



Adfam strategic plan 2018/19/20

Adfam is the national charity working to improve life for families affected by drugs and alcohol

1. Adfam's Vision, Mission and Values

Vision

We want anyone affected by someone else's drug or alcohol use to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing.

Mission

Drug and alcohol use can threaten and ultimately destroy family relationships and wellbeing. We empower family members and carers, support front-line workers and influence decision-makers to stop this happening.

What we value

We listen to families and front-line workers

We know that people who face challenges often also have answers. So what we do is informed by our supporters: using compassion and evidence we inform, support and empower both people affected by a loved one's substance misuse and the workers who support them. We build skills, resources, confidence and pathways so both groups can help themselves, their peers, clients and communities.

We're driven by what works

The impact of substance use on family relationships and wellbeing is both profound and varied. We approach our work with care and close attention to what works in the real world. To do this we embrace evidence in all its diversity, never underestimating the value of real-life experience as well as formal research evidence. Our work is driven by our friends, supporters and colleagues and what they tell us works.

We're serious about our mission

We are serious about our work, and our partnerships, and committed to delivering them to the highest quality. We know that prejudice and stigma are barriers to recovery and cause harm, and we promise to treat individuals and families affected by drugs and alcohol with respect and dignity. We want to see a society free from stigma towards drug and alcohol

users and their families, and will fight until it exists. We believe that working in collaboration with our beneficiaries and with local and national partner organisations, is an important way to achieve this.

Who we work with

- Families, friends and carers – We inform and empower those affected by another's substance use, and amplify their voices to ensure they have a stake in the issues that affect them.
- Frontline workers – We build the confidence, capacity and capability of practitioners to ensure the support they deliver is effective and appropriate.
- Decision-makers – We engage and influence key national and local decision-makers to shape policy and ensure they understand the issues the families we work with face every day.
- Our partners in the families sector, and in sectors aligned to our work; we strongly believe in partnerships, collaboration, joint working and coalitions

2. Our reputation

A recent, (2016) independent Strength Review of Adfam's services concluded that: 'Adfam is a well-respected umbrella organisation which supports many hundreds of groups and thousands of individuals – professionals, volunteers and family members - across the country to develop and deliver better services for family members and carers. Adfam also has a high profile with policy makers and commissioners and as such is able to be a voice for family members and to raise the issues that affect them at a strategic level in government and civil society.' The review found that 'the organisation has the capability to deliver these services due to:

- The skills of the staff team, trustees and volunteers
- The clear and accountable governance structures
- The Theory of Change which is embedded across the organisation and informed by the experience and needs of family members and carers.'

We also employ associates – freelance experts- with appropriate skills and experience to undertake specific pieces of work as required, including training, evaluation, fundraising and organisational development.

Our team members a range of skills, including:

- research
- communications and media, including social media
- policy analysis
- marketing
- training
- counselling
- stakeholder engagement
- risk assessment
- web development

- on-line/digital technology
- fundraising
- working with, and understanding those with lived experience of caring for, and living with, a family member's substance

Adfam team members are recruited with the relevant experience for their role:

- working with vulnerable children, young people and adults
- safeguarding
- working with families
- working with drug/alcohol treatment
- research
- policy analysis
- parliamentary liaison/engagement
- working with hard to engage groups in communities
- stakeholder engagement
- finance and accountancy
- social media and press engagement
- working with parents
- recruiting, training and working with volunteers
- counselling

Networks: All Adfam staff engage with partners as appropriate, on a local or national level. Specifically, the senior team members are linked to:

- All Party Parliamentary Groups
 - National Institute for Health and Care Excellence
 - National Commission on Domestic Violence
 - The Advisory Council on the Misuse of Drugs
 - Expert Citizens
 - London Joint Working Group on Hep C
- Adfam is a founder of the Alcohol and Families Alliance

Adfam has strong networks via its national partners:

- CLINKS
- Alcohol Research UK
- AVA
- One Plus One
- Children England
- CRUSE Bereavement Care
- CGL
- Mentor UK
- Inclusion NHS
- Drugs sector policy leads group
- Collective Voice
- Grandparents Plus

- The Kin Care Alliance
- Revolving Doors
- Public Health England
- The Home Office
- The Department of Health

and with local partners in the voluntary sector, NHS and local government across England.

