



Evaluation of the Role of the Oasis Family Resilience Worker

**Jennifer Jackson
Research Fellow
Community Operational Research Unit
University of Lincoln**

January 2010

Acknowledgments

The researcher would like to thank all those who have given their time to contribute their experiences to this report particularly service users who often shared difficult and personal issues. The research is also indebted to the trustees and management of Oasis which made this research and the analysis of the issues possible. The Family Resilience Worker has been very supportive as a co-researcher in exploring and opening up debate about their role and its impact on the Oasis organisation and the families that it supports.

Jennifer Jackson
January 2010

Contact:

Jennifer Jackson/Dr Rebecca Herron
Community Operational Research Unit
Centre for Management and Business Research
University of Lincoln
Lincoln LN6 7TS

Email: jjackson@lincoln.ac.uk/rherron@lincoln.ac.uk

Tel: 01522 886115/ 01522 886394

CONTENTS

		PAGE
1.0	RESEARCH AIMS AND BACKGROUND	1
1.1	The Oasis Family Resilience Worker Post	1
1.2	Methodology	2
1.3	The Research Background	3
1.4	Aims of the Research	5
1.5	Report Structure	5
2.0	EFFECT ON THE FAMILY	5
2.1	Physical and Psychological Health	5
2.2	Family Relationships and Stability	6
2.3	Isolation and Social Life	8
3.0	ROLE OF FAMILY RESILIENCE WORKER	8
3.1	Family Support and Resilience	9
3.2	Benefits of FRW Support	10
3.2.1	Reduced isolation and Emotional Support	10
3.2.2	Coping, Control and Choices	11
3.2.3	Advice – Information and Education	13
3.2.4	Rural Isolation	13
3.2.5	Improved Outcomes for Drug and Alcohol Misusers	14
3.3	Cycle of Help	15
4.0	FAMILY SUPPORT GROUPS	15
4.1	Evidence of Effect	15
4.2	Setting up Groups	16
4.2.1	Venue	17
4.2.2	Organisation	18
4.3	User Views of Support Groups	20
4.4	Acupuncture Sessions	21
5.0	PARTNERSHIP WORKING AND OUTREACH	22
5.1	Networking and Publicity	22
5.2	Prevention work - Presentations	23
5.3	Community Groups	24
6.0	WAY FORWARD FOR OASIS AND THE FAMILY RESILIENCE WORKER POST?	25
6.1	Role within Existing Structure	25
6.2	Stress-Strain-Coping-Support Model	25

7.0	SUMMARY AND OVERVIEW	27
7.1	Impact on the Family	27
7.2	Role of FRW – One to-One-Support	28
7.3	Establishing of Family Support Groups	29
7.4	Partnership Working and Outreach	29
7.5	The Future	30

REFERENCES

APPENDIX – RISEHOLME WORKSHOP NOTES

1. Research Aims and Background

1.1 The Oasis Family Resilience Worker Post

Oasis is an organisation that has grown substantially from a support group set up by 2 mothers in 2000 to a charitable organisation that employs project workers to provide help and support across Lincolnshire to those who have family members misusing drugs or alcohol. The methods of flexible support that it offers include one-to-one meetings and liaison with project workers, support groups and a 24-hour helpline.

As an organisation that is dependent on continually seeking funding for the sustaining and developing of the organisation it constantly reflects on its direction and impact with a continuing balance of the needs of evidence of effect and meeting the holistic and individual needs of the families that it supports across Lincolnshire. One of its tools in this process has been the use of research by the Community Operational Research Unit (CORU) to explore not only its effectiveness and impact, but also the wider issues that it represents and seeks to address within the context of family and individual need and policy development. CORU's (2008) research within Oasis during 2007-8 identified through the collective dialogue with all its stakeholders not only what it did, but where was it best placed to develop in the future and what were the gaps in terms of resources and organisation.

As part of this review process Oasis considered that the additional post of Family Resilience Worker (FRW) based in the districts of East Lindsey and Boston Borough would enhance the service and fill existing gaps in service delivery. Firstly there was an awareness that Oasis' work was divided into two main aspects dealing with the immediate effect of alcohol and drug misuses on families and their reaction and how to move families on from the immediate crisis situation that they found themselves into a more sustainable and long term means of coping with situations and decisions. The latter approach and the building up of 'resilience' in families was therefore central to the new post.

The post was also to recognise that as a large rural county the placing of the project worker in the Boston and East Lindsey area would provide the opportunity to deal with the specific problems that arise within a mainly rural area that has associated problems of isolation and transport difficulties compounded in the Boston area with higher rates of drug misuse than the English average (Boston Health Profile 2008). It would also balance Oasis' office base in Lincoln and the support groups that it had established there.

The role of the post would equally be based on the notion of outreach and give emphasis to networking and creating links amongst agencies and groups to make them more aware of Oasis' role and what developing service that they could provide in interaction on the issues of reducing harm and impact on the family and substance misuse prevention. Such strategies of developing Oasis' role in the job description included the development of carer support groups, presentations and establishing links to diverse Carers agencies and potentially vulnerable groups presently under-represented in Oasis' client base.

