



**Review of the Effectiveness and  
Impact of The Oasis Project  
(Registered Charity 1103721)**

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## **Executive Summary**

### **1. Research Background**

The Community Operational Research Unit (CORU) was funded by the Peter and Gwyneth Hodginkson Charitable Trust to review the impact and service provided by The Oasis Project, an organisation set up in 2000 by two mothers to support families in Lincolnshire who have a family member misusing alcohol and drugs. From this Oasis has developed into a non-statutory organisation that funds a project manager and 3 project workers as well as an office and 24 hour helpline. The aim of the study was to understand the wider issues surrounding the support that organisations such as Oasis provide in terms of the needs and experiences of families affected by alcohol and drug misuse, what is the added value of the support that Oasis provides and how does it articulate that for sustainability and future funding?

As an 'engaged' research approach, the emphasis was on involving the Oasis stakeholders as co-researchers in reviewing the dynamics of the organisation and its impact. As well as semi-structured interviews with 18 service users, 6 trustees and 3 project workers, a workshop was facilitated by CORU in which the emerging themes of the research were discussed and 'validated' and an Impact Assessment of Oasis' role undertaken of the service that it provides in its widest context.

Existing literature on the impact of problem drug and alcohol users within families is limited particularly in terms of qualitative studies, highlighting how drug and alcohol misuse is largely perceived and treated as an individual problem, not that of the family. The small body of research that already exists nevertheless indicates the severe and continuing impact that can be effected on the family in terms of physical and psychological health, finance and employment, social life and family relationships. The research process was therefore divided into reviewing four main themes, namely impact on the family, the role of Oasis, its added value and, what is its way forward?

### **2. Impact on the Family**

The impact of drug/alcohol misuse within the family was one of initial shock and helplessness, which moved into longer-term disruption to home life and relationships as families struggled to come to terms with the 'ripple effect' within their family. Conflict between parents and siblings as to what to do about the situation and the attention given to the family member with the alcohol or drug 'problem' was a common difficulty. Grandparents and 'kin-carers' equally found themselves having to care for neglected children and having to deal with a number of agencies that previously they have had no contact with, such as Social Services, the courts, probation and police services. The home rather than a place of security becomes somewhere of conflict, concern and uncertainty. There are strains on other family members in both physical and mental health.

### **3. The Role of Oasis**

The role of Oasis to support families ‘floundering’ in how to understand and respond to these family crises and help minimise harm to the family and the individual was considered to be vital in the following areas:

*Survival and coping:* Where families were feeling isolated, depressed and sometimes for some partners and parents even ‘suicidal’, Oasis provides a service that can move the emphasis from despair to practical support and problem solving. Oasis empowers its clients to look at the family needs as a whole, which may mean how to provide separate and safe housing for drug users, or how to think through decisions about relationships and family dynamics.

*Harm reduction – education and information:* Both in terms of advice given and signposting to other services Oasis minimises risk to drug and alcohol problems in its widest context, such as associated risks of Hepatitis and HIV. For many it fills a service gap in information on drugs and alcohol misuse and its effects.

*Support for Grandparents/kin-carers:* A very valuable role of Oasis reflected in the research is its support of kin-carers for those children who require extra care because of their parents’ addiction. Keeping families together by providing help to kin-carers whether by financial or emotional support, or liaising with child services reduces the possibility of more family breakdowns.

*Partnership working:* In terms of its work with drug and social service agencies and preventative talks on drug education to schools, Oasis has an ability to provide a flexible and different angle on various issues, to ensure that statutory bodies can meet their own organisational objectives and desired outcomes.

### **4. Added Value**

All stakeholders were in agreement about the main features of Oasis’ service that provided for added value compared with mainstream services:

*Rapport:* Clients particularly value the rapport that they can build up with the project workers, often over the long haul of several years of one to one support through very difficult family crises. The fact that the project workers and volunteers have their own personal family experience of drug misuse is particularly important, so that they can ‘identify’ with their clients and understand the problems they face and how to overcome them. For many clients Oasis was the only service that holistically supported the client through all the difficult stages of dealing with the effects of drug and alcohol misuse, other organisations being bound by the professional remits and boundaries of their particular service.

*24-hour care:* Compared to most statutory services Oasis provides a 24-hour service through its Helpline, which clients most use and value. It is this helpline that they can contact in the middle of the night, at weekends and even on Christmas Day when the crises are more likely to happen and the problems seem at their worst. The flexibility

of the services in terms of time and approach, that a client can contact Oasis by phone, e-mail or one to one visits and meetings, was also seen as an essential element of its unique service model. This contrasted strongly to client's experiences of mainstream services where phone calls were not returned, there was a constantly changing personnel to contact and an answer phone service only at times of crises.

## **5. Way Forward**

Some of the developments that Oasis needs to review to consolidate and extend the service that it provides are:

*Publicity:* There was a consensus both from the interviews and workshop that Oasis's publicity and educational material in terms of the website, videos, posters and leaflets needed to be reviewed to ensure that as many service users as possible are reached. Men are particularly considered to be an under-represented group and presently there is an emphasis in some of the material on heroin use and not enough reflection on the needs of other drug users and those with alcohol problems. In response to this a recent review by media students from Lincoln University of existing publicity has already resulted in a proposed newly designed website, poster and flyer that should appeal to a much greater target audience. The need for further promotion and educational resources is considered to require an additional £21,000, which would fund a new promotional DVD and an enhanced publicity budget.

*Group Work/Outreach:* The development of communication mediums such as the website is considered essential to attract younger clients and provide networks for those who have difficulty accessing present groups for childcare, work and transport reasons, or need anonymity. Oasis is also in the process of developing outreach work for prison families at local prisons. The need to extend school talks on drugs to primary school children is another consideration as drug using careers start earlier.

*Accountability and Funding:* Statistics presently collected by Oasis are minimal, but there needs to be more robust means of accounting for Oasis' soft outcomes, so that funders can more easily appreciate the impact that Oasis has on the ability of families to not only survive but take practical steps forward. The challenge remains how to record such data without impinging on the anonymity and flexibility of service that remains the essence of Oasis's work. Concerning funding the issue is not only the need to maintain the present £100,000 budget to maintain service levels, but how to secure funding of a further £50,000 for enhanced service provision in respect of respite care, developing prison and schools work, and enhanced promotional and education packages.

*Organisation:* As a small organisation Oasis remains dependent on maintaining the right balance of personal skills and understanding of drug and alcohol misuse and developing professional expertise in areas such as funding and publicity. In this respect the need for continuous staff development and training and development of a more formal supervision processes and de-briefing was recognised. Whilst funding both for existing and potential new services remains a continual problem, the concern remains that the core values established by the organisation from its voluntary roots is not diminished by any expansion in personnel or provision of service.

Overall, Oasis has achieved much as it has grown in the last 8 years from a voluntary organisation of 2 mothers into a professional organisation that provides a holistic service both to its clients and a myriad of statutory services involved with drug and alcohol and drug misuse and its effects. Within its service model there is much that mainstream services can learn about how to engage and deal with the problems of those most vulnerable in society. Its greatest challenge remains the need for continuous funding, but as outlined in recent Government policy and publications, the treatment of drugs is not to be dealt with in silos. Families need to be at the heart of the solution and support from organisations such as Oasis can demonstrate the difference that this makes to the outcomes of all involved.

# 1 Research Aims and Background

## 1.1 The Oasis Project

Oasis is an organisation set up in 2000 to support families in Lincolnshire who have a family member misusing alcohol or drugs, by providing advice and support in a way that is most appropriate for client need. Started by 2 mothers whose children both had drug addiction, they decided to set up a support group for other parents in the same situation rather than remaining in isolation and unsure of how to deal with what has been described by Barnard (2005) as an ‘all encompassing family crisis’.

From these 2 mothers and an anonymous donation of £250, which allowed them to set up a 24-hour helpline, the Project has grown from a voluntary support group to an organisation that has an office based in the centre of Lincoln and employs 3 project workers and a 0.8 FTE manager as well as having a team of volunteers. This organisational structure as seen in Appendix 1 is supported by a present funding of £100,000 through grants and fund raising. Although Oasis has grown as an organisation, its ethos of support has remained the same with the service it provides based on the provision of a 24-hour telephone helpline, one to one support individual meetings with project workers and group meetings across the county where they are required. As Oasis states ‘...*Although you cannot make an addict give up drugs, you can help to create the conditions that will encourage them to reach the decisions themselves. We can help all those who feel isolated with their problems...*’.

Based on the mothers’ own experiences, a video outlining the very real effects of drug abuse has been made as *The Ripple Effect*. This together with talks undertaken by the project workers at secondary schools adds to the preventative work that Oasis undertakes in harm reduction and drugs education and awareness.

As Oasis has grown into an organisation with funded workers as well as volunteers, the need for funding has become central to continued support and organisational growth and development. The difficulty however remains in that whilst there is recognition of the part played by the community and voluntary sector in the support of issues such as drug misuse and mental health, it often has less robust measures to ‘prove’ its value and growth. Moreover, whilst Oasis has developed to meet increasing gaps in mainstream services, they are usually dependent on short term funding with sustainability and the continuous need to justify the service becoming increasing issues.

At a governmental level, the work undertaken by Oasis is recognised in Government strategy and reports as in its strategy ‘*Tackling Drugs, Changing Lives*’ (2007) and the RSA Commissioned Report ‘*Drugs Facing Facts*’ (2007), where such projects are seen as ‘...*an essential source of help to people who are struggling with the often overwhelming task of helping someone give up their drug use...*’.

## **1.2 Aims of the Research**

It was in this context that the Community Operational Research Unit (CORU), at the University of Lincoln, was funded by the Peter and Gwyneth Hodgkinson Charitable Trust to research the issues surrounding Oasis to understand more about the needs of families who support partners/siblings/parents/daughters/sons with increasing problems of drug and alcohol misuse and the very unique organisations such as Oasis who support them and the wider community.

CORU's expertise has particularly focused on community engaged research in health settings and with groups of service users. Projects undertaken by the Researcher have included an on-going 5-year evaluation of a Healthy Living Centre in Lincolnshire Probation (Jackson, 2005) and a comprehensive review of services provided for drug users in North and North East Lincolnshire (Jackson, 2002). It is research that often provides a unique view of being able to understand the needs of the user group and the gaps that often exist in the structure and provisions of mainstream services.