Insight: Adfam also gains insight into emerging and current issues which shape our strategy, policy priorities and activities via:

- a national network of family members, commissioners and practitioners
- local forums in every region of England with the exception of the south east
- on-line surveys and consultations
- evaluating all our projects
- round table events for decision makers
- an annual national consultation event for families, commissioners and practitioners.

What our beneficiaries say about us:

Commissioning is very fragmented post the Health and Social Care Act, with things being ‘chunked up’ and with multiple players: NHS England, Public Health England, the Police and Crime Commissioners. That is the backdrop. In the real world people are scrabbling around working out who is responsible for what.... But Adfam do a really good job. I have a lot of time for Adfam’

Commissioner working with Adfam in the East of England

‘I found the training extremely useful. It helped me to identify the local organisations which shape service provision in my area and gave me the confidence to contact them. Without the training provided by Adfam, I wouldn’t have known where to start from. It has also been great to have back up from [Adfam staff].’

Co-ordinator of a family group, Essex

“Everything out there is for users... but there is nothing for family members. The need is immense... Going through that I seriously thought of taking my own life. There was nothing for me... these groups don’t cost a lot but you definitely need them. It has saved my life and I know it has saved others.”

Family Recovery Champion

Stigma and shame come up a lot. Talking with workers, these are the things that prevent people from accessing support. They are ashamed and worried not just about what the neighbours will think but also about what other family members will think. There is also the issue of family members concentrating on the needs of the user and so it is hard for them to say ‘I need help’ and then to go and access it.”

Adfam’s Family Support Development Coordinator

3. Finance

Adfam's finance committee meets on a monthly basis and comprises the treasurer, independent auditor, Director of Finance and the Chief Executive.

The majority of Adfam's income is drawn from charitable trusts and foundations. We submit at least two bids per month, and have a fundraising target plan which:

- is reviewed at the Finance committee and the Board meeting to ensure fundraising targets are being met, and prospective funding will cover any forthcoming budget deficits
- ensures each funding bid includes all management charges and a contribution to core cost
- attempts to secure funding to continue current projects and staff

Adfam consistently attempts to ensure its reserves policy is adhered to, whereby we maintain at least three months of fixed costs as free reserves.

With the exceptions of the Chief Executive and the Finance Director, all Adfam staff are funded by restricted funds for project work, and are subject to time-limited contracts.

In the financial year 17-18, we received the following percentage of income from:

Trusts/Foundations	54%
Donations	5%
Local/Central government	12%
Other	29%

Adfam rents 10 desks in an office space owned by YMCA, near Kings Cross.

4 a) The need: the environment and the published evidence

The number of families affected by substance misuse does not diminish. UK Drug Policy Commission research (UK Drug Policy Commission (2009) *Supporting the Supporters: Families of drug misusers*) suggests a minimum of 1.5 million people are affected by someone else's drug use. Other studies have indicated this number is up to 8 million. The impact of living with a family member who has a drug/alcohol problem can be devastating (Orford, J., [Velleman, R.](#), Copello, A., [Templeton, L.](#) and Ibanga, A., 2010. *The experiences of affected family members: a summary of two decades of qualitative research*. Drugs: Education, Prevention and Policy, 17 (s1), pp. 44-62.) The number of family members affected by someone else's drinking is also difficult to ascertain with any real accuracy. Alcohol misuse is far more prevalent than drug use, and it is safe to assume that the number of family members affected is much higher than corresponding

figures for those affected by a relative's drug use, (UKDPC (2009) *Supporting the Supporters: Families of drug misusers*; Copello & Templeton (2012) *The Forgotten Carers: Support for adult family members by a relative's drug problem*. UKDPC).

