

Volume 4, Issue 1: January 2015

Inside this issue:

Adfam News:	2
- Campaign to access naloxone	
- Staffing changes at Adfam	
- Hetty's wins Prime Minister's Award	
Regional Round-up	3
Local Practice	4
- Swanswell Kinship Care Support Service in Barnsely	
- Adfam's Kinship Care Support Service at HMP Peterborough	5
New Practice	6
- One Recovery, Staffordshire	
In Focus	8
- NPS and the impact on Families	
Contact Details	10

Editorial

I have been working at Adfam since July 2014 as the Policy Intern for my sandwich year at Loughborough University. I chose to undertake my placement with Adfam because I wanted to gain first-hand experience into what it would be like to work within the charity sector. Learning about the effects of drug and alcohol addiction on families has developed my interest of working within the drug and alcohol field.

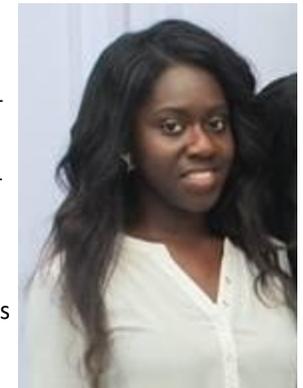
I am enjoying my experience at Adfam. I have been given the opportunity to gain great insight into what it is like to work full time in the third sector. One role that I particularly enjoy is writing the [fortnightly policy briefing](#). This includes a round-up of the contributions in parliament, short summaries of reports and a featured issue, all relating to drugs, alcohol and families. Once my placement ends in July this year, I look forward to completing my degree in Social Psychology with the knowledge and skills that I have acquired from my experience.

This edition of In Practice focuses on kinship carers and the valuable support that different organisations practice locally across the country and how the West Midlands Regional Forum are looking to raise the profile of kinship carers on a regional level. Research highlights that there are around 200,000 kinship carers in the UK caring for around 300,000 children. A Grandparents Plus report estimates that 47 percent are kinship carers due to a loved one's drug or alcohol use. Taking on this role can have a huge impact on every aspect of kinship carer's lives. Nearly half of kinship carers give up work when they take on the care of a child and many end up living in poverty. There is limited support available for these families – financial, practical and emotional – when they take on this caring role, often in very difficult circumstances. This makes working with grandparents, aunties, uncles, siblings and close friends who are looking after a child due a loved one's drug or alcohol use an imperative part of family support.

A new section has been added to this edition of In Practice, called 'New Practice'. This section will follow One Recovery in Staffordshire setting up their new service over the next four editions.

I hope this edition gives you some useful ideas to take forward in your own practice.

Belinda Addo, Policy Intern



Adfam News

Campaign to access naloxone

[Naloxone](#) is an opioid antagonist (a substance which binds to the central nervous system's receptors and displaces any opioid based drugs already present) which can rapidly and safely reverse the effects of potentially fatal overdose. In 2012, 579 died from a heroin or morphine overdose, and in 2013, 765 people died from an overdose.

The evidence base on the effectiveness, and safety, of naloxone is solid. With reports supporting its use produced by the [Advisory Council for the Misuse of Drugs](#) (2012), the [World Health Organisation](#) (2014) and [Public Health England](#) (2015). Adfam agrees with these positions in supporting the wider provision of take-home naloxone, along with the training needed to confidently administer it, for both drug users and their families.

There are a couple of actions that can be taken to ensure that naloxone is rolled out. Firstly, you can join Adfam in adding the name of your organisation to the consensus statement written by the [Naloxone Action Group \(NAG\) England](#) which supports the same outcome. Secondly, we encourage you and the families you work with to share your story to highlight the benefits of naloxone. They articulate what data cannot: the potential of this medicine to prevent heartbreak and devastation in families and communities as well as overdose in individuals. If you are interested in sharing your story or discussing any other aspect of the naloxone campaign, please contact [Oliver Standing](#).

Staffing changes at Adfam

It is with great sadness that Adfam waved goodbye to Oliver French, Senior Policy and Research Coordinator at the end of March. With his departure, Oliver Standing is now Acting Head of Policy and Projects. We are pleased to welcome [David Ader](#) as our new Policy and Communications Coordinator and [Lauren Garland](#) is also joining the team as a Policy Coordinator.

