



## Including diverse families: good practice guidelines

---

Developing inclusive and sensitive practice for professionals working with families affected by someone else's drug and alcohol use



**Adfam**  
Families, drugs and alcohol

# Including diverse families: good practice guidelines

---

## About Adfam

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use.

As the voice of families, we provide consultation on best practice in drug and alcohol related family work and have written several guides for professionals and commissioners.

We continue to raise awareness of the needs of families affected by drugs and alcohol and work to inform and influence government policy, the media, and national, regional and local services.

Adfam's mission is that every family member should be able to access the help and support that they need in their own right.

Adfam  
25 Corsham Street,  
London, N1 6DR  
Telephone: 020 7553 7640  
Fax: 020 7253 7991  
[www.adfam.org.uk](http://www.adfam.org.uk)  
Email: [admin@adfam.org.uk](mailto:admin@adfam.org.uk)

## Contents

Foreword > 3

Introduction > 4

---

1 Background > 5

1.1 Families, drugs and alcohol > 5

1.2 Why develop inclusive and sensitive practice > 5

1.3 Policy and legal context > 7

1.4 Common barriers to accessing services > 8

---

2 Developing inclusive and sensitive services > 9

2.1 General tips on developing inclusive and sensitive services > 9

2.2 Minority ethnic communities > 11

2.3 Rural communities > 14

2.4 Lesbian, gay, bisexual and transgender (LGBT) people > 16

2.5 Men > 19

---

3 Diversity monitoring > 22

---

Appendix A Practitioner and management audits > 24

Appendix B Action plans > 28

Appendix C Developing inclusive and sensitive practice checklists > 29

Appendix D Policy and legislative context > 33

Appendix E Resources and useful organisations > 36

---

References and further reading > 38



**I am delighted to introduce this important document which reaffirms Adfam's commitment that everyone affected by someone else's drug or alcohol use should be able to access the help and support that they need.**

Those from minority ethnic groups, lesbian, gay, bisexual and transgender people, men and people living in rural communities have often found it difficult to access services for a number of reasons. These reasons can include fear of discrimination, isolation, or simply a lack of awareness that services exist or confidence that they could help them.

As the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use, Adfam is determined to help services develop strategies and techniques to help them to address the needs of all those who need help and support. I hope that this good practice guidance will go some way to achieving that.

A handwritten signature in black ink that reads "Vivienne Evans". The signature is fluid and cursive, with a small upward flourish over the letter 'e'.

**Vivienne Evans OBE**  
Chief Executive, Adfam  
March 2010

**Drug and alcohol related family support can be a complex area of work, linking adult and children's services, and taking on a variety of forms including the provision of information, peer led support, helpline work and more structured therapeutic interventions. Family support work can also be incredibly diverse – it can solely focus on the user and their children, or on non using adult family members; some work is directed at couples – the user and their partner; or in some more rare cases whole families are involved.**

The **purpose of this guide** is to help all service providers – practitioners and managers alike – to develop inclusive and sensitive practice when working with families affected by someone else's drug and alcohol use. Services to which this might apply include substance-related family support organisations, drug and alcohol services offering family support, volunteer-led groups and organisations and generic carer networks or organisations, as well as peer-led family support groups. It should also prove useful for anyone planning to set up a family support service working with substance misuse, including family members themselves. (These organisations may also wish to use this guide in conjunction with Adfam's publications *We count too* and *Setting up a family support group*).

This guide offers **practical tips and suggestions** designed to help services develop inclusive and sensitive practice to enable them to engage and work with wider communities and under-represented groups. It draws heavily on the fieldwork of Adfam's 'Including Diverse Families' project, a 3-year programme funded by the Big Lottery Fund between 2007 and 2010. This project sought to develop the awareness, understanding and skills of existing family support services and groups to work with the following under-represented groups:

- people from minority ethnic groups
- people living in rural communities
- lesbian, gay, bisexual and transgender (LGBT) people
- men.

Adfam worked closely with family support services in the substance misuse field to identify good practice around working with these under-represented groups. Additional material was gathered through literature reviews, interviews with professionals from relevant fields and through direct consultation.

Chapter 1 of the guide sets out the context for families, drugs and alcohol work and explores the value and importance of developing inclusive and sensitive practice in services. It then provides the legal and policy context around equality and diversity in service provision and explores some of the more general barriers that individuals, communities and families face when trying to access support.

Chapter 2 begins with some general suggestions about inclusive and sensitive practice and how to develop service provision to address the needs of a variety of service users. It goes on to discuss each of the groups in turn, looking at the barriers to access and then offering targeted and specific advice on how to overcome these barriers and to address the support needs of each group.

Finally, Chapter 3 discusses the issue of monitoring, exploring how, when and why such monitoring exercises should be used and how to use them appropriately and sensitively. The appendices at the back of the guide offer example templates of checklists and other supporting documents that services might find useful to help them develop sensitive and inclusive practice.

## 1.1 Families, drugs and alcohol

Having a drug and/or alcohol user in the family can have a devastating impact on family life, arousing complex emotions, dividing family members, and weakening the foundations upon which family units are built. The stress can affect an individual's physical and psychological health, their education, housing, and employment opportunities as well as affecting their finances, relationships, social life, child development and parenting capacity.

Family members often talk about feelings such as fear and loss of control, anger and betrayal, guilt and responsibility and shame and isolation. They may experience anxiety and stress and this often means that families and carers need help in their own right to enable them to cope with what are usually ongoing and long-term issues, as opposed to just being involved in the user's treatment with no access to interventions or help for themselves.

*"My sister Emma had everything to live for until she got involved in drugs in her early 20's. Unable to break free of her addiction, she started stealing to buy drugs and was jailed. Emma died in 2002 through her heroin and alcohol use." Katie*

It is hard to accurately estimate how many people in the UK may be affected by someone else's drug and alcohol use. The often hidden nature of use and the concealment of substance misuse by family members often mean that there are large numbers of users and affected family members unknown to treatment and support services.

UK reports have estimated that as many as 17 per cent of the population are likely to be family members affected in this way. Included within this figure is an estimate that 8–12 per cent of all children are affected by parental drug and alcohol misuse (Velleman and Templeton, 2005).

But perhaps easiest to grasp is Velleman's conservative assumption that every user will negatively affect at least two close family members (Velleman, 2002). It is not difficult to appreciate that whichever statistic we rely on, we are talking about a substantial number of people with often very little access to support. To compound this, there are certain communities and groups which are under-represented in services and hence there is an opportunity for services to develop their work in this area.

## 1.2 Why develop inclusive and sensitive practice

Families often find it hard to access services due to the nature of drug and alcohol use and the stigma and shame associated with it. Families from different backgrounds may face additional difficulties due to cultural or religious traditions or societal norms, prejudices and stereotypes etc. Adfam acknowledges that one size does not fit all in the field of family support services, and that a menu of services and interventions needs to be available to meet the diverse needs of families and communities. Alongside this, it is important that family support services are aware of potential barriers that might make their services hard to reach for specific groups of people and communities.

## 1 Background

### Including diverse families: good practice guidelines

Developing inclusive and sensitive practice is about gaining an awareness and understanding of the issues faced by families from a diverse range of backgrounds and to proactively take steps to tackle perceived or real barriers faced by these communities when accessing family support. It is also about recognising diversity, respecting the fact that different families might have different needs and understanding that we need to provide support accordingly.

The *Home Office Diversity Manual* (2006) states that it is essential that diversity is not seen as an 'add-on' to the provision of services, but that it is integrated into needs assessments, commissioning and the delivery of services. **Diversity** is a legal requirement that involves sustained engagement with local communities and it is based on valuing difference and respect for people. In pursuing inclusive and sensitive provision, commissioners need to ensure that a commitment to equality of opportunity and access, anti-discriminatory practice and a value for diversity feature in the specification and criteria for commissioned services.

When establishing a new service, diversity needs to be considered at the planning stage, not just at the end. For existing services, it is important to ensure that diversity issues are introduced sensitively, and supported by all those working for the service. People who are different in one way or another should not have to minimise that difference or be forced into changing in order to be able to access the support they need – on the contrary, difference should be valued.

There are some **general measures that can be used to make anti-discriminatory practice explicit in services**, and to ensure that staff and service users know about, and act upon, these commitments:

- adopt a clear equal opportunities and anti-discriminatory statement and display it in your services
- produce a policy or action plan that sets out the measures the organisation is going to take to achieve this statement

- produce a set of procedures for staff to follow if they feel they are being treated unfairly or harassed, or what they should do if they are aware of anyone else not being treated appropriately
- make clear to service users what is expected of them i.e. not to discriminate or harass others, and what they should do if they feel they are being discriminated against
- train staff on equality and diversity issues.

Some family support services or groups are very small, with very limited resources and with little access or opportunities for staff development. Nevertheless, inclusive and sensitive practice should be aspired to by small and large, urban and rural, residential, prison and community based family support services alike. All should try to ensure that their services are easily and equally accessible by all parts of their community and that people are treated fairly, their differences recognised and respected.

Many of the practical suggestions and tips in this guide for working in an inclusive/anti-discriminatory way come directly from family support services and have been proven to work in the field. They can often be done at minimal cost.

