

NEWS  
AND BEST  
PRACTICE IN  
SUPPORTING  
FAMILIES  
AFFECTED BY  
DRUGS AND  
ALCOHOL

# families up front

DEC 2011 – FEB 2012 ISSUE 3

- > **In focus: criminal justice**
- > **Working with families bereaved by addiction**
- > **HMP Peterborough: an in-depth case study**



Adfam

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“it's important to ask whether and why families bereaved by addiction are reluctant to come forward”

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“someone even slept on a bench outside the prison overnight so they did not miss the chance to spend a day with their partner”

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## Adfam's services include:

- Policy briefings to help keep the sector better informed
- Training for families and professionals to be better motivated
- Publications for different family members and people working with them
- Consultancy around providing the best possible services for families
- Regional forums for family support professionals to be better together

## Support+

Adfam's new Support+ package will also support professionals to be:

- Better supported by the peer support forum for family support workers
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Visit [www.adfam.org.uk](http://www.adfam.org.uk) for more details.

# Welcome



**A**S usual, this copy of *Families UpFront* includes an in-depth look at a key issue for family support providers – in this case criminal justice concerns, starting on page 10 – as well as contributions from local services. *Notes from the community*, on page 5, explains how family support and drug treatment can be combined effectively; and our interviews on pages 6–7 examine drug-related bereavement, another issue Adfam sees as incredibly important.

The term ‘family’ means different things to different people, and it can be hard for families affected by drugs and alcohol to get a look in in this crowded area. Recently I was pleased to contribute to the Family and Parenting Institute’s *Where now for UK parenting?* project, which gathered experts from across the field of family policy – including the Fatherhood Institute, the Mothers’ Union, Grandparents Plus and Working Families – to write opinion pieces on the pressures on modern parenting. I wanted to concentrate on the grey areas between drug and alcohol policy on the one hand, and children and family policy on the other, with neither giving due prominence to families affected by substance use.

The key question was whether families affected by substance use are part of a specialist or mainstream agenda. Our view is that work with these families requires a very specific skillset and a workforce confident in dealing with the complex issues it involves; however, we need to ensure that staff in ‘universal’ and mainstream services are better trained to ask the right questions, recognise the signs and intervene early to improve outcomes. ‘Mainstream’ services are often in the most regular contact with these families, whether they know it or not, and we are working hard to ensure drug and alcohol issues are given the emphasis they need amongst the political focus on ‘problem families’.

*Vivienne Evans*

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

→ You can find Adfam’s contribution, as well as the other essays, at [www.familyandparenting.org](http://www.familyandparenting.org)

## All babies count campaign launched

The NSPCC has launched a new campaign, *All babies count*, to highlight the risks to children under one in households where there are problems with substance use, domestic violence and mental health.



The report behind the campaign states that there are 19,500 babies in the UK living with a parent who has used Class A drugs in the last year; 39,000 live in a household affected by domestic violence; 93,000 are living with a parent who is a problem drinker; and 144,000 live with a parent with a common mental health problem.

The report focused on babies because a disproportionate number of Serious Case Reviews – up to 45% – concern this age group, and the first year is critical to a child's long-term development. The window of opportunity for intervention is therefore very short, and there is a premium on effective work with new and expectant mothers living in difficult circumstances which might put their child at risk. The report makes a variety of recommendations for all countries of the UK, focussing on guaranteeing effective services for every vulnerable baby.

The study can be downloaded from [www.nspcc.org.uk](http://www.nspcc.org.uk).



## FREE TRAINING FOR FAMILY INTERVENTION KEY WORKERS

Adfam is offering a free two-day training course for family support workers and practitioners working with complex needs families with entrenched multiple problems. This course focuses on raising awareness about the nature of substance misuse and its recognition, and its impact on families, children, parenting and safeguarding. Courses take place in February and March 2012 in London, Manchester, Cambridge, Leicester and Newcastle.

For information visit [www.adfam.org.uk/training](http://www.adfam.org.uk/training)

## Demos finds 'tough love' parenting may be the best to prevent binge-drinking

The report *Under the Influence* by think-tank Demos used a sample of 15,000 children to try and find which style of parenting was the most effective at promoting sensible drinking in adolescence and young adulthood. The report found that a 'tough love' approach which combined warmth with discipline was the most successful, with high levels of attachment and warmth for young children and fairly strict discipline later (around the age of 16) the best combination.

The report found that bad parenting at age 10 makes the child twice as likely to drink excessively at age 34; and that bad parenting at age 16 makes a child over eight times more likely to drink excessively at that age and over twice as likely to drink excessively at age 34.



## NICE alcohol commissioning guidance

The National Institute for Clinical Excellence (NICE) has released new guidance for commissioning alcohol services. The package of resources around the guidance is called *Services for the identification and treatment of hazardous drinking, harmful drinking and alcohol dependence in children, young people and adults* and aims to help commissioners meet a new alcohol standard which is also detailed, with 13 areas of attainment and the means for monitoring outcomes in each.

## Resources round up

Recently produced resources for working with parental substance use:



**The Social Care Institute for Excellence** has

released a set of e-learning tools aimed at social work practitioners to educate them on the effects of parental substance use on children. The three main topics covered are drugs and understanding substance use; the impact on children; and the implications these topics have for day-to-day practice. The tools can be downloaded at [www.scie.org.uk/publications/elearning/parentalsubstancemisuse/index.asp](http://www.scie.org.uk/publications/elearning/parentalsubstancemisuse/index.asp).



**Barnardos' Ireland** has launched a new website – **Teen Hub**

– for children and teenagers who have a parent or carer with a drug or alcohol problem. It includes information on what addiction is, dealing with feelings, keeping safe and tension at home. The website also has sections on bereavement, bullying, domestic abuse and parental separation. There is also a downloadable booklet for parents themselves, *Parenting Positively*, on how their use may be affecting their children. [www.barnardos.ie/information-centre/young-people/teen-help/drug-alcohol-abuse.html](http://www.barnardos.ie/information-centre/young-people/teen-help/drug-alcohol-abuse.html)



**The Children's Society** operates a

resource bank called the **Stars National Initiative** for anyone working with children affected by parental substance use. It includes a rundown of relevant government policy and guidance documents, research and publications on parental drug and alcohol use, video resources, news and event information. [www.starsnationalinitiative.org.uk](http://www.starsnationalinitiative.org.uk)

## Turning the Tide

The Making Every Adult Matter (MEAM) coalition (comprised of DrugScope, Mind, Homeless Link and Clinks) have produced, in conjunction with Revolving Doors, a paper on multiple needs and exclusions. It identifies the two desirable outcomes for people with multiple needs – that they are supported by effective, coordinated services; and empowered to tackle their problems, reach their full potential and contribute to their communities.

The paper suggests that the current set-up is not sufficient for meeting these goals, and that a new approach is needed.



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Five building blocks are set out as part of this new approach:

- 1 Communicating a clear message that tackling multiple needs and exclusions is a government priority
- 2 Defining and identifying people experiencing multiple needs and exclusions
- 3 Creating accountability, leadership and transparency
- 4 Making outcomes and commissioning work for this group
- 5 Getting the finances right in local areas.

You can download the paper at [www.meam.org.uk/wp-content/uploads/2011/09/turning-the-tide.pdf](http://www.meam.org.uk/wp-content/uploads/2011/09/turning-the-tide.pdf)

## Family Intervention Projects (FIPs) positively evaluated by Natcen

The National Centre for Social Research has released an evaluation of the FIP projects. Its findings were generally positive: the report found that by the times that families exited a FIP, anti-social behaviour and criminal activities had declined, families' housing situation seemed to have improved, and positive outcomes were reported for children and young people. Local agencies and partners also reported positively on the

FIPs, citing them as a means of breaking down barriers between agencies.

Some of the features of the FIP that were identified as most crucial to success were the recruitment and retention of high quality staff; small caseloads; having a dedicated key worker working intensively with the family; a 'whole-family' approach; staying involved with the family for as long as necessary; and effective multi-agency relationships.



## Ranking UK drug statistics

A new report from the European Monitoring Centre for Drugs and Drug Addiction has presented comparative statistics for drug use across the continent. It found that, compared to other EU countries, the UK has the highest level of drug-related public expenditure (just ahead of the Netherlands); the highest levels of amphetamine and ecstasy use; amongst the highest levels of cocaine use; and by far the most online shops selling 'legal highs', the number of which almost quadrupled between 2010 and 2011.