Hetty's wins Prime Minister's Award



[Hetty's](#), which is a dedicated Nottinghamshire Charity which provides emotional and practical support to hundreds of families affected by drug or alcohol misuse has won the Prime Minister's Big Society Award for supporting families affected by drug or alcohol misuse.

It was originally founded by a group of mums in 1996 who themselves had been affected by substance misuse. Through their passion and determination to support others, Hetty's has grown into a unique organization now run by over 30 volunteers and 9 staff.

The team of volunteers and staff work hard to provide a free confidential support line, face to face sessions, peer support groups and educational workshops as well as a text service for families who may find it difficult to talk about their situation.

Hetty's unique 'Kinship Care' programme provides emotional and financial support for extended family carers of children who have to live away from the parental home.

Prime Minister David Cameron said:

I want to congratulate everyone involved in Hetty's – they are thoroughly deserving of this Big Society Award.

Hetty's is thrilled to have received national recognition for the work it undertakes and is proud that families affected by someone else's substance misuse have been publicly acknowledged.



Regional Round Up

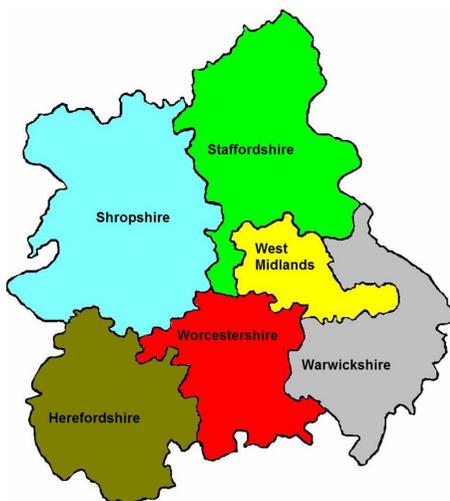
West Midlands

Back in September 2014, the Kinship Carers UK Worcestershire group, who are affiliated with Grandparents Plus, came to speak to the Forum about kinship carers, the different arrangements under which extended families look after their loved one's child or children and what support kinship carers need.

This presentation has led to the Forum to explore how drug and alcohol family support services can best support kinship carers and what support is already available and to write a report. The Forum sent Freedom of Information requests to all LAs to understand how many kinship carers are known throughout the region. It was found that the majority of LAs did not know how many kinship carers there were in their area or how many were kinship carers due to drug or alcohol use.

The Forum has since researched their LAs Friends and Family Policy which details what support is available for kinship carers, which varies hugely across the area. It has also been visited by David Roth, Kinship Service Development Manager from Grandparents Plus to explain the policy context and best practice.

The report is in its final stages with the view to share it and the recommendations with services and commissioners to ensure that kinship carers are recognised and supported. If you would like more information about the report, please contact [Anna Kasmir](#).



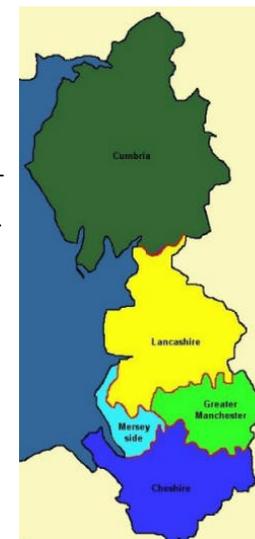
North West

On **February 25** a learning seminar was held in Manchester with those people who have been part of Adfam's North-West forum. This day brought together practitioners and service-managers, with representation from community family support groups across the region. The purpose of the day was to bring together people with an interest and a stake in the supporting of families affected by drug or alcohol use to share updates and good practice, showcase a current Adfam project and provide a forum for peer support.

The picture that emerged from the day in terms of the overall health of the family support sector at a local level was a varied one. Some attendees reported that their services had lost staff, and consequently knowledge and experience, but there were a few who reported growth and positive news. The topics that were brought to the group for peer advice included subjects of perennial interest around supporting clients with complex needs, as well as some discussion of Adfam's [bereavement peer support project](#) as noted in the News section.

Adfam's [Why Invest resource](#) was presented, and Early Break showed a [short video](#) covering their Holding Families programme. Lastly, a detailed presentation and workshop was presented by Oliver French, Adfam's Senior Policy & Research Coordinator, which covered Adfam's [recent work around opioid substitute therapy](#).

Another seminar for those in the North West will be held in Manchester during the week beginning 7 September. If you would be interested in attending this, or would like to know more about any of the subjects covered in February's seminar, please contact [Oliver Standing](#).