1.2 Methodology

The research was originally intended to take place from the appointment of the post holder in June 2009 to March 2010 to track and question the development of the post's remit. Due to the need for the evaluation to feed into funding decisions about the post in January 2010 the research has had to be consequently intensified and consolidated into a tighter research framework from June 2009 to January 2010. This obviously has implications for what the research can reflect on at the mid-way stage of the first year of the post, but already there are many findings from the support, networking and partnership building that the research can report on. It also means that Oasis and the funders can consider possible developments and changes in the original intention of the post at an earlier stage with benefits for the organisation and service users.

As an engaged research process the Family Resilience Worker has been involved in a participatory way as co-researcher to reflect on the research process and emerging themes and 'results' as part of an active action research process. The emphasis was therefore on developing concepts of what is effective and instigated by the new post in the wider context of adding to the gaps in knowledge of what is required by families to aid resilience both in terms of organisational support and their own empowerment. As a post that is essentially based on exploring new approaches both with partner organisations and service users the outcomes have been learning what works as much as what does not in engaging various diverse groups and individuals, that can be fed into practice and recorded for a growing evidence base.

There has therefore been constant dialogue with the new post holder to reflect on the post's development and undertaking of a continuous self-evaluation as part of the action research. Monthly meetings have therefore taken place between the researcher and Family Resilience Worker to reflect on the past months activities in terms of networking, partnerships and expansion of Oasis' profile and services. This has meant, for example, identifying the various strategies, structures and approaches employed to reach target beneficiaries and break down barriers to access and participation. This has been complemented by the post holder compiling a 'portfolio' of non-confidential material on activities such as meeting reports, which the researcher was also able to analyse and co-reflect on for its impact on the Oasis organisation.

Semi-structured interviews were undertaken with service users and organisational partners to understand the range of effect that the new post had for users and partners of the service. Partners and networking organisations interviewed included drug treatment agencies such as Addaction and non-drug support organisations such as GFS Platform, Skegness. The semi-structured nature of the interviews meant that participants could contribute to the questions and issues raised in the research process given that the post was constantly evolving in its scope and direction.

All service users connected to the Family Resilience Worker were invited to take part in the research through informed consent. Telephone interviews were undertaken as they were felt to provide personal anonymity; although there was a choice given as to which way they wanted to be contacted. This was complemented by the researcher attending a support group meeting at Skegness where more questions were raised for the research in group discussions as well as validating many of the issues raised in individual interview as to the nature of the effect of drug and alcohol misuse on the family, the role of the Family Resilience Worker and what is required in terms of support to build 'resilience' in family lives.

A comprehensive and on-going literature review undertaken by the Researcher equally meant that the findings were related to their widest possible framework in national debate about the needs and evidence of how best to support families and the gaps in understanding that still exist as explored in Section 1.3.

From the data and findings from the interviews and review of documentation and activity collective themes were analysed which provided the basis for a workshop at Riseholme campus on 7th December 2009.

1.3 The Research Background

The lack of research into how families cope with drug use means that little is known about their needs, the methods of meeting these needs and the effectiveness of these methods.

Effective Intervention Unit (EIU) 2002

As national debate within drug agencies, governmental bodies and research literature demonstrates the evaluation of the Family Resilience Worker raises questions that lie at the centre of a lack of knowledge of how we support the families of drug and alcohol misuse and what are the effective ways of dealing with the issues that arise?

Research evidence to date such as that undertaken by the EIU demonstrates that what is presently known is ‘piecemeal’ and under-researched. Moreover that whilst there presently is no single, agreed definition of family support that it should ‘rightly’ cover a range of possible support activities. Indeed there is a concern that the emphasis on family support has often been narrowly perceived by agencies as getting the substance user to engage in treatment, *as a result, evaluations have focused on this outcome rather than on the benefits to the family* (EIU 2002). There is consequently a growing wider understanding within the literature and policy such as the RSA Drugs Facing Facts Report (2007) that gaining treatment and support for the family member undertaking drug or alcohol misuse is only one part of the equation and that stabilisation and/or abstinence is a long term process which may or may not be achieved. Moreover, *that even if the drug user does make progress, it does not mean that the family’s health, social and financial circumstances improve straightaway* (EIU 2002).

The role of ‘resilience’ in the concept of family support is an important and innovatory concept developed from the work particularly of Velleman (1999, 2000, 2006) but still largely connected in the literature and project work to the role of the family in preventing drug and alcohol misuse. In this respect the only significant ‘evidence’ that presently exists is contained in Adfam’s *Bouncing Back* (2007) pilot projects, which were based upon developing innovative practice for engaging diverse and vulnerable families in drug and alcohol prevention. The Bouncing Back programme took resilience as its central theme and supported six pilot projects in different parts of the country, collaborating with local stakeholders and communities, to test approaches to developing resilience in vulnerable families. It concluded that *‘drug and alcohol prevention programmes can effectively engage the most vulnerable of adults and young people... To be effective, programmes should explore issues relating to parenting, drugs and alcohol and family diversity, employing innovative methods to fully engage, involve and empower the most vulnerable and diverse of families’*.

