

'We count too'

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



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 this Good Practice and Quality Standards Guide, which aims to increase support to families affected by drug use.

The Home Office has funded this guide to enable existing good practice to be shared and built upon, so that all families in need are able to access the best possible support services. Drugs can damage individuals, families and communities and we have invested significant resources in seeking to prevent and reduce this damage. In recent years the number and range of services for families affected by drug use have increased considerably. However, there is more work to be done if all families who are in need of family support services are to receive the help they need.

This Guide has been designed to enable the reader to either dip in or out, or read as a whole. We would particularly expect commissioners to take note of the good practice points set out in Chapter 4, and to use these to support and invest in effective and comprehensive services for families. We would encourage providers and projects to work towards achieving the Quality Standards set out in Chapter 5, and to use the good practice checklists in Chapter 6 to help them improve the particular services they provide.

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 together from Drug Action Teams, service providers, projects and family members themselves.

This guide contains the voices of the 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.

Caroline Flint, MP

***Parliamentary Under-Secretary for tackling drugs,
reducing organised and international crime.***

Acknowledgments

We have developed this Guide for anyone contemplating or facilitating the provision of services to support the families of drug users. There are many people whose help and assistance was vital to its production and we would like to thank and acknowledge each and every one of them.

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Many thanks to Jeanette McCallen - Project Manager of 'Support' in Nottingham - whose suggestion *We Count Too* was chosen by the Steering Group as the title for the Guide.

Finally, and most importantly, we want to thank all the staff, volunteers, committee members and service users of family support projects and services around the country who gave their time, energy and attention to the project, often sharing painful and difficult feelings and experiences. Without your hard work and commitment this Guide would not exist. You definitely count too.

Emma Rattenbury and Val Linnett
Project Consultants

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Background and Context

“Parents, carers and families also need support. They experience the problems that drugs cause at first hand.”

(Updated Drug Strategy 2002)

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 the fieldwork undertaken by the project consultants between January and May 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, it is likely that 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 and this is 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

The ‘Updated Drug Strategy’ provides the key policy directive for work in this field.

During the fieldwork for this Guide, the need emerged to reinforce and strengthen policy and national messages about the importance of meeting the needs of families affected by drug use. However, consultation with DATs and service providers suggests that there is still some way to go until dedicated support for all families is seen as an essential element of service provision in every area of England. This Guide is intended as a contribution to achieving this goal.

The growing recognition of the impact of drug use on families is reflected in the recent guidance for DATs on the development of throughcare and aftercare services within the Drug Interventions Programme (DIP) – formerly known as the Criminal Justice Interventions Programme (CJIP). This emphasises the importance of involving and supporting family members, particularly in relation to users who are leaving the criminal justice system. The Prison Service is working with Adfam on the development of a good practice guide for prisons, in support of families of prisoners with a drug problem. The Prison Service proposes to launch the guidance in March 2005.

Other relevant policy for work with families affected by drug use

In addition to the National Drug Strategy, the following are also relevant:

- The Carers (Recognition and Services) Act 1995, and further forthcoming legislation on carers. Some DATs are starting to make links with lead officers for carers within local authorities, and have been able to access Carers Special or Support Grant funding to support family members. This practice could be used more widely by DATs – both generally and in cases involving dual diagnosis needs.
- The ‘Hidden Harm’ report in 2003. This highlighted the impact of parental drug use on children and young people. The policy context for implementing the recommendations of this report includes the Green Paper, ‘Every Child Matters’, the Children’s Act and the establishment of Children’s Trusts.
- The closer working/integration of DATs and Crime and Disorder Reduction Partnerships (CDRPs) provides opportunities to engage communities in supporting families and challenging stigma and prejudice. This highlights the growing recognition of the impact of drug use on families in a wide range of policy areas.

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 under 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, eg 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 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.

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 (eg 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 (eg 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, 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.

Children in the family might feel stigmatised by the family circumstances and become depressed and withdrawn. 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 family 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 (eg 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.

The comments in this chapter should be regarded as a contribution to debate and service development, rather than definitive guidance. 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. 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 challenge 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 (eg 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.

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/WorkPages/Diversity 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, eg 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.

People with disabilities

The *Disability Discrimination Act 1995 (DDA)* requires 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. Since October 2004, however, service providers are now also expected to make 'reasonable adjustments' to ensure physical access to service premises and venues.

Sources of further information on the DDA 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 Communities

Lesbian, gay 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 and by parents of gay and lesbian users.
- Avoiding presumptions of heterosexuality (either in literature or in conversations) or assuming service users will conform to a heterosexual 'norm'.
- Training and informing service staff and volunteers to enable them to provide support to same-sex partners and non-heterosexual family members.
- Publicising services in ways that are welcoming to lesbian, gay, bisexual and transgender groups.

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.

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, knowledge-based training.
- Developing IT services, eg websites and email communication systems.
- Involving men in particular roles within the service, including gathering and producing information, acting as treasurers and fundraisers.
- Men-only support groups, facilitated by male workers or male volunteers.