Local Practice

Swanswell Kinship Care Support Service in Barnsley

In April 2010, Swanswell was commissioned to deliver a dedicated carers’ support service in Barnsley, South Yorkshire. The service offers families and friends affected by a loved one’s substance misuse tailored support packages, which best support their individual needs. These typically include 1 to 1 support, education, training and group work covering a variety of topics. These topics include understanding their loved ones misuse and treatment, debt management, housing advice, health/mental wellbeing support, social networks, recovery capital and how to develop and strengthen their own coping mechanisms.

From the start of the contract we received referrals for carers who were also looking after a loved one’s children because of substance misuse issues – kinship care (KC). We identified that kinship carers (KCs) needed more intensive and long-term support than we’d normally offer. KCs have a difficult role supporting their loved one with their substance misuse issues, while being the main carer for their loved one’s children. KCs can feel emotionally torn when they have to make very difficult decisions that could affect their relationship with their substance misusing loved one. This transition for the KC can be a difficult one and can affect individuals differently, depending on their situation. Understanding the social care process and child protection issues can be challenging for KCs. Some have told us this can be scary and mentally draining, and they can be anxious that the child may be taken from their care. We have seen many cases where the communication between the kinship carer and social care is not effective owing to the KCs lack of trust or fear of the process.

Kinship carer work in Barnsley

In 2011, Swanswell joined up with a local Sure Start centre to run a KC programme over ten weeks for 10 carers. The programme covered things such as understanding substance misuse, first aid, communication skills, understanding kinship carer issues, cooking/eating and safeguarding. The KC programme was very successful with all KCs becoming friends outside of the sessions.



In 2013, we were successful in gaining funding from the local Carers’ Grant to run a repeat of the KC programme. Take up this time was poor unfortunately, despite advertising and networking with partners to encourage referrals. This time, we found that KCs preferred to receive support on a 1 to 1 basis or with other family members, instead of group sessions. We also found it hard to find a suitable time to suit all carers to run the programme. We liaised closely with the funder who agreed that, instead of using the money to fund a KC programme, we could use it as a KC emergency fund. This has helped purchase essential items that KCs require such as safety equipment, school uniforms, essential household goods and court fees.

Recently we’ve seen an increase in KCs needing support and guidance when applying to court for Child Arrangement or Special Guardianship Orders, when they cannot afford a solicitor. Our Barnsley Carers’ Support Service Team has developed their skills in order to help KCs complete their court order application paperwork. The KC emergency fund has meant we’re able to assist with the court fees for the applications. The team support the KCs to attend court and KCs have stated that this support is welcomed and appreciated.

We’re now seeing an increase in referrals from social care and the stronger families teams. We’re aware that many more KCs need support and advice. We’ll soon be deliver-

ing The Role of Substance Misuse Carers workshops to provider agencies via the Children’s Safeguarding Board training. Providers include social work teams, substance misuse treatment providers and the Citizens Advice Bureau. We’ll offer the workshops to any agency wishing to learn more about what it’s like to have a loved one with substance misuse issues and to explore the challenges that KCs face. We hope this will raise carer and KC awareness and generate more referrals into the Barnsley Carers’ Support Service.

Swanswell are dedicated to supporting carers and are currently looking for funding to widen, develop and continue our KC work. If you would like more information, please contact [Jennifer Upperdine](#).



Kinship Carers at the Knitswell ‘Stitch Up the Carers Cabin’

Adfam’s Kinship Care support service at HMP Peterborough

Adfam, funded by the Esme Fairburn Foundation, started the Kinship Care Support pilot project in September 2014, which is headed by Victoria Hilliard. The aim of the project is to support kinship carers who are caring for a child whose parent is involved with the criminal justice system. Based at HMP Peterborough, the initial focus has been on those caring for prisoners’ children. The service provides emotional support and practical support with a range of issues including benefits, debts, employment, childcare, housing and education. The most challenging aspect of the project thus far has been accessing kinship carers at the point where they need support.