To counter this, the UK Government's new 'temporary class' of controlled drugs came into force in mid-November; this policy aims to place newly created or discovered drugs in a 'holding' category while further research is undertaken. During this time there will be no legal penalty for possession of the substance, but other criminal sanctions will apply under the Misuse of Drugs Act 1971 – for example importation, production or supply.

Despite a 5% fall in 2009-10, the number of drug-related deaths in the UK still puts it in the top 4 in Europe as a proportion of population, with nearly treble the EU average mortality rate.



### Adfam on twitter

As well as Families UpFront and fortnightly Policy Briefings, Adfam has launched a twitter account for daily updates on families, drugs and alcohol. Follow @AdfamUK.

## Diary

### Localism Conference 2011

The Association for Chief Executives of Voluntary Organisations (ACEVO) and National Council for Voluntary Organisations (NCVO) are putting on this one-day conference together on localism. There will be a choice of five seminars in both morning and afternoon sessions looking at all areas of localism, and a programme of talks and stalls throughout the day. *Friday 9 December, Birmingham. From £113.40 – for details see [www.acevo.org.uk](http://www.acevo.org.uk)*

### Tackling drug culture and addiction: assessing the next steps for policy

Westminster Social Policy Forum is running this seminar to discuss what can be done to tackle drug culture and addiction. It aims to follow up the government's Drug Strategy with discussion over progress and possible areas of improvement.

*Tuesday 13 December, London. £190 + VAT – for details see [www.westminsterforum.projects.co.uk/forums/event](http://www.westminsterforum.projects.co.uk/forums/event)*

### Masterclass: Consortia for Contracts

The National Council for Voluntary Organisations (NCVO) is running one-day long masterclass for commissioners, procurement staff and providers actively looking at consortia to deliver services. The day covers the drivers behind the move towards consortia, possible models they will take, legal advice for dealing with them and specific guidance on developing tenders as part of consortia. *Wednesday 1 February 2012, London. From £99.90 – for details see [www.ncvo-vol.org.uk/training-events/public-service-delivery/masterclass-consortia-contracts-february](http://www.ncvo-vol.org.uk/training-events/public-service-delivery/masterclass-consortia-contracts-february)*



## The drug treatment world is changing: there is a new focus on recovery, new decision makers, new priorities and new commissioning methods, which are in turn impacting on family support organisations that started in the same way as Adfam some years ago.

Many organisations are being forced to make extremely difficult decisions about the future of the support they can offer, whilst trying not to compromise their core vision to improve the quality of life for families affected by drugs and alcohol.

For many years, family support has struggled and fought to be recognised as an important part of the drug and alcohol sector. In the last 26 years Adfam has seen a massive change in the recognition of both the needs of families and the significant contribution they can make to recovery. In some areas this understanding has led to family support becoming integrated into local treatment provision and tied to the recovery status of drug and alcohol users; although this is a very welcome element of support for families, Adfam would argue that families' needs are far greater than that and that they also deserve support in their own right in order to truly support their loved one.

In speaking to family support groups around the country, and also looking at some of the interesting family focused developments in other sectors, many have noticed a new policy emphasis on peer support and community action; therefore they've been working hard to identify what opportunities there are in the local voluntary and community sector network, and where they can be most useful. With this in mind, Adfam has welcomed this month our new Regional Development Coordinator, Kate Thorpe, who will be working with small, emerging and developing family support organisations to help expand their capacity and local reach. This post aims to support organisations to navigate the changing landscape and ensure that family support continues to

fit into the local picture and meet the needs of some of our communities' most vulnerable families.

### DOMESTIC VIOLENCE

One of the key findings of Dr Sarah Galvani's research *Supporting families affected by substance use and domestic violence*, which was commissioned by Adfam and Against Violence and Abuse (AVA) in 2010, was the lack of awareness, information and support around parents affected by abuse from their substance using children. This lack of information has led to Adfam and AVA running another project together which is working with parents affected by these issues.



Parents understandably feel guilty, ashamed and angry that their own children are abusive towards them. Victims of any kind of domestic violence are often reluctant to come forward, but to divulge that your own children are being violent towards you can be even more challenging. We need to help build the evidence base around this group and ensure that family support organisations are prepared to address the issue – questions of domestic violence should not be 'off limits' or 'too difficult' to discuss in a supportive environment.

The project has run nine focus groups around England in 2011, with parents attending and sharing their experiences of seeking support. The results have been very interesting and confirm the initial belief that the needs of this vulnerable

group of people are not being met. The findings will be written up into a report which will be available in early 2012, and subsequent training will be developed and delivered based on the findings of the research.

**The report is available at [www.adfam.org.uk/domestic\\_violence](http://www.adfam.org.uk/domestic_violence).**

### WORKFORCE DEVELOPMENT

Adfam's workforce development project, conducted as part of the Drug Sector Partnership, continues. Volunteers and volunteer managers involved in the drugs, alcohol and family support sectors were consulted at a number of events and shared their experiences and examples of good and bad practice. Volunteers gave a range of views, with some reporting excellent support at work and a real sense of belonging and contributing to the team, whilst others lacked any form of proper induction or ongoing support.

An area of particular interest arose for volunteers who worked at services where they had previously been service users – this was found to present its own set of both challenges and benefits.

Personal experience is a key driver to volunteering across many parts of the third sector, where people are keen to 'give something back' to a service that previously helped them – whether that is a drug treatment agency, a mental health charity or a family support service. Though people talk of volunteering in very general terms, it is not the easiest activity to coordinate, especially for small services which do not have the infrastructure and experience to make the most of people who want to help them. Unfortunately it is not as simple as knocking on the door of a family support organisation and immediately being set to work on mutually beneficial activity.

Without volunteers many services would not be able to operate in the way they do, and in straitened times services may come to rely on them even more – so we hope to share knowledge of how services and volunteers can get the most out of their relationships. The project's final volunteering toolkit is now in development and will be launched in the new year, so watch this space!

## Beverley Bray from **The Bridge Project** in Bradford explains the positives of integrating family support with treatment provision



It gives a real sense of satisfaction to think that by working together we can help someone make the best of their future

I never thought I'd be saying this, but there are lots of benefits to having a carers' service as part of an integrated drug service. For years I've thought that we needed a separate building, that being around people coming for drug treatment posed a huge barrier to carers; but thinking about it, this just isn't the case.

The Bridge Project delivers a wide range of services for drug users and sees clients from all walks of life, from the street homeless to people in employment who have been using recreationally, and all of those people have families who are affected by their use. It's seeing people in the various stages of their recovery journey every day that allows me to truly believe that anyone can change, and pass on that hope and inspiration to the families who desperately need the confidence that things can and will get better.

The carers' service at Bridge is based in an office where carers can come and go from their own separate entrance, or they can be seen at home if appropriate. We are in touch with about 50 family members at any one time and most of those referrals come from workers in the drug service; we get few external referrals as we've found that carers are very reluctant to talk about their needs because of the stigma associated with drug use. Fortunately, being where we are means we get to speak to family members who accompany their relatives to appointments or who call about other issues, and engage them in support that way. I really think that if we were off-site this would be a huge missed opportunity.

The other benefit of being here is that we can keep up-to-date with trends and issues affecting drug users and so give the most up-to-date and accurate advice to the families we work with – and if we don't know, there is always someone to ask!

Over the past year there has been a sense of change at Bridge as workers have become even more focussed on recovery for their clients, and this has spilled over into the carers' service. Workers are now more likely to involve the carers' service in the care-planning process and, with the service being on-site and accessible, we are getting involved at an even earlier stage. Workers are able to advise on how to involve families in the recovery process and we are able to meet clients,

their workers and families to help provide mediation services they would otherwise have to wait months for.

This type of work is even more visible in the young people's service, where we work closely with the team to intervene with young people and their families. We work with Social Services and education services to help everyone involved make the choices that lead to a better future. It gives a real sense of satisfaction to think that by working together we can help someone make the best of the future they have in front of them.

That's not to say it's been plain sailing. Like everyone else we have had to face the risk of funding cuts, and no doubt will again. Being part of an integrated service has helped a bit with this, as we've been able to use the infrastructure of the larger organisation to help us change our ways of working so we can prove that we're offering a valuable service – which can be difficult sometimes, when carers' services have traditionally been seen as the 'tea and sympathy brigade'. However, as awareness of the role of specialist carers' services increases and we begin to establish a comprehensive picture of our outcomes, we are hoping this situation will improve.