Good Practice Guidance for Commissioners

“We will be looking to improve substantially support to families at local level.”

(David Blunkett MP, Former Home Secretary, in foreword to Updated Drug Strategy 2002)

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.

It 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 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 is being incorporated with the content of this chapter into a separate guidance note to all DATs. 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. The DAAT has recently appointed part-time advocacy posts for both service users and families/carers.
Contact: DAAT Commissioning Manager, 01623 414114 x 6929

Gloucestershire DAAT’s Community Support Officer leads on this area of work and works closely with the district Crime and Disorder Reduction Partnerships in the county, including access to funding.
Contact: DAAT Community Support Worker, 01242 548832

Gateshead DAT's Co-ordinator has ensured that the needs of family members affected by drug use are included in their local carers' strategy, and has applied to the Carer's Support Grant for funding to support work in this field.

Contact: DAT Co-ordinator, 0191 4332366

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 (eg 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 statutory responsibilities to review needs, commonly referred to as the 'audit', and then develop three-year 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.

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

West Sussex DAAT recently 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. Further consultation is currently being carried out, and from this the DAAT lead worker is drawing up an action plan for the development of services in the future.

Contact: DAAT Parent/Carer Support Co-ordinator, 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, eg 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 Action 1995, and support them to meet these requirements. Recognise the access issues relating to delivering services to rural communities, eg 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 Family, Young Peoples and Community Development Worker runs specific Workshops for Foster Carers to help them respond to drug use and its impact on their families, with a view to developing an indication pack for newly recruited foster parents. She also works with local services to ensure that they take account of different family structures.

Contact: DAT Family Young People and Community Development Officer, 01708 432595

Coventry DAT's recent 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 have 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.

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

Sheffield DAT's Family and Friends Advisory Group recently identified that specific services for grandparents was a gap in local provision. Their Development Worker has 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. They are currently developing an Action Plan.

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

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, eg 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: DAT Joint Commissioning Manager, 0151 651 3897

Gloucestershire DAAT has involved PADA in providing specific support and advice to local groups who have experienced difficulties trying to include family members and users in one support group.

Contact: DAAT Community Support Worker, 01242 548832

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 (nb PADA and Adfam can assist with much of this – see Chapter 7).

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, 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 (eg 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

Stoke DAAT secured a grant from DrugScope on behalf of their local support group for a year, which enabled the group to complete training, employ a part-time facilitator and become constituted. Once it was clear that there was significant demand for family support in the area, they initially provided funding from the CAD initiative. The service has now been mainstreamed through the Pooled Treatment Budget with the recruitment of a full-time worker and the launch of a dedicated telephone helpline service.

Contact: DAAT Commissioning Officer, 01782 236924

Blackpool DAT piloted work with families in a deprived ward of the town, using DAT, CAD and Sure Start funding. They commissioned UNITY, a local parents and carers support group run by qualified counsellors to run two 13 week courses for parents and carers with the aim of setting up a self-help group in the area. The success of this has led to an increase in provision and the allocation of funding from the Pooled Treatment Budget to run the course in all priority areas of Blackpool, as well as a central location for those families that prefer not to attend a course in their local community. There is now a dedicated helpline, and one-to-one counselling available for families who are not comfortable attending group meetings.

Contact: DAT Co-ordinator, 01253 477816

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 has had difficulty accessing families requiring support. To address this, they are planning a Family Day for drug misusing parents and their children, with whom they are already in contact. This will include activities for the children and an opportunity to talk. The day is intended to launch a pilot project working with these parents and their children, with the aim of improving outcomes for the latter. The DAT has also recently compiled a resource pack including information on running a group and useful national and local contacts. They are training local voluntary sector organisations providing general family support to use this pack. The aim is to equip these organisations to identify needs, provide support and signpost or refer where appropriate.

Contact: DAT Young Persons Substance Misuse Co-ordinator, 0208 547 5841

Rotherham Drug Strategy Team (DST) recently commissioned the lead worker from the county-wide (South Yorkshire) family support helpline service on a part-time basis to carry out development work and build family support services in the borough. Her post has been backfilled by funding from the DST and she is focusing on making contact with family members and exploring how their needs can be addressed and how they can be involved in DST consultation in order to influence the development of services.

Contact: DST Treatment Services Planning Team Leader, 01709 302097

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, eg 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 is working towards having carer representatives on their Joint Commissioning Group who will be elected from CASA, their local Carers' Support Group. This group is already well represented on their Needs Assessment Steering Group.
Contact: DAT Co-ordinator, 0191 4332366

Stockton DAT has user and carer representation on the DAT itself and on their commissioning group. A carer representative chairs their Reality Check Group. This group gives users, carers and community-based workers a voice in service provision, i.e. a quality circle for DAT planning. It has been well received by the NTA and Government Office North East.
Contact: DAT Modernisation Manager, 01642 528474

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 Carer's 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 five 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 have supported group applications to Social Services for this funding, discouraging individual applications. They have used some of the funding allocated creatively to enhance other local family-focused services by providing a respite budget. They are in the process of identifying the best ways to use some of this to support work with Asian families, in partnership with their local targeted service, 'Making Things Equal', and with families themselves. They are currently pushing hard for carers of drug users to get carers' assessments more routinely.