Female prisoners in HMP Peterborough come from a huge area – from Mansfield to Watford and Lowestoft to Birmingham. This means that the kinship carers of their children are also spread across the country, making it difficult to connect with them in the community so our most direct option is to make contact through the prisoner. We try to see prisoners as soon as possible when they come into custody to get consent to contact their families. However, responses are varied. Many are struggling with withdrawal from drugs or alcohol and don’t want to see anyone. Some no longer have any contact with their family who are caring for their children, others don’t want their family to know that they are in custody, particularly if relationships are strained and they think that their imprisonment could affect their chances of future contact. A sizeable number of prisoners at HMP Peterborough are Foreign Nationals and most of those who have children cared for by family are living in their home country. This would of course make any support or contact difficult but in addition most have kept their situations secret from their families due to shame and fear that their children could be taken into care in their home countries.

There are prisoners who are receptive to the idea of support for their family members and are happy to consent to contact being made. Most commonly, these are prisoners who are in custody for the first time, are usually primary carers for their children and have rea-

sonably good relationships with their families. When contacting the kinship carers themselves, this group are also the most receptive and in need of support. Most have needed emotional support and reassurance that their daughter (the majority have been grandparents caring for their daughter’s child) is ok and that prison is not as bad TV dramas suggest. Others have needed advice about changing over benefits, social services, talking to the child’s school and gaining parental consent for a child’s medical procedure. Several prisoners had known they were coming into custody and so had signed documents with their solicitor giving their children’s carers consent to make day to day decisions regarding the child on their behalf.

Around a third of kinship carers contacted have had custody of their grandchildren for a number of years and have a Special Guardianship Order (SGO) and everything they need in place. Usually their daughters have lost custody of their children due to drugs or alcohol and the associated lifestyle long before they come into custody. Many say that they would have benefited from support in the past, but that time has now passed. As the project has the capacity to support more families, we hope to soon be able to offer support kinship carers in the community in Peterborough, caring for children whose parent is involved in the criminal justice system. We hope that this earlier intervention, before a parent ends up in prison, will reduce the stress on kinship carers when they take on the care of children and ensure that kinship carers receive the support they are entitled to.

If you work in Peterborough, or are working with kinship carers who have a loved one at HMP Peterborough, please contact [Victoria Hilliard](#).



Sue Goodliffe, who works alongside Victoria at HMP Peterborough. This photograph is part of Adfam’s ‘Other Faces of Addiction’ Exhibition

New Practice —One Recovery, Staffordshire

For the next four editions, we will be following One Recovery in Staffordshire, finding out how they are setting up and settling in to a new service

One Recovery Staffordshire is an innovative partnership that has been providing substance misuse services across Staffordshire since July 2014. The One Recovery Partnership is led by Addiction Dependency Solutions (ADS), and consists of four other organisations specialising in substance misuse, mental health, housing and other wider aspects of substance misuse addiction; North Staffordshire Combined Healthcare Trust, Changes Wellbeing, Arch North Staffs and Brighter Futures.

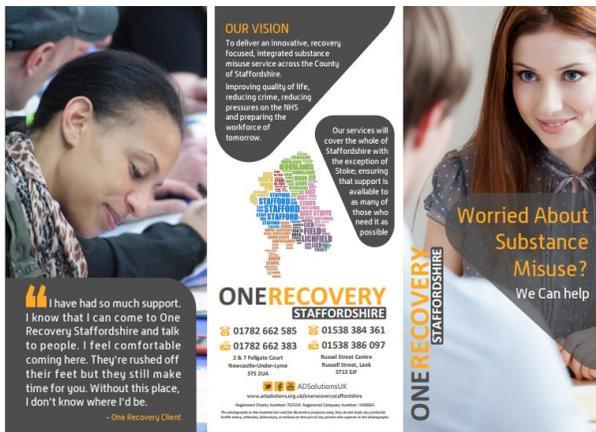
ADS has been delivering parenting programmes as part of our service provision for a number of years; however, One Recovery Staffordshire provided the opportunity to deliver these programmes as a central element of a fully integrated substance misuse service. The One Recovery Staffordshire approach has been highly influenced by reports focussing on family based interventions as part of targeted treatment and safeguarding such as the NTA 2009 report and the Munroe Review of 2010.

These, and many other reports highlight the clear evidence to suggest family based interventions that target parent’s substance misuse whilst building positive relationships with family members, are a vital part of substance misuse provision. The ability of One Recovery Staffordshire to work flexibly across the varying needs of service users has allowed us, as a partnership, to directly target and offer family based interventions as part of our service delivery.

ONE RECOVERY
STAFFORDSHIRE

Upon commencement of One Recovery Staffordshire a review of current caseload indicated that there was a significant number of parents in services (45% of active service users), and that the majority of these had their children living with them (60%) - there was also a number of individuals in treatment who were pregnant. Our internal statistics, combined with evidence from national reports, provided the rationale to adopt family interventions throughout our services.

