugs, DfES, 2005

***Working Together to Safeguard Children***

HM Government, 2006

***Reaching Out: Think Family***

Social Exclusion Taskforce (Cabinet Office) 2008

# Glossary

**ACPC** – Area Child Protection Committee

**BACP** – British Association for Counselling and Psychotherapy

**BSL** – British Sign Language

**CAD** – Communities Against Drugs (Now called the Building Safer Communities Fund)

**CARAT** – Counselling, Assessment, Referral, Advice and Throughcare

**DANOS** – Drug and Alcohol National Occupational Standards

**DDA** – Disability Discrimination Act (1995)

**DAT/DAAT** – Drug Action Team/Drug and Alcohol Action Team

**DIP** – Drug Interventions Programme

**OCN** – Open College Network

**NOS** – National Occupational Standards

**NTA** – National Treatment Agency for Substance Misuse

**PQASSO** – Practical Quality Assurance System for Small Organisations

**QuADS** – Quality in Alcohol and Drugs Services

**SLA** – Service Level Agreement



# Definitions

## **Blood borne viruses (BBVs)**

Viruses that some people carry in their blood and which may cause severe disease in certain people and few or no symptoms in others. The main BBVs of concern are hepatitis B, hepatitis C, hepatitis D and human immunodeficiency virus (HIV).

## **Braille**

Braille is a medium that allows a non-sighted person to read text by touch and is also a method for writing tactile text.

## **BSL interpreter**

British Sign Language (BSL), used by thousands of deaf people in Britain, is a visual language in its own right with its own grammar, syntax and structure. Deaf people who use BSL, and hearing people who cannot sign, rely on BSL interpreters to help them communicate with each other.

## **CARAT services**

This is the Prison Service's drugs treatment service. CARAT teams are based in every prison in England and Wales.

## **Carers' (Recognition and Services) Act (1995)**

This Act came into effect on 1st April 1996, and covers:

- Adults who are providing or intend to care.
- Children and young people who provide or intend to provide care for a parent or other member of the family.
- Parents who provide or intend to provide care for a disabled child.

The Act gives the above people the right to request a social services assessment of their ability and willingness to cope with their caring role. Carers do not have to be related to the person for whom they provide care, nor do they have to live in the same household.

## **Carer's Special Grant**

The Government provides the Carer's Special Grant, sometimes called Carer's Support Grant, to local authorities to help carers to take a break. Each authority (Social Services Department or equivalent) decides how the money can be best used to meet carers' needs, according to local conditions and the priorities set by the Government each year.

## **Children Act (1989 and 2004)**

This Act gives every child the right to protection from abuse and exploitation and the right to have inquiries made to safeguard their welfare. Its central tenet is that children are usually best looked after within their family, with both parents playing a full role and without having to resort to legal proceedings.

## **Children and Young People's Partnership**

A committee with representatives from all the main services that work with children and young people in a particular town, city or area. Its job is to plan and co-ordinate the development of services for children and young people in their area, with a particular emphasis on meeting the needs of vulnerable children and young people.

**Co-dependency**

A term used to describe the common experience of someone whose life is affected by someone else's dependency on drugs or alcohol. The family member is so affected by the person's drug use that his/her life revolves around drugs as much as the user, except that he/she is trying to do everything to stop the user taking drugs, change their behaviour or control their habit. The co-dependent's own needs can become neglected.

**Commission for Health Improvement (CHI)**

A national body set up in April 2000 to support and oversee the quality of governance and clinical services; to investigate failing NHS trusts; produce an annual report on the state of the NHS, and publish the NHS 'star rating' performance system.

**Commissioners**

Managers in statutory organisations, eg local authorities, Primary Care Trusts etc. who are responsible for planning and meeting the needs of particular groups in their communities, e.g. drug and alcohol users.

**Communities Against Drugs (CAD)/Single Pot/Building Safer Communities Fund**

CAD was a pot of funding distributed by the Home Office to all Crime and Disorder Reduction Partnerships from 1999 onwards. This funding had to be spent on achieving targets within the Communities theme of the National Drug Strategy (see below). In 2003, CAD was amalgamated with other Crime and Disorder Reduction Partnerships funding into a source called the Building Safer Communities Fund.

**Compulsive helping**

A term used to describe a pattern of behaviour commonly seen in people whose life is affected by someone else's dependency on drugs or alcohol. The family member tries to help the drug user deal with their drug use to such an extent that they end up taking responsibility for the drug user and try to run their life, at the expense of looking after their own needs (See co-dependency above).

**Coroner**

The coroner is an independent judicial officer responsible for investigating deaths. They are either an experienced lawyer or an experienced doctor who also has legal training. A coroner investigates deaths that are reported to them and which appear to be due to violence, or are unnatural, sudden and of unknown cause, or which occur in legal custody.