We've been involved in the Carers Support Outcome Profile (CSOP) pilot and now report to our commissioners using this tool, and have been delivering the Barnardo's Family Links Nurturing Programme to carers and actively reporting on measured outcomes from this – we are planning to hold a mixed programme for carers and clients of the drug service and we think this will be a really positive way forward for the scheme.

Looking forward to this time next year, things will have changed again. Bridge is opening an abstinence service soon and we are hoping this will give us even more scope to get involved in whole family interventions. I truly believe that none of this would have happened in the way it has if we weren't part of Bridge and, although it may not be right for every service, being part of an integrated drug service is what makes us able to do the best we can for the families that deserve our help: that is, after all, the point of what we do.

**For more information visit**  
[www.bridge-bradford.org.uk](http://www.bridge-bradford.org.uk)

# Learning from loss: drug-related bereavement

*Adfam interviewed Debbie Kerslake, the Chief Executive of Cruse Bereavement Care, and Elizabeth-Burton-Phillips, who used her own experiences to found DrugFAM, a family support service with particular expertise on drug-related bereavement.*

Though support for families affected by someone else's drug or alcohol use has been given increased attention in both policy and practice in recent years, those who have experienced the death of a loved one through addiction have not had the same prominence. Some may argue – cynically, perhaps – that this is because the family's 'recovery capital' and potential contribution to successful treatment become irrelevant in these cases; others may point to how counselling services may not have the required expertise in drug and alcohol issues, whilst family support organisations working with drug and alcohol users' families have little or no experience of bereavement work.

We start, then, by addressing where families bereaved by addiction fit in – are they stuck between drug and alcohol support on the one hand and 'mainstream' bereavement support on the other, without feeling that either can meet their needs? Bereaved families can represent the worst fears of others – a point echoed by Burton-Phillips: "sometimes an existing support group doesn't want to confront the possibility of death...[the bereaved] don't feel they fit in anymore, like they're 'bringing death with them'".

The availability of dedicated support is clearly an issue, and even when people do know about possible sources of support, it can be very hard to make that first contact: as Kerslake states, "those bereaved through addiction may be unsure of whether a service has the appropriate skills and understanding of aspects related to their bereavement. It's important that whatever the nature of the service, bereaved people can feel confident that the support they receive will address their particular needs."

Both mention the idea of 'double bereavement': that the family's loved one was lost to drugs and alcohol first – maybe years ago – and then lost again when the person dies. It is also a factor that

strained or broken relationships – hardly uncommon in families experiencing problems with drug misuse – often complicate the grieving process. Kerslake is confident that "[Cruse's] Bereavement Volunteers understand the devastating impact of loss – however it is caused – and are skilled at being alongside people who are struggling to understand their loss and cope with their grief".

**Everyone's bereavement is unique, and the most important thing is that people are able to access the support they need, when they need it**

Burton-Phillips puts forward that "some expert bereavement counsellors have never had training on addiction. If someone loses a relative to cancer, for instance, there are certain specialisms that professionals have, like at Macmillan Cancer Support." Training, then, is essential; Cruse is now incorporating addiction issues into its core foundation training courses for new volunteers and developing training modules for existing ones, as well as developing material on the Cruse website and forging close working relationships with other organisations.

We go on to discuss whether *who* is providing the support is a key concern: there is a strong tradition of peer support for families affected by drugs and alcohol, so does the same principle apply in cases of bereavement, where those who have 'been through it' are able to support and empathise in a way that others cannot?

"Some people who are newly bereaved simply want to talk to somebody and share, and if they can talk

to someone who's been through it then that really helps as they share a common sorrow", Burton-Phillips agrees. Still, "if you've got the listening skills training on this – whatever your background and qualifications – you can do it". Cruse recognises this, and as part of a suite of development initiatives, is improving the recruitment of volunteers with personal experience of bereavement by addiction.

The positive impact of solidarity and empathy is undeniable, but relying entirely on people who have 'been through it' themselves would likely lead to insufficient or patchy provision; it would also neglect the fact that bereaved families may not be ready to, or even want to, provide support for others while they grieve themselves.

From a service provision perspective, relying on the initiative of the bereaved themselves to set up new services can only go so far: in order to reach all families, there seems to be a clear role for 'mainstream' support providers. Indeed, could treating families who have lost someone to addiction entirely separately from other bereaved families only serve to reinforce stigma and isolation?

Burton-Phillips identifies the practical implications of bereavement as important, especially if death is sudden or unexpected; along the same lines, Kerslake notes that "[practical] difficulties are shared by many who have to face an inquest on how their loved one died". There is room, then, for the provision of information which recognises that addiction may be a factor in bereavement, but that is also of wider use.

Burton-Phillips, from both her own experiences and through providing support for other bereaved families, knows that association with the stigma of addiction "leaves many families to be forgotten". Kerslake agrees that the stigma can heighten a family's sense of isolation; however, "though [families bereaved by



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addiction] may not receive the same compassion as other bereaved people, feelings of guilt and shame arising from the death of someone close are natural reactions – from those who have cared for their loved one dying of cancer, through to those who have lost someone because of homicide, suicide or addiction. People often say ‘if only...’ they had contacted the doctor sooner, and feel guilty for still being alive and not having prevented the death, or for letting them down in some way.”

One issue unlikely to be relevant to other bereaved families, however, centres on the media. Burton-Phillips has found that “poisonous press reporting – particularly in local papers” is a key concern: “we might eventually campaign for the press to report more respectfully and less sensationally.” Reporting of drug issues in the media has a chequered history at best – from being uninformed (mephedrone, or ‘meow meow’, is still being referred to as legitimate plant food, for example) to the widespread use of terms such as ‘junkie’, which many feel only adds to the problem and prevents families coming forward.

Helping families to feel comfortable approaching services is crucial. We ask how DrugFAM reaches out to support bereaved families who aren’t already known to the service: “we’re connected to other groups working in the same area up and down the country, and we’re hoping to team up and market ourselves to as many DAATs and drug agencies as we

can next year; we’ve also made contact with hospitals, rehabs, doctors’ surgeries, coroners’ offices and so on. We need to address everyone’s needs in a practical way – we’re making arrangements to visit an agoraphobic woman, for example, and people who are disabled should not be left to grieve alone so we’re looking at things like Skype, email and even just writing to people.”

On the role of ‘mainstream’ services in supporting families bereaved by addiction, Kerlake responds that “it’s important to ask whether and why families bereaved by addiction are reluctant to come forward for counselling”. This hesitancy in approaching a bereavement organisation – rather than one specialising in drug and alcohol family support – is understandable, she says, but is an issue which Cruse has been exploring: “the key is to ensure that all service providers are aware of the specific issues around bereavement by addiction and can provide support in a confidential, non-judgemental and empathetic way.”

On the old saying that ‘prevention is better than cure’, which can surely never be more pertinent than in cases of life and death, we discuss how family support services might be involved in measures to reduce drug-related fatalities. The heroin ‘antidote’ Naloxone, for example, recently showed that distribution through family and friendship networks saves lives, so could this be rolled out more widely? “I’d be 100% behind that”, says Burton-Phillips;

“it makes absolute sense. Any support group would welcome the opportunity to have the training to save the lives of clients.”

“Another thing I have picked up is deaths as a result of people being abstinent from drugs in prison or custody, then overdosing. It’s really important to try and educate and push home that it’s such a risk to use if you’ve had a period of abstinence.”

Can any overall conclusions be drawn from these discussions? How can we ensure that families bereaved by addiction feel comfortable coming forward for support, in the knowledge that their circumstances will be understood? Kerlake sums it up well: “everyone’s bereavement is unique, and the most important thing is that people are able to access the support they need, when they need it. They need to be aware of where they can turn for help and, preferably, have a range of options. Wherever they seek support, they need to know that the person they turn to has the knowledge, skills and awareness to help them understand their grief and develop strategies to help them cope with their loss.” Adfam, Cruse and DrugFAM are exploring how to work together to make this a reality.

**Find out more at**  
[www.drugfam.co.uk](http://www.drugfam.co.uk) and  
[www.crusebereavementcare.org.uk](http://www.crusebereavementcare.org.uk).