The main research aims of the project were therefore:

- What are the needs/experiences of those families affected by alcohol and drug misuse?
- How do we articulate what support organisations and services such as Oasis provide and why it is valuable?
- What makes the 'service' provided by a voluntary sector group such as Oasis; how is it distinctive from the public sector? What is its value-added – does it complement what is provided by the public sector and does it provide for essential needs where there would otherwise be a service gap?
- Where does Oasis need to go? How does it create sustainability and a funding framework that can incorporate more softer and creative outcomes for the evaluation of improving and supporting well-being?

## **1.3 Research Approach**

Exploring complex issues that Oasis deals with meant that work would involve reviewing the dynamics of the organisation in relation to its participants to unravel what is valued through continuance and growth. As an engaged research project, the onus remained on Oasis to be involved in a participatory way as co-researchers reflecting on the research process and emerging themes and 'results', which they can develop into further evaluative frameworks. Developing concepts of what is effective in enabling well-being and what is the 'value-added' of the support that such organisations provide is one of the most important intentions of the research. Organisations are therefore better placed to know and articulate what is valued and, where appropriate, how to be more effective in what they do.

From October 2007 to January 2008 research within Oasis mainly consisted of seeking to find out from the main stakeholders of the project namely, trustees, project workers and service users, what they considered were the main issues in relation to Oasis' present work and where it wants to develop in the future. Whilst for trustees and project workers this has meant individual and group interviews, those service

users who agreed to be contacted gave invaluable insights into Oasis' work in mostly telephone interviews. Telephone interviews were felt to be most appropriate given that it provided anonymity to those who did not want to be personally identified. In total 18 service users, 6 trustees and the 3 project workers were interviewed, as well as a number of informal discussions throughout the project with the project manager. A review of the testimonial letters sent for funding proposals was also undertaken to understand the issues and support that were most pertinent to service users.

From these mainly unstructured interviews and testimonial letters, collective themes have emerged in relation to; the effect on the family of having to support a family member with drug/alcohol problems; what support Oasis provides; its 'added value'; and, what are the priorities for Oasis survival as an organisation both now and in the future? These themes provided the basis for a workshop discussion held on Riseholme College campus on 6 March 2008 attended by a mixture of service users, trustees, co-workers and project workers. The intention was therefore that research was not dialogue in a vacuum and that the researched as much as the researcher could raise and reflect on issues surrounding the present and future direction of Oasis. At the workshop the participants also took part in an exercise to determine the impact of Oasis by considering the potential positive/negative effects if it did not continue as a service. This is contained in Section 4.4 and Appendix 2 with the workshop report notes and both will be referred to within the later findings of the report.

#### **1.4 Research Background**

*'It is a simple and yet largely ignored truism that drug problems have a profound impact on families. Mothers and fathers, brothers and sisters are frequently caught in the maelstrom that drug problems almost inevitably create. If the effects on families have been ignored it is because of a preoccupation to perceive and treat drug problems as the preserve of the individual rather than having any wider ramifications for close relatives ... Barnard 2005:p1*

Barnard's qualitative research into a Greater Glasgow area (2005) has highlighted the 'small body of research' that exists on the effects that problem drug use has on families and how this reflects not only a papering over of what is happening for families, but how the problem of drug and alcohol misuse is mainly perceived and treated as an 'individual' problem. Consequently, this can affect the limited nature of the support that families and ultimately the service user receive.

Whilst such studies have been small they have indicated that severe and continuing stress experienced by family members can result in high levels of physical and psychological morbidity for parents (Velleman et al, 1993; Orford et al., 1998). Velleman et al., 1993, for example, found that problematic behaviours such as stealing, violence, argumentativeness and unpredictability in the home have all been identified as contributing to the difficulties of living with a family member who develops drug problems. Indeed, a Scottish Government report on supporting families of drug users in Scotland identified 4 key areas of impact on relatives; physical and psychological health; finance and employment; social life; and family relationships (EIU 2002)

Barnard's (2005) study provides further insights into the difficulties that families face in first coming to terms with the drugs problem and reconciling family life with their new situation, mostly through trying to deal with the problems themselves, often being reduced to an 'overwhelming sense of impotence and rage';

*'The most common response of families, at least in the early days, was to try and find a way to accommodate the problem whilst also seeking a solution to it ... The effort to retain some semblance of family life, to carry on regardless, was in all the cases here experienced as a near impossibility that could strain the family to breaking point'...* (2005, p5)

Whilst such research is limited, the more comprehensive reviews of drug policy, such as the RSA's *Drugs Facing Facts* Report of 2007, have taken notice of the impact of these studies and given a further voice to the need to understand and support drug and alcohol misuse not in a silo, but in relation to family need:

*'More attention has generally been paid to the effect of drugs on individual users than to the impact that users' behaviour may have on those around them – partners, children, brothers and sisters, friends and neighbours – and there seems to have been little systematic exploration of the overall web of interconnected consequences. Drug abuse in other words is a problem that is often treated in silos. Drug workers focus primarily on drug users, while social workers may have more interest in their children ... GPs have the opportunity, but rarely the occasion, to consider the health needs of both drug users and their families. Few people have concentrated on the needs of other family members, partners or siblings and not enough help is available to them'* (RSA 2007:p89).

It is against this research context that the themes emerging from the interview data were analysed and which will be further referred to in the findings, together with reflections where applicable on the recent publication of the HM Government 2008 Drug Strategy and the 2007 Drug Strategy Consultation.

The report is divided into five further sections from the interview/workshop data. Section 2 analyses the effect of drug/alcohol misuse on the family, with Section 3 and 4 reviewing the role and support that Oasis provides and what is its 'added value' both to services users and partner agencies. Section 5 considers where Oasis should potentially look to change and develop in the future. Section 6 is a final commentary on the research and its findings.

## **2. Impact on the Family**

*Some drug users become rude, unpredictable, withdrawn, dishonest, embarrassing, expensive and violent and daily life can be turned upside down, with meal times disrupted, younger children not picked up from school and familiar household necessities suddenly missing because they have been stolen and sold. When the problem first emerges, most families will attempt to handle it themselves, usually by trying to persuade the user to stop... or may throw them out....*

*Parents not uncommonly feel their lives have been taken over by the user's problems. They are unable to go on holiday or travel on business, or even leave the house, for fear of what may happen while they are gone. (RSA, 2005: p80)*

### **2.1 Initial Response**

As in Barnard's (2005) study and the RSA *Drugs Facing Facts* Report (2007), service users of Oasis reported a mixture of shock, loss, confusion, anger, uncertainty and powerlessness when they realised the extent of their family member's drug/alcohol misuse:

*About 12 months ago my son came home and told me he was a heroin addict, I felt utter devastation*

*It was the 'bleakest day of my life'*

*You are bereft it is like losing a child*

*One minute we were walking in the sunshine a respectable middle class family and then we were in the middle of this nightmare and how to get out of it?*

For many families, there is no previous experience of drug or alcohol misuse and they are confronted with a situation that they are not sure how to deal with. As service users related;

*I did not know anything about heroin or how to deal with the situation*

*I didn't know what to do or what to expect. There are many questions like how do certain drugs work?*

Moreover, as drug misuse is surrounded by perceptions of stigma, parents in particular can feel that they have 'gone wrong somehow' and instead of seeking help from friends and families the situation becomes more one of isolation as they find it a 'taboo subject' to discuss with them. GPs and professional agencies are often similarly of limited help as the onus is on treating the individual, rather than the holistic support of the family. As discussed at the workshop, this can lead to families denying the problem for some time and not seeking early access to services, as they are 'scared of the neighbours twitching at the curtains'.

Alternatively there may be an unawareness of the long-standing nature of the problem and the misapprehension that the situation can be dealt with swiftly within the family;

*When we first realised our son was on hard drugs we were taken aback – but we thought we would soon sort that out, we would get to the root of it all. We thought once he got to the Drug Agencies then that was that – they could help ... But then we realised that it was much more complex than that ... (Service User)*

The intractable nature of the problems of alcohol and drug misuse therefore can become clearer and the realisation that solutions may not always reside in the family as families and partners record living in what they term a *'nightmare 24/7' for years – 'I've lost my soul - 'it seems to be never ending'*.

## **2.2 Family Home and Relationships**

Families generally reported the disruption to home life and relationships that drug and alcohol misuse brought where home became something to fear rather than to feel secure about. Money and handbags may have to be hidden and the family is possibly subject to physical and verbal abuse that is difficult to control. Parents particularly recorded how they no longer took holidays or did not want to stay too long away from home for fear of what they will find on their return, with the risk of suicide and overdose high. The need to keep 'normality' has been evocatively described by mothers' descriptions of cooking family meals whilst at the same time *'trying to cope with weird and wonderful things going on around me and things flying around the kitchen' – 'I would be in the middle of making tea for children and cope with the addiction as well - it was a very bizarre situation.*

The effect of drug/alcohol misuse ripples through the family with effects on all its dynamics, for as family attention is diverted towards those with the 'problem', siblings can, for example, feel embittered about the attention given to the drug user and conflict develops between partners and family members about how to deal with the situation. In interviews there were several cases of families where older children would not come home or contact the parent whilst the drug user remains at home. Mothers particularly found themselves trying to balance the needs of the whole family, which could mean almost impossible situations of trying to hide the situation even from fathers and step-fathers and keep the family together as 'normal', as indicated in the following examples:

*'I am like a mother hen with 1 chick – I have to be there for him'  
'The effects are not just on the drug taker but on the whole family – the sisters and the brothers – the problems spread to the whole family and how to deal with it. My other children have tried to support him – and when he is stable they can cope with him – but then they get mad with him and say "leave him"'*

Conflict between parents as in Barnard's (2005;p6) study, was cited frequently with the evocative quote from one of her respondents that *'She wid kinda stick up for them and I wid be slaughterin them'* (father of drug user). A large proportion of the service users interviewed for Oasis were female (66%) and some similarly indicated that fathers tended to 'keep their head in the sand' preferring not to understand and get involved. As one service user related; *'My son's step-father washed his hands of my son years ago and doesn't want to discuss it'*. The small numbers of fathers interviewed were nevertheless as passionate about supporting their children as mothers, although aware that family and marital breakdown could often be a consequence of having to deal with the difficulties of alcohol and drug misuse within the home.