Contact: DAT Development Officer, 01484 226932

Barnsley DAT has recently 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 organised a families and carers consultation day to agree the best use of the funding across the borough. There are two family and carer groups for substance misusers in Barnsley at present, both of which are fully involved in this consultation.

Contact: DAT Communities and Projects Officer, 01226 774990

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 515483

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. They have a detailed service specification and are in the process of agreeing specific targets, outputs and outcomes for monitoring and evaluation purposes.
Contact: Commissioning Manager (Young People), 01629 580000 x 7496

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 compliance with QuADS standards, 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 x 6929

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 QuADS consultancy or 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, eg whether it is focused on support and/or on campaigning.
 - The service is clear about its target group(s), eg 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.

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, ways of understanding the situation and dealing with it.
- Addiction and its effects on the family, including co-dependency, 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, eg financial help and advice, 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, eg accessible venues, providing a BSL interpreter or information in large print, Braille/on tape.
- Carry out individual needs assessment 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.

- 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, eg 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 burden for the family.
- Flexible. Recognises that the family member may feel more comfortable in own surroundings, particularly at start of seeking help. 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, eg the same worker each time, or a small staff team that the family member can get to know personally.
- 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 need, 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, eg 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. All services are run by people with relevant personal experience. This means that they are flexible in their approach to meeting family members' needs. **Tel:** 0191 387 1111

PADA (Parents Against Drug Abuse), Ellesmere Port

Offers one-to-one sessions, including alternative therapies at their base. **Tel:** 0151 356 1996 **Email:** admin@pada.org.uk

PANIC (Parents and Addicts against Narcotics In the Community), Stockton-on-Tees

Provides one-to-one counselling by qualified BACP accredited counsellors who have in-depth knowledge of substance misuse issues. **Tel:** 01642 898 999 **Email:** panic_stockton@hotmail.com

Outreach Support

Lifeline, Huddersfield

Through the Making Things Equal project, provides culturally appropriate targeted outreach and one-to-one support to isolated Asian women who are affected by having a drug user in their family. **Tel:** 01484 537511 **Email:** info@mtelifeline.co.uk

Linking Together, Kings Lynn

Provides one-to-one outreach at home or a place chosen by the family member. Takes great care to ensure complete confidentiality. **Tel:** 01553 766682 **Email:** linkingtogether@tiscali.co.uk

Newcastle PROPS

(Positive Response to Overcoming Problems of Substance misuse in the family)

Provides one-to-one support either at home or anywhere the family member feels comfortable. **Tel:** 0191 269 9850 **Email:** office@newcastleprops.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, eg fathers and siblings, as well as the person who requests the visit. **Tel:** 0114 231 4443 **Email:** roda@southey.fsworld.co.uk

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, eg on the back of beer mats, receipts or prescriptions.
- Large print and spoken language format, eg videos and audio-tapes.
- Telephone helpline with access via textphone or Tynetalk.
- One-to-one, face-to-face sessions, as well as group situations, eg 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, eg 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 what is available 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, eg 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, eg 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:** familydrug.support@virgin.net

Website: www.familydrugsupport.com

Hettys, North Nottinghamshire

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

Tel: 01623 658492 **Email:** hettys@newarksherwood-pct.nhs.uk

The Matthew Project, Norwich

Has a Family Resources Room, where family members can access a wide range of information including leaflets, books, videos and the internet, as well as support from staff to access other services.

Tel: 01603 764754 **Email:** info@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

SYPADS (South Yorkshire Parents and Drugs Support)

Produces a directory for groups and individuals that lists local drug services and sources of support for families and drug users, explains about drug treatment methods and includes a copy of the Adfam guide about how to set up a support group.

Tel: 0114 276 7954 **Email:** info@people-united.org

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, eg 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, eg 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 396011 **Email:** via their website www.boltoncvs.co.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:** footsteps2@hotmail.com

GROW (Giving Real Opportunities to Women), 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:** sandra@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:** parentsupportlink@supanet.com

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, drugs 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 Typetalk 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

Family and Friends, Leamington Spa

Freephone helpline. Open in the evenings.

Tel: 01926 314837 **Email:** info@familyfriends-drugs.org.uk

PADA (Parents Against Drug Abuse) Helpline

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

Tel: 0151 356 1996 **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:** parentsupportlink@supanet.com

Worcester Drug Link, Worcestershire

Relatively new 'Pressure Point' helpline. Staffed by volunteers who have thorough training and are supported by good policies.