# Working smarter: getting the best from your workforce

## Developing your workforce will help enhance service provision and improve the quality of life for some of our most vulnerable families.

In a world of cuts, closing organisations and a seemingly endless stream of bad news it must be tempting for services to exclusively focus on what seem like the basics – the supply of services by practitioners to service users. Training and workforce development may look like unaffordable luxuries at times like these. Adfam believes, however, that workforce development can play a role in improving service provision in times of austerity – because a competent, supported and motivated workforce is always going to be more effective than one that lacks these qualities. Service users get better support, and money and time is saved in the long run by more efficient practice. So what does the workforce need? It needs to feel valued, supported and trained.

### Skills Hub

The Skills Hub is a one-stop shop for practitioners developed by the Skills Consortium – a sector-led alliance of organisations – to bring together the ideas and resources of the drug and alcohol treatment sectors to maximise the effectiveness of the workforce. It's a free online resource relevant to anyone working in the field and is structured according to the Skills Framework developed by the Skills Consortium and the NTA, which maps interventions to every stage of the treatment journey and contains manuals, guidance, competencies and much more for each intervention and for cross-cutting issues.

The great advantage of the Skills Hub is that its content is to a certain extent user-generated. It is by the workforce, for the workforce – if practitioners feel there are crucial resources missing they can submit them to the Skills Hub. This results in a pool of knowledge that draws from

the expertise of the workforce it supports – a virtuous circle where the more the Skills Hub is used, the better it becomes.

### The Drug Sector Partnership

As part of the Drug Sector Partnership, Adfam has been carrying out a workforce development project. The first stage of this project consisted of mapping what resources existed in the sector (through organisational role profiles, qualifications and National Occupational Standards) and producing role profiles for practitioners working with families affected by drugs and alcohol. These role profiles are now available online at [www.adfam.org.uk/workforce\\_development](http://www.adfam.org.uk/workforce_development) and can be used by any organisation in the sector.

Role profiles are extremely useful in both recruitment and the continued professional development and assessment of practitioners. Using the competencies in the role profile is also an effective way for managers to identify areas for improvement or training for staff. We encourage all interested organisations to download and use the role profiles as they see fit in their organisation.

Role profiles are extremely useful in recruitment and professional development

The role profiles will form the basis of an accreditation scheme that Adfam is developing in partnership with FDAP (the Federation of Drug and Alcohol Professionals). This scheme is for any practitioner supporting families affected by substance use and will be available in early 2012. Practitioners will have to submit evidence to demonstrate competency in the units identified in the role profiles – once this has been approved by an accreditation board, the accreditation will be granted and the practitioner approved by Adfam and FDAP.

### Adfam Training

Adfam itself is running a range of training courses that will develop the skills of your workforce and increase the efficiency of their practice. Open courses are being run from now until March 2012 for practitioners covering areas including working with grandparent carers; working with families involved with the criminal justice system; working with families affected by substance-related bereavement; and working with other drug and alcohol practitioners. These courses are all one-day and cost £130, which includes lunch and refreshments. They are being run in Manchester, Leeds, Birmingham and London.

Adfam can also provide in-house training for organisations which want to commission training for 10-20 people. The prices are based on a sliding scale of income, which aims to ensure that smaller groups can access the training. To book a course or find out more information please visit [www.adfam.org.uk/training](http://www.adfam.org.uk/training), email [training@adfam.org.uk](mailto:training@adfam.org.uk) or call 020 7553 7640.

When useful resources (such as the Skills Hub), professional recognition and support for practitioners (including volunteers) and effective training combine, they produce a workforce more likely to be effective, dedicated and happy. The workforce delivers service-outcomes; practitioners therefore need and deserve a level of support that allows them to improve lives and increase happiness for some of society's most vulnerable people.

The Skills Consortium is at [www.skillsconsortium.org.uk](http://www.skillsconsortium.org.uk)

The Skills Hub is at [www.skillsconsortium.org.uk/skillshub.aspx](http://www.skillsconsortium.org.uk/skillshub.aspx)

The Skills Framework is at [www.skillsconsortium.org.uk/uploads/skills-diagram-updated.pdf](http://www.skillsconsortium.org.uk/uploads/skills-diagram-updated.pdf)

To find out more about Adfam training email [training@adfam.org.uk](mailto:training@adfam.org.uk) or call 020 7553 7640

# Your organisation – top 5 resources

Recently published resources to help your organisation during this time of transition

## 1 Counting the cuts The National Council for Voluntary Organisations (NCVO)

This report outlines the nature and size of the cuts facing the voluntary and community sector (VCS) in the UK. The key findings of the report include a forecast £20 billion fall in public spending between 2009/10 and 2015/16; a loss of £911 million per year for the VCS by 2015/16; and a cumulative loss of £2.8 billion for the sector in the years 2011–16. Freedom of Information requests to local authorities have also shown that voluntary and community services are being disproportionately cut.

[www.ncvo-vol.org.uk/cuts-report](http://www.ncvo-vol.org.uk/cuts-report)

## 2 UK Voluntary Sector Workforce Almanac 2011 NCVO

Against the backdrop of increased government emphasis on volunteering, community groups and the 'Big Society', as well as increasing demand on the services of the voluntary sector in a time of financial cutbacks, this study examines the state of the voluntary sector workforce in terms of size, skills, training, working conditions and other characteristics. Key findings include that the voluntary sector now makes up 2.7% of the workforce, of which 68% are women, 38% are part-time and over half work in organisations with less than 25 employees; average weekly earnings are lower than the private and public sectors; and health and social care staff account for 57% of employees. Though the number of employees rose over the last decade, this report does not account for the 5% drop in voluntary

sector employees in the year 2010–11.  
[www.ncvo-vol.org.uk/workforce](http://www.ncvo-vol.org.uk/workforce)

## 3 Mapping the Big Society: perspectives from the Third Sector Research Centre

Beginning with the premise that community work is more developed in some areas than others and that resources are not equally distributed around the country, this study looks at the baseline for 'Big Society' initiatives and seeks to understand the distribution of different types of participation across the country and who is engaging in community work at the neighbourhood level. The report presents useful data about civic engagement – for example that community work at the small-scale neighbourhood level is much more common in prosperous areas; the majority of voluntary organisations in deprived communities receive some money from the public sector; and a relatively small core of people are responsible for a disproportionate amount of volunteer time and donations. The study also looks at the risks to voluntary organisations in an environment of spending cuts.

[www.trsc.ac.uk](http://www.trsc.ac.uk)

## 4 Principles of good impact reporting New Philanthropy Capital

Despite the growing attention focused on impact reporting for charities and how they can demonstrate the changes they make to people's lives, it remains a difficult area and one without a clear framework or good practice model.

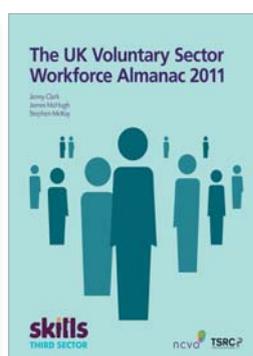
This document therefore aims to set out some principles and guidance as to what charities should be measuring, and how they should be communicating these results. According to the briefing, charities should be communicating a clear purpose, defined objectives, coherent activities, demonstrated results, evidence and lessons they have learned. When communicating these, organisations should look to ensure clarity, accessibility, transparency, accountability, proportionality and verifiability.

[www.philanthropycapital.org/publications](http://www.philanthropycapital.org/publications)

## 5 Strategic vision for volunteering Department of Health

The purpose of this strategic vision is to enhance the profile of volunteering; highlight its potential in terms of health, wellbeing and addressing health inequalities; and promote good practice across the health and social care system. The four main themes covered by the document are leadership (building services around people's strengths); partnership (working together to improve community capacity); commissioning for better outcomes and increased social value; and volunteer support (creating volunteer experiences open to all). The strategy states that the government's facilitative role is in raising awareness of volunteering and its value; improving the evidence base for investment and effective approaches; and increasing access to best practice examples and shared learning.

[www.dh.gov.uk/health/2011/10/strategic-vision-for-volunteering](http://www.dh.gov.uk/health/2011/10/strategic-vision-for-volunteering)



# In Focus **Criminal Justice**

**T**HE very nature of imprisonment – enforced separation from the rest of society – means that families are often left behind and forgotten when someone goes to prison. In this issue we explore what happens to a family during arrest and imprisonment, whilst preparing for release and beyond. It's not just time spent in prison that's important – families may have been dealing with illegal and offending behaviour for a long time before sentencing, and rebuilding family life on release is fraught with its own problems. Realising the importance of the family throughout the whole process is vital, and given the number of different agencies involved – police, prison staff, probation, drug workers and more – having a full picture of family circumstances, shared between all relevant agencies, is vitally important.