Eventually parents and spouses/partners may come to the situation where the survival of the family, other relationships and their own well being depends on removing the

drug user/alcoholic from the home. This is not done lightly and is often associated with attendant 'guilt' and concerns that possible homelessness will increase the chances of serious neglect, suicide and fatal overdose. As one service user related:

*'lots of people say aren't you going to wash your hands of him – if he was mine I'd turf him out – but I can't do that ... they just don't have a clue what it means to have someone who is addicted .... He's still my son and I love him – he's already tried to commit suicide twice and what we don't want is him ending up at the bottom of the Brayford. I went to a meeting at the start of his addiction and one woman said I would rather my child was in prison at least I know he's safe and I thought what an odd comment – but now I understand it – you would rather they were in prison and safe than vulnerable and homeless in the community.*

But sometimes there gets a point where the family or partners can no longer cope and there is no alternative to a 'tough love' strategy.

### **2.3 Children at Risk/Grandparents/'Kin-carers'**

*They (children) may be exposed to violence in the home, or simply a greater carelessness about dropped cigarettes, electrical appliances left on and windows and doors left open. There may be methadone in the fridge and drug paraphernalia left around. They have a higher chance of witnessing criminal behaviour such as drug dealing, shoplifting and robbery, and they move around more frequently. School attendance may be disrupted and may in any case be made a misery by the stigma of having a parent who takes drugs'.*

*Children of drug users are liable to have more psychiatric, behavioural and development disorders and are more likely themselves to use drugs. They may have feelings of shame, loneliness and abandonment. In the words of the Hidden Harm report, 'They often expressed a deep sense of absence and isolation that was conveyed in the often used phrase that their parents were not 'there for them'. Facing Drugs (2007:p81)*

The Facing Drugs Report, as the 2003 report on Hidden Harm by the Advisory Council on the Misuse of Drugs and the recent publication of Drugs: Protecting Families and Communities (2008), has highlighted the extent to which the children of problematic drug users can be subject to neglect, poverty and abuse. In 2003 the Hidden Harm report estimated that this could affect up to 300, 000 children, some 3% of all children under 16 in the UK. In terms of the economic and social costs of Class A drug use in England and Wales, Prof Godfrey of York University consequently estimated that the costs of caring for children and the other dependents of drug users was £63 million in 2000.

One of the main difficulties, as these studies have continued to demonstrate, is that families in the form of grandparents, aunts and other members of the extended family, 'kin-carers', find themselves as Oasis service users having to care for grandchildren nieces and nephews when alcohol and drug misuse makes parents neglectful. Often kin-carers can be at an age where they would prefer to take life easy themselves, but find that there is little choice if they do not want the children either neglected, or placed in care;

*.... my daughter's baby is now living with us and my wife and I spend a lot of time looking after the baby as we couldn't leave my daughter alone to look after it. We therefore become almost the carers. I am in my 70s and did not really want this at our age but we have little alternative (service user)*

Besides placing their 'life on hold', there are also practical implications of financing and accommodating the family members when they live between the parents and 'kin-carers'. The carers also have to learn to negotiate through the network of social care agencies concerned with children, which in interviews and at the workshop, carers explained was a difficult and time-consuming process at a time when they often had their own issues of ill health and financial limitations that added to the stress of the whole situation.

A further dimension to drug and alcohol misuse may be that the family is for the first time brought into contact with agencies such as the police, probation or prison service; for example as a result of stealing for drugs. This can be a traumatic experience for the parent having to go the court or prison to see their child:

*It has been so devastating for the family to have not only the drug addiction – but the stealing and having my son in prison. It has been so degrading to visit him – I've never been in a prison in my life and experienced all that – one day you have a healthy son and the next you have one who is stealing for drugs and seeing him in prison and it is hard to take it all in.*

(Service User)

## **2.4 Physical and Mental Health**

*Reports of angina and stress-related health problems were common among parents who struggled with the many deceits and the constant arguments and who worried about the health and well-being of their children ... (Barnard 2005:p15)*

As in the case of Barnard's study, most family members in the Oasis study recalled the effect on their own health from trying to deal with the effect of drug/ alcohol addiction within their home, with depression and anxiety common:

*I got to the point where I couldn't even see the tunnel let alone the light at the end of it*

*Depressed sometimes to the point of suicide*

*Didn't want to get up in the morning*

*Crying for hours on end*

*I was getting very depressed and everything in my life was grey and bleak and stressed and with the blind spots I did not know what to do*

This was accompanied by very real emotions of loss of confidence particularly that they must for example have been a 'bad mother' a sense of loss and feelings of anger and frustration, together with effects such as '*blood pressure going through the roof*'. It is therefore not surprising that Prof Godfrey (RSA 2007) found that the costs of health care for people affected by the drug misuse of others, drug users families included was estimated in 2003/4 at around £15.4 billion.

### 3. Role of Oasis

*The commonality of the themes of family distress, confusion, anger, impotence and dysfunction in the face of problems created by the child's drug use as well as the dynamic from the initial response to exclusion suggest the importance of initiatives to help families to come to terms with and respond to their child's drug problem and its effects on them ... Barnard (2005;p17)*

*Where professional agencies might be inclined to see the family as a possible resource for the problem drug-user, self-help family support groups in the voluntary sector were more inclined to emphasise the limits to the help and focus on the needs of the family left floundering in the wake of a child's drug problem... Barnard (2005;p38)*

The above quotes from Barnard's study indicate that the problems already identified in Section 2 require 'initiatives' to help families 'floundering' in how to understand and respond to drug and alcohol misuse. Research within the structure and processes of Oasis has consequently provided a unique opportunity to explore how they support families through listening and advice, information and education, problem solving and empowering change. As a non-statutory body the main service that it offers is flexibility of approach and help, with the client and the 'problem' seen holistically, not from professional silos. This section therefore explores the many ways in which it provides a pathway through difficult situations and decisions.

#### 3.1 Survival and Coping

Project workers, trustees and service users all reflected that, whilst Oasis could not wave a 'magic wand' to remove all the difficulties that families face, it could provide a very important listening therapy and support mechanism, particularly at times when there were feelings of isolation and friends and family and even partners can not be approached, as outlined in Section 2.1.and 2.2:

*They provided tea and sympathy and explained that I couldn't have done anything more – it was not my fault*

*His father stuck his head in the sand about it – so it was good to have someone to talk to and listen to*

*Oasis makes you realise its not just you – such a relief - I could just cry and not feel ashamed*

*After talking to ...I could cope a bit better*

*I got to the point of cracking up and didn't want to get up in the morning. I was suicidal and very depressed. In many cases it can lead to marriage break ups as my husband has found it much harder to understand than me, so I couldn't look to him for support. I feel so better in myself and can cope a lot better – I know it is about getting through day by day and that is all you can do – it not about looking into the future – you have to learn to handle it.*

*I got so depressed to the point of suicide and of course I could not talk about this to anyone, I was sure it was all my fault. I must have been a bad mother, oh where had I gone wrong. I felt upset, angry, frustration, all my emotions were out of control. I would cry for hours, go over everything in my head. I really felt I was going mad. Then I rang Oasis ... came to see me. When we met she put me completely at ease*

*and I poured out all my worries. She re-assured me that there were many families in the same situation and that I was not alone*

*Oasis has helped me to understand some of the problems that I am going through, and helped me to cope with what is a very difficult situation, my friends do not want to know as it is upsetting for them, and after such a long period you tend to lose your friends*

Listening to the client is also important to enable Oasis to provide a rational look at the situation and how they can move the emphasis to practical support and problem solving for the whole family, not just those with the addiction, which will be considered further in 3.3. Clients found it particularly helpful, for example, when project workers explained the behaviour of family members addicted to drugs or alcohol and why they acted in a certain way, so that they could 'see things through an addict's eyes'; *They would say to me that's normal to be so and so and why it was – so don't fight it with all your emotions. They told me why it is happening and how to deal with it.*

Hence, rather than reacting to the situation, it helped family members to cope with various crises. In many cases, it is the very practical advice and support that they valued, like suggesting going for a walk or going to bed, as in many cases it was easy to 'lose normality' and make 'things even worse', so this common sense was just what families required.

Oasis was further seen as providing a resource and place of respite for those families coming to terms with bereavement from drugs overdose or alcohol misuse. Often there is not the empathy for the death of a drug user in comparison to someone dying from cancer and one mother recalled how at a bereavement group she was told that her bereavement was 'different'. Project workers and Oasis groups will therefore share anniversaries of deaths when the family wants it. Project workers have also described with some emotion how they have not only talked about the bereavement, but read through the deceased's letters and suicide notes when requested by the client, to help them to come through the anger and questions that surrounds such loss.

Clients have recorded how the project workers approach helped more than that of professional bereavement counsellors:

*'With the counsellors they were looking for answers and I wasn't – I just wanted to know that it was normal to feel how I did - to be unhappy. It was OK to be like that. I wanted above all for someone to listen and to say that's OK.*

*Their bereavement support was so much better than formal bereavement groups – they kept going on about their own son/daughter's death and I didn't want to go through that – I just wanted to know whether what I asked and felt was normal.*

### **3.2 Harm Reduction - Education and Information**

Oasis' role was seen by all stakeholders to minimise harm in its widest context; that it was not only about dealing with alcohol/drug problems but also associated mental health and physical health problems, such as risk of Hepatitis and HIV. In many cases families are unsure about the specific effects of certain drugs and alcohol behind the generic advice leaflets and websites and about what they can do to minimise harm to the family member. Families are also often unaware of the other services that they could access, until Oasis signposted them:

*I didn't know anything about the drugs and the problems that they cause – but they (Oasis) provided me with the information that I needed*

*They (Oasis) found out places for rehab out of the county and information about various treatments*

*Advice on safer injecting - How do I protect them and the family from possible infections such as HIV?*

*What do I do when ...seems completely out of it?*

It is also through Oasis group meetings that families can 'swap' information and coping strategies 'with people who understand what you are going through'. The groups also provide reassurance as one service user explained that '*It is not just me – it affects people from all different backgrounds – it affects everyone the same. Otherwise you think it is just you who has the problem.*'

### **3.3 Empowering - 'Positive' Steps**

*...(The) Longevity of many of their children's drug problems suggested that people did not find their way to the family support groups in the beginning or were not able in the early phases of living with the drug problem to shift their focus from trying to help the child with the drug problem to helping themselves and their families.*

Barnard (2005:p37)

One of the most important roles of Oasis, both in its one to one support by project workers and provision of group sessions, is the way it provides the opportunity for those stuck in a downward spiral of not seeing a solution to the situations that they face to be reminded that they are still in control and that they do have options and decisions that they can make to move forward.