*"Drugs can affect the self image of the carer as well as the user. I reached a stage where I began to feel as though I'd ceased to exist. The services I approached for help didn't seem very welcoming." Vanessa*

### 1.3 Policy and legal context

Recent years have seen a number of policy and legislative initiatives introduced to help reduce discrimination and improve equality of opportunity and access to services across the community. This section highlights some of the key developments in the policy field, specifically focusing on policies that impact directly on the four key strands featured in this guide. Further background on the policy and legal context of substance misuse and family support can be found in Appendix D.

Equality of opportunity and protection from discrimination have become central to Government and local policy and these protections are enshrined in a rigidly enforced legislative framework, backed up by proactive equal opportunities and diversity policies in most organisations. Some of the key developments in this field include:

#### ■ **Sex Discrimination Act (1975)**

This act makes it unlawful to discriminate on the grounds of sex, marital status or gender reassignment. It applies to men, women and gender reassigned. The Act makes discrimination unlawful in employment, education, advertising or when providing housing, goods, services or facilities.

*"Being a family member of a drug user is hard; it is much harder than what I ever thought. As a family member you worry about your partner, your children and yourself, wondering how you are going to cope with another day of worry and uncertainty." Tony*

#### ■ **1999 Sex Discrimination Act (Gender Reassignment) Regulations**

This act makes it illegal to discriminate in employment and training on the grounds of gender reassignment. Discrimination of this nature is treated as a form of sex discrimination.

#### ■ **Race Relations (Amendment) Act (2000)**

This is an extremely significant piece of legislation, amending the Race Relations Act 1976 in light of the Stephen Lawrence Inquiry report.

The RRAA extended the 1976 Act to include race discrimination in public authority functions which had not previously been covered, such as policing. More importantly, it places a general duty on public authorities to work towards the elimination of unlawful discrimination and promote equality of opportunity and good relations between persons of different racial groups.

#### ■ **2003 Employment Equality (Sexual Orientation) Regulations**

This legislation outlaws discrimination on the basis of sexual orientation. The act gives protection to lesbians, gay men, bisexuals and heterosexual people. The law means that an employer cannot treat someone less favourably because of their sexual orientation, real or perceived.

#### ■ **Gender Recognition Act (2004)**

The purpose of the Act is to provide transgender people with legal recognition in their acquired gender.

#### ■ **The Equality Act (2006)**

This legislation provides additional protection against discrimination on the grounds of sexual orientation in the provision of goods and services by public bodies. The Gender Equality Duty promotes equality of opportunity between men and women.

For more information on these acts and regulations go to [www.opsi.gov.uk](http://www.opsi.gov.uk)

### 1.4 Common barriers to accessing services

Families affected by someone else's use can often struggle to get information and support and often feel that their needs are not recognised. The sometimes scarce availability of services for family members, and the lack of permanent long term funding for many family support services, often mean that services start up and fold rapidly, or are only able to offer an inconsistent level of service.

Even where services are available, and irrespective of demographics, there are a number of common **barriers** that families will often face when trying to access support. These include:

- the stigma, shame and fear of being identified by others in the community as having a problem in the family
- isolation due to the nature of drug use and its legal position, exacerbated by often having to keep this secret from others (including their own families)
- language – this can relate to the language/jargon used by service providers, as well as relating to language used by migrant or cultural communities
- cultural views, norms and values
- uncertainties around how confidentiality policies operate and what information will be shared
- narrow and non-inclusive definitions of 'family' being used by services which might deter some family members from accessing support
- limited choice and flexibility of services, both in terms of type of service offered and opening hours/suitability of venue.

The impact of some of these barriers on families means their journey into support is often very difficult, fraught with obstacles and emotionally uncomfortable. They may end up being directed to services that are not able to help or cannot offer appropriate support, or even being sent to support groups or services that no longer exist. It is important for services

to be able to recognise the limit of its ability and expertise. Services need to have the mechanisms in place to be able to refer or signpost families to other organisations whose services might be better placed to address their needs.

The next chapters explore specific good practice suggestions around developing inclusive and sensitive practice for four under-represented groups and communities: minority ethnic communities; rural communities; lesbian, gay, bisexual and transgender (LGBT) people; and men. We explore what makes a good service for these groups and examine ways to address and overcome some of the specific barriers affecting them.

## 2 Developing inclusive and sensitive services

---

**There is an increasing recognition in the drug and alcohol family support sector that certain groups or communities have been under-represented or poorly served in terms of having their needs met by existing family support provision. This is by no means a uniform statement and there are some regions, areas and individual providers that strive to deliver an inclusive service to their communities.**

However, as outlined in section 1.3, a strong diversity agenda and new legislation supporting equality has meant, quite rightly, that ensuring services recognise and address the diverse needs of their communities is becoming important and unavoidable for attaining good service provision.

This guide focuses on the specific issues relating to **minority ethnic and rural communities, LGBT people and men**, as under-represented groups within the drug and alcohol family support/substance misuse sector\*. Sections 2.2 to 2.5 discuss specific issues relating to each of these groups of people. However, there are a number of actions that can be taken within services to address diversity issues more generally – irrespective of demographics and client group – and some of these are explored below.

### 2.1 General tips on developing inclusive and sensitive services

#### Diversity

- Offering and providing diversity **training** for staff and volunteers working at a service demonstrates not only the service's commitment to ensuring inclusive and sensitive practice, but also allows staff to develop their understanding, awareness and confidence when responding to the needs of diverse groups.
- Having a clear diversity **policy** as well as displaying clear statements that bullying, harassment and discrimination will not be tolerated and will be challenged demonstrates commitment to being inclusive.

\* Please note that men are only under represented in family support services. For drug and alcohol treatment services the under represented group is women.

#### Community engagement and consultation

- Understanding the demographics of the community through community engagement and consultation exercises is a great way to get a real picture of what is needed by different communities, and will help organisations develop and plan the services that they need to offer. These sorts of exercises need not be expensive but enable service providers to directly access the views of those that they serve. Spending time engaging with local communities helps build trust and improve relationships, as well as providing a platform to highlight the work the organisation is doing. Organisations should be creative about how and where they might access these groups in order to seek their views – perhaps make contact with local GP surgeries, community groups and organisations, local schools and religious organisations to explore potential partnerships and less formal joint working initiatives.

#### Appropriate publicity

- Whether a service is large or small, it is useful to have a clear idea about how it wants to promote what it offers. Publicity and promotion of services need not cost the earth. However, there may be a lack of awareness of available services amongst some communities, so appropriate advertising is important.

#### Develop networks and partnerships with other organisations

- Building relationships with organisations that work with similar client groups or who may come across people requiring family support e.g. domestic violence support groups, GP practices etc. enables a service to develop a wider network of organisations that it can work with so that staff can signpost or refer clients to the most appropriate organisation for them. When **signposting** to other services, organisations should ensure that they check information is up-to-date, accurate and relevant and that they regularly update information databases. If **referral procedures** are in place then it is important to

revise procedures and adhere to established protocols, especially in terms of limits to confidentiality.

- Through these networks or partnerships, organisations may be able to deliver additional services that they haven't been able to afford or resource previously. For example, some organisations have found that they have been invited to offer 'drop ins' at GP surgeries, which can prove beneficial. Word of mouth is often the best form of advertising, although the stigma and shame that families may experience, or the secrecy they attach to their loved one's drug or alcohol use, may limit the extent of this kind of publicity.

#### Develop inclusive promotional material

- Organisations that have the resources to develop and distribute promotional material for their services should think carefully about the wording and images they use. It is important to try and ensure that posters or leaflets will appeal to a broad range of the community, for example by using images that reflect the diversity of the communities the service represents, and trying to use language that is inclusive and welcoming to all.
- Services should try to advertise and display materials in places where family members are likely to go e.g. GP surgeries, post offices, library notice boards and at drug treatment providers. Some services have described writing articles for local newspapers or sector magazines, which can double as very strong advertising and is often free.

#### Confidentiality

- Whether relating to publicity or any other aspect of the service, ensuring that clients are aware of the importance that an organisation places on confidentiality, its limits and breach of it will help them feel at ease.

#### Type, location and opening times of services

- Thinking about the nature, location and opening times of the services on offer can be very important in terms of reaching different groups in

the community. Recognising, especially for smaller services, that this is often somewhat dictated by availability of staff or volunteers, and often by available budget, it may be worth considering using a neutral venue in the community where people feel comfortable attending without others knowing why they are there.

- Timing is also important for families – it may be appropriate for services to explore religious, cultural, social or employment restrictions that would make accessing services at different times of day difficult for different groups. Ask families what is right for them and take into consideration childcare issues – you might want to explore funding for childcare vouchers.
- Do not assume everyone is literate or has access to a computer and the internet. Staff/volunteers may want to ensure that the venue used is near public transport (e.g. on a bus route) to make access easier for families.

#### Welcoming environment

- A friendly approach and a welcoming environment go a long way in any service. Organisations should try to ensure waiting areas, meeting rooms etc are clean, tidy, warm and welcoming. Display relevant community publications and posters reflecting a diverse range of people and communities. This may help them feel represented, comfortable and that the service is there for them.

This section has considered some of the general actions that services can take to increase their accessibility to the community. These actions will help increase the visibility of a service in the community and will go some way to making diverse or otherwise excluded groups feel that they can safely and confidently approach a service for help and support. However, these actions alone will not always be sufficient to attract diverse client groups to a service, or indeed to ensure that those services are able to meet their needs satisfactorily once they are there.