Many would argue that prisoners 'deserve everything they get', and that prison should be as unpleasant an environment as possible in order to punish them for their crimes and deter them from reoffending; media stories often bemoan 'soft' sentencing or 'luxury' prison conditions. Supporting offenders to maintain positive relationships with their families is therefore difficult to sell as a policy priority. However, punishment for somebody's crime should not be visited on their families; children in particular are at high risk of poor outcomes when a parent is imprisoned. And as you will see in this magazine, families can play a key role in rehabilitation and cutting reoffending rates, as well as being deserving of support in their own right for the harms they experience when a family member goes to prison.

As in previous issues, we have enlisted the help of other expert organisations in order to present a full view of policy and practice. We are extremely grateful for the input of Action for Prisoners' Families, staff at HMP Peterborough, Communities Against Drugs in Brighton and Time for Families.

**Joss Smith** *Head of Policy and Regional Development, Adfam*



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Families can play a key role in rehabilitation

# Setting the scene

*The prison population is now the highest it has ever been. As well as posing serious questions for government policy and putting strain on capacity and the public purse, this means that more families than ever before are experiencing the imprisonment of a loved one.*



## Prisoners and drug use

The links between substance use and crime are both well-established and complex: for example between a third and a half of 'acquisitive crime' (i.e. robbery) is related to drugs; 15-17% of prisoners serving immediate custodial sentences in 2005-10 were imprisoned for drug offences; NOMS estimates that on average 55% of people entering prison are drug dependent; and the highest reoffending rates are found amongst those who drink and use drugs. In 2009-10, over 60,000 prisoners received a clinical drug intervention.



## The 'revolving door'

In 2008, the reconviction rate within one year for people sentenced to less than a year in prison was 61.1%; and as of June 2010, 38% of prisoners serving an immediate custodial sentence had 11 or more previous convictions. This evidence clearly points to entrenched problems and large numbers of people finding themselves continuously in and out of prison.

'Families can play a significant role in supporting an offender to make and sustain changes which reduce reoffending... having family ties can reduce the likelihood of reoffending by 39%' (MoJ/DCSF, 2009). However, support for the families of prisoners has not always been a priority in practice: in 2008-09, the annual report of the HM Chief Inspector of Prisons found only 18 family support workers in 93 prisons surveyed.

A 2003 survey found that 71% of prisoners had accommodation arranged on release; and of that population, 35% planned to stay with partners, 30% with parents and 15% with other family members. The same survey found that the majority of education, training and employment opportunities post-release were arranged through family, friends and personal contacts. The burden on families of supporting offenders at this crucial time is therefore clear.

Though the imprisonment of a loved one is stressful and damaging for family relationships, it's worth noting that life before or outside prison can be equally challenging. It may not be discussed openly, but many families can actually experience a sense of relief when their relative is imprisoned – they know where they are, and get a break from dealing with their chaotic lifestyle on a daily basis.

Over 60% of all prisoners are located outside the area where they were sentenced, meaning it can be difficult and expensive to organise visits – especially where children are involved.



## Children

As well as being a possible 'trigger point' to begin treatment interventions for people with substance use problems, arrest and imprisonment can also be an effective way of identifying children at risk of poor outcomes, and intervening early to mitigate the effects of offenders' behaviour on their families.

160,000 children experience the imprisonment of a parent every year; 66% of women prisoners and 59% of male prisoners have dependent children. Children with parents in prison are at risk of poor outcomes, including increased likelihood that they will later become offenders themselves: nearly two-thirds of boys who have a parent in prison will go on to commit some kind of crime themselves, and 30% of children with a parent in prison experience mental health problems, compared to 10% of the general population.

There are only 14 women's prisons in England – meaning many women are far away from homes and families – and only half of these have mother and baby units. Families are often called upon to look after children during sentences: when a mother is imprisoned, grandparents or other family members (not partners/fathers) are relied upon in over half of cases.



## Next steps: the 'rehabilitation revolution'

In May 2010, the original Coalition Agreement between the Conservatives and Liberal Democrats pledged a 'rehabilitation revolution' which would pay independent providers to reduce reoffending. Since then, there has been further development of this theme through the government's green paper *Breaking the Cycle: Effective Punishment, Rehabilitation and Sentencing of Offenders*.

Other key components of the policy include drug recovery wings, which aim to improve continuity between prison and community treatment for people on short sentences (under 12 months); and the 'working prison', aimed at instilling a greater sense of activity and responsibility in offenders and improving their employment chances on release.

As the government's own *Breaking the Cycle* response states, 'punishment is our first and most important response to crime, but it is not sufficient to prevent offenders from re-offending'. This means there is a continuous appetite in policy – as well as media and public opinion – to imprison offenders and demonstrate that the government is 'tough on crime'; however, the 2010 Drug Strategy concedes that 'prison may not always be the best place for individuals to overcome their dependence and offending behaviour', hinting at a disconnect. Whilst it is recognised that families can be adversely affected by – yet also positively influence – substance use and criminal justice problems, we are yet to see widespread strategy or practice which joins these difficult issues together into a coherent and truly effective response.

# Seeing the big picture?

*Diana Ruthven from Action for Prisoners' Families looks at the political and practical environment for work with offenders' families.*

**A**CTION for Prisoners' Families (APF) is celebrating 21 years as an infrastructure organisation supporting other organisations and individuals working with the families of prisoners and offenders. The environment 21 years ago was very different – the majority of prisoners still 'slopped out', probation officers' remit was geared towards advising, assisting and befriending, only one prison visit per month was allowed, and there was little awareness of the difficulties faced by families when a partner, sibling or child went to prison.

Of course many families would argue that very little has actually changed. A read of the Prisoners' Families Voices Blog ([www.prisonersfamiliesvoices.blogspot.com](http://www.prisonersfamiliesvoices.blogspot.com)) will quickly reveal that families are still the ones picking up the pieces, with often very little help from government agencies or from the voluntary and community sector, unless they are lucky enough to either know about the support available, or be in a region where there is a service. Whilst APF has members all over England and Wales working to various degrees with prisoners' and offenders' families, many are 'one-man bands', with little or no funding, and are often support groups set up by family members themselves. For example, Affect, based in Hampshire, do an amazing job supporting families of serious offenders on a shoestring budget; and when a well-run prison like HMP Kingston steps in and offers to provide a community venue for local and regional groups to meet and operate, their work and other family services can flourish. As more people become aware of the services on offer, small organisations can demonstrate their impact more effectively; however, other local support services, such as SHARP in Shrewsbury,

are under threat as their usual funders are inundated with requests and they can no longer be relied upon to fund SHARP's work.

*Families are still the ones picking up the pieces with often very little help from government agencies*

The map of services for prisoners' families on APF's website ([www.prisonersfamilies.org.uk](http://www.prisonersfamilies.org.uk)) reveals patchy provision, with whole counties having no services at all aimed directly at prisoners' families. APF's Regional Development Managers are committed to not only identifying and supporting existing services, but finding out where there are gaps and who might be able to fill them. Our *Hidden Sentence* and *Train the Trainer* courses give those who've never worked with prisoners' and offenders' families before the confidence, knowledge and professionalism to do so.

APF's Families of Serious Offenders project has found a huge number of families who feel completely disenfranchised from the services and information available. The stigma of their family member's offence(s) and the length of their sentences mean they often don't even know where to start getting help or information, and there is very little out there anyway. APF is trying to address this gap in information and support.

Visitors' centres (around 80 of the 139 prisons have one) can provide support and information to visiting

families, but our Maintaining Family Contact Campaign, in partnership with the Women's Institute (WI), has revealed a huge number of families who are unable to visit. APF advertised in *Inside Time* (the prisoners' newspaper) for prisoners who haven't received visits recently, or whose families are too far away or can't afford to visit, so that we could organise WI members to visit them and record their experiences. We were inundated with prisoners wanting to participate – many of whom hadn't received a visit for years rather than months.