4 b) Our experience: the evidence; the disappearance of small, local support groups and the need for Adfam to 'fill the gap'

Budgetary constraints have resulted in the disappearance of many family support groups. Yet the need to support families affected by substance misuse is as acute as ever. Our own experience reveals high levels of need for family support. For example, at an Adfam forum in the North East of England last year, family members described how financial cuts, resulting in reduced access to services, leave them coping alone with their loved one's substance misuse, mental health problems and violent behaviour, to the detriment of their own physical and mental well-being.

We know from our supporters that there is still much work to do with those local authority commissioners who are often not aware, or convinced, of the need for family support. Consequently, family support is often not made available, and where it is, is frequently undertaken by a single practitioner in a drug/alcohol treatment service, or a carers centre, a generic family service or a voluntary sector agency – all these organisations increasingly find they are the only support available locally to family carers of drug/alcohol users, yet are ill equipped to do so.

Adfam's work is thus even more vital, filling a much needed gap. We are the only national organisation in England working with practitioners – some with lived experience - to enhance practice, and advocating with strategic decision makers on behalf of families. Feedback from our regional forums, direct work, policy work, research, and training is unequivocal: family members and practitioners benefit from our support.

Strengths, weaknesses, opportunities and threats

Strengths	Weaknesses	Opportunities	Threats
<p>Reputation</p> <p>Experience</p> <p>Quality of our work</p> <p>Highly skilled staff team</p> <p>Robust governance</p> <p>Robust financial structures</p> <p>Staff benefits, e.g pension</p> <p>Opportunities for staff to learn and experience a wide arrange of activities and networks</p> <p>'Safe pair of hands'</p>	<p>Potential for staff to leave – salaries are not competitive</p> <p>Limited staff resource</p> <p>Management 'stretch'</p>	<p>New themes and specific groups: e.g., mental health, DV, LGBT, families with multiple needs, military families</p> <p>Prevention</p> <p>New addictions: gambling</p> <p>Children and Young People</p> <p>Partnerships/coalitions</p> <p>Increasing interest in parental s/u</p> <p>Demise of similar organisations in the drug/alcohol sector: Adfam needed to 'fill the gap'</p> <p>New partnerships across the broad d/ a sector</p> <p>Family work absorbed into treatment provider agencies</p> <p>Workforce development</p> <p>New Government funding for children of problem drinkers</p>	<p>Lack of funding</p> <p>No cross-government portfolio for families</p> <p>Family work absorbed into treatment provider agencies</p>

Key achievements in 2017

We:

- Supported 1,000+ family members affected by substance misuse via peer support projects
- Supported 1,660+ practitioners working with affected families via regional forums, training and information
- Provided information to families and practitioners via our website, telephone and social media; in 2017 we achieved over 5,000 Twitter followers, distributed our newsletter to over 1,500 supporters and more than 83,000 people used our website
- Engaged 330+ strategic partners to achieve positive structural change for families: giving evidence at parliamentary meetings and working with commissioners at regional good practice forums
- Began a project to support kinship carers and the children in their care, in Peterborough
- Continued to develop a service for children affected by parental substance misuse, and their parents, in L.B. Newham
- Concluded our peer support project for family members bereaved through addiction, widely disseminating the learning
- Began developing support for families affected by child to parent domestic violence
- Held a series of events to recognise and celebrate our volunteers with lived experience
- Continued to undertake policy work, responding to consultations on strategy and legislative changes
- Continued to run the Alcohol and Families Alliance, collaborating on research on moderate drinking and its effects on parenting
- Produced a toolkit for commissioners, outlining approaches, and models for working with families.

5. Achievements: and learning: implementing the Theory of Change

All our work is informed by our **Theory of Change**: the outcomes identified in our Theory of Change are:

- To improve family health and wellbeing, and help individuals affected by someone else's substance misuse have greater resilience
- To support organisations to offer better quality services to families, and ensure organisations supporting families know where to go for information and guidance
- To help to develop wider community cohesion and capital by enabling commissioners to implement better services for families.