The family based interventions adopted across Staffordshire are based upon ADS' parent specific programmes; these have been developed since 2008, both in community and prison settings. The programmes take slightly different approaches; one focuses on positive parenting skills for those parents who are working towards or in recovery, the other, focuses on how to keep children safe and healthy whilst parents may still be in the midst of their addiction. These programmes have been evaluated internally, and have produced positive outcomes; however, this is not the end goal for ADS. We are committed to improving our service delivery across numerous outcome areas, including developing a more holistic approach to family work – this means not just limiting interventions to parental substance misusers, and by default, their children, but extending our provision to wider family members, such as, siblings, uncles and



OUR VISION
To deliver an innovative, recovery focused, integrated substance misuse service across the County of Staffordshire.
Improving quality of life, reducing crime, reducing pressures on the NHS and preparing the workforce of tomorrow.

Our services will cover the whole of Staffordshire with the exception of Stoke, ensuring that support is available to as many of those who need it as possible.

ONE RECOVERY STAFFORDSHIRE

01782 662 585 01538 384 361
01782 662 383 01538 386 097

2 B, 7 Millgate Court, Newcastle-under-Lyme, ST15 2JH
Rusell Street Centre, Rusell Street, Leek, ST13 5JF

www.onerecoveryuk.com
Registered Charity, Number 262523 Registered Company, Number 08066288

I have had so much support, I know that I can come to One Recovery Staffordshire and talk to people. I feel comfortable coming here. They're rushed off their feet but they still make time for you. Without this place, I don't know where I'd be.
- One Recovery Client

Worried About Substance Misuse?
We Can help

aunties and service user's parents. Accordingly, ADS have developed groups where other family members can access our services to receive help and support, and interact and share similar experiences with other family members of those individuals in treatment.

These groups follow a mutual support model whereby family

members are invited to come to meetings, share their experiences and support each other to manage those, often difficult relationships with a member of their family in the midst of addiction or provide support to family members who have been bereaved by addiction. We offer opportunities for family members to volunteer within our service or become mentors to other families affected by substance misuse. What we are keen to avoid is telling family members what our service can provide for them. We would rather adopt a method of co-production where families can tell us what they need from our service to help them receive the support they need. We will provide buildings and rooms to meet in, access to IT and equipment to run and deliver support groups. We can also provide training and access to materials but we really want families to shape and develop the service.

Whilst it is an ambition to be able to offer a variety of high quality interventions across the spectrum of a service users needs, and one we are working towards as an innovative charity, we also work with specialist services in the community that have specific skills and knowledge in regards to family based interventions. It is key to the quality of overall service provision that we form positive working relationships with other specialist services in the community; in Staffordshire we have developed such a relationship with family services - we approached the various family services across Staffordshire to develop joint working protocols alongside offering more interventions directly within our service. The experience of working with statutory family services has been particularly positive so far. Rather than simply write a high level protocol and expect managers to implement it, we have facilitated direct contact between our service and locality managers to allow them to develop their own working relationships, and implement and develop appropriate ways of working so as to achieve the best outcomes for the families of Staffordshire. We will still adopt a joint protocol to formalise service delivery, however, the benefits from working together at a devolved level to develop appropriate and specific interventions, tailored to respected areas, have been clear.

If you would like any more information about One Recovery, please contact [Chris Judge](#).

In Focus

NPS and the impact on families



Novel psychoactive substances (NPS) are increasingly being used as an alternative to classified drugs, and constitute a significant public health risk as well as having a severe impact on the social and family lives of users. This is, in part, fuelled by a misconception that because a substance is not controlled, it is not ‘dangerous’.