Disappointingly, prisons are not obliged to publish their visiting statistics so there is no way of knowing what proportion of prisoners in any prison are receiving visitors, who is visiting (mum, dad, partner, children, etc) and how frequently, so any evidence we have is anecdotal. However, we will be presenting evidence from the WI members who have visited prisoners around the country (about 20 in number) at an event at the House of Lords in December, which will be the basis of our future work in this area.

APF's Family Friendly Prison Challenge, which is held every other year, continues to reveal pockets of good practice in prison visits provision. The number of family support workers in prisons is increasing: an initial pilot was run by Pact (the Prison Advice and Care Trust) in Belmarsh, Bristol and Wandsworth prisons, and in March NOMS awarded a new contract to Pact and NEPACS (in the North East) for family support workers in an additional six prisons. A point of contact for families can transform the ability of a parent or partner to function whilst their family member is in prison, so it is essential that these family support workers are kept in post and the pilots rolled out throughout England and



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Wales. The loss of the First Night in Custody Scheme at Holloway women's prison, which helped manage offenders' transition into prison life and provide practical and emotional support, is a great disappointment as research has continually shown that this is the stage where prisoners are most vulnerable and when their family members are most concerned about their welfare.

The riots in August 2011 increased the prison population dramatically and are already having an impact on transfers and the number of prisoners held on remand, with prisoners more likely to be held further away from home. With prison budgets stretched, higher prisoner to staff ratios, and many prisoners locked up for longer, governors are going to find it difficult to find the resources to engage families in sentence planning or resettlement.

There have also been changes in the policy environment. For example, the government is suggesting that prisoners should be made to work in prisons in order to give 40% of their wages to Victim Support as reparation for their crimes. This is a laudable aim, but misguided: APF of course doesn't object to victims receiving support, but we do believe that prisoners should be supporting their families on the outside as much as possible. It is the families

who have to pay the travel costs of visiting, send in money for extra food or new clothes, pay the rent, or bring up the children. If we want prisoners to be more responsible for their behaviour surely there must be a better way to achieve it.

The current environment is a difficult and uncharted one for prisoners' and offenders' families. The government's Family Test, announced in August but yet to be finalised, will be applied to all new government policy – the Prime Minister put it simply that if a policy stops families being together, it shouldn't be done. This is to be welcomed if it is developed in consultation with families themselves.

The recent announcement that the Department for Communities and Local Government will be looking to streamline the number of agencies involved in family intervention harks back to previous efforts to ensure government departments and voluntary agencies coordinate their work, which is commendable; however, the emphasis on payment by results is a trickier issue for APF members and others who work with prisoners and offenders' families. For example, it is hard for an organisation such as the Offenders' Families Helpline to prove that giving someone good advice and signposting

them to a service they didn't know about has a tangible result, other than to put a family in a better position to negotiate the problems they are presented with. Our members' work often delivers 'soft' outcomes rather than 'hard' ones which are easy to count.

In terms of commissioning, smaller organisations will also find it difficult to compete as they don't have the resources or infrastructure to write tender documents. Thus the innovation, versatility and experience of these small, grassroots charities are likely to be lost, resulting in a poorer service for families visiting prisons. APF recently held a roundtable meeting to inform and help our vulnerable members cope in this difficult environment, many of whom are bewildered by this new system.

But what does all this mean for the families of prisoners and offenders? Will the current upheaval and new austere environment improve the quality and quantity of services and support available to them, or is it just political interference which takes up valuable time and resources which could be better spent helping the families themselves? Our bottom line is always 'how are new policies, initiatives, or funding cuts going to affect the families of prisoners and offenders?' This is our own 'family test'.



# Back to basics: summary of useful terms and organisations

**Criminal justice work can seem complex and full of jargon. Learn more with these tips.**

## **CARAT worker**

CARAT stands for counselling, assessment, referral, advice and through-care. These five elements are identified as the key areas in which prisoners need support. The CARAT worker works with substance using prisoners to provide them with information, support and act as a liaison with specialist services (such as rehab). They also sometimes carry out one-to-one counselling with prisoners for a maximum of six weeks. CARAT workers work in all adult and young offender's prisons in England and Wales.

## **Criminal Justice System**

This phrase refers to the entire system that offenders come into contact with, including the police who first investigate crime and warn or arrest; the courts responsible for trying and passing sentence; the prison system offenders may enter; and the probation services and post-release support which work with prisoners both in and out of prison.

## **Drug Intervention Programme (DIP)**

DIP is the government's chief measure used to target substance using prisoners. It was created in 2003 and the current government has pledged to continue funding and supporting it. Prisoners with drug problems are identified as they travel through the criminal justice system and key points of intervention are testing positive in police custody and release from prison. Some of the DIP relies upon voluntary engagement from substance users, and some elements are compulsory.

## **Drug Rehabilitation Requirement (DRR)**

DRRs are community based punishments or interventions for offenders who have committed large

amounts of crime to support their drug use. DRRs are designed to be a viable alternative to prison and to target offenders' drug use through a number of techniques (for example cognitive behavioural therapy) as well as punishment. Any offender entering a DRR will have a probation worker and a key worker who will support them, identify realistic ways they can change their lives and develop personal action plans.

## **National Offender Management Service (NOMS)**

NOMS is an executive agency within the Ministry of Justice that oversees the prison and probation services of England and Wales. It uses the different government regions (nine in England, and Wales as one) to split the country,

with each under a regional manager. NOMS was created in 2004, with the prison and probation services united into one organisation.

## **Prison categories**

Male prisons are split into four categories. Category A, B and C prisons are three grades of 'closed' prisons, with the prisoners not allowed to leave at any time and under many restrictions. Category D prisons allow prisoners to mix and some are permitted leave to work in the community in the day or visit family. Female prisons are categorised as restricted, closed, semi-open and open, which roughly correspond to the four male categories. Prisoners on remand, accounting for about 16% of the prison population, are awaiting sentencing or trial.

## Useful organisations

### **Action for Prisoners' Families**

A wealth of information for anyone coming into contact with prisoners' families, and for families themselves. [www.prisonersfamilies.org.uk](http://www.prisonersfamilies.org.uk)

### **Clinks**

Supporting voluntary and community organisations working with offenders in England and Wales, helping to represent and promote effective work with offenders. Includes information on policy, campaigning and training. [www.clinks.org.uk](http://www.clinks.org.uk)

### **Grandparents Plus/ Grandparents' Association**

Parental imprisonment can be a reason behind the childcare responsibilities of other family members, so support services should be up to date on kin carer concerns. [www.grandparentsplus.org.uk](http://www.grandparentsplus.org.uk) and [www.grandparents-association.org.uk](http://www.grandparents-association.org.uk).

### **Ministry of Justice**

The official website of the government department in charge of crime and justice in the UK. [www.justice.gov.uk](http://www.justice.gov.uk)

### **PACT – Prison Advice and Care Trust**

Provides practical and emotional support prisoners' children and families, and to prisoners themselves. [www.prisonadvice.org.uk](http://www.prisonadvice.org.uk)

### **POPS – Partners of Prisoners and Families Support Group**

Provides support for offenders' families to help them cope with the stress and isolation they can feel when trying to support an offender. [www.partnersofprisoners.co.uk](http://www.partnersofprisoners.co.uk) POPS also runs the Offenders' Families Helpline – 0808 808 2003.

### **RAPt – Rehabilitation for Addicted Prisoners Trust**

The leading provider of abstinence-based drug and alcohol rehabilitation programmes in UK prisons, and also runs services in the community. [www.rapt.org.uk](http://www.rapt.org.uk)

### **UNLOCK**

The National Association of Reformed Offenders. Website contains useful information for ex-offenders on legal issues, finance, insurance, employment, volunteering, education and training. [www.unlock.org.uk](http://www.unlock.org.uk)

# Drugs and arrest: what does it mean for families?

## Communities Against Drugs (CAD) sits within Brighton and Hove City Council and has been supporting families and communities affected by substance misuse since 2001.

Inspired by the Home Office publication *Around Arrest, Beyond Release*, CAD has produced a pack to support families during and after the drug-related arrest of a family member.

There is an enormous level of stress and disruption experienced by families around the time of arrest. An arrest or raid can happen within the family home at any time, and it is common for family members to be present. For many families this could be their first experience of dealing with police, courts or prison, and they may find the criminal justice system hard to understand.