How we achieve these outcomes

- a) **Improving family health and well-being, and support organisations to offer better quality services to families, and ensure organisations supporting families know where to go for information and guidance**

All our projects aim to improve families' lives. We have developed models of peer support for families affected by substance misuse in the London Boroughs of Greenwich and Newham, and we have worked on similar projects with specific groups of families. Examples of our projects include work with older carers, with kinship carers, with families with a loved one with Hepatitis C and with families experiencing mental health and addiction problems. Another example is our Bereaved Through Addiction (BEAD) peer support project, run in partnership with Cruse Bereavement Care, which provided support to 205 family members and friends who had been bereaved through drug or alcohol misuse. The fact that support was offered by people who had experienced such a loss themselves was seen as an essential component of this project. The evaluation of this work highlighted the transformational change achieved for so many family members. It also provided Adfam with a tested model of peer support.

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This work with families, and the development of delivery models, have provided us with valuable learning:

- a) **Learning:** The peer support model of recruiting volunteers as family champions to facilitate groups may not be feasible for all family members; the BEAD project, which worked with a very specific need and experience, may be an exception. We have not been successful in recruiting to the same level of engagement with other, similar projects.
Solution: as a consequence, we now work with a simplified model which we use in our funding applications: one-to-one support and befriending, on line support, information sessions and volunteering at treatment centres. We are also developing and supporting an advocacy model, supporting family members to become peer advocates who will speak out and challenge local press and politicians, rather than peer group facilitators. In addition, we will be training family members to become peers researchers, invoking them in consultations and focus groups for our projects
- b) **Learning:** all our direct work with families – testing models of practice – requires the active collaboration of the local treatment service as a referral route;
Solution: we make every attempt to engage with local practitioners, partner organisations and commissioners, from across all sectors. We engage directly with commissioners in the areas we work in.
- c) **Learning** Many treatment providers remain to be convinced of the value of working with families, and/or need to allocate sufficient resources for this work
Solution: our training and awareness raising activities – capacity building - are key to changing this situation. We now have five courses accredited by CPD, and we will launch our new *Families Plus* service to local authorities in the summer

- d) **Learning:** children and young people engaged with our projects have complex needs which benefit from therapeutic interventions
Solution: we now build in a budget for this specialist support into our bids.
- e) **Learning:** We continue to receive approximately 40 phone calls/emails per month from family members seeking help and advice. We currently refer them to other organisations which offer a helpline
Solution: we have developed a new website which has an enhanced and easily navigable search facility for families to identify local support; we also have a new forum for family peer support, together with 'talking heads' videos describing tips to help families deal with situations, e.g. setting boundaries. We will investigate the possibility of setting up an on-line direct support service.

b) Driving strategic change for families: helping to develop wider community cohesion and capital by enabling commissioners to implement better services for families.

We are recognised as having been instrumental in ensuring that the needs of families are addressed at a strategic level. Adfam's work influenced the 2010 and 2017 Drug Strategies, contributing to a shift in focus from seeing the user in isolation, to addressing the needs of those families and communities affected by substance misuse. We contribute to all relevant Government consultations, on line and in person, if requested.

We have developed our 'thought leadership' role in the sector, by:

- facilitating round table discussion events and All Party Parliamentary Group meetings on specific issues concerning families; these events give us
- evaluating all our projects and disseminating the learning widely via press and social media
- setting up the Alcohol and Families Alliance
- listening to, and keeping in touch with families, practitioners and commissioners via our:
 - a. project consolations- via Twitter, focus groups and surveys
 - b. our regional forums
 - c. our bi-monthly newsletter

Thought leadership events 2017/2018:

- Bereavement and complex needs: with CLINKS and CRUSE
- Families and gambling
- Launch of our anti-stigma campaign: July 11th
- Launch of our AFA report: Like Sugar for Adults
- Think Tank – our annual consultation with commissioners, volunteers and practitioners
- Dual diagnosis: tbc
- Kinship care: tbc

All-Party Parliamentary Groups: we have actively contributed to:

- APPG; Alcohol Related Harms
- APPG: Drugs, Alcohol and Justice
- APPG: Couple Relationships

The national events, and our regional forums have provided us with valuable learning