The 'shift of focus' is therefore on the whole family needs, rather than concentrating and being absorbed by the individual addiction. In some cases this may mean supporting very difficult decisions about moving the person with the addiction out of the home, or leaving them if the effect on the home and well being of individuals or the family as a whole is being destroyed. If, for example, parents can no longer cope with a son/daughter with drug misuse who is seriously affecting both their home life and siblings then there is support for 'tough love' in removing them from the home; they 'don't have to put up with what is going on.' On a practical level Oasis constructively supports a move away from the family with advice about NACRO, Rainer and private rented accommodation, to minimise the risk that homelessness presents.

Similarly where abusive relationships have existed for some time, with alcoholic or stimulant using partners for example, Oasis has empowered individuals to think through decisions such as divorce and seeking advice from organisations such as Women's Aid:

*I had an alcoholic husband and things were in a terrible mess and out, really out of control ... Oasis was an absolute tower of strength for me – it provided me with the way forward. It allowed me to sort my feelings out and what I wanted to do and through their support I could put into action what I intended. My husband would not give up the drinking habit and I did not want to just go on supporting him in his drinking habit .... This meant that I had to come to terms with facing the future and the problems that his drink had led to, like bankruptcy. For so long I had my head in the sand. (Service user)*

Service users also reflected how Oasis had reminded them to look after their own health and social needs; that they could 'treat themselves' to a day off and come back refreshed to the situation. The advice to concentrate on other family members besides the drug or alcohol user; so that relationships between partners and siblings did not seriously deteriorate and other problems emerge was also very important.

Another client reflected on the positive 'small steps' advised by Oasis that was so important to her partner and family to heal over the cracks that were appearing in both her marriage and family life due to her husband's drug addiction:

*They helped me to be very positive as they said that people do get over this and this was very important as it seemed at the time that there was nothing we could do and that we had lost my husband and the children's father to a world of drugs. They gave us hope, said it would be a long time and not easy but we could do it.*

*They did not say you must do this or that – but they did say to go out and have a good time and the relationship would repair and heal. So we would take the dog for a walk and have a nice roast meal or play a board game and you would think everything is ok really nice and although he was still suffering we helped him with these small steps.*

### **3.4 Support for Grandparents/Kin Carers**

Grandparents and other 'kin carers' concerned with the safety and security of the children of parents with drug or alcohol misuse, as seen in Section 2.3, particularly valued the role of Oasis in providing practical and emotional support. This entailed helping them deal with the financial, legal and inter-agency issues that arose in having to take responsibility for the children, whether in their own homes or in joint caring with the parents. Equally, it may mean bringing in the relevant parties to see what they can do to make sure the children are safe and to keep the family together.

Where appropriate, Oasis project workers attend CAF (Common Assessment Framework) and Social Services meetings and liaise with Share the Care for support. Indeed, during 2007-8 alone, project workers attended a total of 51 Social Service Case Conferences and 6 Child Protection Core Group Meetings. Attendance at such

meetings has been seen as very beneficial for as one service user commented '*it is hard sometimes in those situations to say what you want*'. In many cases service users considered that Oasis was much more effective than organisations such as Social Services and the Crisis Team at resolving situations and in many instances acted as catalysts for them to act. On a very practical level, Oasis also helps carers to get money for essential items like shoes and clothing for schools and washing machine grants from Surestart and independent charities. Often grandparents and 'kin carers' can be in a position where the parents still get the financial support for the children and so it is very difficult for them to look after the children financially. As one grandmother relates of her experience of caring for her grandchildren and the help that Oasis provides;

*The problems within our family setup are enormous, she has three children, the eldest now attending a school for behavioural and emotional needs (the first victim) of the knock on effects, and the two younger ones have their own stories to tell.... Over the years I have regularly taken the grandchildren in. I must sadly say social services have been no help whatsoever in support or in understanding the problem. .. I know there are so many of us caring grandparents, wives, husbands and children out there who cover up the problem to the point of our own exhaustion. To have someone who listens unconditionally and who really does understand and is able to offer experienced words of advice is priceless. Realise ... the value you have in society by enabling people to 'carry on carrying on' – coping. There is very little else we can do other than breakdown ourselves and be more of a burden to society (testimonial letter).*

As well as attending CAF and Children's Social Service meetings, project workers have also attended court cases with clients where requested; for example, a son or daughter caught for shoplifting to feed their drug habits. Often the client would not know what to expect, particularly in criminal court cases and Oasis is there to support them through what is often a traumatic experience. As service users explained of their experiences:

*'...the first time I went to prison to see my son was a terrible experience  
'When I had to go to court for the first time I wanted to go in the doors with a bag over my head'.*

### **3.5 Partnership Working**

*There needs to be effective levels of support for parents, partners and carers. An awareness and recognition that they can play a vital role in the treatment and recovery process. Parents, partners and carers need to be aware, feel empowered and believe they have the ability to address the issues of substance misuse and contribute towards positive change. Only then will they feel confident enough to tackle their family members' substance misuse in a proactive and productive way.*

Ipsos MORI (2008:p34)

A strong theme of the Drugs Strategy Consultation of 2007 as seen above was that in supporting parents, partners and carers, the success rate of drug treatment was likely to be much higher. The positive role played by Oasis as a partner in helping reduce harm minimisation from the misuse of drugs and supporting drug treatment was therefore recorded in a testimonial letter from Addaction in 2007:

*The Oasis Project has been incredibly helpful to the parents of clients that we work with. As Addaction workers, we often have parents bring their son or daughter to get help for their substance misuse and often the parents are at the end of their tether feeling ashamed of what their child has done. They often feel that there is nobody to turn to who will really understand the stress that they are going through.*

*It is in these situations that parents need their own support and advice on how to get through the traumatic time they are going through ...Support offered by Oasis has an impact on the home situation of our clients and in turn can lead to a positive outcome for the drug user.*

It was further considered that Oasis can provide other ‘angles’ on the problem, that whilst treatment agencies cannot not see family members for reasons of client confidentiality and treatment, Oasis can provide a way for the family to deal with the situation and provide them with a whole new perspective of how to move forward, as seen in 3.3.

*As one service user related, He regards Oasis as a life saver. The rallying round of the family and a stable home life is what helped him to come through and realise what he had to lose.... We are still going through it but the stable home life has helped him to turn the corner himself.*

As Oasis is a non-statutory body it was further seen to ‘pick up a lot of need and data’ of what was happening in drug communities; information that statutory agencies were unaware of. In cases where both parties agreed, there could be joint appointments with a drug counsellor and a project worker facilitating joined up thinking and broader conversations on a problem.

In terms of preventing and minimising the harm of drug misuse, the work of Oasis in local secondary schools has been very effective. During 2007-8 project workers did presentations to 14 secondary schools across Lincolnshire to a total of 1382 students. Such talks and use of videos of personal experience of how drugs affect lives and families has made the effects of drugs very real to school children, as related in a letter by one school thanking the project worker for her talk;

*I think the fact that you were able to share your personal experience with the pupils certainly helped to make the situation come alive for them: too often the anti-drugs message comes from an anonymous character in a video, with whom the pupils find it difficult to identify. To see you there as a real mum, certainly helped to drive home the powerful message behind your talk.*

Such talks particularly were seen by the project workers to take away the ‘glamour’ of drugs, by explaining for example what some of the drugs have had put in them as contaminants to “cut” the basic substance. Parents of drug users, including those who had been bereaved, felt that it was very important that such work in schools was undertaken by those who had been through the experience of drug misuse and that it would hopefully prevent the ‘life wrecking’ situations and tragedies they had to confront.

#### **4. Why use Oasis – what is its ‘difference’?**

In reviewing services such as Oasis, it is important to understand not only the service that they provide but how it is delivered and what are the aspects that are so valued by its clients and the gaps that they fill in relation to mainstream services. In Oasis’ case the following key features of ‘added value’ were noted both in individual interviews with stakeholders, testimonial letters from service users and at the Riseholme workshop.

##### **4.1 Rapport**

The rapport and relationship built up between the project worker and service user was felt to be very important, given that drug and alcohol misuse was often a ‘long haul’, with frequent steps backwards as well as forward in a cycle of relapse, with some relationships with clients going back 4 years or more. This rapport requires building up trust and confidence to deal with very sensitive family issues based on Oasis’ fully confidential relationship between project worker and service user. For those going through marriage or family breakdown, clients recorded that Oasis was often the only organisation that you could personally relate to throughout the family crisis:

*They will come and sit and have a cup of tea with you and talk about what you have been going through and you feel so much better. You feel that you could just walk away from all the problems but Oasis helps me to cope with him – without their support I would have gone under’*

*(The project worker)... has supported me over the years. It takes a long while to build up confidence to open up and talk and admit that there is a problem with the family, that you have not been able to speak to anyone about. You feel so disloyal to the person who has the addiction....*

Such rapport is particularly dependent upon the project worker’s own personal understanding of the situation as all project workers and volunteers have their own family experience of drug misuse:

*Oasis provides a very different view on things. They know everything that I am going through – they have seen it themselves as they have had their own family members with drug misuse... They know about the stealing and the violence and how it can get so bad sometimes – things that you can’t talk to your family about as they are too close.*

*The main thing is that they have experienced it themselves. They listen and know exactly what you are talking about.*

*They (project workers) can identify with you as they have been through it themselves – they’ve been there and got the t-shirt themselves. People say I know how you feel – but they don’t –Oasis says I know how you feel and you know that they do as they have been there.*

## 4.2 Time – 24 hour ‘care’

One of the main characteristics of Oasis’ service is that, in terms of time and approach, it can provide a flexibility that contrasts with most mainstream services. Service users, for example, have a number of ways that they can contact and use the service whether ‘anonymously’ by phone, by e-mail and through one to one meetings or group meetings according to how and where the client feels comfortable. In this respect, one to one meetings can take place in the clients’ home, Oasis’ office or coffee shops, anywhere that is most convenient and suitable for the client. Clients particularly valued that there is no obligatory way of engaging with the service as with more formal organisations. As one service user commented, *they would say to me come any time – contact us anytime – not, “I will see you next Thursday at 2pm”*.