Tel: 01905 724754 **Email:** worcesterdruglink@hotmail.com

South Yorkshire Parents and Drugs Support (SYPADS)

Volunteer-staffed helpline, with detailed policies and procedures and externally accredited volunteer training. Recently launched an Urdu/Punjabi service, staffed by trained bilingual volunteers.

Tel: 0114 276 7954 **Email:** info@people-united.org

What makes a good support group?

A support group is a self-help group 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, eg 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, eg drugs counsellors, mental health staff who know about dual diagnosis.
- Access training sessions, eg 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' experience 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, eg 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, eg 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

GDAS (Gloucestershire Drug and Alcohol Service)

Has set up a 'buddy scheme' whereby new service members are matched up with other service users of the same gender. These 'buddies' can provide one-to-one support and accompany new members to support group sessions.

Tel: 01452 381166 **Email:** drugs@gdas.co.uk

Hettys, 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 658492 **Email:** hettys@newarksherwood-pct.nhs.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

Newcastle PROPS

(Positive Response to Overcoming Problems of Substance misuse in the family)

Facilitates support groups across the city at a variety of times and venues, focusing on the needs of different family members, i.e. parents, sisters, grandparents, young carers.

Tel: 0191 269 9850 **Email:** office@newcastleprops.org.uk

Oxford CDA (formerly Libra)

Runs a family support group facilitated by trained drugs counsellors.

Tel: 01865 723500 **Email:** libra.oxford@btinternet.com

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:** africaSlawo@aol.com

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 perspective.
- 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

Clouds, Families Plus, Salisbury

Provides family therapy sessions as part of their Families Plus programme.

Tel: 01722 340 325 **Email:** admin.familiesplus@clouds.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: 01202 311606

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 353311

Oasis Project, Lincoln

Can provide access to a family mediation service where all family members can be involved on an equal basis.

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

Sheffield Black Drugs Service

Works with families affected by drug use from the various Black and minority ethnic communities in Sheffield. Provides a family support worker to work with family members, and a separate drug worker to work with the drug user.

Tel: 0114 2493 700 **Email:** bdp@freenetname.co.uk

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, eg in response to domestic abuse.
 - Other services that can provide immediate stress-relief, eg telephone helpline, drop-in services.
 - Other family support services that are also a form of respite, eg 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.
- Provide access to a range of free or low cost respite opportunities, eg:
 - 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, eg weekend away, day off.
- Direct family members to possible sources of financial help with respite, eg via Social Services carer's assessment.
- Provide help with the practical arrangements, including childcare and transport, so that family members can enjoy a stress-free break.
- Provide practical information, support and signpost 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:** base10@turning-point.org.uk

Escape Family Support, Blyth Northumberland

Provides an eight-berth caravan available free to family members for holidays and respite breaks. Also provides a range of regular diversionary activities, including art, gym and badminton sessions.

Tel: 01670 544055 **Email:** ger26@dial.pipex.com

Family and Friends, Tyne and Wear

Provides a range of respite activities including a drop-in centre, relaxing garden, cooking courses and relaxation sessions.

Tel: 0191 2962277/2962798

The Harbour Project, Bolton

A family support group run by volunteers. Receives Carer's Support Grant funding so that family members can either arrange their own respite activity, eg a manicure and massage, or a group activity, eg a night out.

Tel: 01204 62274 **Email:** BOYDELL@harbourproject.freemove.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:** pada@ellergreen0.fsnet.co.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, eg child protection, residence orders, specialist solicitors, legal aid.
- Welfare rights, benefits, child tax credits.
- Child protection systems, care orders, fostering and adoption.
- Local child-care 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, eg 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 chose 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, eg by providing lunch at support group meetings.
- Provide information about the role of Social Services in child protection.
- Facilitate three-way liaison between drug user's treatment worker, Social Services and the grandparent to support communication and improve care planning.
- Facilitate liaison with Social Services and advocate on the grandparent's behalf for appropriate support, eg 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, eg residence orders, and 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.

- Provide help and re-assurance 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, eg 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

- 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, eg 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, 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:** drugline@provider.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

PADA (Parents Against Drug Abuse), Liverpool

Runs a grandparents' group that provides mutual support, practical advice, stress release days and regular training courses on relevant topics, eg childcare, legal issues. Also provides weekly respite activities and holiday play schemes for grandchildren.

Tel: 0151 270 2108 **Email:** pada@ellergreen0.fsnet.co.uk

Plymouth Social Services (contact Dave Pitcher)

Runs the Parents Again support group for grandparents who are caring for their grandchildren as a result of drug misuse.

Tel: 01752 308980 **Email:** dave.pitcher@plymouth.gov.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, eg 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, eg 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, eg 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 for partners of drug users.

Tel: 01226 774997 **Email:** Barnsleybeacon@aol.com

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

Provides a separate service for men and women to encourage each group to address their particular needs.

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

Support, Nottingham

Runs a specific support group for partners of drug users.

Tel: 0115 912 8035 **Email:** support@carersfederation.co.uk

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 377750 **Email:** tassibee2@btopenworld.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 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, eg 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, eg 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 in 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, eg 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, group work.