Sections 2.2 to 2.5 focus on minority ethnic and rural communities, LGBT people and men and highlight some practical tips and ideas to help address the needs of these specific groups.

#### Key principles

There are a number of key principles that should be borne in mind when dealing with clients/service users:

- do not make assumptions about individuals and communities
- ensure families and local communities are regularly consulted on what they feel is right for them
- have an ongoing commitment to providing inclusive and sensitive services to your local communities and be prepared to demonstrate this commitment
- be aware of the policy and legislative context of what you are doing, and regularly review this to ensure your services are in keeping with requirements.

“Even if we knew that services for families existed, we probably wouldn’t have felt comfortable using them as they might not understand our culture. Mum’s English isn’t great and I don’t think half the services would know how to deal with her.” Naz

#### 2.2 Minority ethnic communities

Minority ethnic users and by default their families often face many **barriers** when trying to access services. Some of these are detailed in the National Treatment Agency document entitled *Black and minority ethnic communities in England: a review of the literature on drug use and related service provision* (2003) and include:

- the lack of acknowledgement of drug use by black and minority ethnic communities themselves; this is often associated with the stigma and shame many people attach to drug or alcohol use
- the ethnicity of staff providing services: some minority ethnic potential service users may be dissuaded from using a service if it appears to be totally staffed by white workers/volunteers
- a lack of understanding amongst service providers about other cultures or religions
- language
- lack of awareness amongst minority ethnic communities of the services and their functions
- fears about breaches of confidentiality.

This section includes practical tips that services might be able to use, and were gathered from organisations in the field who have achieved some success in working well with minority ethnic communities. As with earlier ideas in this guide, some of the good practice cost is neutral or inexpensive, and can be implemented fairly easily. We recognize that some of the suggestions do require some resources; however, any steps that services can take to make themselves more accessible to minority ethnic communities and to help adequately address their needs will be beneficial.

It is also important to recognise that the good practice in this section cannot be universally applied. **'Minority ethnic' is not a homogenous group** – it can include people from a range of ethnic backgrounds, and from different cultures, countries and religions.

If services are receiving funding from public money they have a duty under the Race Relations Amendment Act 2000 to ensure and promote equality of access to, and treatment, at your service. You may also be required by your funders to demonstrate this, and to provide information about ethnicity in your data returns.

#### Good practice when working with minority ethnic communities

There are a number of tried and tested techniques that organisations can use to provide inclusive and sensitive services for minority ethnic communities. The following list, based on Adfam's experience, includes:

##### Carry out ethnicity monitoring

- In planning and delivering a service, it is beneficial to find out about which communities exist in the locality. This is often possible by looking at the most recent census. DAATs also undertake community ethnic profiling so you might also be able to use this information. Organisations may also wish to consider initiating some diversity monitoring in their own service, and there are more suggestions on how to do this in Chapter 3. Funding from DAATs often requires you to report monitoring information.

##### Consider the benefits of having a diverse workforce

- If there is an intention to deliver a service for a specific community, organisations should consider the additional skills that an employee from that community might bring. As well as any relevant language skills, such a person may bring cultural awareness and a relevant perspective.

##### Address language barriers

- Language is important and often a barrier for ethnic minority communities to access support. Where appropriate, services may wish to consider translating resources into relevant languages. If possible partner up with local community groups to save on translation/interpreter services.

##### Understand the needs of minority ethnic clients

- It is important for service providers to recognise that not all clients want or need the same type of support. Organisations may benefit from having an understanding not only of family need, but also of extended family structures, culture, religion and language as well as an understanding of different family lifestyles.
- Gender may be an important consideration when dealing with some minority ethnic communities, as some cultures and religions place certain requirements or expectations on women that will affect their ability to access or attend certain services.
- Religion plays an important part in the lives of many minority ethnic people. Local faith organisations (e.g. churches, mosques etc) may be able to advise on the things to be aware of or think about when developing a service. For example, alcohol and drugs are prohibited in many religions and cultures so admitting there is a problem could be a huge challenge for some families.

*"My mum was really embarrassed and ashamed when she found out what my sister was doing. The neighbours started to talk. They would see her around the neighbourhood, off her face, and one of them told my mum about it, when she was at church." Jerome*

#### The need for drug education and awareness

- Minority ethnic communities need information that is relevant and accessible to them. This information needs to be culturally appropriate and also to include information about drugs or issues pertinent to that group, e.g. Somali communities may want information about Khat use. In many communities, 'harm reduction' techniques like needle exchange services can be seen as condoning drug use. Workers need to be able to explore these issues if relevant, and be able to discuss them confidently and knowledgeably.

#### Making services accessible

- Support groups may not be appropriate for some minority ethnic families due to language barriers or lack of confidence to participate in these sorts of situations. Services may need to consider one-to-one support. Think of creative ways for family members to be able to express themselves if they are not comfortable or able to express themselves in written or spoken English.
- Being aware of religious and cultural events such as Diwali and Ramadan helps schedule meetings and services accordingly. Where appropriate and possible, adapt to family customs when dealing with clients – for example, if visiting families at home follow their lead i.e. if they take their shoes off in the home.



### 2.3 Rural communities

It is well evidenced that there are some **barriers** to access for rural communities and generally they are not well served by health and social services. Rural families affected by someone else's drug and/or alcohol use may find it hard to access support services for themselves because either there are none available locally, or they are unable to access those that are available e.g. due to transport or lack of knowledge about the service.

According to Pugh et al (2007):

- those living in rural locations are less likely to receive services comparable with their urban counterparts
- rural services cost more to deliver than those in urban areas and a higher burden in the time and cost of access falls upon rural service users themselves
- the needs of some living in rural communities, especially those from minority ethnic groups, are often neglected
- broader social problems such as child abuse, domestic violence and racism may make it difficult for those who need help to access it, as victims may be more isolated or fearful of stigmatisation.

Additional problems include:

- a lack of specialist services
- isolation and a lack of companionship
- lack of privacy – or a perception that everyone in the village or community knows 'everyone else's business'
- limited access to information
- transport limitations or problems
- lack of choice or flexibility of services.

*"I felt so totally alone. I didn't know of anyone else in the village whose child was using drugs. When Mark told me he was injecting heroin, I cried and cried." Sarah*

The difficulties faced by those living in rural communities are not always a reflection of a lack of commitment to rural communities from service providers. **Those trying to provide services in rural localities may face a number of challenges** that are difficult to overcome.

These may include:

- a high unit cost per head of providing services to those in rural communities
- difficulties in consulting rural people due to their remoteness, or the difficulties in securing their attendance at regional consultation events etc.
- a lack of reliable data or evidence about the needs of people who live in rural areas
- problems with recruiting and retaining staff in rural areas, in what is often seen as an 'undesirable' field to work in (i.e. substance misuse)
- problems disseminating information
- difficulty in identifying and securing appropriate premises from which to offer family support services – local demand (and budget) is likely to be insufficient to have designated premises and there may be privacy or confidentiality issues when using shared buildings, such as the village hall or library

- poor take-up of services amongst some rural communities – this could be as a result of lack of awareness, fear of people finding out, difficulty of transport etc.
- transport and travelling times for staff can add to the financial burden of providing services in rural communities.

**Isolation** can be greater for families in rural communities so a more creative approach to the provision of support is often needed, and many services have tried to think of **innovative ways** to disseminate information and offer support e.g. over the internet. Confidentiality is paramount and many services have explored the possibility of providing outreach services because of accessibility issues in countryside areas.

"We live in a little village on the edge of the Lake District – it's 30 miles to Workington where we were told about the family support service. I can't drive, and we're not on a bus route, so when Derek's drinking got too much, and I began to feel like I couldn't cope, I didn't know what to do. I didn't know who to turn to." Margaret

#### Good practice when working with rural communities

There are a number of tried and tested techniques that organisations can use to provide inclusive and sensitive services to those living in rural communities. These include:

##### Confidentiality

- Most families have concerns about confidentiality but this may be even more pronounced in small local communities. Some families in rural communities may not want to be seen using support groups or visible services in their own geographical areas for fear of being seen using them, and through concerns over confidentiality. This can often be overcome by using neutral or shared venues such as a library or community centre and not including drugs/alcohol wording in promoting events.

##### Making services accessible

- Services have found that family members living in rural communities are more likely to attend family support services if the venue is easily accessible e.g. on a bus route or near a railway station. If a service can afford it, consider offering to reimburse bus or train fares for family members having to travel long distances to access support. Some services have adapted the times of some of their facilities (e.g. drop in centre, support group meetings etc) to coincide with local bus timetables and have found this useful in encouraging people to arrive on time and stay till the end, thereby getting the most possible value from the session.

- Adfam's *We count too* publication gives examples of diverse ways that support can be offered; a support group is not the only option.

**Internet and telephone services** can be extremely popular with those living in the countryside. Rural service providers may wish to consider offering a **mobile service** (e.g. a minibus or caravan) but need to be mindful that people may not want to be seen using such services in their own villages or towns if they are heavily branded.