The emphasis of ‘resilience’ in these projects was still nevertheless on prevention and less is still known of the role of providing ‘resilience’ for the families of drug and alcohol users as in Oasis’ case where the misuse of drugs and alcohol already exists. This adds to the already existing research gap regarding family inclusion and participation in drug and alcohol prevention work where *‘there is a clear lack of consensus in terms of models for working with marginalised and vulnerable groups and little formal evaluation in this area’* (Adfam:2007). The role of the Family Resilience Worker and indeed Oasis is pioneering in building up resilience and further prevention of effects on the individual and family from already existing misuse and the damage that it inflicts as it ripples through family dynamics. The post is therefore adding flesh to the bones of the concept of resilience as explored in Adfam’s 2007 pilot schemes that found that it was about a *‘process of change not simply a learnt skill’*. It is also breaking down what is recognised as resilience by Adfam (2007) in their use of the description by Jenkin and McGennis (2000):

Resilience: *The happy knack of being able to bungy jump through the pitfalls of life. Even when the hardships and adversity arise, it is as if the person has an elasticised rope around them that helps them to rebound when things get low, and to maintain their sense of who they are as a person.*

Building resilience equally has to be seen in relation to an increasing recognition of the impact that an individual’s drug or alcohol misuse can have on other family members and partners. Velleman (1993, 2002) for instance in his considerable research on the effect on families makes the conservative assumption that *‘every substance misuser will negatively affect at least two close family members to a sufficient extent that they will require primary health care services’* (2002). The EIU as well as other key researchers such as Barnard (2005) and policy makers have consequently identified that the impact on families can be seen in four key areas:

- Physical and psychological health
- Family Relationships
- Finance and Employment
- Social Life

It is in response to these needs that the family reacts and which may require as the EIU (2002) analyse a variety of responses, which can include emotional and practical support and information to deal with new and often changing circumstances that is at the heart of the role of the Family Resilience Worker.

The evaluation of the Family Resilience Worker post therefore raises the following inter-related questions that go beyond Oasis itself to national debate about how and in what way the families of those with drug and alcohol abuse should be best supported to build up resilience in the situations, choices and decisions that they face in their everyday life. Hence the main aims of the research are as related in Section 1.4.

1.4 Aims of the Research

- What is the added value of the new post? – how does it relate to the existing role of Oasis and expand it?
- What are the effects on families of drug and alcohol misuse and how do they respond?
- How and what resilience do families require to both maintain family equilibrium/protective factors and ‘*bounce back*’ (Adfam:2007)?
- What are the models for working with and engaging vulnerable and diverse families in family support – what works?
- What is the effectiveness of interventions provided by the Family Resilience Worker post to build up resilience and support?
- How should the post be developed?

1.5 Report Structure

Section 2 reports on the ways service users are affected by drug and alcohol misuse in the family and how they have reacted to what is often changing circumstances. Section 3 considers the role of the FRW in building up resilience in families from one to one support and the benefits that result both for the families and the family member misusing drugs or alcohol. Section 4 reviews in more depth the role of the Family Resilience Worker in establishing other approaches for support including the setting up of support groups and the use of alternative therapies. The impact of the FRW role on raising the profile of Oasis through partnership building, publicity and networking and widening participation is considered in Section 5. Section 6 considers the role of the FRW within the existing structure of Oasis and potential ways forward within a family coping model which recognises two inter-related tiers of support. The final section provides an overview of the evaluation and its findings.

2. Effect on the family

The impact of alcohol and substance misuse and the effect on the family has increasingly been documented in a growing evidence base of academic and governmental research that has highlighted the short and long term effects of continued misuse on family members. Indeed, UK reports have estimated that as many as 17% of the population in the UK could be affected in this way. The role of the Family Resilience Worker (FRW) in enabling families to continue to cope and minimise the harm of what Velleman (2008) terms the ‘*very negative impact*’ on families is therefore central to an understanding of the need for this continuing professional support. As noted previously in Section 1.3 there are four main areas identified by the EIU and other significant research in which families are seen to be effected in inter-related ways namely physical and psychological health, family relationships and stability, finance and employment and social life, which will be related to families supported by the FRW. As one service user of the FRW commented: ‘*with drug abuse in the family – families are on the track to disaster themselves*’.

2.1 Physical and Psychological Health

Studies undertaken and reviewed by bodies such as the EIU and the RSA (2007) and eminent researchers such as Velleman (1993) and Barnard (2005) have consistently demonstrated that the experience of living with the drug and alcohol misuse of a family member on a daily and

long term basis often results in range of physical and psychological health problems. Indeed, Prof. Godrey in the *RSA Drugs Facing Facts Report* (2007) found that the cost of health care for people affected by the drug misuse of others including drug users families was estimated at approximately £15.4 billion in 2003/4.