Clients were also very aware of the difference that they could have as much time with the project worker as they wanted, to discuss and talk through very difficult issues, compared to the 8-minute slot with their GP. The latter may be sympathetic but the surgery was not considered to be either the time or place appropriate for such a discussion.

Of all the services provided by Oasis the 24 hours helpline was particularly considered a literal ‘lifeline’ by clients who could ring ‘when they most need help’ whether in the middle of the night, at weekends and over Christmas and holiday periods when they felt particularly low or crises emerged. A review of the statistics of methods of clients contact with Oasis in Appendix 3 also relates how the helpline is the main method of contact. The helpline compared very favourably to their experiences of trying to reach people in statutory organisations; being passed around offices and officials, out of office answer phones and promises to ring back which were never fulfilled:

*They always answer your call unlike ... – they will always ring you back and they are always there – not 9 - 5*

*The service that they offer has been very helpful to me, as you can call at any time when you most need help whereas most other services are at restricted times.*

*No other service of which I am aware has a 24-hour helpline. This in the past has been a lifeline for me. When a carer is in crisis, to be able to pick up the telephone at any time of the day or night and to be able to speak to someone who cannot always solve your problem but can calm you down and give you practical advice in a very caring way and to always follow up with continuous support I think is wonderful.*

*You can contact Oasis 24/7 and that is so important and they will ring you back the next day to check how things are going – I can send them a text and they will get back to me within 20 minutes. They are just at the end of the phone and they will come and see me any time that I want to help support me. And it’s the strange times that you most need the help in the middle of the night and you are really upset or need some advice and they are absolutely brilliant.*

One service user recalled as an example how she was very concerned about her son in prison who was threatening to commit suicide and how Oasis helped her:

*At one point my son was in prison for shoplifting for drugs and when I talked to him he said that he wanted to commit suicide. I did not know what to do in the early hours of the morning and was pacing up and down – so I rang up Oasis, as I was frightened to death. Oasis said, I know what you are going through. Ring up the prison and talk to the duty officer supervising him, which I did and they checked on him and reassured me that he was fine and wasn't going to commit suicide – so I could sleep and not worry about it. It was such a relief to get such good advice and my brain was no longer in a turmoil particularly as I felt I couldn't cope on my own. Otherwise I would have been up all night worrying. They are an absolute lifeline.*

### **4.3 Caring for the carers – Holistic support**

Flexibility and providing a holistic service was seen to provide for a gap in services in that it 'cares for the carers'. As one service user related:

*My wife has been an alcoholic for the last 25 years and that has meant that, as much as she has suffered from being an alcoholic, I too have been a victim of her abuse. I have paid for treatment over the years and she has got the support of doctors and Addaction, but the carers don't get support themselves. Living with an alcoholic is an evil situation and it is not something that you are an expert at and nobody seems to have all the answers. So you are left in the cold most of the time not knowing what to do and receiving little support. But Oasis is only a telephone call away'*

For many, Oasis was the only organisation that, as one client recorded, had been 'there *all the way through everything*', such as a long and messy divorce due to alcohol misuse. Other services, such as Relate, Social Services and health and drug treatment services may be there to help the various problems raised by alcohol and drug misuse, but unlike Oasis, they are bound by professional remits and boundaries and therefore approach the situation from their particular silo. Oasis's particular added value is therefore that it can act and advise in a number of ways seeing the holistic picture and supporting over a long period of time, as recognised in Appendix 3 where the statistics for client activity record the much higher percentage of contacts for existing clients compared to new ones.

### **4.4 Oasis Impact Assessment**

At the Riseholme Workshop, an Impact Assessment exercise was undertaken as part of the discussions as to the importance of Oasis' added value and what negative impact was envisaged if Oasis ceased to provide any or all of its services. As seen previously, a range of stakeholders was involved in the workshop including service users, trustees, project workers and project partners. As shown in the table overleaf, they were unanimous in their opinion of the serious potential negative effect not only on the individual users of the service but also on partner organisations. If Oasis ceased to provide its unique service, the adverse impact on Lincolnshire communities and services was considered to be high in terms of dysfunctional families, drug prevention and advice, harm reduction and successful treatment outcomes.

## Oasis Impact Assessment

What would happen if Oasis and its services weren't there?

Health/ well being impact

POSITIVE (←+++ →) NEGATIVE (---)

### Impact on Other Services or Partners.

{Broken down by theme}

Elements of Oasis work	Impact if lost
<ul style="list-style-type: none"> <li>• Helpline (24 hours)</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• There will be NO 24/7 helpline in the county for the carers</li> <li>• Addaction taking more calls from upset families (not able to offer referral or delivery)</li> <li>• Negative effect on harm reduction advice</li> </ul>
<ul style="list-style-type: none"> <li>• Work in schools. Expand to primary?</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• Won't have impact of `real-life` experiences</li> <li>• Cheaper to keep people off substances - before addiction</li> <li>• Police left as sole educators</li> </ul>
<ul style="list-style-type: none"> <li>• One to one peer support</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• No `peer support` service to support the 10-year drugs strategy</li> <li>• People not being able to find a private, confidential contact with strangers</li> </ul>
<ul style="list-style-type: none"> <li>• Groups</li> </ul> <p>--</p>	<ul style="list-style-type: none"> <li>• Possibility the associated harms will be driven back underground</li> <li>• Isolation</li> <li>• Lack of understanding of scale of issue - `Not alone`</li> <li>• Well-being of the carers/family</li> </ul>
<ul style="list-style-type: none"> <li>• Escorting to prisons courts hospitals</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• After-care `wrap-around services` very difficult without Oasis</li> <li>• Importance of advice and preparation</li> <li>• Advocacy</li> </ul>
<ul style="list-style-type: none"> <li>• Informal Education, Information/Signposting</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• Potentially some people would not get any support</li> <li>• Especially important if user not in treatment (drugs educators gone)</li> <li>• No-one to explain nature of addictive behaviour – how to support</li> <li>• Cheaper to keep people well</li> <li>• Increased demand on generic services</li> </ul>

<ul style="list-style-type: none"> <li>• Drug Treatment</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• 10 year drug strategy a “holistic approach” – hence need for organisations like Oasis.</li> <li>• Fewer people potentially accessing treatment as message and treatment pathways information is not disseminated via carers.</li> <li>• Partner agencies would lose the opportunity to refer to the most appropriate service and their own capacity to deliver may become affected (increase in enquires, referrals to them).</li> </ul>
<ul style="list-style-type: none"> <li>• GP Services</li> </ul> <p>--</p>	<ul style="list-style-type: none"> <li>• GP services would need to increase capacity. (Knock on effects for carers- depression etc).</li> <li>• Hard to reach drug users would potentially miss out if carers are not able to get information on a treatment.</li> </ul>
<ul style="list-style-type: none"> <li>• Economic Effect</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• Economic knock on effect if carers become part of the care system itself and therefore can't support the person in active addiction, their children, grandchildren, etc</li> </ul>

## 5. Way Forward for Oasis?

One of the main considerations within the fieldwork with all stakeholders and at the workshop (see Appendix 2) was what development Oasis needs to make and where does it want to go in the future?

### 5.1 Publicity

Many of the service users had got to know about Oasis only through ‘chance’ or late on in the problem and wish that they had been aware of it sooner for support. Other clients described their difficulty in first approaching Oasis, ‘finding the courage’ to ring and fear of attending a first meeting, particularly in cases where they did not want to be identified. As one client stated; *I had seen it advertised but it did take a while to pluck up the courage to get in touch.*

Hence, there were concerns that families and areas of Lincolnshire are still not reached and that there is a need to break down the barriers to first contact. Men were considered to be particularly under-represented in the service and there was uncertainty as to how much this was related to advertising and how much it was gender issue; how do we get men ‘not to put their heads in the sand’?

Equally there was awareness that whilst, for example, posters on Oasis were sent to every GP, there were few that displayed the posters. Similarly individuals in partnerships changed their posts frequently so that there had to be a continuous round of renewal of publicity measures. The consensus from the workshop was therefore that the avenues for informing about Oasis’ service need to be widened with the following suggestions:

- Need to advertise more – including use of possible adverts in public toilets, shops, use of tear off strips on car park tickets, shopping bills etc
- Use of ‘free’ publicity ie Lincolnshire Echo What’s on, Beehive websites, This is Lincolnshire, Local BBC
- Support and information sharing (especially about Oasis) needs to begin at GP level. Current GP advice and information is variable throughout the county.
- Use of Internet forums and message boards – website link not easy to find - need for more user friendly web site
- Forums will overcome some difficulties that people have attending meetings – for people working, childcare difficulties and the wide areas that Lincolnshire covers, lack of local spaces and amenities to meet
- Update promotional and educational material such as Ripple Effect video, so that it is ie not just about heroin – need messages also about alcohol. Advice should be sought about involving more men in the service, for as seen in the statistics of Appendix 3 service users are mostly female

In respect of this media students from Lincoln University have already undertaken a review of Oasis’ promotional and publicity material, with a proposed re-designing of the website to include the use of Facebook for online communication, as well as a newly designed poster and flyer. This is seen to reflect the wider target audience that Oasis wish to both inform and provide opportunities to benefit from the service. These are at the time of writing awaiting approval from the Trustees, but if adopted should

address many of the criticisms of the present publicity and need for an ‘online community’ that was related both in interviews and at the workshop. Funding for a new promotional DVD and educational package and enhanced publicity budget as seen in Appendix 4 still remains an issue. Costed at requiring an additional £21,000 in funding this demonstrates the difficulties posed for charitable organisations such as Oasis to develop services, representing 20% of present annual project funding.

## **5.2 Accountability and Funding**

The main challenge facing Oasis remains its vulnerability of having to constantly seek funding, presently at £100,000 per annum, and not knowing from year to year whether it will still be able to continue the service that it provides. As it is, the running of the Helpline is dependent in part on the goodwill of project workers and volunteers. To run a 24 helpline requires at least 5 people and this would require more funding than they currently receive. The project workers and volunteers therefore make up the deficiency with no payment for the extra time they cover. Moreover, if it is to develop and enhance Oasis in line with proposed additional services as related in this section then another £50,000 would need to be funded for the project, as outlined in Appendix 4.