- Outreach work and facilities like home visits and telephone buddyng are useful but are resource intensive in terms of staff/volunteer time, and are not always practical. Services need to ensure that they have clear and enforceable work and safety procedures in place for staff and volunteers if offering home visits.

#### Partnership working

- Services should consider linking up with non substance misuse/general carer networks in rural areas, and make contact with families through existing services e.g. church groups. These organisations or groups will have built up trust and respect with families and may make it easier for you to get your message across in a way that people are comfortable with.
- There are many issues to bear in mind when working with rural communities. They are often overlooked, especially in the field of drug and alcohol use, where it is often perceived as an urban or 'inner city' problem. Families affected by drug or alcohol use who live in the countryside are often desperate for support that they can access conveniently, safely and with confidence.

#### 2.4 Lesbian, gay, bisexual and transgender people

The Government is using the figure that between 5–7% of the population identifies as lesbian, gay or bisexual. There is anecdotal evidence to suggest that drug and alcohol use amongst the LGBT population is proportionately higher than the rest of the population, thereby indicating **an increased need for services, including family support**. Yet professionals suggest that LGBT people remain under-represented in the substance misuse and family support sector. Poor, ineffective or non-existent monitoring around sexual orientation and gender identity, along with a lack of understanding of need, perpetuates the likelihood of LGBT people remaining invisible and their needs going unmet.

The fear of **bullying, homophobia and discrimination** may deter many family members from seeking help, either where they or the family member they are concerned about is LGBT, or both.

Discussions with professionals working in the drugs, alcohol and family support fields, those working in the LGBT sector and family members identified a number of specific **barriers to accessing support** faced by LGBT people and their families. These included:

- double stigma and shame of both drug/alcohol use and sexuality in predominantly heterosexual environments
- services often use nuclear definitions of 'family' which are not seen to be inclusive of, for example, those in a same sex relationship, or close friends of LGBT individuals (who may fulfil a 'family' role) etc.
- no visible signs that reflect diversity around LGBT issues – no posters depicting same sex couples/parents and no literature openly reflecting LGBT families
- same sex parents might feel less able to access family support if they feel they are going to be judged on their parenting skills or choice of lifestyle
- services are often unsure or uncomfortable around LGBT language and terminology – what words are appropriate to use and what is offensive. Workers' inability to relate to issues and their possible uneasiness discussing same sex relationships might contribute to stigmatising families
- family support services often assume heterosexuality in their language, advertising and literature – this makes it very difficult for LGBT individuals to 'come out' and to speak openly of their relationships of family set-ups. Rare use of sexual orientation monitoring means families do not find a direct prompt to open up.

In relation to LGBT people and their families there are a number of practical tips and suggestions that will help a service develop inclusive and sensitive practice. This diagram highlights some of these tips.

### Practical tips and suggestions to develop inclusive and sensitive practice for LGBT people and their families

Have an equality and diversity policy with a specific LGBT strand

Have a broad definition of family – inclusive of same sex couples, parents and friends – and display it

Respect and understand LGBT relationships and friends

Build partnerships with relevant LGBT organisations

Offer information about drugs and alcohol that is relevant to the LGBT community

Understand the stereotypes and myths regarding LGBT people

Invite LGBT organisations to come and talk at your monthly staff meetings

Create an open environment that enables LGBT disclosure amongst service users, staff and volunteers

Have an anti-bullying and harassment policy and be prepared to employ it

Nominate a 'lead' or 'champion' to take forward LGBT issues

Do not 'out' a client in front of other colleagues, service users or family members

Have a robust confidentiality policy and spaces for people to be able to talk openly without being judged

#### Good practice when working with LGBT people

In addition to the practical tips and suggestions set out on the previous page, there are a number of issues that organisations need to be aware of and activities that they can promote to develop inclusive and sensitive practice for LGBT people and their families. These include:

##### Consultation and research

- Services may wish to explore, through community engagement and research, any possible links between sexual orientation and the coming out process, and drug and alcohol use. They should also be aware of possible associated links with mental health problems, depression, suicide and self-harming, and bullying and its impact on families.

##### Personal safety

- Family members may find it easier being open about sexuality in some circumstances than in others, for example, family members accessing prison based support services might feel less safe discussing sexual orientation and gender identity for fear of violence or abuse towards their loved ones in prison. It might take longer to reassure LGBT people to be open under these circumstances.

*"Unaware my daughter, Holly, was bisexual, I had failed to realise why she had become so deeply self conscious and withdrawn, and why she started experimenting with drugs. It did not occur to me that it was her sexuality that was causing her so much stress and unhappiness." Susan*

#### Promotion and publicity

- It is important that services provide a welcoming environment for LGBT people and their families – this can be achieved through displaying positive images and messages about LGBT people and displaying LGBT-specific literature or resources. LGBT communities, particularly gay men, are already heavily inundated with sexual health information and leaflets. Drug and alcohol family support services may wish to consider promoting their services in a similar format and in similar venues (e.g. magazine racks in gay bars).

#### Partnership working

- There is huge value in developing partnership working with the LGBT sector, acknowledging and valuing each other's expertise and using each other's strengths. It might be worth identifying cross training opportunities for workers as well as organising joint conferences or simply working with an LGBT organisation to jointly deliver workshops. It might also be worth thinking of running regular forums or events to facilitate the sharing of good practice across the drug and alcohol/family/LGBT sectors and exploring funding opportunities. Partnerships between sectors can build the evidence base for funders, giving bids a stronger and broader appeal.

#### Referral and signposting

- LGBT organisations are often working around issues such as HIV and sexual health, or rights and equality, but often have clients presenting with drug/alcohol issues – either of their own or someone close to them. Setting up an agreement for cross referrals with these organisations can help family support services access and support people who may not otherwise have felt comfortable approaching them.

#### Involving volunteers

- If a family support service is volunteer-led, or has volunteering opportunities within it, involving and recruiting LGBT volunteers can be a good way to raise the profile of the service within LGBT

communities, and to help make LGBT identities more visible. In turn, this should help improve the support a service can offer to LGBT people and their families.

The LGBT Consortium has produced a toolkit (*Involving LGBT Volunteers*) which is available online at [www.lgbtconsortium.org.uk/lgbtvolunteering](http://www.lgbtconsortium.org.uk/lgbtvolunteering) and is very comprehensive.

It is important to remember, as with minority ethnic communities, that the LGBT community is not homogenous. It includes women, men, employed and unemployed, middle and working class, young and old, BME, transgender people etc. and you should avoid generalisations.

*"Seeing a poster on the wall about LGBT people made me feel comfortable talking about my issues. I was able to open up and be myself, I trusted I would be treated the same as everyone else would." Jason*

### 2.5 Men

Men – brothers, fathers, sons and partners – can be just as adversely affected by drug and alcohol use in the family as women but might cope and respond to it in different ways. It is often the mother or female partner of a drug or alcohol user that will initially look for and access support. Male family members often either resist support or feel existing support provision is not appropriate for them, which leaves them feeling **isolated**. Many services experience difficulty in encouraging male family members to seek and access support.

Women traditionally dominate the caring professions, resulting in a significant **gender imbalance** within the social care sector. In terms of family support, this is further reflected in the clients who access the services, who are predominantly women. This can result in men feeling less encouraged to look for support.

Adfam has undertaken a series of consultations and discussion seminars with family support practitioners and family members, and a number of face to face interviews with men, and has identified a number of specific **barriers preventing men from accessing support**. These include:

- The family support sector is often perceived by men as being for women (and children) only. The disproportionate representation of women amongst staff and clients can lead men to think that support services will have a feminine atmosphere, or provide only a 'tea and sympathy' environment.
- Some services do have an overtly female focus and culture amongst staff and service users, and the term 'carer' is often seen as applying only to women and not to men. They often have a distinct lack of male staff or volunteers.

*"I felt that the treatment services didn't appreciate my role as father. I needed to talk..." Tony*

- Cultural and social norms and expectations of masculinity - adherence to dominant notions of male independence, self-reliance and strength. There is reluctance amongst men to admit to problems and seek help – men often feel that they have to fix the problem and do not want to be seen as not coping.
- Men's position within the family structure often makes it difficult for them to access family support. The difficulties might increase if they are divorced, separated and not present, not regularly in touch with the family or not allowed to be involved. Furthermore, where a step-father is on the scene, natural fathers may be excluded from accessing support.

Unfortunately, men sometimes also face additional barriers or obstacles from support staff themselves. In some situations, workers might think that men are part of the problem and male partners can often be blamed for women's use. Some support staff admitted that when supporting the mother they often 'forgot' to ask about the father and how they were coping. Sometimes the mother's negative opinion of the father is unchallenged by staff, unaware of the family's history, and others reported being discouraged to offer their support to men for fear of antagonising female service users.

In some circumstances, family support staff may feel uncomfortable or intimidated working with some men because of **intimidation, sexual or power dynamics or due to fears of unearthing domestic violence, child abuse, and/or dysfunctional relationships** and not being able to respond to these issues.

Perhaps in light of this, men are still fairly consistently under-represented and their needs regularly go unaddressed. Arguably, many services have **little or no knowledge** of what men need and how to help them. Service providers often lack the confidence to work with men in a way that they think will help.

But, it is important that services take a **proactive approach in engaging with men** to identify their needs, understand how to respond to them and then take reasonable steps to ensure their services are accessible, welcoming and suitable.