Tel: 0113 243 3552

Drugline Lancashire, Preston

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

Tel: 01772 253840 **Email:** drugline@provider.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:** childrenandfamilies@haga.co.uk

Hesters Way Neighbourhood Project, Cheltenham, Gloucestershire

Runs a support group for children of drug or alcohol-misusing parents.

Tel: 01242 521319

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 **Email:** shed@turning-point.co.uk

What About Me, Nottinghamshire

Operates a helpline and provides one-to-one support to children and young people aged between 5-19 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 **Email:** wam@newarksherwood-pct.nhs.uk

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, eg 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, eg 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 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, eg 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: The Road To Release (Holloway), London

Well-established project that provides a range of services including a helpline, counselling, support groups and one-to-one work for family members affected by drugs or alcohol, where the person involved with drugs or alcohol is in prison.

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

Hettys, North Nottinghamshire

Has recently started to facilitate four-way sessions between the drug user in prison, family members, the Hettys' worker and the prisoner's drug worker that aim to help family members understand and support treatment programmes and pathways.

Tel: 01623 658492 **Email:** hettys@newarksherwood-pct.nhs.uk

Parent Support Link, Southampton

Offers telephone support (and one-to-one support if local) to family members and partners of prisoners who are drug users in Winchester prison.

Tel: 02380 399764 **Email:** parentsupportlink@supanet.com

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 224832 **Email:** dot@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, eg police, 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, eg 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, eg 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, eg 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, eg 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, eg to explain a pathologist's report in everyday language.
- Provide ongoing practical support to the family member, eg 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, eg 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, 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, eg suicide, overdose, prison death, violent death including gangland turf wars, stigma.
- Is non-judgemental and empathetic.

Examples of services for family members bereaved by drug use

Emma's Link (with Oasis Project), Lincolnshire

Provides one-to-one support at a base, at home or at a mutually agreed venue. Runs a support group for family members bereaved by drug use, and provides practical support, including accompanying families during the identification process, the inquest and the funeral.

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, one of whom is a mother bereaved through drug use. Provides practical support, including help to deal with the police and the coroner.

Tel: 0114 231 4443 **Email:** roda@southey.fsworld.co.uk

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 224832 **Email:** dot@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.

1. Information

General publications

Adfam

Tel: 020 7928 8898

Website: www.adfam.org.uk

Produces a wide range of useful publications that are listed on their website including specific criminal justice related literature and a series of Journeys booklets, based on the personal experience of different family members, i.e. parents, partners, grandparents, siblings and children. Adfam also has a range of videos available, which can be used with support groups and for training, as well as with individual family members.

Lifeline

Tel: 0161 839 2075

Website: www.lifeline.org.uk

Produces a range of publications, listed on their website, that are specifically aimed at parents of young people who may be using illicit drugs including **Drug myths – A Parent’s Guide** and **Drug facts – A Parent’s Guide**. These leaflets expose commonly believed myths and provide accurate information on drug use. Lifeline also produces publications about drugs and drug use specifically aimed at the South Asian community, available in English and Urdu and English and Bengali.

Adfam

Website: www.adfam.org.uk

Includes a searchable database of local family support groups and projects and links to a wide range of useful organisations.

Carers UK

Website: www.carersonline.org.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.

www.drugs.gov.uk

Cross-government drug strategy website for drug professionals and others interested in the strategy.

DrugScope

Website: www.drugscope.org.uk

In-depth information on all aspects of drug use, with frequently asked questions about drugs in the ‘Drug Information’ section.

Families Anonymous

Website: www.famanon.org.uk

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

Grandparents Association

Website: www.grandparents-federation.org.uk

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.

Over-Count

Website: www.grieved.fsnet.co.uk

Deals with misuse of over-the-counter medications. Has a useful website that includes information and support for family members.

PADA (Parents Against Drug Abusers)

Website: www.pada.org.uk

Includes information about drugs and a UK-wide database of local family support and drug treatment services.

Release

Website: www.release.org.uk

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. Has recently launched a support and information service for heroin users and people who care for them.

Re-solv

Website: www.re-solv.org

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

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

Website: www.s-h-a-r-p.org.uk

Provides free help and support for the relatives and friends of prisoners or anyone facing the prospect of legal action, including a 24-hour helpline. Has a very informative section covering frequently asked questions about prison.

Turning Point

Website: www.turning-point.co.uk

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. Site gives details of the local projects and services it provides.

2. Lead Partners

Adfam

Tel: 020 7928 8898

Website: www.adfam.org.uk

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 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.

PADA (Parents Against Drug Abuse)

Tel: 0151 356 1996

Website: www.pada.org.uk

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.

FAMFED (Federation of Family Support Groups)

Tel: 0151 355 9100

E-mail: natfedfam@aol.com

FAMFED is a recently established national membership organisation for groups and projects working with family members affected by substance misuse. It aims to provide support, information and training for member organisations on a range of relevant issues including policy and practice developments, funding opportunities and legal issues. Its annual conference provides an important networking opportunity for family support projects and groups from across the UK.