Whilst having a ‘champion’ for funding, (as the Oasis Project Manager has been vital to keeping the organisation going by securing funding) it has not been an easy task to finance Oasis. The Project has always to be aligned to the changing priorities and objectives of the Funders. As a service that offers a range of support dependent on individual client need, it finds difficulty in accounting for the ‘soft’ qualitative outcomes that result. Funders require more tangible evidence of effect often in quantitative terms. It therefore struggles between the need for anonymity and flexibility and more accountability of effect.

Presently, records kept by project workers are minimal, mainly to preserve anonymity, but the workshop consensus was that there needs to be more robust means of recording the activities of Oasis, even the minimum of, for example, how many phone calls are received for how long and at what times. Equally, there was a need for indicators and ‘measures’ of soft outcomes within a continuing service of confidentiality and flexibility that could account for the ‘pink and fluffy’. However, the starting point must be to know what information potential Funders want and to collect data accordingly, there was no point collecting data for data’s sake.

## **5.3 Organisation/Personnel**

As a small team, Oasis is particularly dependent on the right individuals in all posts, maintaining a need for an on-going balance between growing professional expertise and people who have personal experience of drug and alcohol misuse. This could result in what could appear contradictory needs for more ‘detached’ perception of Oasis from Trustees and project workers, given their often very personal involvement in the project, with more need for professional skills in Trustees such as funding, accounting and legal expertise. Equally whilst funding and growth was a continual objective, there was a general desire to keep the structure of Oasis grounded in service users’ needs. Concern was expressed that there was not ‘too rapid development’, that they did not ‘rush into growth without reflection’. The question therefore became not

just one of funding, but how much funding and, if Oasis became ‘too big’, does it ‘become an organisation chasing targets and paperwork, rather than one providing the services to users’, in which autonomy could still be the main strength compared to the greater restrictions that shackle statutory bodies.

Even given these concerns, nevertheless there were suggestions for developments and forward planning in working practices:

- Need for continuous staff development and training and a formal supervision process
- Ensuring support mechanisms for staff de-briefing particularly when dealing with difficult client situations and problems – ensuring that the relationship with the project worker does not becoming too personal/dependent
- Contingencies for staff changes and long-term sickness with consequent loss of personal rapport and knowledge with clients and professional expertise within a small organisation – need for more fluidity of roles?

Whilst the Oasis office was considered important, as one service user described as ‘*somewhere for us to meet and share our experiences, get advice and acts as a pressure relief valve*’, it was the relationship with the project workers and volunteers that was seen at the centre of the service, rather than individual buildings.

#### **5.4 Outreach**

One of the main areas that Oasis considered could and should be developed further was its role in education and information in schools, with an expansion to work with primary school children. This was felt to be particularly important as children as young as 9 or 10 may already be ‘dabbling’ in drugs, or have to be carriers for their parents or siblings. By secondary school, the opportunity for stopping a drug career or alcohol misuse may be too late. However, this should not be at the expense of work in secondary schools. Oasis should make more links with secondary schools within Lincolnshire, including ‘those schools who think that they do not have a problem with drugs’.

To add to their existing support of escorting families to prisons and courts, it was felt that Oasis could provide outreach services to prison families based on formal liaison with local prisons.

#### **5.5 Group Support**

One of the main advantages of Oasis is that it provides the choice of one to one support or access to groups. However, as seen in 5.1, for some, access to groups was difficult or impossible for reasons of child care, business and work. Lincolnshire’s rurality is also a major barrier to access to groups. At the workshop, the following suggestions were therefore made of how groups could be developed using other mediums where appropriate, to avoid the need for offices, halls and community centres such as the use of the Internet and phone ‘circles’:

- Setting up of more day groups by users – project workers could then attend if appropriate

- Be aware that big groups can be intimidating on the first occasion – groups not for everyone
- Share phone-numbers (with permission) so groups can form in more organic ways.
- For younger clients particularly, use forums as stated in 5.1 to form groups – use of ie ‘Facebook’ - chat rooms for parents, brothers, sisters, alcohol carers, drugs carers etc.
- Use of regulated forums for regular questions and advice – to which clients could add their comments
- New pathways to Oasis provided by more networking with existing community groups

## **5.6 Policy and Service**

As Oasis moves forward, it is placed in a particularly strong position to have a proactive role in changing policy and implementing changes as related to the 2008 government drug strategy. In particular it was considered at the Workshop that Oasis could develop the service it offers as a ‘package’ for more ‘inventive’ funding. That is, it could, for example, provide respite care and child-care for caring grandparents, or relaxation sessions for family members besides its existing service. Alternatively there was concern at diversifying too far and a need to really ‘concentrate on what we do - making sure that what you do you do well’. A theme that forms the basis of Section 6.

## 6 Summary and Overview

Given that research into the effect of drug and alcohol use is limited in terms of the impact on the wider family, this research has provided an opportunity to understand not only the needs and experiences of the family, but how unique organisations such as Oasis provide a range of information and support services both to families and partner agencies. This is all the more important as existing research and government policy particularly in the form of the present drug strategy (2008) has realised the necessity of focusing on the holistic needs of the family, not just the individual;

*The difference that the new strategy brings is that we will focus more on families, addressing the needs of parents and children as individuals, as well as working with whole families to prevent drug use, reduce risk, and get people into treatment; the impact of substance misuse on children and families can be significant and long-lasting, but has previously been underestimated*

Drugs: Protecting Families and Communities (2008:p4)

*The easiest recommendation would be for some more formal recognition and a funding role for the many locally run self-help family support groups in assisting these families...Agencies charged with working with problem drug users should be encouraged to develop a more encompassing model of problem drug use and its impacts on family members*

Barnard (2005: p43)

*The main aim of public policy should be to reduce the amount of harm that drugs cause. These harms include harms to the health of individuals, to friends and family, to whole communities ...* RSA: Drugs Facing Facts (2007:p10)

What Oasis provides therefore is a model of existing support from which much has already been learnt as to how government strategy could be developed.

### 6.1 Family Impact

*An examination of the situation faced by families living with a family member with a drug problem suggests that there is no simple or obvious way forward. The severity and intractability of the effects on the family, coupled with the tendency for families to frame their concerns in terms of the drug-affected family member rather than the impacts on themselves, make it difficult to reach and engage families effectively. And yet it is to this challenge that we must respond with both compassion and imagination.* Barnard (2005:p46)

Research into Oasis further highlights (as does Barnard's work) the very real difficulties that families face as they come to terms with the adverse effects of drug and alcohol misuse, not just on the individual, but the dynamics and functioning of family life. Suddenly families find themselves in an uncertain world where 'normality' disappears and instead there are consequent problems such as ill health, adverse effects on finance and employment, risks to young children and challenges of coping with sometimes violent and abusive family members. The family home is now a place of conflict and anxiety, rather than security.

Instead of instantly seeking support, there is often a gap with the family ‘floundering’ in isolation on how to deal with the new situation and then realising that there is limited means of support, such as Oasis, rather than statutory organisations. The ‘ripple effect’ throughout the family tends to have mothers particularly consumed by the needs of the drug-using child at the expense of relationships with siblings and partners.

Equally, families find themselves brought into contact with a number of agencies for the first time to deal with the problem, such as drug/alcohol treatment agencies, social services, courts, probation and prison services. Grandparents and ‘kin-carers’, as in the Hidden Harm Report, can find themselves with little choice but to have to care for children at risk of neglect from parents with alcohol or drug addiction. Issues of the child’s accommodation, finance, education and health all become now the kin-carers’ problems at a time when older carers may have their own health problems.

## **6.2 Service Model of Oasis**

*The national and local voluntary sector makes a significant and valuable contribution to the delivery of the drug strategy. Organisations in this sector are able to work flexibly across all themes of the strategy and can respond quickly to changing demands and environments. They can work effectively in partnership with other agencies and organisations, including those from the statutory and private sectors, to contribute to delivery of the objectives of the strategy, to build service and workforce capacity and to support the process of mainstreaming substance misuse*  
Drugs: Protecting Families and Communities (2008:p12)

As a non-statutory organisation, one of the most ‘valuable’ contributions that Oasis provides as recognised above and in Sections 3 and 4, is its flexibility and the ability to work with service users and partner agencies by responding to the very individual needs of the service user within its broad remit of advice, support and information.

For, whilst in theory, there is a range of agencies to deal with all the family crises that result from alcohol and drug misuse, there are often gaps in the services that families access or there is a lack of knowledge about the services that could empower them to help the individual and the family. Therefore, it is not surprising that in the 2007 consultation for the new drug strategy, one of the main responses was the need for the provision of family support and information; a holistic service as already provided by Oasis:

*Consultation respondents call for a drug strategy that sets out clearly the ways in which it will provide more support for families of drug users. Participants in the consultation call for a ‘one stop shop’ where families can collect information, advice and support around drugs. This needs to cater for everyone:*

- *families who want to talk to their children about drugs effectively;*
- *families living with a drug user;*
- *those who want information about the best way to respond to drug use amongst their family or friends; and*
- *those who want to gather information on how to encourage and/or contact rehabilitation services*

*Another high priority for participants is the children of problem drug users and in particular ensuring that their needs are addressed as a priority in the next strategy in line with the recommendations in the Hidden Harm Agenda.*

Ipsos MORI *Drugs: Our Community, Your Say* (2008:p35)

Unlike mainstream services, Oasis can be contacted in the middle of the night and at weekends when crises arise can provide not only tea and sympathy but strategies and advice about how they and other agencies can help the situation and over time take 'positive steps' forward. A particularly 'valuable dimension' of the work of Oasis is in helping parents and partners recognise the degree to which the individual with the addiction has consumed their time and attention and to refocus the needs of other children, partners and indeed themselves before it has serious effects on mental and physical health.

For many of its clients Oasis was the only service that was with them through the 'long haul' through years of difficult times, providing a holistic eye on their problems rather than the necessary prism of professional silos and boundaries of partner organisations. They can use the service in any way with which they felt comfortable; anonymously by telephone, by e-mail, meetings in offices, homes or coffee shops, group or one to one meetings and be given whatever time they require.