*"I wanted to be able to access some advice and support without having to go and sit around at a coffee morning, and talk about my feelings. I found out that my local family support group also puts information, leaflets, advice and contact numbers on their website, so I could access the help from home." Anthony*

#### Good practice when working with men

There are a number of issues that services need to take into consideration when working sensitively with men but also practical tips and suggestions to make services more accessible to them. These include:

#### Understanding the dynamics of providing services to men

- Services need to develop an understanding of what it is like to be a man affected by someone else's drug/alcohol use. This can be difficult in a sector with a predominantly female staff/volunteer/client base. It is important to develop an understanding of how men feel, understand, cope and deal with the situations they find themselves in.

- Practitioners should try to develop an understanding of masculinities and assumptions about men's roles in the family. In addition, men should be seen by services as an integral part of the family. They should be reassured that their needs matter, and their role is important.
- Where possible and appropriate, family support services should help men acknowledge the important and influential role that they can have in the lives of their children and help men to understand the significance of providing a positive role model for their children, and how that role might be able to influence their drug/alcohol use.
- It is important for services to develop an understanding of issues around domestic violence. Understanding the issues for men who perpetrate and/or are victims of domestic violence is extremely important in term of preserving the safety of families. It is also considered essential to have a robust domestic violence policy/strategy/approach that addresses men as both victims and perpetrators. In addition, where domestic violence is present, services need to recognise that the perpetrator and victim might be accessing the same support services and have an understanding of how this can potentially jeopardize their safety. For more information contact The Stella Project (see *contact details of this project on page 36*).
- Understand that men have a need to fix things and deny any emotions that are not masculine – it might take them longer to open up and they might prefer knowledge-based support rather than emotional support.

#### Making the service accessible

- Improve recruitment of male members of staff and encourage men to volunteer in your services
- Having well informed and well trained staff and volunteers able to address (or signpost) on legal issues e.g. child protection, domestic violence, residence orders, specialist solicitors or legal aid will be useful to the entire family, but some issues may be particularly pertinent to men

- Consult with men on how they want services to be developed
- Have flexible opening hours and develop e-resources
- Deliver workshop or seminars with 'expert' speakers
- Be prepared to hold a men only group if there is demand for it
- Be aware if the premises are overtly feminine – pay attention to the décor.

#### Promotional information and publicity

- Develop promotional literature (posters/leaflets etc) that includes positive illustrations of men, or that explicitly state that men are welcome.
- In waiting areas, provide magazines that are appealing to men.

*"I am now attending a family support group; I was a bit apprehensive at first as the group was mainly women but they did their best to make me feel welcome, and I do find it useful. But sometimes I feel that a group for men could be a good idea." Darren*

# 3 Diversity monitoring

Including diverse families: good practice guidelines

**Monitoring is the exercise of collecting statistical data, through questionnaires or surveys, to help measure performance, improvement and change and identify issues that affect staff and service users.** Monitoring the uptake of services by different groups within the community allows an organisation to examine possible inequalities of access or service provision to minority groups. This information can be used to develop strategies to remove or reduce any unfairness or disadvantage, perhaps using some of the tips and good practice suggestions set out in sections 2.2 to 2.5.

## Ethnicity

The Race Relations Amendment Act 2000 gives public authorities a general duty to promote racial equality and good race relations. Without **ethnicity monitoring**, an organisation can't clearly know whether it is providing equality of access to all service users. Whilst the duty in the Act does not require monitoring of policy and service delivery, many organisations find it difficult to show that they have met the duty without monitoring data.

If a service decides to carry out ethnicity monitoring, it is important to be clear when asking the questions, why it is asking them and how the information will be used and stored. Generally, people do not tend to object to being asked about their racial or ethnic origin if they are aware of the reasons why and are content with how the information will be used.

The Equalities and Human Rights Commission (EHRC) recommend that questions used to collect information about people's ethnic origins should be the same as, or very similar to, the question used in the **national census** (see middle column on page 6 of this document <http://www.statistics.gov.uk/census2001/pdfs/engh1.pdf>). This enables, if required, comparisons with census output data. However, forms cannot provide for every possibility, so services might also wish to consider including an 'other' option in the list, with space for respondents to write their own ethnicity.

Many organisations will use the census classification system unchanged. However, Britain's minority ethnic population is not evenly distributed across its regions and countries, and services might want to adapt their ethnic classification system to their own particular circumstances so that it includes the particular ethnic groups known to be in the area. Broad or 'headline' categories can hide important differences between groups, for example between Bangladeshis and Indians under the Asian or Asian British heading. As such, services may choose to add additional categories into their monitoring data.

## Sexual orientation

Monitoring sexual orientation can be a sensitive issue with some people strongly opposed to it and others firmly supporting it. Therefore services should not embark on sexual orientation monitoring without carefully thinking about what they are trying to achieve.

One of the main reasons for opposing **sexual orientation monitoring** is the perception that it infringes on people's private lives, and that it might expose people to unnecessary homophobic abuse and bullying. On the other hand, including this data field in the diversity monitoring process provides invaluable data that can help to determine the true needs of service users, employees and volunteers and help to design appropriate services. If an organisation does decide to monitor sexual orientation it is advisable to ensure that mechanisms have been developed to challenge homophobia and discrimination in the workplace.

Stonewall offers comprehensive advice about sexual orientation monitoring in the workplace and further information can be found at:  
[www.stonewall.org.uk/workplace/1473.asp#monitoring](http://www.stonewall.org.uk/workplace/1473.asp#monitoring)

There is currently little reliable data either for LGBT users accessing drug and alcohol treatment services, or for their partners and families accessing family support services. Services wishing to collect sexual orientation data must be prepared to consider investing in staff training to make sure they are comfortable and skilled to elicit information in a sensitive way.

When designing monitoring forms or questionnaires, Stonewall recommends that the question is best phrased in the following way:

*What is your sexual orientation?*

*Bisexual*

*Gay man*

*Gay woman/lesbian*

*Heterosexual/straight*

*Other*

*Prefer not to say*

When asking these questions, clients should be reminded of the confidentiality policy that exists at the service, and should be reminded that they have the right to refuse to answer the question should they so wish, without compromising the support they will receive. Asking the question confidently and clearly can help avoid any perceived embarrassment about the issue, however if the client reacts negatively to the question, staff can use the opportunity to explain the organisation's equality and anti discrimination policies.

It is also important to be clear and provide explanations as to why the services are interested in monitoring sexual orientation i.e. to raise LGBT visibility amongst staff, volunteers and services users, to enable people to come out, to identify hidden needs, to plan service delivery etc.

#### Gender identity

Gender identity is not to be confused with sexual orientation and monitoring of these two different areas should not be linked. Organisations might be interested in monitoring gender identity of people among their staff or client group to show that they are complying with new equalities law such as the Public Sector Gender Duty. However, services must make sure before they embark on gender identity monitoring that they understand the concepts and rationale behind it. For more information read *Gender Identity and Employment Monitoring – best practice recommendations June 2007* from [www.csra-uk.org.uk/Library/Gender%20Identity%20and%20Employment%20Monitoring%20-%20Recommendations.pdf](http://www.csra-uk.org.uk/Library/Gender%20Identity%20and%20Employment%20Monitoring%20-%20Recommendations.pdf)

# Appendix A: Practitioner and management audits

Using staff and management audits to assess attitudes, knowledge and practice around diversity and inclusive and sensitive provision can help organisations plan and deliver better services. Audits can often be in the form of a questionnaire to staff or managers about their level of training, experience or competence in working with diverse communities. The example forms below, of a practitioner's audit and a manager's audit, relate specifically to ethnicity but could be easily adapted to assess levels of awareness or competence in working with any diverse group, such as LGBT people, rural communities or men. When completing such audits, staff should be encouraged to be as honest as possible, as the audit can increase their own professional development as well as being beneficial to the service and its clients.

*The following audits and action plans are adapted from Turning Point training material.*

## Practitioner audit – ethnicity

Have you had training on race issues that is relevant to your work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
How would you rate the quality of that training?	Excellent <input type="checkbox"/>	Good <input type="checkbox"/>	Fair <input type="checkbox"/>	Poor <input type="checkbox"/>	N/A <input type="checkbox"/>	
Do you think that ethnic minority people/families may have differing needs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>			
How important is it to be aware of your service users' culture, ethnicity, language and religion?	Very important <input type="checkbox"/>	Important <input type="checkbox"/>	Somewhat important <input type="checkbox"/>	Not important <input type="checkbox"/>		
Have you ever had supervision specifically related to ethnic minority people/families support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
How familiar are you with other health and social support resources for ethnic minority people/families? (Services, social venues, internet etc.)	Very familiar <input type="checkbox"/>	Somewhat familiar <input type="checkbox"/>	Not familiar <input type="checkbox"/>			
Do you routinely ask your service users about their ethnic background?	Always <input type="checkbox"/>	Most of the time <input type="checkbox"/>	Some of the time <input type="checkbox"/>	Never <input type="checkbox"/>		
What percentage of your service users over the past year were from the ethnic minority community?	None <input type="checkbox"/>	1-25% <input type="checkbox"/>	26-50% <input type="checkbox"/>	51-75% <input type="checkbox"/>	76-100% <input type="checkbox"/>	Don't know <input type="checkbox"/>
How would you normally work with clients/families from ethnic minority communities?	Support in the usual way <input type="checkbox"/>	Refer to a colleague <input type="checkbox"/>	Refer to another agency <input type="checkbox"/>	Other <input type="checkbox"/>		
Does your organisation offer any specialist services for ethnic minority people/families?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
Is your management team knowledgeable about issues affecting ethnic minority people/families?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>			
Are your co-workers knowledgeable about issues affecting ethnic minority people/families?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Don't know <input type="checkbox"/>			

Answers from staff audits can be used to develop personal action plans for staff. These are explored in Appendix B.