**Crime and Disorder Reduction Partnership (CDRP)**

CDRPs are partnerships made up of the responsible authorities specified in the Crime and Disorder Act 1998 (CDA98) and organisations from the public, private and voluntary sectors. These partners work together to tackle crime and disorder. CDRPs undertake an audit of crime and disorder in their area every three years. The latest round of crime audits was undertaken in 2004. Local crime reduction strategies will be published and implemented from 2005. (Also see Drug Action Team).

## **Cultural competence**

An ability to meet the different needs of a community. Sangster et al suggest that this rests on the following elements:

- “Cultural ownership and leadership”, which means that the service considers race and ethnicity to be important.
- “Symbols” which show Black and minority ethnic people that they are welcome, e.g. community newspapers, images in publicity and on the walls.
- “Familiarity with and ability to meet the distinct needs of each community”.
- “Holistic, therapeutic and social help”.
- “A range of services”.
- “Black and minority ethnic workers”.
- Community involvement in the process of developing drug services.

(See Public Policy Research Unit Goldsmiths College and Ethnicity and Health Unit University of Central Lancashire (2001) ***Delivering Drug Services to Black and minority ethnic communities***, DPAS paper 16, Home Office)

## **Cycle of Change**

This model, used by drug and alcohol workers to understand addiction and treatment, describes the four stages that a user goes through when contemplating and undergoing treatment.

- 1. Contemplation stage**, which is when the user is thinking about whether to get treatment.
- 2. Action stage**, which is the treatment that is agreed with the user after full assessment and any preparation work is carried out.
- 3. Maintenance stage**, which is when whatever changes have been made during treatment are maintained.
- 4. Relapse stage**, some users will move into becoming totally alcohol or drug independent, but the majority will relapse. From there, when the user is ready, the cycle can start again.

## **Disability Discrimination Act (1995)**

This Act sets minimum standards that demand that organisations and private companies, providing a public service, make their service accessible to disabled people. It also contains legislation to prevent discrimination against job candidates based on their disability. Recently updated to include educational establishments. The Act defines **discrimination** as “treating disabled people less favourably because of their disability”, and **disability** as “a physical or mental impairment which has a substantial and long term adverse effect on [the person’s] ability to carry out normal day-to-day activities”.

## **Drug Action Team/Drug and Alcohol Action Team**

Drug Action Teams (DATs) are local partnerships charged with responsibility for delivering the National Drug Strategy at a local level, with representatives from the local authority (education, social services, housing) health, police, probation, the prison service and the voluntary sector. The partnerships are responsible for the strategic planning and joint commissioning of substance misuse services for young people and their families. This is in line with national drug strategy and local priorities identified through the audit of crime and drug misuse carried out under the Crime and Disorder Act 1998, as amended by the Police Reform Act.

The requirements on Local Partnerships are now the same as CDRPs – an audit of need every three years and the development of a three year strategy which should be aligned with the local Children and Young People’s Plan. Partnerships are still required to produce annual drug treatment plans in addition to the three year cycle.

### **Drug Interventions Programme (DIP)**

The Drug Interventions Programme (DIP) – formerly the Criminal Justice Interventions Programme – is a critical part of the Government’s strategy for tackling drugs. The aim is to get drug misusers out of crime and into treatment and it involves criminal justice and treatment agencies working together with other services to provide a tailored solution for adults (particularly those who misuse Class A drugs) who commit crime to fund their drug misuse.

Special measures for young people are also being implemented. Throughcare and aftercare are key elements. Delivery at a local level is through Drug Action Teams, using integrated teams with a case management approach to offer access to treatment and support. This begins at an offender’s first point of contact with the criminal justice system through custody, court, sentence and beyond into resettlement. From April 2004 the throughcare and aftercare parts of the programme became – like enhanced arrest referral – nationwide elements for phasing in across England and Wales.

### **Drug paraphernalia**

This refers to any equipment used in the taking of drugs, including needles and syringes, foil and cans, pipes, tubes or spoons. The equipment used by injecting users is also sometimes referred to as ‘works’.

### **Dual diagnosis**

This refers to drug users who also have mental health problems. It is also sometimes referred to as ‘co-morbidity’ or ‘complex needs’.

### **Family mediation**

Family mediation is a way of working with families that are experiencing conflict that they cannot sort out themselves. The aim of mediation is to help family members find a solution that meets as many of their needs as possible, including those of the children involved, and which everyone feels is fair.

### **Family therapy**

Family therapy is a way of working with people with problems, and involves engaging with the whole family system as a functioning unit.

### **Home detox**

Detox is short for detoxification, and refers to the process by which a drug user frees their physical system from the chemical addiction to a drug. Detox from heroin and other opiates only takes a few days. Some users who are homeless or have complications may be detoxed in a hospital unit or ward, which is called ‘in-patient detox’, but the majority of drug users can undergo detox at home, as long as there is someone there to support them and a nurse visits on a daily basis if they are receiving drugs to help them.