But what are NPS and where do ‘legal highs’ fit into this picture? The United Nations defines NPS as “substances of abuse, either in a pure form or a preparation, that are not controlled by the Convention on Narcotic Drugs or the Convention on Psychotropic Substances, but which may pose a public health threat.(1)”

It also recognises that “NPS are created by minute adjustments to the chemical structure of existing illegal drugs, [mimicking] the effects of those drugs on the body and mind. Because these are brand new substances on a molecular level, many of them remain legal by default, which leads to the misnomer ‘legal highs’.(2)”

However, this definition does not cover the legal status of a substance within the UK. Here a ‘legal high’ is an NPS which is not controlled under our Misuse of Drugs Act, and is therefore available to purchase from designated shops and other outlets. To avoid being covered by the Medicines Act, and thus entering a legal grey area, they

References:

- (1) http://www.unodc.org/documents/scientific/NPS_2013_SMART.pdf
- (2) http://www.unodc.org/documents/scientific/NPS_2013_SMART.pdf
- (3) Scottish Drugs Forum. The shape of drug problems to come: the results of the 2013 drug trends in Scotland survey, p.11

are sold as ‘not for human consumption’, although many NPS users recognise this disclaimer is merely for show. This distinction between an NPS and a ‘legal high’ is important if one wants to make sense of the confusing terms of the debate.

The truth is that the rate of NPS creation means that an attempt to ban each new substance as it becomes an identifiable issue – in the manner of meow meow – is a Sisyphean task. The sheer variety of NPS, as well as the relatively new rise in their use makes it difficult to assess the long-term mental, physical and social impacts of NPS use.

There is an increasingly clear link between mental health issues and NPS use. There has been a general increase in the number of NHS referrals for a variety of harms, and a number of high profile examples of NPS induced psychosis resulting in harm to both the user and others. The Scottish Drugs Forum (3) concluded in their 2013 survey that the risks of NPS use included: temporary psychotic states; unpredictable behaviours; hallucination; confusion leading to aggression and violence; psychosis; paranoia; anxiety; psychiatric complications; depression; psychological dependence; and suicidal thoughts.

The physical impacts of NPS are difficult to measure over this relatively short period; however, some which have been noted include heart issues (including palpitations and heart attacks), as well as issues surrounding routes of administration which can include injecting,



Picture: BBC

ingesting and snorting NPS. The Scottish Drugs Forum also identified risks including vomiting, physical dependence as well as increased rates of A&E attendance and hospital admissions.

The family and social impact of NPS are clear but even more

more difficult to quantify. NPS use is often accompanied by changes in behaviour, including the breakdown of family units. As users lose focus on work or education, they may resort to crime to fund their habit and change their attitude towards friends and family members. All of these factors can lead to serious, and sometimes irreparable, damage to family units.

One person who understands the risks to both health and family life is 18 year old James from West Yorkshire. James began to use synthetic cannabinoids at 17, quickly becoming a daily user, suffering from a number of mental, physical and behavioural issues. Eventually, his parents were forced to ask him to leave the family home, while his college advised that he could soon be expelled from his engineering course. Luckily, his counsellor referred him to his local CRI service and he has since successfully stopped his use via a gradual reduction programme, in addition to receiving support with college and housing. James completed his intervention in December and is continuing with his engineering course. While still living independently, he has begun to rebuild relationships with his parents, who also received some support from CRI. Because of his experiences, James is keen to share the dangers of NPS and prevent other young people making the same life choices. He recently held a key role on a Q&A panel about the local strategy for NPS, and has been featured on BBC Radio 1 talking about his experience.

There are a range of medical and holistic services available which need to be publicised more widely to have a significant impact. There is also a drive to push towards better family and support services with a greater need for 'joined up' thinking. At CRI we have noted a knowledge gap about NPS use, with a number of organisations unwilling to refer users to our drug services because of the misconception that they are not 'proper' drugs.

CRI already runs training services to equip frontline staff, like social workers and

teachers, to recognise the signs of NPS use and it is clear that there needs to be a better focus on best practice to support both users and their families. The Home Office published its New Psychoactive Substances (NPS) resource pack to promote best practice for informal educators and practitioners in March 2015. But recognising the signs of use are less helpful than preventing young people using NPS in the first place. That is why CRI's '[Strange Molecules](#)' campaign and website were created, in response to an increase in young people contacting CRI and reporting that they weren't aware of the potential risks of 'legal highs'.

Ultimately, NPS have the potential to disrupt family life and it is only through better education and understanding of the risks and impacts, alongside a better knowledge of the services that are already available, that people can begin to address their substance misuse or prevent it from happening at all.

If you have any questions, please contact [Michael Lawrence](#), NPS & Online Technologies Development Manager.



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Many thanks to all who contributed to this edition of In Practice, including [Jennifer Upperdine](#) from Swanswell, [Chris Judge](#) from One Recovery and [Michael Lawrence](#) from CRI. If you would like to write an article, or have any suggestions please contact [Anna Kasmir](#).