Obviously, as highlighted, the example practitioner audit given above focuses on the skills and capabilities of staff when dealing with issues of **ethnicity**. When auditing for any other minority or under-represented group (e.g. for the other strands explored in this guide) you will want to consider whether any of the types of questions above are unsuitable, or should be revised. For example, if undertaking an audit about **LGBT communities** you might wish to ask staff about their comfort in discussing same-sex relationships, their levels of understanding around issues such as HIV/sexual health as it relates to substance use, or simply about awareness of appropriate language. When considering **rural communities**, it might be pertinent to ask your staff about their understanding or awareness of local transport networks or about how to respond to family members presenting with feelings of loneliness or isolation.

### Practitioner audit – ethnicity (continued)

Does your organisation display material (leaflets, posters, magazines etc.) that reflects ethnic minority people/families?

Yes  No

Does your organisation have any links with ethnic minority community organisations?

Yes  No

Does your organisation reflect the ethnicity of the local community?

Yes  No  Don't know

Who should take responsibility for including ethnic minorities groups in your organisation?

Management  You  Everyone

How well do you feel you could support a family member who has been a victim of racism or hate crime?

e.g. verbal or physical abuse, harassment etc.

Very well  Good  Fair  Unsure

How well do you feel you could support ethnic minority families on issues affecting them e.g. use of certain drugs like Quat, increased levels of stigma and shame?

Very well  Good  Fair  Unsure

What priority do ethnic minority issues have for you in the workplace? High  Medium  Low  None

Overall, how would you rate your own knowledge of issues affecting ethnic minority people/families?

Excellent  Good  Fair  Poor

Alongside practitioner audits, it is useful to undertake a **management audit**. From the results of both these audits, organisations should be able to identify those areas of experience, training or understanding that are deficient in the service, either from a staff capability perspective or strategically/organisationally. The example management audit opposite corresponds to the practitioner audit example given above. Again, when auditing for any other under-represented group you will want to consider whether the questions should be re-framed in any way.

### Manager audit – ethnicity

Has your organisation had training on race issues that is relevant to your work? Yes  No

Is that training available to staff at all levels? Yes  No

Is that training compulsory? Yes  No

How would you rate the quality of that training? Excellent  Good  Fair  Poor

Do you think that ethnic minority people/families may have differing needs? Yes  No  Unsure

How important is it to be aware of your service users' ethnicity?  
Very important  Important  Somewhat important  Not important

Have you ever had delivered supervision specifically related to supporting ethnic minority people/families?  
Yes  No

Does your organisation monitor ethnicity? (If not, you may want to think about why, and the benefits of implementing this procedure)  
Yes  No

What percentage of your service users over the past year were from ethnic minority communities?

Does your organisation offer any specialist services for ethnic minority people/families? Yes  No

Does your organisation provide any partnership work with other agencies to target the needs of ethnic minority people/families? Yes  No

Has your organisation undertaken any local research into the needs of ethnic minority people/families?  
Yes  No

Does your organisation display material (leaflets, posters, magazines etc.) that reflects ethnic minority people/families? Yes  No

**Manager audit – ethnicity (continued)**

Does your organisation reflect the ethnicity of the local population? Yes  No  Unsure

Do your organisation's public statements e.g. policy, leaflets, advertising, recruitment etc. convey positive images of ethnic minority people? All  Some  None

Does your anti-harassment policy cover racism? Yes  No  Unsure

Do you include your organisation's race equality policy in staff induction procedures? Yes  No  Unsure

Do your grievance and disciplinary procedures allow you tackle racism effectively? Yes  No  Unsure

Does your service user complaints procedure allow you to effectively deal with a claim alleging racism? Yes  No  Unsure

When recruiting do you take positive action to encourage applications from ethnic minority applicants? Yes  No

When submitting funding applications to commissioners do you demonstrate how you will meet the needs of ethnic minority service users? (Note that this may be helpful in funding applications.) Yes  No  Unsure

## Appendix B: Action plans

From the results of your practitioner and management audits (see Appendix A) it should be possible to identify areas of knowledge or practice (of your own, your staff members or your organisation) where you feel there is room for improvement. These issues can then be used as the basis for an action plan, which sets out actions to be taken, by whom, and in what proposed timescale, to help improve performance and delivery and to increase the accessibility and user-friendliness of your service to diverse groups. Action plans, where possible, should also consider the potential resources needed to deliver the proposed actions. This might include staff time, stationery/printing costs, training costs etc.

Action plans can be individual (i.e. related to the personal performance of a staff member, and their individual training and development needs) or can relate to the broader strategic, structural or organisational direction of the service, drawn up by management or the trustees to help drive the organisation to deliver more inclusive and sensitive practice.

Personal action plans for individual staff members should be discussed and drawn up in conversation with the staff member, and with their agreement, rather than handed down to them by management. This helps ensure buy in and support for the plan from staff, and fosters a sense of shared responsibility around diversity throughout the organisation.

The example opposite shows the type of format that an action plan might take.

### Sample action plan

Action point	Who?	Resources needed	Timescale
Build up references of local and national ethnic minority support services	Myself + 1 other colleague	Internet research Community magazines and newspapers	2 months

# Appendix C: Developing inclusive and sensitive practice checklists

When assessing your service (or indeed when setting up a new service) the checklist here can be a useful tool to measure your service against. Depending on what it is that you are trying to deliver, the example checklist will cover all bases, and you may not tick all the boxes. The example is just that – an example – and you will want to add or remove things from it depending on what you are trying to achieve. Where issues that are particularly pertinent to a specific diversity strand are important, these have been highlighted

## Sample checklist for delivering inclusive and sensitive practice to minority or under-represented groups

### Policies

- Policies should include a **broad definition of family** – including single parents (fathers or mothers), inclusive of same sex couples and parents and including extended family members e.g. grandparents
- Organisations should have a clear **confidentiality policy** of which service users are made aware
- Organisations that work with parents or children should ensure that they have a clear **child protection policy**
- Organisations should have a **domestic violence policy**. This should be able to be used to address both male and female violence and violence between same sex partners, and the issue of working with family members who might be both a victim and a perpetrator of violence. It might also need to cover ensuring the safety of a partner who may be accessing the same service as their perpetrator
- Organisations should have a high profile, robust and enforceable **equality and diversity policy**
- Organisations should have an **anti-bullying/harassment policy** and be committed to anti-discriminatory practices in recruitment, training and career progression
- Services may need to have a **user involvement policy**
- Managers should operate an effective **drug and alcohol policy** for staff and service users
- Services should have a clear, effective and accessible **complaints policy**
- Recruitment policies** should be clear and reflect legislation and good practice around diversity
- If your service utilises volunteers, you should have a clear **volunteer policy** covering such issues as volunteer roles, recruitment, training, expenses etc.
- Staff should be aware of and offered training on all policies and processes that apply to them and their work

Sample procedures checklist for delivering inclusive and sensitive practice to minority or under-represented groups.

**Particular to LGBT**

Practitioners should not 'out' service user to family members or other service users

**Particular to ethnic minorities**

Services should have procedures in place that staff and clients are aware of for when interpretation services are needed

**Particular to men**

Develop gender awareness issues amongst staff

## Procedures

- Families and carers should be told, at the earliest opportunity, about the type, level and nature of the support your service can provide. This will help improve satisfaction of clients through managing their expectations, and also help reduce unreasonable requests on staff for support that they cannot, or should not, deliver
- Display clear statements that racism, bullying, harassment and victimisation will not be tolerated. Where discrimination or bullying does take place, it should be dealt with promptly, consistently and robustly
- Needs and risk assessments should be carried out with/on family members/carers where appropriate or possible. Services should be prepared to respond to any potential disclosures or findings from these assessments
- The language used in monitoring and assessment tools, publicity, forms and interviews is inclusive of diverse lifestyles and family relationships
- Staff and volunteers have access to appropriate diversity training
- Referral, assessment and care planning tools take account of clients' diversity, language etc
- Organisations should undertake local research into the needs of diverse communities and families
- Where possible, services should operate some services out of working hours or at weekends
- Where possible or appropriate, services might offer specific services for some communities/needs. This would be determined by research of local needs and community engagement
- Services should be able to provide or signpost information about drugs and alcohol/families which is relevant and appropriate to the LGBT community and/or minority ethnic communities, including information in different languages

Sample checklists for delivering inclusive and sensitive practice to minority or under-represented groups.