There is often a range of negative emotions that impinge as the family realise the initial extent of the situation that they face and as it moves into the longer term as shock, loss, confusion, anger, shame, despair, embarrassment, uncertainty, and guilt and often a feeling of powerlessness of what to do. Longer-term health effects of significant physical ailments such as raised blood pressure and psychological problems such as depression, panic attacks and anxiety disorders often therefore occur.

These feelings and effect on health were expressed by Oasis service users for as they all related in their accounts *'you go though it as much as the addict'*:

You want to know what triggered it? You beat yourself up about it with the worry and the frustration – it wears you down. You feel frustrated and angry with yourself – your children are out of control. You have horrible guilt feelings.

You want to make it right as a mother

I am on my own and you think I could just get up and take those diazepam and everything would be all over – what is the point?

For some the effect is to sometimes start their own addiction in a vicious circle of effect:

I am struggling to follow through after my breakdown – I lost my job of 20 years. I myself turned to drink – was not sleeping tossing and turning so used alcohol to get me to sleep. I then became an alcoholic and thought I must stop this – it is destroying me too. How can I help him when I am like this?

2.2 Family Relationships and Stability

Service users of the FRW all reported how difficult it was to maintain family stability and relationships and the 'normality' of home life when faced with the crises and situations that long-term alcohol and drug misuse brought. A common feeling was a loss of control and direction, *'you are not in control in your own house'*. 'Simple' household acts such as sorting out the washing even had different implications when they contained needles in them to intimidating situations where single mothers sometimes had to deal with aggressive actions such as doors being broken on their own. Even taking a family holiday can be a nightmare when there is uncertainty of what will happen to the family home in their absence.

Within a significant number of families conflict arises, as there is often disputes with family members about how to deal with the situation within the family and treatment for the drug and alcohol misuse. Increased arguments and tension and breakdown in communication within the family often result with splits and rifts between spouses and partners and parents and siblings as the attention seems directed only at the misusing family member. Mothers particularly who make up the majority of the FRW service users felt that they were stuck in the middle of difficult choices between supporting the child and keeping the family and relationships together:

They are the centre of attention all the time – the siblings miss so much – they say my brother sucks you dry. It is destroying the rest of the family

Others say – throw him out but they are not the ones dealing with it. You see an addict walking down the street really down and out and you think that will my son in 10 years time. They do not take responsibility and ownership.

My husband doesn't agree with drugs at all – this is a second marriage and he is therefore not the father and he thinks we shouldn't help at all so it is left to me. You feel vulnerable as you are being pulled between your husband and son and between my son and his brother about what you should do.

You feel like you could just walk away. I had got to the stage where I had had enough as a mother and wife – what did I have to do.

Often for families financial difficulties can also arise both as a direct result of the drug or alcohol user's behaviour and through the families attempts to help. This may include, as reported by service users of the FRW, problems that occur as they seek to deal with situations such as repaying users debts or the taking of possessions and money to pay for their 'habit'.

I have to pay off his bank loans otherwise how is he going to pay them off and if not will he steal? – get more into drugs and possibly crime?

They are sneaky in your face with their bare faced lies – you can never trust them. We have come home to find the DVD sold - they have sold £700-800 of jewellery, which has vanished.

They have taken jewellery that was my parents and irreplaceable. They had a new coat and then that too was sold.

Due to the stress of drug or alcohol misuse family members can find themselves losing confidence and concentration at work, or having to have time off to deal with their own health problems, or to care for the drug/alcohol user and other dependents with the result ultimately perhaps of losing their own job, as in the case of one service user as seen in Section 2.1.

Caring for grandchildren as problems of alcohol and drug misuse have an increasing detrimental effect on family life also increasingly becomes a role for service users of the FRW. The Facing Drugs Report (2007), the report on Hidden Harm (2003) by the Advisory Council on the Misuse of Drugs (ACMD) and Drugs and Protecting Families and Communities (2008) have all highlighted the significant extent to which the children of problematic drug users can be subject to neglect and poverty. In 2003 the Hidden Harm report estimated that this could affect up to 300,000 children, which was itself updated by Turning Point (2006) that an estimated 8%-12% of all children are affected by parental substance use problems. Adfam (2007) equally estimates 'that over eight million family members, including children, live with the effects of someone's drug or alcohol use – experiencing crime and violence, inconsistent and erratic behaviour and parenting and assuming additional roles of care and responsibility within the family' (Alcohol Concern 2006; ACDM 2003; Velleman R, Templeton L, 2006). How to deal with the problems that arise in negotiating financial difficulties arising from having to care for grandchildren and statutory bodies such as Social Services becomes therefore another tier for the family to deal with beyond the original drug or alcohol use of the family member.

