

# Ask the family

**The anonymity essential to many family support services often leaves them at the back of the queue for support, advice – and funding. A trio of charities has developed a good practice guide and quality standards based on asking service users what really works, to inspire those working in this difficult and demanding environment.**

**T**here 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, according to *We Count Too*, a new report from Adfam, Famfed and Pada.

The three family support charities have taken steps towards addressing this. With Home Office funding, they carried out national consultation on best practice and quality standards in the family support field, and are now distributing the results to Drug Action Teams, family support groups, throughcare and aftercare teams to give them fresh ideas and feedback on what constitutes an effective service.

Bringing service users into the exercise has been the key to bringing in thoughtful and deliverable ideas, according to Adfam's chief executive, Vivienne Evans. Through user forums and stakeholder groups held across the country, service users shared their experiences: what was good, what helped – and what didn't.

The picture built up from talking to families was of the devastating effect that a person with a drug or alcohol problem could have on the rest of the family. Stress soon builds up from the fears about their family member's health, their changed behaviour and the possibility that they may be involved in criminal activity. Parents worry about the effect on their other children – at the same time as worrying that all their attention is being focused on the drug user – and are frequently in a fretful cycle of covering up the problem from friends, neighbours, and the 'authorities'. By the time they contact a family support service, they are often exhausted and in despair.

So what helps families out of this initial low point, when they feel that nothing they can do will have any effect?

Assuring confidentiality is an important first step. Then comes the clear information – to help people understand what is happening, what effects different drugs have, what is likely to happen during the cycle of addiction.

Empathy as well as sympathy plays a strong role,

demonstrated by many local support groups who involve volunteers that have been in the same situation. People need to know that they are talking to someone who understands and knows what they are going through.

Practical help is equally important, sorting out day-to-day issues that may have been neglected in the crisis, and dealing with stress that may be getting in the way of work and normal routine.

The benefits of halving problems through sharing them, is central to much of the feedback offered by service users. Many reported that they were initially confused by the anger and betrayal they felt towards their family member, but found strength through communicating their feelings, so they could 'act, rather than react', be positive – and even learn to laugh about the situation occasionally, instead of crying.

Guilt and shame were found to be common negative feelings, which could again be diffused through talking, learning from other people's experiences – and realising that there were others in a worse situation. Addressing the signs of social isolation was equally important for others in the family, to prevent siblings from becoming depressed, withdrawn, and bullied by other children. Participants in the consultation reported that getting involved in activities for themselves and their children had built their confidence and self-esteem. Learning to think positively again was a vital part of getting back on track, and support, praise and encouragement could not be under-estimated in helping people get on with their lives.

*We Count Too* moves on from looking at what works and how to address diverse needs, to suggesting a good practice menu of services. A set of checklists covers one-to-one support services; how to provide clear information; presenting different options for personal learning; how to make a good telephone helpline; practical suggestions for an effective support group; ideas for helping families work together; and how to tailor services for people in different circumstances – grandparents, partners, siblings, families involved with the criminal justice system, or those who have been bereaved by drug use. Lists of support groups for each category complete the resource.

In return for listening to what works, the charities have come up with a set of basic quality standards that should underpin every service, covering the style and approach of services and the boundaries they should observe. These should not only help with quality, but will provide a good practice evidence base for funding, according to Adfam's Vivienne Evans.

'I hope the guide gives local groups some benchmarks, so they'll be able to judge themselves and be able to apply for funding based on evidence,' she says. 'It'll give them credibility – and hopefully mean more services are commissioned. Ultimately that will support the family members themselves.'

*We Count Too: Good practice and quality standards for work with family members affected by someone else's drug use is online at [www.drugs.gov.uk](http://www.drugs.gov.uk) (type 'We Count Too' in the search field).*



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