### Referrals

- Services, where appropriate, should develop partnerships and referral arrangements with other agencies and organisations dealing with issues around LGBT communities, minority ethnic communities, domestic violence, child protection, men, rural communities, and other diversity strands
- Any referral arrangements with other organisations need to include procedures and strong guidance on information sharing protocols and what to do in case of a breach to the confidentiality policy
- Particular to men:** There should be clear referral procedures in place to refer men to 'perpetrator' groups and other appropriate services such as the Respect phoneline

### Resources and materials

- Where possible, services should display positive messages and images of diverse communities, including LGBT people, men and minority ethnic groups
- Publications and literature should address the needs of diverse groups
- Where possible stimulate informal support networks
- Particular to ethnic minorities:** You have information in different languages to reflect the local community

### Partnership working

- Organisations should develop partnership working with local domestic violence forums, local LGBT and/or minority ethnic forums and/or groups specifically for me
- Where relevant, services should work in partnership with local Social Services and Safeguarding Children Boards

Sample checklist for delivering inclusive and sensitive practice to minority or under-represented groups.

### **Monitoring and planning of services**

- Organisations should undertake practitioner and management audits on diversity and develop action plans to address deficiencies or gaps in service provision
- Where services intend to undertake diversity monitoring, staff are provided with adequate training to be able to carry this out and service users are given clear information about what the data is to be used for
- Services should consider gathering service user satisfaction and involvement information
- Services may wish to have a nominated diversity 'lead' or 'champion'
- Service users that represent the community are consulted and involved in the planning and delivery of your services

# Appendix D: Policy and legislative context

---

Section 1.3 of this document sets out the policy and legislative context surrounding work on equality and diversity but in addition to those outlined, practitioners may find it useful to familiarise themselves with some of the following documents:

## Substance misuse

### ■ National Drug Strategy: Protecting Families and Communities

**2008** The ten-year strategy sets out Government aims for the next ten years in drug treatment and prevention, which include objectives for meeting families' and carers' needs.

<http://drugs.homeoffice.gov.uk/publication-search/drug-strategy/drug-strategy-2008>

### ■ National Treatment Agency for Substance Misuse: Supporting and Involving Carers 2008

The NTA previously produced guidance for *Commissioning services for the families and carers of drug and alcohol misusers* (2003). In September 2008 the NTA published *Supporting and involving carers – A guide for commissioners and providers* which gives best practice guidance for local commissioners to provide services to support the carers and family members of people with problematic drug use. This was developed with the support and input of Adfam and the Princess Royal Trust for Carers.

[www.nta.nhs.uk/areas/users\\_and\\_carers/supporting\\_and\\_involving\\_carers.aspx](http://www.nta.nhs.uk/areas/users_and_carers/supporting_and_involving_carers.aspx)

### ■ NICE guidelines CG51: Drug Misuse – Psychosocial Interventions

The National Institute for Health and Clinical Excellence (NICE) guidelines form an important part of the useful literature on families affected by substance misuse and are often referenced to demonstrate the need for, and effectiveness of, family support.

<http://guidance.nice.org.uk/CG51/NiceGuidance/pdf/English>

### ■ We Count Too – good practice guide and quality standards for work with family members affected by someone else's drug use

This Adfam guide (2nd edition published in 2009) is important as it provides practical guidance on good practice in developing and running a range of services for families affected by drug use.  
[www.adfam.org.uk](http://www.adfam.org.uk)

### ■ Hidden Harm (2003)

This report studied the impact of parental drug use on children and young people. It set out the findings of an inquiry carried out by the Advisory Council on the Misuse of Drugs (ACMD) focusing on children in the UK with a parent, parents or other guardian whose drug use has serious negative consequences for them and those around them.  
<http://drugs.homeoffice.gov.uk/publication-search/acmd/hidden-harm>

### ■ Drug Misuse and Dependence: UK Guidelines on Clinical Management (2007)

In 2007, this document was produced by the Department of Health and makes dozens of references to families and carers and accepts that drug use can place an enormous strain on the families of drug misusers.  
[www.nta.nhs.uk/publications/documents/clinical\\_guidelines\\_2007.pdf](http://www.nta.nhs.uk/publications/documents/clinical_guidelines_2007.pdf)

### ■ Drug Misuse: Opioid Detoxification (2007)

This recommends supporting families and carers, and gives specific guidance on how families and carers may be able to support people with drug problems and get help for themselves.

<http://guidance.nice.org.uk/CG52>

## Families and carers

### **National Strategy for Carers – Carers at the heart of 21st century families and communities** (2008)

The Strategy specifically includes carers of people with problematic substance use in its proposed pan-government definition of the term 'carer' and states that Local Authorities have a duty to offer carers' assessments to the carers of problematic substance users.

[www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH\\_085345](http://www.dh.gov.uk/en/publicationsandstatistics/publications/publicationspolicyandguidance/DH_085345)

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

introduced Carers Assessments, which allowed carers to request a social services assessment of their own needs.

[www.opsi.gov.uk/ACTS/acts1995/ukpga\\_19950012\\_en\\_1](http://www.opsi.gov.uk/ACTS/acts1995/ukpga_19950012_en_1)

### **Think Family: Improving the life chances of families at risk** (2008)

This was published in 2008 as part of the Families At Risk Review by the Social Exclusion Task Force. It was intended to address the needs of families at risk from a range of factors including substance misuse. The fundamental principle is that individual needs should be looked at in the context of the whole family. It states: Excellent children's services and excellent adults' services are not enough in isolation. To transform life chances and break the cycle of disadvantage, services must go further. They must 'think family'. This is particularly relevant to the task of commissioning a substance misuse treatment system for a local area which will be responsive to needs, 'joined up' and therefore effective.

The importance of all service providers adopting a 'think family' approach cannot be over-emphasised.

[www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/families\\_at\\_risk.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/families_at_risk.aspx)

## Equality and diversity

### **Race Relations Act** (1976)

The Act prohibits discrimination on racial grounds in the areas of employment, education, and the provision of goods, facilities, services and premises.

[www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1976/cukpga\\_19760074\\_en\\_1](http://www.opsi.gov.uk/RevisedStatutes/Acts/ukpga/1976/cukpga_19760074_en_1)

### **Equality Act** (2000)

The Act has four key elements as follows:

- To establishes a single Commission for Equality and Human Rights by 2007, which replaces the three existing commissions (the Equal Opportunities Commission (EOC), the Commission for Racial Equality (CRE), and the Disability Rights Commission (DRC))
- Create a duty on public authorities to promote equality of opportunity between women and men ('the gender duty'), and prohibit sex discrimination and harassment in the exercise of public functions.
- Make unlawful discrimination on the grounds of religion or belief in the provision of goods, facilities and services and education.
- Enable provision to be made for discrimination on the grounds of sexual orientation in the provision of goods, facilities and services and education.

[www.opsi.gov.uk/ACTS/acts2006/en/ukpgaen\\_20060003\\_en\\_1](http://www.opsi.gov.uk/ACTS/acts2006/en/ukpgaen_20060003_en_1)

More information on race, disability and sex discrimination can be found on the Equality and Human Rights Commission website as of 1 October 2007 the three equality commissions merged into the new Equality and Human Rights Commission [www.equalityhumanrights.com](http://www.equalityhumanrights.com)

**■ Employment Equality (Religion or Belief) Regulations (2003)**

In December 2003, the Employment Equality (Religion or Belief) Regulations came into force, covering discrimination, harassment and victimisation in work and vocational training on grounds of perceived as well as actual religion or belief.

[www.opsi.gov.uk/si/si2003/20031660.htm](http://www.opsi.gov.uk/si/si2003/20031660.htm)

**■ Employment Equality (Sexual Orientation) Regulation (2003)**

These regulations cover discrimination, harassment and victimisation in work and vocational training on the basis of sexual orientation. They make it unlawful to deny people jobs because of prejudice about their sexual orientation. They enable individuals to take prompt and effective action to tackle harassment, and enable people to have an equal chance of training and promotion, whatever their sexual orientation.

[www.opsi.gov.uk/SI/si2003/20031661.htm](http://www.opsi.gov.uk/SI/si2003/20031661.htm)

**■ Civil Partnership Act (2004)**

The creation of rights equivalent to marriage for same sex couples who officially register their partnership through the same process as a heterosexual couple marrying at a registry office.

[www.opsi.gov.uk/acts/acts2004/ukpga\\_20040033\\_en\\_1](http://www.opsi.gov.uk/acts/acts2004/ukpga_20040033_en_1)

**■ Racial and Religious Hatred Act (2006)**

This act makes provision for offences relating to stirring up hatred against persons on racial or religious grounds. The Act seeks to stop people from intentionally using threatening words or behaviour to stir up hatred against somebody because of what they believe.

[www.opsi.gov.uk/acts/acts2006/ukpga\\_20060001\\_en\\_1](http://www.opsi.gov.uk/acts/acts2006/ukpga_20060001_en_1)

**■ The Equality Bill (2008)**

The new Equality Bill was announced in the Queen's Speech on 3 December 2008 and is being used to strengthen protection, advance equality and simplify the law. The bill places a new equality duty on public bodies, which will bring together existing duties and extend to them to gender reassignment, age, sexual orientation and religion or belief. The Bill will contain powers to outlaw unjustifiable age discrimination in goods, facilities and services. The Government Equalities Office (GEO) is responsible for the Government's overall strategy on equality. The GEO published *Framework for a Fairer Future – the Equality Bill*, which outlines the steps to implement the duties.