3. Helplines for family members affected by drug use

FRANK Helpline and Website

Tel: 0800 77 66 00

Website: www.talktofrank.com

National 24-hour helpline giving confidential drugs information and advice.

Lauren's Link, Derby

Tel: 01332 362638

Email: info@laurenslink.org.uk

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

PADA (Parents Against Drug Abuse) Helpline

Tel: 0151 356 1996

Helpline: 08457 023867

National 24-hour telephone helpline for family members affected by substance misuse. Local family support projects throughout the UK that provide telephone helplines can link into this – service through a call divert arrangement when they are unable to cover their local line themselves.

Useful publications for those setting up a local helpline

Telephone Helplines Association (THA)

Tel: 020 7089 6321

Email: info@helplines.org.uk

Guidelines for good practice (Revised 3rd Edition) – a comprehensive guide to setting up a helpline that meets THA membership criteria.

4. 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.

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
- 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
- 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. 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.

Drug Interventions Programme (DIP)

(Formerly the Criminal Justice Interventions Programme). For further information on this Programme visit www.drugs.gov.uk

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

Drugs.gov.uk

www.drugs.gov.uk

Cross-government drug strategy website for drug professionals and others interested in the strategy.

DrugScope

Tel: 020 7928 1211

Email: enquiries@drugscope.org.uk

Website: www.drugscope.org.uk

Provides a procedures and policy support service for drug and alcohol services. DrugScope is producing a series of briefings to help drug treatment and related services develop effective policies and procedures in partnership with the National Treatment Agency for Substance Misuse (NTA). These can be downloaded from the NTA website at www.nta.nhs.uk. So far, four have been produced: Confidentiality and information sharing; Data protection and record retention; Drugs and alcohol in the workplace; Recruitment and retention.

FRANK Helpline and Website

Tel: 0800 77 66 00

Website: www.talktofrank.com

(Formerly the National Drugs Helpline). National campaign giving confidential drugs information and advice. Focuses on Class A drugs and targets 11-21 year olds and parents of 11-18 year olds. Incorporates a 24-hour helpline and a website.

Hidden Harm: Responding to the needs of the children of drug users (2003)

To download a copy of the report visit www.drugs.gov.uk

National Council for Voluntary Organisations

Tel: 020 7713 6161

Email: ncvo@ncvo-vol.org.uk

Website: www.ncvo-vol.org.uk

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.

National Drug Strategy

To find out more about this or to obtain a copy, contact your local Drug Action Team or ring 0870 241 4680. For other enquiries on the strategy, contact the Home Office Drug Strategy Directorate on 020 7273 2943 or visit www.drugs.gov.uk.

National Strategy for Carers

To find out more and to download a copy of the strategy visit www.carers.gov.uk

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 and Friends, Leamington Spa

Tel: 01926 314837

Email: info@familyfriends-drugs.org.uk

Runs a freephone family support helpline, open in the evenings. Willing to share policies and protocols with others developing helplines.

Family Drug Support, Herefordshire

Tel: 01981 251155

Email: family.drug.support@virgin.net

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

(Positive Response to Overcoming Problems of Substance misuse in the family)

Tel: 0191 269 9850

Email: office@newcastleprops.org.uk

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

South Yorkshire Parents and Drugs Support (SYPADS)

Tel: 0114 276 7954

Email: info@people-united.org

Volunteer staffed helpline. Has detailed policies and procedures and OCN accredited volunteer training. Willing to share with others developing helplines.

SPODA (Supporting Parents of Drug Abusers), Derbyshire

Tel: 01246 224832

Email: dot@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.

5. 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.

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.

QuADS (Quality in Alcohol and Drugs Services) 1999

DrugScope

Tel: 020 7928 1211

Email: enquiries@drugscope.org.uk

Website: www.drugscope.org.uk

QuADS is an assessment tool for use by alcohol and drug treatment services, to help with the development of quality in services. It provides an opportunity for services to comprehensively audit all aspects of their organisational practice against 28 core care standards, both to determine areas of strength and areas where further development is required.

Quality Standards for Local Carer Support Services

These quality standards were developed as part of the Government's National Strategy for Carers. The standards look at what carers get from local services. They are based on five quality standards and a set of essential requirements.

The Government has approved the standards and they can be downloaded from its Carers' website at www.carers.gov.uk/qualitystan. The standards feature in the guidance for the Carers' Special Grant and those who provide or commission services should take them seriously.

King's Fund

Tel: 020 7307 2591

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

6. Support Groups

Useful Publications

Adfam

Tel: 020 7928 8898

Email: admin@adfam.org.uk

Has produced a comprehensive guide to setting up a support group:

A Guide to Setting Up a Family and Friends Support Group (3rd Edition) 2000, and are about to release a fundraising guide for family support groups in the substance misuse field.