Although not formal counsellors, Project Worker support is seen as invaluable to prevent situations that may lead inexorably to suicide, marital and family breakdown. As a bridge and complement to partner agencies their role is seen as central, though not, for example, an accommodation provider Oasis can direct distraught parents to where they might find 'safe' housing for the addicted family member. Their role in drug/alcohol education and prevention and signposting to relevant services is an obvious vital support to drug and alcohol treatment agencies and general health services and a gap that Oasis already fills is identified in the recommendations of the Drug Strategy Consultation (2007:p33):

*There is a strong message from both the general public, written consultation responses and drug users interviewed that there is a gap in the provision of information and support for parents and families of drug users. This is felt to undermine successful treatment, as families often play a fundamental part in referring users to treatment programmes and sustaining them in these programmes. Participants stressed that it is very important that this gap in provision is addressed.*

Before the publication of the 2008 Drug Strategy, Oasis had recognised the need to *support kin carers, such as grandparents, who take on care responsibilities for the children of substance-misusing parents, with improved information and support; caring for the children of substance misusing parents ...* (2008:p23).

At the core of the service are project workers and volunteers for whom the service is more than a 9-5 job, but a 24-hour response to any situation that may arise. Clients particularly value the rapport that is built with their project worker based upon their very personal understanding through having their own family experience of drug misuse. In such circumstances clients can 'open up' and seek ways to move forward as they 'listen and know exactly what you are talking about'.

The added value provided by Oasis in its provision of services to the individual family and partner organisations is therefore central to papering over the cracks in mainstream service provision, as identified in the Oasis Impact Assessment Exercise in Section 4.4. and workshop notes. Its main asset being that it can provide horizontal solutions to vertical silo problems that surround alcohol/drug misuse such as drug/alcohol treatment and outcomes, harm and suicide reduction, children at risk, finding accommodation, marital breakdown and bereavement issues.

### **6.3 Future Issues**

Oasis has grown from a small voluntary organisation in 2000 set up by two mothers to deal with a serious gap in the provision of information and support for the families of drug users or those misusing alcohol. Whilst its ethos of holistic support to the family and partner agencies remains the same, it has grown into a professional organisation with employed workers as well as volunteers and a concurrent need for assured core funding. Such funding together with continuing goodwill to put in unpaid hours and support has meant the survival of the organisation, for as Bernard (2005) found in her research and recommended, without funding self-help groups for families were often 'short lived':

*The easiest recommendation would be for some more formal recognition and a funding role for the many locally run self-help family support groups in assisting these families...* (2005:p43)

Whilst Oasis' main strength as a service is its flexibility and ability to meet so many needs from a service user and partner agency perspective, in terms of funding the challenge also remains to be more specific on what is the 'added value' that Oasis provides. Trustees and participants in the workshop consequently expressed a need for more robust means of recording the activities of Oasis and use of 'soft' performance indicators and outcomes. This must be balanced with the see-saw needs of the organisation so that they remain rooted in client need of flexibility, individuality and anonymity of care.

For example, concerns were expressed that clients who were particularly 'hard to reach' approached and valued the service because it provided an anonymity that they did not have with any other service; that there was no need for form filling compared to other services. There is therefore a need to gather as much data in a participatory way for users that does not require any obvious alteration to the informal service.

Alternatively, as much as confidentiality and anonymity is a central feature of Oasis' service, some service users have readily written testimonial letters of support for funding, and undertaken interviews with the researcher to express their opinions on the service. Continuous user evaluation for those who wish to participate would therefore meet the objective of seeking to ensure that the service remains grounded in user need, as much as providing 'evidence' for future funders.

As seen in Section 5, stakeholders also considered the need for Oasis to review their means of publicity and communication to ensure that it reaches and engages those who are in most need of the service. In particular, the Internet was not seen to be used to its full potential for networking and exchange of information so that more support 'groups' could be established online with forums for discussion and advice. Equally

they considered that there needed to be an updating of promotional material such as the 'Ripple Effect' to ensure that the profile of Oasis was not outdated, or not seen as applicable to groups with particular alcohol or drug problems. How to involve more men in the service was seen as a priority. In reference to this media students from Lincoln University have already updated the website, a more representative flyer and poster have been designed and funding for a new promotional DVD and enhanced publicity budget is considered.

Whilst the informal relationship with the project worker and volunteer remains at the centre of the service, there is a parallel need for the service becoming more 'professional' to ensure that staff receive continuous development and training and a formal supervision service, which includes support mechanisms for de-briefing. Within such a small team the need for contingencies in terms of long-term staff sickness and staff changes means that a review for possibly more fluidity in staff roles may be required. It is, for example, uncertain if members of the present team left whether a new staff member would equally be prepared to staff the help line for some unpaid time.

Oasis has achieved much in the relatively short time it has been in operation, providing an essential service to the families supporting a member with drug or alcohol misuse in their 'overwhelming task'. As a service, its main strength is its autonomy and the ability to base the service totally around the clients' needs and in the process build bridges and access to partner agencies and their objectives. It can provide a holistic view on what can, to the user, appear a myriad of statutory services, providing the individual support and empowerment that the user needs. As a service there is much that mainstream services could learn about how to approach and engage those most vulnerable in society and who most need support. Equally there are many challenges still for Oasis to face, not least the need for continuous funding. But the fact remains that for many it is indeed an Oasis in a difficult landscape.

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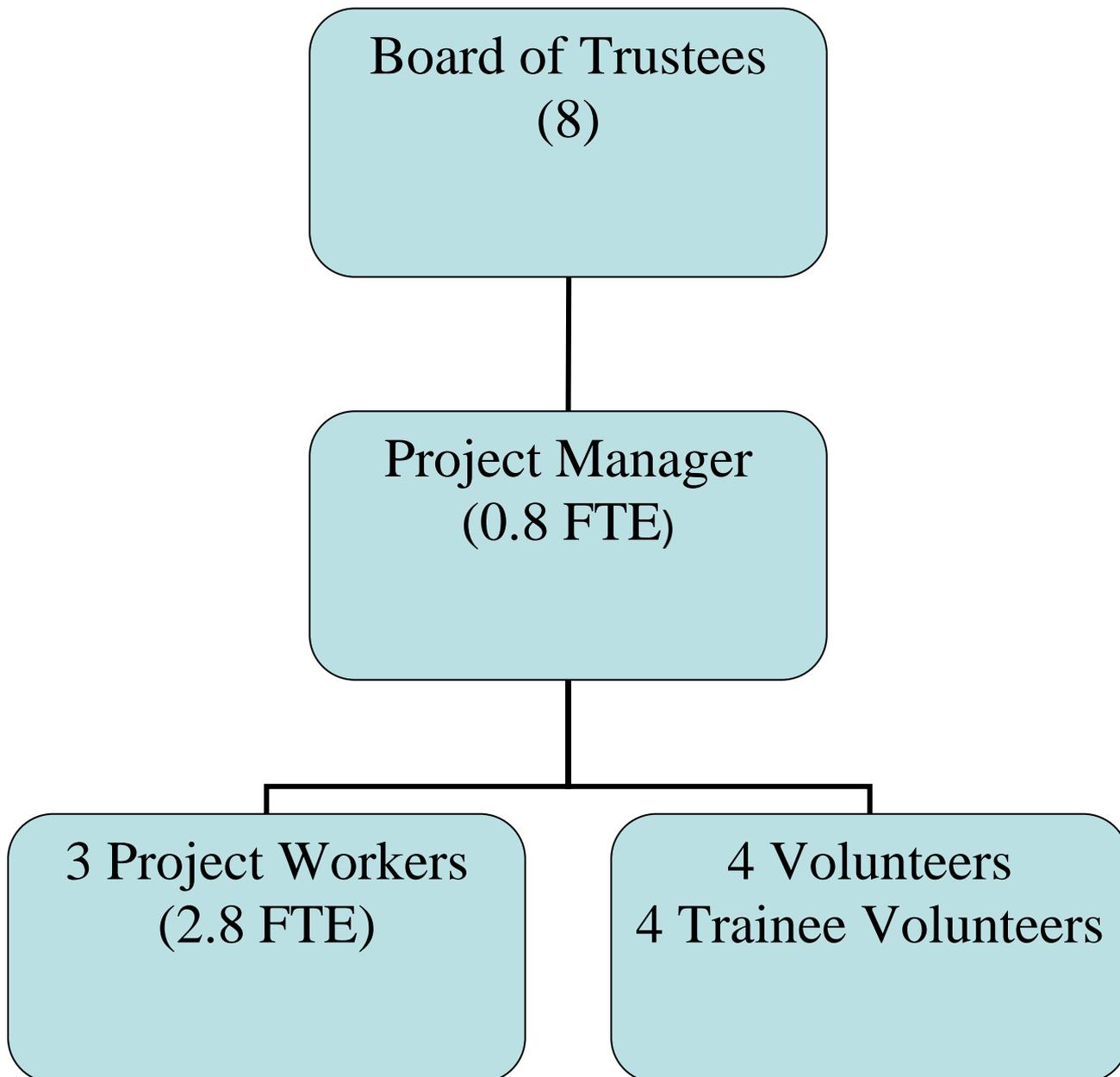
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# APPENDIX 1

## Organisational Chart and Funding Budget

# The Oasis Project – Organisational Chart

## 2007-2008



## The Oasis Project

Current Budget (to December 2007)

### **Expenditure**

Staff salaries	£66,000
Premises and drop-in rentals	£7,000
Publicity	£1,250
Travel	£4,750
Helpline & communications	£5,000
Other	£16,000

### **Income**

Grants	£80,000
Fundraising	£20,000

**Total Income £100,000**

## Appendix 2

### Workshop Notes – Riseholme College

March 6, 2008

**Oasis Workshop Notes**  
**Riseholme College – 6 March 2008**

**Experience of Drug/Alcohol Misuse for Families**

**When you first need support and information you don't know**

- What to expect?
- What the problem is all about- initially have to work out what the problem is?
- Have I been responsible for someone else's problems?
- Which organisation to trust?
- Who to talk to? Friends? There is a stigma and feeling of 'burden'
- You think you have gone 'wrong somewhere' – feeling of letting down as a parent
- Who you can talk to without further affecting them?
- Someone to be honest about it being a 'long road'
- Can have denial – problem not recognised – not accessing services early enough – scared of the neighbours twitching at the curtains
- Men – dealing with the problem differently – blank problem – blank children – men in denial for a lot longer – ie grief - bravado

**What you begin to understand**

- Official organisations are not always working together – social services/crisis teams/police not interested
- People have choices which out of the families control
- Difficulty of getting more than simple answers
- Need some one to be honest about it being a 'long road'
- Drinking is not a problem for the drinkers. It's a problem for others around
- Social services: Don't seem to know how to advise me crisis/counselling - need to support better changes to policy
- Financial dimensions and strain on relationships - Spouse and other children overlooked – worry about one person, rather than looking after the family as a whole
- Grandparents not receiving money to support grandchildren
- Potential 'hidden harm' to younger children
- Family home/grandparents home disrupted – 'life on hold'
- Can continue to sit on a problem ie 12 years – find it illegal and shameful