2.3 Isolation and Social Life

Both the literature and fieldwork with service users has shown that families are often affected in their confidence and social interaction by the difficulties associated with drug and alcohol misuse which itself feeds into physical and mental well-being. Isolation was therefore a common theme expressed particularly as Lincolnshire and the Boston and East Lindsey area is such a rural area of often small communities, in which the perceived stigma associated with drug and alcohol misuse was seen to resonate much more than in more urban areas. Respondents often felt that they could not talk about the situations they faced either to wider family, or friends, as they would not understand and that they would not want to still remain friends with them.

People ask in a small village ‘What does your son do?’ – how do you explain? It is hard to live with it all the time in a small community.

You are on your own and isolated – you are so changed personally, everything changes – I used to be such a bubbly person and now I am so withdrawn – crave to go home. I am always looking at my mobile and thinking, why me?

Isolation and social stigma becomes of itself part of the further problem of seeking help for as Velleman (2008) has reflected many families may have not sought help due to the stigmatisation and misplaced self-blame that they attach to themselves, failing to recognise Bancroft’s (2002) distinction that it is a ‘problem for the family’ not ‘a problem of the family’.

It is against these background of problems that confront the family that the FRW seeks to minimise the harm to families by building up coping strategies in everyday lives in what has been described and will be discussed further in Sections 2 to 6 as part of a ‘family-coping’ framework’.

3. Role of Family Resilience Worker

The evidence strongly suggests that support that is well structured, consistent and addresses the needs of families and carers can produce significant benefits to their personal health, well-being and relationships. EIU 2002

There is good evidence that these family members benefit from help in their own right, and that if they get this help, their own outcomes (reduced symptoms, better coping mechanisms, better quality of life, etc) are greatly improved. These better outcomes are not confined to single family members, but can often be seen across the family unit as a whole ... It is also the case that there is good evidence that, if family members get help in their own right, there are considerable knock-on effects on users too (in terms of their engagement, retention etc). (Velleman, 2008)

Sections 1 and 2 have highlighted the evidence from the literature and project fieldwork of the considerable effect that drug and alcohol misuse has on family members in terms of health, well-being and the ability to retain stability as a family unit. Moreover, from cases related during the research many families are coping with a situation that has been going on for a very long time sometimes of ten years or more, given that alcohol and drug misuse is rarely a short-term problem and often has cyclical crises and changes in the nature of the difficulties

that are posed for the family. The role of the FRW to date has therefore been particularly directed to deal with existing long-term Oasis clients to provide support and build up strategies for resilience and change wherever possible within their lives. It is this role, the nature of resilience and family support and what has been found to be effective that will be considered in the following sections.

3.1 Family Support and Resilience

Families response to the stress and problems associated with a relative's drug or alcohol misuse can be as varied as the nature of the problem itself and can include as the EIU (2002) consider denial, self-blame, blame of others and tough love and distance from the family member. What therefore can result is that the response itself '*increases the problems experienced*'.

Often it is not until behaviour is analysed that people see that they are employing methods of coping and that these can have positive and negative effects upon the individual, family members and drug use... The overall aim of family support is to limit the harm to family members that can result from their relative's drug use. It aims to minimise the personal stress of family members and to ensure they are not left alone to cope with situations where they may have little knowledge or understanding. It also aims to help them recognise their own needs and the importance of that recognition to their own health and that of other family members. This, in turn, can enable family members to cope better with their drug-using relative. (EIU 2002)

Both Adfam (2007) and Velleman (1999, 2006) have also more exactly considered what are the individual protective factors that build up resilience and can help reduce stress and difficulties for families, which have considerable overlap in the factors detailed below:

- High self esteem and a positive self-concept
- Ability to self reflect
- Being self reliant and acting independently
- Problem solving abilities
- Maintaining a positive outlook
- Having a high level of activity
- Comfortable with making mistakes
- Acting positively with others (Place M et al, 2002 quoted in Adfam 2007)

Resilience factors or processes which these protective factors encourage:

- Deliberate planning to minimise impact on current life
- High self-esteem and confidence,
- Self-efficacy,
- An ability to deal with change,
- Skills and values that lead to efficient use of personal ability,
- A good range of problem solving skills,
- The person feeling that they had and have choices,
- The person feeling that they are/were in control of their lives, and
- Previous experience of success and achievement. (Velleman 2008)

The role of the FRW in encouraging such factors and developing positive and empowering approaches to the family has as will be considered been central to the FRW's impact on reducing stress and negative effects on family life through a mixture of emotional and practical support and provision of information as related in the following Sections.

3.2 Benefits of FRW Support

The benefits outlined in this Section particularly relate to the one-to-one sessions that the FRW has held with clients and are what was considered to be the value of the support that the FRW provides both from individual interviews and the Workshop held at Riseholme campus the notes of which are contained in the Appendix.