GASPED (Group Awareness & Support for Parents Encountering Drugs)

Tel: 01924 787501

Email: resourcecentre@gasped.co.uk

Family Support Service based in West Yorkshire that runs a number of support groups and has produced a comprehensive guide: ***A Guide to Setting Up a Support Group***.

7. Training Opportunities

Adfam

Tel: 020 7928 8898

Email: admin@adfam.org.uk

Provides customised training and stand-alone training packages around developing family support services, eg setting up a support group.

DrugScope

Tel: 020 7928 1211

Email: enquiries@drugscope.org.uk

Website: 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: 0870 990 9702

Email: stuff@hit.org.uk

Website: 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: 0151 356 1996

Email: 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: parentsupportlink@supanet.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.

8. Useful Reading - A Selected List

Family and Carer Support

Supporting families and carers of drug users

Effective Interventions Unit (2002) Scottish Executive

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

Updated Drug Strategy

Home Office (2002)

Models of care for treatment of adult drug misusers.

Part 1: Summary for commissioners and managers responsible for implementation

National Treatment Agency for Substance Misuse (2002)

Enhancing Drugs Services

National Treatment Agency for Substance Misuse and DrugScope (2003)

Commissioning Standards: Drug & Alcohol Treatment & Care

Substance Misuse Advisory Service (1999), Health Advisory Service (reprinted 2001 by NTA)

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

See also ***Enhancing Drugs Services*** (above)

Children and Young People

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

Advisory Council on the Misuse of Drugs (2003)

Every Child Matters

Chief Secretary to the Treasury (2003); Stationery Office

Working Together to Safeguard Children

DoH, HO, DfEE (1999); Stationery Office

The Substance of Young Needs

Health Advisory Service (2001)

You and substance use: Children and young people Substance use policy

Nottinghamshire County Council and the Nottinghamshire DAAT Partnership (2003)

Making it Work: Good practice with young carers and their families

The Children's Society and The Princess Royal Trust for Carers (2002)

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)

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, eg 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, eg 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. The strategy covers three key themes: information, support and care (for carers) and also contains special measures for carers in employment and for young carers.

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, eg the number of clients they will offer services to in a year, and outcomes they are aiming to achieve, eg 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 (eg 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). 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.

Appendix I

Steering Group

In 2003, three of the UK's leading drug and alcohol support organisations, Adfam, PADA and FAMFED, decided to form a partnership. Through this partnership, an application for Home Office funding was successfully made for the production of a Good Practice Guide and Quality Standards for commissioning and providing services to families affected by drug use.

In January 2004, the partnership commissioned the consultations with family members, service providers and commissioners that provided the material for this guide. The work was overseen by a national Steering Group, which was made up of the following key members:

Trish Carrick (Chair)	Drug Strategy Directorate, Home Office
Ian Clements	Drug Strategy Directorate, Home Office
Rosemary Morle	Drug Strategy Directorate, Home Office
Sarah Clein	Substance Misuse Team, Department of Health
Alison Corless	Substance Misuse Team, Department of Health
Vivienne Evans	Adfam
Lynn Clare	PADA
Helen Blake	FAMFED
Sean Larkins	COI Communications
Tom Aldridge	National Treatment Agency for Substance Misuse

In attendance:

Val Linnett	Project Consultant
Emma Rattenbury	Project Consultant
Natalie Brazil	Drugs Strategy Directorate, Home Office
Kim Smith	PADA

Quality Standards Reference Group Attendees

Bob Baker	Independent Consultant
Roger Blunden	Independent Consultant
Leonie Williams	Independent Consultant
Fiona Hackland	Independent Consultant

+ Project Consultants and Steering Group Members, as above

Appendix II

Consultees

Drug Action Teams (Crime and Disorder Reduction Partnerships) that participated in the Consultation

Barnsley; Blackpool; Bolton; Brent; Derby; Derbyshire; Devon and Torbay; Coventry; Gateshead; Gloucestershire; Halton; Havering; Kingston; Kirklees; Lincolnshire; Nottinghamshire; North Tyneside; Plymouth; Rotherham; Sheffield; Stockton-on-Tees; Stoke-on-Trent; West Sussex; Wirral.

Other Drug Action Teams that completed questionnaires

East Riding of Yorkshire; Hartlepool; Leeds; Northamptonshire; Poole; Redcar and Cleveland; Somerset; South Shields; Swindon; Walsall; Wolverhampton; Worcester.