### **Joint Commissioning Groups (JCGs)**

These are committees of commissioners (see definition above) who lead the process of identifying needs, planning, purchasing and monitoring services. All DATs are required to have JCGs for drug services, many of which also cover alcohol services.

### **Models of Care**

This is the National Service Framework for drug treatment services, i.e. the national guidance for how treatment services should be organised and the range of different services they should offer to drug users. ‘Models of Care’ was written by the National Treatment Agency (see below) and all DATs are required to make sure that they commission and provide treatment services in line with its guidance.

### **National Occupational Standards (NOS)**

National Occupational Standards were first developed in the 1980's to describe work performance, i.e. what people were expected to do at work. The majority of occupations in Britain are now covered by relevant national occupational standards and they formed the basis for the development of National Vocational Qualifications (NVQs). As NOS reflect good practice, i.e. what needs to happen in the workplace, rather than what staff are actually doing in a particular workplace, they can be seen as quality standards for people.

### **National Drug Strategy**

The first national drug strategy came out in 1995. A new national strategy came out in 1998 and this was updated in 2002. The strategy covers four key themes: Young People, Reducing Supply, Communities and Treatment. Each theme has a set of targets which the government and DATs have to work towards achieving.

### **National Strategy for Carers**

The first national strategy for carers came out in 1999, and was followed by Carers at the heart of 21st century families and communities: a caring system on your side, a life of your own in 2008. A carer is described as someone who provides support for a relative, partner, or friend who is ill, frail, disabled or has mental health or substance misuse problems.

### **National Treatment Agency for Substance Misuse (NTA)**

The National Treatment Agency for Substance Misuse is a special health authority, established by Government in 2001 to improve the availability, capacity and effectiveness of treatment for drug misuse in England.

### **Outreach service**

Activities designed to make contact with individuals or groups from particular target populations who are not effectively contacted or reached by existing services.

### **Over-the-counter medicines**

Medicines that can be purchased at a pharmacy without a prescription.

### **Pathologist**

A specially trained doctor who carries out a medical examination (called a post mortem or autopsy) after someone has died to try to find out more about the cause of their death.

### **Pooled Treatment Budget**

Each DAT/DAAT receives an amount of money each year from the Government to spend on commissioning effective drug treatment services. This is called the Pooled Treatment Budget, because it is made up from contributions from a number of government departments, mainly the Home Office and the Department of Health.

### **Prescribed medicines**

Medicines that may be sold or supplied only in accordance with the prescription of an appropriate practitioner (usually a doctor), and may be administered only by or in accordance with the directions of such a practitioner.

### **Primary Care Trust (PCT)**

PCTs are free-standing statutory bodies that provide primary and community health services and commission secondary (hospital and specialist) care on behalf of their local population.

## **Rehab**

This is short for Rehabilitation and refers to programmes of treatment and support for drug and alcohol users which help them to overcome their drug use by developing new lifestyles and addressing the underlying reasons why they became addicted. **Residential Rehabilitation** services provide somewhere away from the home environment where users can live for a period of some months. **Structured Day Care** rehabilitation allows users to live at home while attending programmes during the day to help with their recovery.

## **Respite**

A period of time from a few hours to several days and nights that provides a break, without usual routines, for the cared-for person and the carer.

## **Service Level Agreements (SLAs)**

Written to reflect 'Models of Care' (see above), these are contracts between commissioners and providers of services. They describe what services are being provided, how much money is being spent on these, targets they have to achieve, e.g. the number of clients they will offer services to in a year, and outcomes they are aiming to achieve, e.g. the number of clients who will reduce their illegal drug use, the number who will become stable etc.

## **Social Services Carer's Assessment**

The process by which a local social services department decides if it can provide help for an individual carer.

## **Textphone**

Those who are deaf or have problems with their speech can use a textphone instead of a voice telephone. Unlike a standard telephone, a textphone has a keyboard and a display screen. Instead of speaking into a telephone mouthpiece, the person types what they want to say using the keyboard.

## **Tier 2**

This is the second tier of services described in 'Models of Care' (see above) and relates to harm reduction and open access drug treatment services, including needle exchanges, advice and information by drug workers, and screening and immunisations against blood borne viruses (see above).

## **Tier 3**

This is the third tier of services described in 'Models of Care' (see above) and relates to structured drug treatment services, including counselling, substitute prescribing (e.g. methadone), and home detox (see above).

## **Typetalk**

Typetalk is a nationally available free service, run by RNID and funded by BT. Typetalk relays conversations between people who use textphones and people who use voice telephones. Once callers are connected, they can choose to type or speak to each other via an RNID Typetalk operator who will convert spoken words into text and typed words into speech.

## **Volatile substances**

Volatile Substances are mainly products that contain solvents (chemicals that keep products in a liquid form or liquefy solids) and propellants (pressurised liquid gases used to propel a product from a can), for example deodorant sprays and glues. Drug users who misuse volatile substances usually inhale the vapour from a bag, a container or from a rag, or spray the substance straight into the mouth

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