3.2.1 Reduced isolation and Emotional Support

All service users reflected that one of the main benefits of the service was the emotional support provided by the FRW through being available to flexibly contact and meet the FRW in whatever way the client felt comfortable whether through the Oasis 24-hour helpline, mobile or home telephones or meeting in homes or venues such as coffee and tea shops. Other forms of communication can also be used such as texting and use of e-mail, which contrasts with the more formal approaches of more statutory bodies and means that clients in distress can always be replied to and contacted.

Without the FRW and the listening support that Oasis provides many considered that they would have had no alternative service to contact and reduce feelings of isolation and crisis of how to deal with situations and problems. The additional factor that the FRW has their own family experience of drug misuse, as all Oasis project workers, meant that they felt it more easier to open up discussions about very sensitive and confidential issues and that there was more understanding of the situation as *'they know where I am coming from – they have been there'*.

You need the contact – someone to talk to – you can't talk to friends about it – it is something that you just do not discuss. So you need someone to talk to about it and that is where the FRW is so important – so I have talked to FRW as you need someone to talk to who is non-judgemental.

Whilst he (family member) got some help from a counsellor for so many sessions over a 3-month period – I thought how could I support him and help him to overcome this problem. He had me to talk to – but what support did I have to help him? The thing is that you think that is only happening to you.

I've not used the 24 hour helpline but I think that is also very good – an absolute need – I have more wanted to see someone to talk things through. It is the emotional support that you are looking for – when you talk to them you can off-load and open up. It is very limited who else you can talk to – Drs don't understand – or have the time in the sessions that you have with them to talk it through

For 4 months we have been in a deep hole but with the FRW's knowledge we have learned more how to cope – with their advice. The FRW has been great at ringing me regularly and the support that she gives is really important to give advice on how other people have helped in these situations. There is an image that people all have someone that they can go to in

these situations that they have a large family that can help –but we are on our own just me and my son. We are very isolated and you need support about this.

For many professional support offered them was the use of anti-depressants, rather than a ‘positive’ approach to the situation advocated by the FRW:

If we went to the Doctors all they thought about was giving you something and that was a waste of time – what we needed was to do something positive.

I went to my GP and all he offered was anti-depressants – I said I don’t want that I want to be ‘on the ball’. Yes we get upset and depressed about the situation – but being on medication was not going to help me. What I wanted was advice on how to deal with it and that he couldn’t give me – this was not the best help. But the FRW’s help is so different there is a person always at the end of the phone who I can also meet with constant feedback. With their support I don’t feel isolated – when I get back from my son I have his problems and my own problems to sort out – but she is always there when I am down in the dumps.

Service users also reflected how the FRW has reduced or removed feelings of blame and low self esteem that added to the sense of isolation:

They say it is not your fault when you ask ‘What have I done for him to do this – to make him go down this road?’ Talking to them they have the experience to talk through it – so you don’t take the blame yourself.

With FRW you don’t feel that you are on your own, alone any more. You think we are an ordinary family how could it happen that we are part of this terrible lifestyle. It is a turning point for the rest of the family as well as the drug user. But with FRW and Oasis you know that you are not the only one. So you don’t feel as alone as there is somebody there when you are terribly low. So you are learning to cope with the everyday. We are working at a business and you have to run a normal life financially if nothing else because that is how life is.

3.2.2 Coping, Control and Choices

The emotional support and developed listening skills of the FRW provides a very important springboard for clients to self-reflect through recognising and understanding the inter-related needs of the family as individuals and as a unit. As one service user reflected, *You say ‘When do I let go’ and they say ‘You never let go - but you can stand back’.*

In providing this space for self-reflection and rationalising of problems and situations clients have recorded in interviews and at the workshop how this has enabled them to see the ‘bigger picture’ and move from a state of chaos to one of ‘calming down’ identifying an integrated and consistent approach to family life that may both impact on well being and/or the family member with drug or alcohol misuse. In so doing they described how it had often brought them ‘back’ from a ‘black hole’ of despair to focus on how to cope with and stabilise the complexity they face. In this respect clients reported that it made them realise, for example, the neglect of siblings and partners who were not getting equal attention and support in the family dynamics that the misuse brought and a refocusing on ‘ordinary life’, *‘it is a big, big problem that takes all your energies and ordinary life is left behind’.*

Regaining control and sense of purpose was also a highly valued benefit of the FRW's support. Whilst recognising the long-term nature of drug and alcohol misuse and the fact that there are many 'peaks and troughs' the FRW's work has encouraged families to focus positively on what Adfam (2007) terms 'small steps to changes' or 'sparkling moments' that are achievable and realistic in the short-term and particularly the regaining of choices and control over the family and home. In this respect for example one client had stopped her son from smoking in his room, it was she recognised in many ways a 'small' rule compared to the difficulties that they faced, but it provided her with a sense of taking back control in her home and feeling more positive. Similarly one client has got her partner to cut down on his drinking by one can a day, given a timescale to contact Addaction and change smoking habits, all important small steps and boundaries to create a more positive direction for the relationship, the family and the user himself.