# Appendix E: Resources and useful organisations

---

## Adfam

Adfam is the national umbrella organisation working to improve the quality of life for families affected by drug and alcohol use.

[www.adfam.org.uk](http://www.adfam.org.uk)

## Alcohol Concern

Information on local alcohol support services, fact sheets and details of new research for people and their families with alcohol related problems.

Tel 020 7264 0510

[www.alcoholconcern.org.uk](http://www.alcoholconcern.org.uk)

## Antidote – Hungerford Drug Project

Lesbian, gay, bisexual and transgender drug and alcohol project providing information and support on safer use.

[www.thehungerford.org](http://www.thehungerford.org)

## Broken Rainbow

Broken Rainbow is a UK-wide service offering support to lesbian, gay, bisexual, and transgender victims and survivors of domestic violence and abuse.

[www.broken-rainbow.org.uk](http://www.broken-rainbow.org.uk)

## Carers UK

Carers UK is the voice of carers and help improve carers' lives by providing information and advice and by campaigning for change.

[www.carersuk.org](http://www.carersuk.org)

## Equality and Human Rights Commission

Independent statutory body established in 2007 to help eliminate discrimination, reduce inequality and protect human rights, Deals with the six equality strands; sexual orientation, gender, race, disability, faith and age.

[www.equalityhumanrights.com](http://www.equalityhumanrights.com)

## Fatherhood Institute

Fatherhood Institute is the UK's fatherhood think-tank. They collate research on fatherhood, help shape the government's family policy, influence the public debate on fathers and offer training to family services on how to be father-inclusive.

[www.fatherhoodinstitute.org](http://www.fatherhoodinstitute.org)

## FFLAG

Families and Friends of Lesbians and Gays is a continually growing national voluntary organisation providing telephone support as well as holding regular meetings for parents and friends of lesbian, gay and bisexual people.

[www.fflag.org.uk](http://www.fflag.org.uk)

## IMAAN

IMAAN is a social support group for LGBT Muslims, their families, friends and supporters and those questioning their sexuality and gender identity.

[www.imaan.org.uk](http://www.imaan.org.uk)

## LGBT Consortium

The Consortium of Lesbian, Gay Bisexual and Transgendered Voluntary and Community Organisations (The Consortium) is an infrastructure organisation that operates as a national body that has greater understanding of the needs of LGBT organisations and groups and works to sustain LGBT issues on the agenda.

[www.lgbtconsortium.org.uk](http://www.lgbtconsortium.org.uk)

## Naz Project London

Naz Project London (NLP) provides sexual health and HIV prevention and support services to targeted Black and minority ethnic (BME) communities in London.

**Pace**

PACE is London's leading charity promoting the mental health and emotional wellbeing of the lesbian, gay, bisexual and transgender community.

[www.pacehealth.org.uk](http://www.pacehealth.org.uk)

**Press for Change**

Press for Change is a political lobbying and educational organisation. They campaign to achieve equality and human rights for all trans people in the United Kingdom, through legislation and social change.

[www.pfc.org.uk](http://www.pfc.org.uk)

**Princess Royal Trust for Carers**

Providing legal rights, factsheets, sources of support and information for carers.

[www.carers.org](http://www.carers.org)

**Race on the Agenda**

Race on the Agenda (ROTA) is one of Britain's leading social policy think-tanks focusing on issues that affect Black, Asian and minority ethnic (BAME) communities. Originally set up in 1984, ROTA aims to increase the capacity of BAME organisations and strengthen the voice of BAME communities through increased civic engagement and participation in society.

[www.rota.org.uk](http://www.rota.org.uk)

**Reaching Out Project – Birmingham**

Reaching Out is a multifaceted drugs and alcohol project providing education and awareness, screening and referral, hand holding and confidential helpline service to Black and minority ethnic (BME) communities within the City of Manchester. The project seeks to empower Black and Minority Ethnic (BME) people to become better informed and more resistant to the harms caused by drugs and alcohol.

[www.blackhealthagency.org.uk/drupal/reaching](http://www.blackhealthagency.org.uk/drupal/reaching)

**Regard**

We aim to raise awareness of disability issues within the Lesbian, Gay, Bisexual and Transgendered (LGBT) communities.

[www.regard.org.uk](http://www.regard.org.uk)

**The Stella Project**

The leading agency addressing drug and alcohol related domestic violence and abuse in London. They have produced a toolkit with good practice guidelines for workers and frontline managers in the drugs, alcohol and domestic violence fields.

[www.gldvpstellaproject.org.uk](http://www.gldvpstellaproject.org.uk)

**Stonewall**

Stonewall working for equality and justice for lesbians, gay men and bisexuals.

[www.stonewall.org.uk](http://www.stonewall.org.uk)

**Terence Higgins Trust**

Information, care and support, and health promotion for all people affected by HIV and AIDS. They also run specific groups for drug and alcohol issues.

[www.tht.org.uk](http://www.tht.org.uk)

**WWM – Working with men**

Working with men support, advise and advocate for men/boys and those working with them on a variety of issues relating to health, education, crime, underachievement, fatherhood and homelessness.

[www.workingwithmen.org](http://www.workingwithmen.org)

### Substance misuse

*Drug Misuse and Dependence: UK Guidelines on Clinical Management*  
Department of Health (England) and the devolved administrations  
(2007) London

*Drugs: Protecting Families and Communities*  
Home Office (2008) London

*Drug Misuse: Opioid Detoxification* (NICE clinical guideline 52)  
National Institute for Health and Clinical Excellence (2007). London

*Drug Misuse: Psychosocial Interventions* (NICE clinical guideline 51)  
National Institute for Health and Clinical Excellence (2007). London

*Models of Care for Treatment of Adult Drug Misusers*  
National Treatment Agency for Substance Misuse (2002). London

*Alcohol Use and Misuse*. Velleman R and Templeton L  
In Ewles L (ed) *Key Topics in Public Health*. (2005) Oxford: Elsevier

### Families, carers and substance misuse

*We Count Too: good practice and quality standards for work with family members affected by someone else's drug use*  
Adfam (2009) London

*Setting up a family support group*  
Adfam (2009) London

*Commissioning services for the families and carers of drug and alcohol misusers* National Treatment Agency for Substance Misuse (2003) London

*Supporting and Involving Carers – A guide for commissioners and providers*  
National Treatment Agency for Substance Misuse (September 2008) London

*The involvement of users and family members*  
National Treatment Agency for Substance Misuse (March 2008) London

*Family Interventions in Substance Misuse*  
Velleman R (2002)

### Ethnic minority further reading

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

Fountain J, Bashford J, Winters M, Patel K  
Lancaster: Centre for Ethnicity and Health, (2003)  
[www.uclan.ac.uk/facs/health/ethnicity/reports/documents/BMELiteraturereview.pdf](http://www.uclan.ac.uk/facs/health/ethnicity/reports/documents/BMELiteraturereview.pdf)

*Community engagement: report 1: the process*  
Winters M, Patel K

Department of Health's black and minority ethnic drug misuse needs assessment project,

University of Central Lancashire Centre for Ethnicity and Health  
[www.uclan.ac.uk/facs/health/ethnicity/reports/documents/rep1comeng1.pdf](http://www.uclan.ac.uk/facs/health/ethnicity/reports/documents/rep1comeng1.pdf)

*Community engagement: report 2: the findings*  
Bashford J, Buffin J, Patel K

Department of Health's black and minority ethnic drug misuse needs assessment project,

University of Central Lancashire Centre for Ethnicity and Health  
[www.uclan.ac.uk/facs/health/ethnicity/reports/documents/rep2comeng2.pdf](http://www.uclan.ac.uk/facs/health/ethnicity/reports/documents/rep2comeng2.pdf)

*Delivering drug services to black and minority ethnic communities'*  
Sangster D, Shiner M, Patel K, Sheikh N  
London: Home Office (2002)  
[www.drugs.gov.uk/publication-search/dpas/DPASPaper161.pdf](http://www.drugs.gov.uk/publication-search/dpas/DPASPaper161.pdf)

*Working with young people from black and minority ethnic communities and their families and carers*

Drug Education Prevention and Information Service, DrugScope. Department of Health UK (2004) London  
[www.drugscope.org.uk/uploads/projects/documents/depisbme.pdf](http://www.drugscope.org.uk/uploads/projects/documents/depisbme.pdf)

### Rural communities

*Obstacles to using and providing social care*  
Pugh R, Scharf T, Williams C, Roberts D September 2007 SCIE

### Journeys booklets

Adfam have produced a series of booklets that explore the specific needs and problems faced by different family members affected by someone else's drug and/or alcohol use.

In the two most recent *Journeys* booklets the first explores the issues faced by men (fathers, grandfathers, brothers or partners) affected by someone else's substance use and the second focuses on the experiences of LGBT people and the parents of LGBT children.



### Adfam posters

These posters have been produced as part of Adfam's 'Including Diverse Families' project. They are designed specifically to help organisations reach out to under-represented groups within the drug and alcohol family support sector – minority ethnic communities, men and LGBT people.

To order these booklets or posters please visit Adfam's website [www.adfam.org.uk](http://www.adfam.org.uk) or email [publications@adfam.org.uk](mailto:publications@adfam.org.uk)