- a) **Learning:** all our policy and campaigning work has convinced us of the need to influence treatment providers and practitioners, and also commissioners of the importance of working with families.
- Solution:** we have produced guidance, toolkits and reports of learning from our projects, which include consultations and interviews with families and stakeholders: we use our website, social media and events to promote these materials
- *Making it Happen*: for commissioners
 - *Changing Lives*: using peer support to promote access to services for family members affected by someone else's drug or alcohol use – based on the experience of the Greenwich project
 - *Like Sugar for Adults*: The effect of non-dependent parental drinking on children and families – the AFA report, with Institute of Alcohol Studies
 - *Marks and Scars: Hepatitis C and people who inject drugs: The family experience*
 - *No one Judges You Here*: Voices of older people affected by a loved one's substance use
- b) **Learning:** All the round table, parliamentary and launch events have given us:
- an enhanced profile
 - an opportunity for press coverage and parliamentary support
 - information upon which to base new work and funding bids
 - partnership opportunities
- Solution/responses:** we continue to develop partnership opportunities and develop bids with as wide a range of organisations as appropriate, bearing in mind the need to exercise caution when finalising roles, responsibilities and budgets6.

6. Into the future: actions

- a) **Developing and extending our families work, using our Theory of Change, we will consolidate and continue to prioritise:**
- Regional engagement, and delivery, strengthening the current model of networking, promoting good practice and influencing commissioning
 - Partnerships and collaborations for research and project work, with universities
 - Seeking funding for research and policy work, with a thematic approach on topics, for example, families supporting someone with complex needs. We recognise that the highest percentage of our funding will be sourced from Trusts and Foundations, which we will pursue.
 - Exploring the opportunities to support families with a wider range of addictions, for example gambling
 - Continuing to provide 'back office' services for other organisations, including financial management and management consultancy; this demonstrates Adfam's reputation as a 'safe pair of hands'.
 - Continuing to promote and develop our training offer, and our support for local authorities in developing work with families; 5 of our courses are now accredited by CPD

- Promoting and generating income from our carers respite caravan in Hastings, Sussex, and identifying opportunities to scale up this provision.
- Continuing to reflect and adapt to environmental opportunities, for example, the Government's initiative and funding for support for children of problem drinkers.

b) Developing new initiatives: funding from The John Ellerman Foundation enables us to provide a redesigned package of support for families and practitioners which will allow us to:

- Strengthen our campaigning work, by launching an anti-stigma and families campaign in late summer 2018
- Build on our campaigning work to identify and support local ambassadors, and support families to become advocates and peer researchers
- Develop our communications and media support to our networks and community services at local and a regional level
- Offer our CPD training courses for practitioners
- Explore the possibility of providing direct expert support to family members via our website

c) Seeking new business as an alternative to Trust/Foundation funding:

- i) Our partnership with NHS Inclusion has provided us with valuable experience. We are learning how to adapt the model for future possible partnership bids and are currently working with NHS Inclusion to develop a good practice document which we hope will act as a blueprint for local authority treatment service tenders. We are also in the early stages of developing a similar business model to work with a treatment provider of young people's services.
- ii) **We are currently marketing two offers to local authorities:**

a. Families Plus, a capacity building package which comprises:

- A desk-based review of current provision for families, including an area wide survey
- 1 day's structured workshop for providers, strategic leaders and families to examine what is available for this group, identify needs and service delivery preferences, including information and advice on current practice, using Adfam's resources and toolkits
- An analysis report and a one hour presentation to a key strategic group, setting out the findings of the review and recommendations for ways forward

plus one of the following training workshops:

- Families, drugs and alcohol: an introduction
- Families, drugs and alcohol: advanced skills
- Children, parenting, families, drugs and alcohol
- Child-parent violence drugs and alcohol
- Safeguarding children from Opioid Substitute Therapy risks: a multi-disciplinary approach
- One day training for up to 15 family members in coping with a loved ones' substance misuse

- One day training for up to 15 practitioners in delivering a peer support service
- b. **Partnerships with local authorities bidding for Children of Alcohol Dependent Parents Innovation Fund.** This is a new PHE fund which PHE will finance up to 8 local authorities to implement innovative, evidence informed interventions to improve outcomes for children whose parents are dependent on alcohol. The Government is looking for sustainable models of service delivery that can be widely replicated and rolled out across the country.