The role of the FRW was considered to have helped some clients to realise that they do have choices and have come to fundamental decisions by 'asking have you thought about this and how about that', without influencing the decision itself or 'telling us what to do'. This has for example meant making decisions about relationships and whether a son or daughter needs to be removed from the family home, as their presence is too destructive for the rest of the family as well as helping to move forward on decisions about daily life:

The FRW is really good to share experiences and get better answers to the problems that you have.

I have found the service and FRW brilliant – without them I do not know what I would have done. They give such good advice to help rebuild your life and they do understand the situation and what you are going through and you then have more confidence to be able to cope.

I had to do it for the rest of the family (remove son from home). You think I can't go on for the rest of my life with this façade – living this façade. You have to be cruel to be kind.

Without the FRW and Oasis I would have ended up not coping at all and financially it would have crippled us. But I said no I am not bailing you out anymore – you are not pawning our jewellery. It gave me the capacity to say no – to come through out of the other side and say enough is enough. The FRW would come to me and meet me and I could then see the situation from someone else's point of view and I could say no these are the boundaries. So now we are coming out of the other end- as we had got to the point where we had nowhere else to go – we needed to have time off from the situation. It is hard doing it – saying no but it does have to be done.

Once decisions had been made the continuing support by the FRW for what has been decided was also appreciated, particularly when very difficult decisions had been made as the breaking up of relationships, as one partner who could no longer deal with the situation of a step-son's addiction and needed support with the practical and emotional messiness that it left. Similarly in times of family crisis practical advice on how to transport belongings on a 'tight' budget or where to accommodate a family member when the family can no longer have them in the family home have all been welcomed and eased very difficult family processes.

All clients have been encouraged to make changes in their lives and refocus on their own health and well-being and future by thinking about learning new skills and taking part where

appropriate in training, employment and volunteering. Others have taken up activities such as pilates and swimming as well as the acupuncture and support groups to be discussed in Section 4 to find ways to alleviate stress and find time for themselves.

3.2.3 Advice – Information and Education

Whilst much general information exists on websites and in leaflets on drug and alcohol misuse one of the main benefits provided by the FRW is the very individual information and advice that she can give to families. This is based on a much more wider understanding of the effects of certain drugs and alcohol and reaction to treatments and what families can do to minimise harm such as risk of Hepatitis and HIV. In so doing the family has a better understanding of the situation they face, often demystifying behaviour and effects and reducing approaches that could possibly have a detrimental effect for the individual and the family. For some finding out as much information as possible and reading literature on personal accounts of drug abuse with clients and discussing it with them has most helped them rationalise their particular situation.

You want advice – what do you do about this? There is information and advice generally available everywhere in brochures and they are informative and we have looked and researched on the Internet but we are not qualified people – we still need more specific information than can be provided by the facts in the brochures and on the Internet. If you have a specific problem then the brochure can't answer that – and that is where Oasis and the FRW are important

He had me to talk to – but what support did I have to help him? I have never dealt with anything like this and had problems like this – and didn't know what to do.

I have been given the leaflets on problems with alcoholism – but you need individual answers to so many problems. Knowledge as they say is power and you need all the advice you can get.

You need someone to talk to – to back you up on the phone to say what can I do about X? They have the knowledge of what to do.

The FRW also signposts to other services where applicable to treatment organisations and organisations such as Relate and uses speakers in support groups as will be discussed in Section 4 to widen family understanding of alcohol and drug misuse and reduce anxiety.

3.2.4 Rural isolation

Isolation and vulnerability as a family with drug and alcohol misuse was also considered to be compounded in the Boston and East Lindsey area by the rural isolation of the area in which accessing support can be difficult given limited transport systems or travelling substantial distances. The fact that the FRW was now based in the area and knew it well and support groups were also being established, rather than having to travel to Lincoln to attend a group was therefore considered a distinctive advantage.

We are presently going through a 'good patch' but it has been difficult and there really needs to be services like Oasis in this area as it is very neglected here and there has been a lot of

trouble with drugs that needs sorting out. Otherwise we are very isolated – and you need transport if you want to get to Lincoln to sort things out.

Skegness has been a neglected area ... It is only with Oasis and the FRW coming to the area that the problems of our area are really being acknowledged.

In Lincolnshire it is not very good as you have to travel so far to get any kind of help. Where we live you very rarely find anything – it is like we live in No Mans Land as far as services are concerned so it is really good that Oasis does exist and that we have the FRW.

3.2.5 Improved Outcomes for Drug and Alcohol Misusers

It is true that family members cannot make an individual stop (mis)using drugs or alcohol, but they can look at the ways that they cope with the misusing individual, and change these ways of coping into ones with which they are more happy, and which they find more useful and effective. Such changes in their own coping often will help the misuser recognise that the substance use is problematic and that change is desirable.