Family Support Services and Groups that participated in the consultation and/or contributed to this Guide

Ashiana Community Project, Birmingham; Base 10, Leeds; Black Drugs Service, Sheffield; Branching Out, Manchester; Calderdale Parent and Family Support; CASA, Gateshead; Clouds Families Plus, Salisbury; COSMIC, Haringey, London; The Depot, Mexborough, Doncaster; Dialdruglink, Huntingdon; Drugline Lancashire, Preston; Druglink, Stoke on Trent; Eclipse, Manchester; EDDAAS (East Dorset Drugs and Alcohol Advisory Service), Bournemouth; Escape, Walsall; Escape Family Support, Blyth, Northumberland; FAMFED; Family and Friends, Leamington Spa; Family and Friends, N Shields; Family Drug Support, Herefordshire; Family Support Group, Cheltenham; Footsteps, Warrington/St Helens; Frankley Church Community Project, Birmingham; Free @ Last, Birmingham; GASPED (Group Awareness and Support for Parents Encountering Drugs), Wakefield; GDAS (Gloucestershire Drug and Alcohol Services); GROW (Giving Real Opportunities to Women), Rotherham; HADA, Harrogate; HAGA (Haringey Advisory Group on Alcohol), London; Harbour Project, Bolton; Hetty's, North Nottinghamshire; Highs n Lows, North Tyneside; Homoaze House, Plymouth; Kikit, Birmingham; Kirklees Lifeline, Huddersfield; Liberty from Addiction, Chester Le Street; Linking Together, Kings Lynn; Liverpool Family Support Partnership; Lye and Stourbridge Family Support Group, Dudley; Making Things Equal Project, Huddersfield; The Matthew Project, Norwich; New Milton Family Support Group, Hampshire; NORCAS, Ipswich; Oasis, Lincolnshire; Oxford CDA, Oxfordshire; PADA (Parents Against Drug Abuse), Ellesmere Port; PADA (Parents Against Drug Abuse), Liverpool; PADA (Parents Against Drug Abuse), Crewe and Nantwich; PANIC, Stockton; Parent Support Link, Southampton; PROPS, Newcastle; Reach Out, Chippenham; Redcar and Middlesbrough Family Support Group; Rewind, Wolverhampton; Rising Sun Trust, Workington, Cumbria; RODA (Relatives of Drug Abusers), Sheffield; SADIE Family Support, Birmingham; Sanctuary Family Support, Liverpool; SEFFAD, Sheffield; Silver Lining, Kingsbridge, Devon; Space 2, Sheffield; Support Group for Parents and Partners of those with a Drug Problem, Weymouth; SLAWO (South London African Women's Organisation); SMASH, Scunthorpe; SPODA, Chesterfield; Support, Nottingham; SYPADS (South Yorkshire Parents and Drugs Support), South Yorkshire; Tassibee, Rotherham; Turning Point Family and Friends, North Tyneside; Turning Point Worcester Druglink, Worcester; WAM (What About Me), North Nottinghamshire; The Warehouse, Dudley.

Other services and projects that completed questionnaires

Aaina Asian Women's Group, Walsall; Angel Drug Services, London; ARCH Initiatives, Birkenhead; Barnsley Beacon Support Services; Bangladeshi Health Improvement Group, Smethwick; Binoh of Manchester; The Burton Addiction Centre, Burton on Trent; Cabinda Community Association, Selby; Cambridge Centre, Scarborough; Children's Society Essex Young People's Drug and Alcohol Services; CODA (Craven Organisation for Drugs and Alcohol), Skipton, West Yorkshire; DISC (Drug Intervention Service, Cheshire); Drug Concern, Birmingham; Family Link Up, Penzance; Hope UK, London; Family Drugs Service, Huddersfield; French African Welfare Association, London; Indian Muslim Welfare Society, Batley, West Yorkshire; Kairos WWT, Coventry; Kirklees Racial Equality Council, Huddersfield; Kurdish and Turkish Community Centre, London; Lifeline, Manchester; Lifeline, Oldham; The Lightoutreach Charity, London; Mother to Mother, Aylesbury; Mothers Against Drugs Defacto, Bournemouth; NAVJYOT (new Light) Asian Organisation, London; NECA, Gateshead; Organisation of HIV Positive African Men, London; Refugee Enterprise and Employment Connect, London; Southside Family Project, Bath; Walsall Black Sisters Collective; Wai Yin Chinese Women's Society, Manchester; Worldwide House of Hope, Croydon, Surrey; Yemeni Community Association, Sandwell.

Other groups and individuals who contributed to the consultation/Guide

Adfam: The Road to Release (Holloway), London; Bolton Council for Voluntary Services; Hester's Way Neighbourhood Project, Cheltenham; SHED Young Peoples Drug and Alcohol Service, Sheffield; Dave Pitcher, Plymouth Social Services; James King, Carer; Karen Gowler, Drug Strategy Unit, Home Office; Mark Lee and Meg Randolph, Barnardos; Rachel Nicholson, Karen Whitehouse, Peter Cartwright and Katie Burrell, Adfam; Alan Brown, Drugwatch Trust; Rick Rutkowski, DrugScope; Gillian Weaver, Government Office South East; Julie Cottier, Chester and Ellesmere Port Drug Service; Joanne Bell, National Drug Prevention Team; Eddie Concannon, Low Edges, Jordanthorpe and Batemoor Drugs Project, Sheffield.

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Further copies of this publication are available from Adfam, FAMFED and PADA.

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