**Research into Oasis**

- Comments documented for first time – humanistic quality of life – before it has been all about numbers – how many in treatment/ how many retained – it provides a 'feel' to what is going on

## What does OASIS offer?

- The only support left available that lets you know you are not the only one Oasis makes you realise its not just you – such a relief.
- Provides a way into other services
- Picking people up `after disappointment` after people relapse. Helping families to understand how hard it is for the user/alcoholic as well and seeing small things as a success
- Takes pressure off – lid building up
- Help me realise treatment services cannot “fix” things
- Help people coming to terms with personal responsibility
- Variety/flexibility of contact 24 hour helpline, groups and one to one
- Groups - nice to hear other peoples stories - relief when you realise there are other brothers, mothers, fathers etc out there – it is not just on run-down estates
- Workers who are trained to understand the nature of the addict
- Home visits when urgent
- Empowerment – You are in control - being reminded you have various options can make a decision, empowering support decision making
- Makes it okay to have made mistakes and reflect on them Some one to be honest about it being a ‘long road’
- Angry calls – you can vent out your anger at the situation
- Education about use e.g. of alcohol
- Mental health links
- Schools - education
- Support for prisons, courts and hospitals - majority of people have no experience of dealing with courts.
- Clarification of what can often be a complex process (treatment)
- The opportunity to be on the receiving end of care, support and empathy for a change!
- Options not advice
- Challenge to statutory bodies

## **Way Forward?**

### **Accountability**

- Need to know what information potential funders want and to collect data accordingly – ask DAAT what do they want?
- More robust means of recording activities of Oasis – ie how many phone calls, how long and at what times?
- Need for indicators and ‘measures’ of soft outcomes within need for continuing service of confidentiality and flexibility – how do we account for the ‘pink and fluffy’

### **Publicity**

- Need to advertise more – ie adverts in public toilets, shops, use of tear off strips – car park tickets, shopping bills etc
- Support and information sharing (especially about Oasis) needs to begin at GP level. Current GP advice and information is variable throughout the country.
- Use of Internet forums and messages – need for more user friendly web site – at present not user friendly and not easy to find
- Forums will overcome some difficulties of attending meetings – for people working, childcare difficulties and wide spaces of Lincolnshire, lack of local spaces and amenities to meet
- How to engage more men in the service – currently under-represented – related to advertising or gender approach? How do we get men not to put their heads in the sand?
- Update Ripple Effect video – ie not just about heroin – need messages ie about alcohol and involving men

### **Group Meetings**

- Setting up of more day groups by users – project workers could then attend if appropriate
- Awareness that big groups can be intimidating on the first occasion – groups not for everyone

### **School work/Education**

- Extend school work to primary schools
- How to engage more men in Oasis – women dominated?
- Update videos/message ie Ripple Effect possibly

### **Policy**

- Need to encourage Oasis to have a more proactive role in changing policy
- Promote better integration of services to know about each other better including links to police, GPs, social services

### **Service**

- Offer respite care ie for grandparents
- Make Oasis part of a package – ie massage for relaxation, provide child-care
- Need for inventive funding – make it a package

## Oasis Impact Assessment

What would happen if Oasis and its services weren't there?

Health/ well being impact

(+++ ↔ ---)

### Impact on Other Services or Partners.

{Broken down by theme}

Elements of oasis work	Impact if goes
<ul style="list-style-type: none"> <li>• Helpline (24 hours)</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• There will be NO 24/7 helpline in the country for the carers</li> <li>• Addaction taking more calls from upset families (not able to offer referral or delivery)</li> <li>• Negative effect on harm reduction advice</li> </ul>
<ul style="list-style-type: none"> <li>• Work in schools. Expand to primary?</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• Won't have impact of `real-life` experiences</li> <li>• Cheaper to keep people off substances - before addiction</li> <li>• Police left as sole educators</li> </ul>
<ul style="list-style-type: none"> <li>• One to one peer support</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• No `peer support` service to support the 10-year drugs strategy</li> <li>• People not being able to find a private, confidential contact with strangers</li> </ul>
<ul style="list-style-type: none"> <li>• Groups</li> </ul> <p>--</p>	<ul style="list-style-type: none"> <li>• Possibility the associated harms will be driven back underground</li> <li>• Isolation</li> <li>• Lack of understanding of scale of issue - `Not alone`</li> <li>• Well-being of the carers/family</li> </ul>
<ul style="list-style-type: none"> <li>• Escorting to prisons courts hospitals</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• After-care `wrap-around services` very difficult without oasis</li> <li>• Importance of advice and preparation</li> <li>• Advocacy</li> </ul>
<ul style="list-style-type: none"> <li>• Informal Education, Information/Signposting</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• Potentially some people would not get any support</li> <li>• Especially important if user not in treatment (drugs educators gone)</li> <li>• No-one to explain nature of addictive behaviour – how to support</li> <li>• Cheaper to keep people well</li> <li>• Increased demand on generic services</li> </ul>

<ul style="list-style-type: none"> <li>• Drug Treatment</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• 10 year drug strategy a “holistic approach” – hence need for organisations like Oasis.</li> <li>• Fewer people potentially accessing treatment as message and treatment pathways information is not disseminated via carers.</li> <li>• Partner agencies would lose the opportunity to refer to the most appropriate service and their own capacity to deliver may become affected (increase in enquires, referrals to them).</li> </ul>
<ul style="list-style-type: none"> <li>• GP Services</li> </ul> <p>--</p>	<ul style="list-style-type: none"> <li>• GP services would need to increase capacity. (Knock on effects for carers-depression etc).</li> <li>• Hard to reach drug users would potentially miss out if carers are not able to get information on a treatment.</li> </ul>
<ul style="list-style-type: none"> <li>• Economic Effect</li> </ul> <p>---</p>	<ul style="list-style-type: none"> <li>• Economic knock on effect if carers become part of the care system itself and therefore can’t support the person in active addiction, their children, grandchildren, etc</li> </ul>

**APPENDIX 3**

**CLIENT ACTIVITY 2007-8**

**New Client Activity 2007-8**

MONTH	AREA	METHOD OF CONTACT				NO OF CLIENTS
		Helpline	Visit	Drop-in	Referral	
April 2007	West	3	0	0	0	3F
	East	1	0	0	0	1F
	South	7	0	0	0	7F
May	West	1	0	0	0	1F
	East	3	0	1	1 Addaction	1M 3F
	South	5	0	1	0	1M 5F
June	West	4	0	0	1 SureStart	1M 3F
	East	0	0	2	2 Addaction	2F
	South	3	0	0	0	1M 2F
July	West	6	0	0	0	2M 4F
	East	1	0	0	0	1F
	South	3	0	0	0	3F
August	West	3	0	0	0	3F
	East	1	0	1	1 Addaction	2F
	South	2	0	2	0	2M 2F
September	West	7	0	0	0	1M 6F
	East	1	0	3	1 SureStart 1 Addaction 1 friend	4F
	South	3	0	0	0	3F
October	West	3		4	1 Addaction, 1 SureStart, 1 Social Services	7F
	East	0	0	2	1 friend 1 Addaction	1M 1F
	South	2	0	2	0	2M 2F
November	West	4	0	0	0	4F
	East	2	0	2	2 Addaction	1M 3F
	South	3	0	0	0	3F
December	West	2	0	0	0	2F
	East	2	0	0	0	2F
	South	1	0	1	0	2F
January 2008	West	1	0	0	0	1F
	East	1	0	0	1 Mental Health Services	1F
	South	3	0	1	0	2M 2F
February	West	14	0	0	0	3M 11F
	East	1	0	0	1 Addaction	1F
	South	1	0	0	0	1F
March	West	4	0	0	0	4F
	East	1	0	0	0	1M
	South	7	0	3	0	1M 9F
<i>Total</i>		<b>106</b>	<b>0</b>	<b>25</b>		<b>111 Female 20 male</b>

**Total New Clients – 131**

Source: Oasis Manager's Report

**Continuing Client Activity 2007-8**

Month	AREA	CONTACT METHOD		NO OF CLIENTS*
		Helpline	1-to-1	
April 2007	West	15	0	14F
	East	15	0	13F
	South	7	6	2M 10F
May	West	35	0	19F
	East	12	7	13F
	South	23	5	2M 7F
June	West	36	22	3M 22F
	East	11	0	7F
	South	3	0	2F
July	West	17	31	2M 26F
	East	15	0	13F
	South	8	5	13F
August	West	28	23	1M 19F
	East	20	9	18F
	South	10	1	8F
September	West	36	21	2M 35F
	East	11	0	7F
	South	3	1	2F
October	West	24	32	1M 17F
	East	15	4	15F
	South	24	4	2M 10 F
November	West	38	37	2M 25F
	East	32	6	18F
	South	15	6	2M 8F
December	West	17	18	20F
	East	11	0	7F
	South	10	8	7F
January 2008	West	15	16	3M 7F
	East	15	0	13F
	South	24	6	4M 9F
February	West	30	20	3M 16F
	East	23	0	13F
	South	21	7	11F
March	West	44	17	4M 19F
	East	11	0	7F
	South	11	10	3M 10F
<b>Total Contacts</b>		<b>685</b>	<b>322</b>	<b>32 Male*</b> <b>451 Female*</b>

NB\* This may include multiple contacts with the same client in different months, so the figures of continuing client numbers is not definitive compared to new client figures

Source: Oasis Manager's Report

# APPENDIX 4

## Costings for Enhanced Service Provision

### Costings for Enhanced Service Provision

The following is a list of costed options by the Project Manager for enhanced service provision and development of Oasis. Some posts that are shown as less than one Full Time Equivalent (FTE) could be combined into one individual for the right candidate.

Respite Care: provision of Alternative therapies.	0.4 FTE; cost £9,000 pa
Prison Worker	0.4 FTE; cost £9,000 pa
Educator/Schools Worker	0.5 FTE; cost £11,000 pa
Promotional DVD and educational package	(Film costs - £600 per finished minute plus documentation printing) £11,000
Enhanced publicity budget (poster distribution; newspaper advertisements; harm reduction advice booklets)	£10,000

Total Budget - £50,000