The idea of producing a local information pack for families whose relatives had been arrested, or whose houses were raided as part of a drugs warrant being carried out, was first developed by CAD in conjunction with representatives from the Home Office, Sussex Police, and local service providers Brighton Oasis Project and CRI PATCHED.

Much of CAD's families work is focused on supporting the CRI PATCHED service, which offers support for families, friends and carers affected by another person's substance misuse. The project has flourished in recent years, increasing the number of families supported from 108 in 2006 to 429 in 2010. Many of these clients can provide first-hand accounts of the problems faced following the arrest of a family member, and their experiences have been invaluable in developing the Post-Warrant Pack.

In March 2011, CAD and CRI PATCHED ran a focus group for



### Post-Warrant Pack contents

- 1 Police attending your home address
- 2 Police Custody
- 3 Prison
- 4 Drug or alcohol users on release
- 5 Dealing with someone else's debt
- 6 What to do if you would like to make a complaint
- 7 Learning more about drugs
- 8 Getting support

families who had had involvement with the police and criminal justice system to share their experiences. The group was aimed at developing the initial idea of a pack or booklet by asking families themselves what they would find useful. Many shared problems were expressed by family members, and one of the most common was a lack of information from the police both during and after arrest. This caused distress for the family members, as well as some resentment towards the police and criminal justice system. The idea of a Post-Warrant Pack was enthusiastically supported, with families suggesting what content they would have found useful during their own experiences. This included information on police and probation services; the rights police have to enter

a property; complaints procedures; bailiffs; contacting family members in police custody; and contacting and visiting prisons.

These suggestions formed the basis of the content of the first draft of the Post-Warrant Pack, written by CAD and Sussex Police, who provided much of the technical detail.

Consultation on the first draft took place at the annual Families Conference in June 2011 delivered by CAD in partnership with CRI PATCHED, West Sussex Family and Friends Network and Adfam. This brought together around 250 family members and professionals for seminars, workshops, and personal stories from those affected by another's substance misuse. Consultation with practitioners in Brighton and Hove from housing, police, probation, family support services, the community safety team, youth offending service and adult and young people's substance misuse services also produced valuable contributions towards the pack.

The content of the pack is now complete and CAD has moved on to the design stage. The family members who attended the initial focus group will again be consulted, and it is expected that the pack will be circulated early in 2012.

Sussex Police are committed to improving the experiences of the families they come into contact with and recognise the need for better information and support; they will be responsible for distributing the Post-Warrant Pack at the time of arrest. The pack will also be made available to all CRI PATCHED clients, and possibly placed within courts.

An electronic version of the pack will be available on our website in early 2012 at [www.sussedcommunities.co.uk](http://www.sussedcommunities.co.uk).

**For further information about the Post-Warrant Pack or any of the services mentioned above, please contact Steve Hartley on 01273 292961 or at [steven.hartley@brighton-hove.gov.uk](mailto:steven.hartley@brighton-hove.gov.uk).**

# HMP Peterborough: an in-depth case study

*Adfam staff at HMP Peterborough reflect on a variety of positive initiatives to support and improve whole family relationships.*

Adfam works in HMP Peterborough, a category B, dual-site prison for men and women, to inform and educate families, friends and significant others to reduce the impact that the criminal justice system has on them.

Families are affected in many different ways when a loved one is removed from the family and put into custody. Families talk of serving ‘the silent sentence’ and even though their lives are affected, they feel they are excluded from proceedings, left out of decision making, and that the impact on family life of a person going into custody plays no significant part in the sentencing process.

Families who find themselves caught up in the criminal justice system often talk of feeling isolated and alone. If a spouse has been taken into custody and was the main breadwinner for the family, the partner at home – who is often looking after children – has very little information on what is happening. Family members often talk of enforced separation, both for themselves and their children.



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Families who visit prisons often say they feel depersonalised by the system, which is reflected in comments we have heard: for example ‘we feel victimised’ or ‘we feel like we have committed crimes too’, particularly when they have had to go through search procedures. Mothers in particular find it difficult watching their child(ren) being searched. As Adfam prison support staff we explain that this is necessary to keep everyone in prison safe, including them and the loved one they are visiting. On occasions when families are finding it difficult to go through the procedure of coming into the prison, we arrange to meet them in the visitors’ centre and talk to them to explain the procedure and support them through it. This often helps to reduce the anxieties they feel.

## Family support at HMP Peterborough

HMP Peterborough’s family support officer explains a number of ways offenders can maintain positive contact with their children and family.

- Family visit days held once per quarter, with a look towards increasing them to once per month.
- Story book mums and dads
- Children’s letters
- Family support officer working with both male and female prisoners
- Child protection officer working with both male and female prisoners
- Family room used for Social Services contact visits
- Mother and baby unit
- Parenting courses
- Relationship course
- Adfam Family Support Workers.

We strive to promote all of the above within the prison and have a lot of success maintaining positive family ties.

## Children’s letters

Regular communication with children is a good way of keeping family bonds strong. Prisoners at HMP Peterborough are now allocated a free letter each week to send to their children; this is to encourage and help prisoners to write to their children and maintain regular contact.

HMP Peterborough also has a service called ‘story book mums and dads’. The Library Prison Custody Officer said: “story book mums and dads is a great service to help contribute towards maintaining family ties. Prisoners will come to the library and choose a selection of books to read, a recording will be carried out and a small team of editors will edit the story to clear any imperfections and add music and sounds. The finished CD will be primarily of the person’s voice so loved



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ones can listen and enjoy”. The purpose of story book mums and dads is to enhance relationships between prisoners and their children – the child being able to listen to their parent reading them a story helps to reduce the impact of enforced separation.

### Family visit days

Family visit days happen every three months at HMP Peterborough. These are family focused and prisoners are able to move freely within the visits hall with their children to play the various games that are available or do arts and crafts. The institutionalised barriers of normal social visits are removed, and the focus is on the prisoners and children having quality time together. An officer who has worked on the family visits days said: “family visits were introduced to allow prisoners to maintain their family ties in a relaxed environment and to enhance their parenting skills, allowing the prisoners to identify their role as a parent. Our initiative is also about exploring what the prisoners and partners want and what support we can give them by working alongside a number of outside agencies as well as in-house. This then enables us to develop family visits further”.

### Mother and baby unit

There is a mother and baby unit at HMP Peterborough. The Senior Prison Custody Officer Based in the unit says: “it is a dedicated living space for up to 12 women and 13 children. Our work is vast and varied: we visit every new offender entering the prison to establish whether they may be pregnant or have children under the age of 18 months. At the other end of the scale, we complete childcare plans and support mums in the best interests of their children. A large proportion of our work is building or maintaining family ties through ensuring women are aware of the ROTL (Release on Temporary Licence) procedures and through the use of our family visits room. The room has a homely feeling where they are able to relax and enjoy spending quality time with their family”.

### Chaplaincy team

The chaplaincy team also plays a major role in establishing and maintaining contact with prisoners’ families. The World Faith Team Leader says: “maintaining family ties has been clearly shown to improve prisoners’ mental states, increase the likelihood of positive resettlement back into

the family home and exert a positive influence in ex-offenders’ lives that helps to reduce re-offending. Improving and promoting family ties is also something that all religions within our multi-faith team promote and encourage. At the very heart and core of chaplaincy is the recognition that there is something special and good within all people. I hope that our department looks at the bigger picture of delivering family continuity and maintaining family relationships. This means working with and alongside Adfam and our resettlement teams, including our family liaison officer”.



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# Tough times for families: working with couples

*Tim Powell explains how Time for Families is strengthening prisoners' relationships with their partners.*

Roy walks out the prison gate after two years inside. There is nobody to meet him. His wife left him eight months into his sentence, and he hasn't seen her or the kids since. He has no home to go back to and his employment prospects look grim. He is very likely to reoffend. Could this dismal picture have been avoided?

Couple relationships are under enormous strain during a prison sentence, and sorting out any trouble is hard. Prison can push already frayed relationships past their breaking point.

An offender is arrested, remanded, tried and sentenced, with no opportunity to speak to their partner about the enormous, life-altering challenges their family faces. Conversation during visits is kept to a superficial level; neither partner wants a confrontation, or to leave the other worrying about them. Prison phone calls are overpriced and have to be made in public, often with a queue of rowdy inmates waiting for their turn.

