

Self Assessment

1. One-to-one support for family members affected by someone else's substance use	
1.1 We have a service which provides one-to-one specialised support to all family members, regardless of whether their loved one is in treatment or known to services.	
1.2 The one-to-one support we provide is responsive and not just 'one size fits all' or a brief intervention with no ongoing provision	
1.3 The one-to-one support we provide seeks to meet the needs of the family member themselves (rather than treating them simply as 'recovery capital')	
1.4 The support we provide includes signposting and referrals to other appropriate services such as housing, debt advice, training and employment, domestic violence, mental health etc. where necessary	
1.5 Practitioners are well informed about and well networked with local services to whom they provide referrals and signposting.	
1.6 Practitioners have received training in supporting family members affected by substance misuse specifically, are well equipped and skilled in the job that they do.	
2. Information for family members affected by someone else's substance use	
2.1 We have a service which provides information and/or training to family members on important topics including: drugs and alcohol, addiction, cycle of change, enabling, communication within the family, coping strategies, self-care	
2.2 Our services are aware of evidence based programmes such as SMART, 5 Step, CRAFT etc. and other professional approaches to family support (whether or not they have chosen to adopt such approaches)	
2.3 Information is provided to family members in a variety of ways e.g. through one to one meetings and/or group meetings as well as perhaps leaflets or websites	
2.4 Family members are supported to explore how information relates to them and apply it to their situation e.g. through discussions of family dynamics, exploring options for addressing the substance use with their loved one etc.	

3. Peer Support for family members affected by someone else's substance use	
3.1 We have mechanisms for family members to get involved in supporting others e.g. through peer support training or volunteering programmes	
3.2 There are informal opportunities for family members to support their peers, such as peer support groups	
3.3 There is a peer support group for family members affected by someone else's substance use	
3.4 Peer support is recognised, supported and resourced as a part of our family provision	
3.5 Those who provide peer support are themselves supported by professionals; they receive appropriate supervision and are not just 'left to their own devices'	
4. Family Support across the system	
4.1 Our treatment provider has a 'whole family approach', recognising the importance of families and engaging them effectively to support recovery e.g. through involvement in care planning, effective information sharing etc. There are clear protocols in place to involve families without compromising clients' confidentiality and all staff are trained and have a clear understanding of this.	
4.2 Our carers centre makes provision for carers of those who use substances. This includes training for staff so that they recognise and can support the needs of this particular carer group.	
4.3 All relevant services are aware of one another and are well networked with effective information sharing protocols around family members affected by substance use. Referral pathways are in place and are working effectively.	
4.4 I am able to delineate the level of funds within our budgets which is allocated to supporting family members affected by substance use	
4.5 There is clear information available online and in community locations so that any family member worried about a loved one's substance use could find information about our service and know that it is available to them	

Case examples

With respect to point 4.5 above, consider the following case examples. Do you have a service which you believe would provide support to this person (not just an assessment but some level of support following an assessment):

Case example: A 35-year-old mother of three young children is worried about her husband's cocaine use. He functions well when using but is irritable and unpredictable if he has not used. He is not interested in treatment and refuses to discuss it. **Do you have a service which would support her? Which service?**

Case example: A 48 year old woman has a husband who has been a functioning alcoholic for 20 years. He denies having a problem. His behaviour is increasingly erratic and he shows signs of memory loss although he holds down a job. Their 23-year-old daughter is extremely anxious and afraid to move out of the home and leave her mother to handle her father alone. **Which service would support this woman?**

Case example: A man in his early 40s has a stepson in his early 20s who uses cannabis and NPS and, as a result, is not in work or education. He still lives at home and relies on them for money, food and practical needs. He and his wife's relationship is under strain. He thinks they should insist that the son moves out but his wife refuses to 'throw him out'. **Where can they go for help?**

Case example: A 60-year-old man has a wife who is addicted to prescription medication and alcohol. She has early onset dementia. He is extremely stressed and anxious and has no other family or friends to support him. **Is there a service he could go to for support?**

Are you sure that these services would accept these clients? You could call the services to check this with the service manager. We are often told by commissioners or service managers that such-and-such a service would provide support, but when we contact that service there are criteria or thresholds which mean that they would not. Family members affected by someone else's substance use often fall through the gaps in existing service provision.