With no opportunities to reconcile their differences, there is a sense of

hopelessness for many families. Sadly, Roy's story is a common one: a large proportion of relationships end during a prison sentence. The reality is that as well as losing their closest support, the prisoner very often loses their accommodation and access to their children as well. Because of this, they are 44% more likely to reoffend.

However, a strong relationship is a huge protective factor. Research shows that if an adult can leave prison and go home to a spouse or partner, the damage done to their families and the community is greatly reduced – they are about 35% less likely to reoffend.

Up to now, the emphasis in family work has been on parenting: usually trying to improve the practice of one of the parents (which is usually the mother). This is both unfair on the parent, and also not as effective as it could be: the evidence is overwhelming that families work best with two parents. Working with the couple's relationship is especially important in the criminal justice system if we are to break the cycle of reoffending. Our approach at Time for Families is to bring the prisoner and partner together inside the prison for a six-day relationship course called *Building Stronger Families*.

This course helps couples grapple with the three main icebergs in relationships – communication, parenting and money management. They learn new skills together and get time to talk through their issues. The couple start to repair the damage to their relationship and lay firmer foundations for their family's future. Over 1,200 couples have been on the course, with 70% saying they are more satisfied with their relationship.

Doug and Jane, a couple who have been through the course, made these comments about its effectiveness: "We never used to say sorry! Never" says Doug. "Our whole family is like it", adds his partner, Jane. "If we argued,

## TOP TEN TIPS – CRIMINAL JUSTICE

- 1 Ensure families are supported through prison visits, particularly search procedures: these can be daunting experiences and families may have to travel a long way.
- 2 Remember that families may be under pressure to supply drugs or money to people in prison; many families would also rather fund drug use than see their loved one commit crime to pay for drugs.
- 3 Not all families look forward to release – there may be plenty of anxiety, and some families might have welcomed the respite of time apart from chaotic relationships.
- 4 The risk of overdose is increased on leaving prison, as tolerance levels have dropped.
- 5 Even if you're not based in a prison or affiliated to one, the illegality of drugs means that the families of drug users are in need of information on criminal justice concerns – just as you might provide it in other areas like bereavement, kinship care and...
- 6 ...finances. The offender may have been the breadwinner or provider in the household, and some criminals can have assets seized. Be prepared to deal with issues of debt, arrears and other financial pressures.
- 7 Remember that the children of offenders are at particular risk of poor outcomes; it's not just about couples reuniting.
- 8 Bear in mind the variety of agencies offenders and their families have to navigate – probation, drug treatment, Social Services etc.
- 9 Even if you are a long way away from the offenders' home town, try to support the family in linking up with local services, especially when preparing for release
- 10 Though many prisoners are repeat offenders and families may have been supporting them for a long time, imprisonment can be a huge shock to families if they were unaware of their relatives' lifestyle.



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we would go on for days and just communicate through our daughter". The course has had a profound impact on the couple. "We apologise now – if our phone call ends badly, I'll always ring back and apologise", says Doug. This has made visits and phone calls much more enjoyable for them. "I go home after the course and teach my daughter everything I'm learning, so she can use it too".

By improving parental relationships, you can deeply impact the lives of their children too. Nevertheless, we don't try and save all relationships; we do not take anyone with a history of domestic violence on the course.

For voluntary organisations, prison can be quite a hostile environment to operate in, particularly when you start to involve families. Understandably security is the number one concern for a prison, but this inevitably adds a level of complexity to working with partners and children. Visitors need to be thoroughly searched, and need to be protected from being coerced into smuggling contraband into the jail.

Families often have to travel over 50 miles to reach the place where their

partner is held – which means that the frequency and length of visits need to be considered. Also, to have any longevity in prisons an organisation needs to invest heavily in building relationships with managers in many different areas of the prison regime.

It is vital that we overcome these obstacles. Our experience is that people are desperate to hold their families together – hundreds of miles are covered, and jobs and plans put on hold so visits can be made. We even know of someone who slept on a bench outside the prison overnight so they did not miss the chance to spend a day with their partner. We believe prison provides a unique opportunity to equip the UK's 'hardest to reach' families with the tools they need to thrive – and it is imperative that we take this opportunity.

*Time for Families is a national charity that exists to strengthen relationships. It runs relationship skills courses in prisons in England and Wales, as well as training other organisations to deliver these courses to their clients in the community. For more information go to [www.timeforfamilies.org.uk](http://www.timeforfamilies.org.uk)*

# Somewhere to turn when someone dies

National Helpline Number:  
0844 477 9400



The death of someone close can be devastating. Cruse, the UK's leading grief support charity, exists to provide advice, information and support to anyone who has been bereaved (children, young people and adults), whenever or however the death occurred. The service is provided by trained, experienced volunteers and is confidential and free.

Cruse is the UK's leading bereavement care organisation. Through our network of areas and branches across England, Wales and Northern Ireland Cruse responds to thousands of requests for support each year. Cruse's volunteers receive expert training, both at the start and throughout their voluntary career.

For more information, please visit [www.cruse.org.uk](http://www.cruse.org.uk)

Look out for our  
annual  
Christmas  
appeal & Winter  
Challenge—  
coming soon!



## Join Action for Prisoners' Families for free!

APF reduces the damage and strengthens the voices of prisoners' and offenders' families and those who work with them.

Around 160,000 children in England and Wales experience the imprisonment of a parent every year. Around a million families suffer the consequences of non-custodial sentences such as a fine, community sentence, home detention curfew, probation, etc. A prison or community sentence damages family life. Relationships, finances, housing, education and mental health can all be affected.

Joining Action for Prisoners' Families will give you:

- Opportunities to influence policy
- Regular e-news bulletins
- Access to on-line special interest groups
- Advice, information and support
- Opportunities to contact others in our network

Interested? Go to [www.prisonersfamilies.org.uk](http://www.prisonersfamilies.org.uk) to register on-line or contact APF on: 020 8812 3600 or e-mail [info@prisonersfamilies.org.uk](mailto:info@prisonersfamilies.org.uk) to be sent a membership form. Follow us on Twitter: prisonerfamily.

**Better lives for prisoners' and offenders' families**

## The Essential Guide to Problem Substance Use During Pregnancy

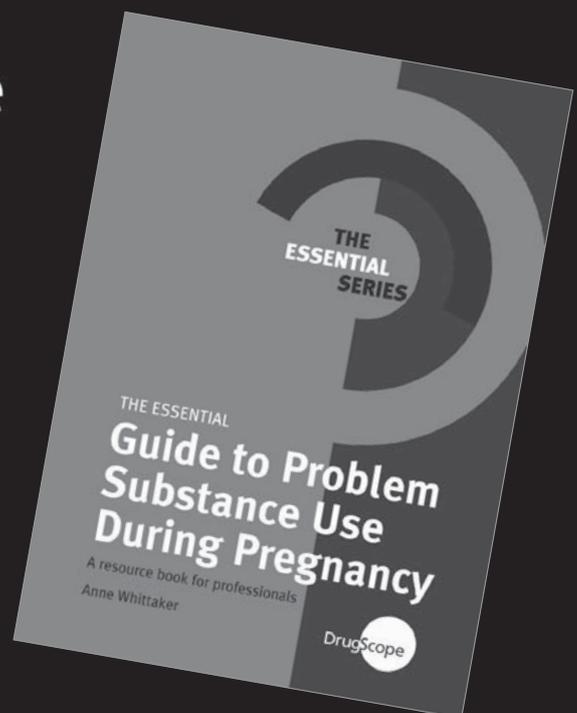
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# BUILDING STRONGER FAMILIES



## *-Facilitators Course-*

***Building Stronger Families*** is an ideal resource for practitioners working with couples/families.

The two-day *Facilitators Course* will provide you with everything you need to run this programme yourself - giving your clients the skills to tackle their relationship challenges together.

## ***Facilitators Course: 23-24 February 2012, London***

*Building Stronger Families* is an evidence-based course designed to help couples strengthen their relationships. Over 12 short modules participants learn how to improve their communication, parenting and money skills, giving their families a stronger foundation for the future. The ***Facilitators Course*** will train you to run this successful course yourself. Time for Families will also provide a facilitator to work alongside your team to deliver the first course to your clients. Discounts are available for smaller organisations.

For more information and to book, visit  
[www.timeforfamilies.org.uk](http://www.timeforfamilies.org.uk)  
or email [info@timeforfamilies.org.uk](mailto:info@timeforfamilies.org.uk)



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