Velleman (2008)

Whilst the needs of families and interventions to support them must be recognised in their own right, a growing evidence base has acknowledged that an important corollary of family support is that they are also better informed and able to ‘direct’ the family member to gain help and support for their addiction, with often significant improved outcomes for the misuser of drugs and alcohol. Indeed, Velleman (2008) argues using the research evidence of Copello et al, 2005; Liddle, 2004; Szapocznik et al. 1998, that such family support and involvement helps drug misusers at all stages of the treatment journey: *it assists and encourages the users to **engage** in treatment, it helps **retention**, it speeds (successful) **throughput** and reduces treatment drop-out, and it is associated with more positive **outcomes**, both drug-related (i.e. continued or returned to usage) and social (reductions in legal, family, employment and violence problems, and greater improvements in psychosocial functioning of children).* In relation to alcohol misuse, studies such as that of Orford and Edwards (1977), have equally highlighted that the nature and quality of family relationships impacts on substance misuse and that ‘*positive marital and family adjustment is related to positive treatment outcomes.*’

The work of the FRW and Oasis as seen in supporting the family and building up coping and control strategies and advice on how to deal with a range of problems that confront them is therefore very important to the outcomes of any treatment the family member may be in, or getting them to first access appropriate services. Indeed, family stability and support is recognised as a vital factor in partnership working with treatment agencies as a member of Addaction reflected:

When we assess our service users we understand that there is a ripple effect that goes through friends and families – it is very rare that they don’t have any friends or family and are not totally isolated. From our perspective it is very important that our clients are supported by the family/friends – and how to advise and support them is very important we know for example that nagging will be totally counter-productive so it is how the situation is dealt with. So it is vital from our perspective that we have a service like Oasis that we can refer family members onto and it helps and supports our work also.

It equally means that drug and alcohol treatment agencies have somewhere that they can refer on to deal with the distress that they regularly encounter from family member but cannot themselves deal with, to provide a more holistic service to the families of their clients:

Sometimes family members and friends do attend with the client – you can see the distress and anxiety that they are going through. You think I need to support you as well but our focus is obviously on the service user and we can't do that. So you can offer them Oasis to refer them on to, as you know that they will get support and good advice there. It is something that they can tap into - they can act for the family member only and see to their needs.

3.3 Cycle of Help

You have to remember that there are also peaks and troughs and suddenly people can be back at Square 1 – they suddenly lose control of the good position that they have been in (FRW).

The overall effect of the work of the FRW is that of the 5 men and 26 women clients that she has helped to date there is the consideration that they *'appear to be in more control and empowered – more focused on their lives.'* The corollary of this is that when service users are in a 'good place' because the FRW has helped to stabilise family equilibrium they do not require to contact the service as much, although the FRW will keep in contact often with a weekly call to ensure that everything is still going well for them. Ultimately, however that the family can now work out its own course and is more stable is the success of the journey with the FRW and the knowledge that they can always return to the service should a new crisis or situation emerge as one service user related:

We are now doing quite well 'out the other side' due to the moral support that the FRW and Oasis have provided and we don't really contact so much – but I know they are there when I need them. It nearly destroyed what we all had – but now it is back how it was – fingers crossed.

4. Family Support Groups

The role played by Family Support Groups is already acknowledged in the literature to play an important part in both recognising and dealing with the difficulties faced by families. What is less evident as the EIU (2002) records is *'what is known about family support groups, the difficulties they face and how they become effective sustainable groups'*. Thus the work undertaken by the Resilience Worker in establishing support groups at Skegness and latterly Boston is central to a wider understanding of how the help of an external agency is often required to set up such groups and underpin their growth into organisations of sustaining and mutual support.

4.1 'Evidence' of Effect

The evidence to date particularly demonstrates that the benefits from the establishment of family support groups are quite extensive in the range of their support mechanisms and ways of providing means of problem solving to those who participate. Lockley (1995) for example related the following benefits from analysing the effect of support groups that they could provide:

- Emotional support
- Information support
- Social support
- Problem solving
- Advocacy
- Practical support

The EIU (2002) further identified a number of inter-related benefits from the creation and attending of support groups and ways that it enabled family members to cope with their own personal circumstances which can be equally applied to families dealing with alcohol misuse:

- **Improves understanding of drugs/alcohol and its effects upon individuals** – By being more informed, the family is less likely to react or cope in ways that may be inappropriate and unhelpful either to themselves, the person with substance misuse and other family members. It was also considered that by being informed it reduces the impact and chance of manipulative behaviour on the family.
- **Achieves a positive impact on physical and emotional health** in reducing stress experienced by the family member. The sharing of information and experience is considered to reduce the anxiety of members and the sense of isolation and loneliness that they can feel. *By hearing of others' experiences and gaining reassurance through obtaining accurate information, family members are more informed and able to realistically assess their concerns (EIU literature review).*
- **Empowers family members and builds confidence for coping.** Being able to discuss their circumstances in a 'non-judgemental' and 'safe' group environment allows '*members to look at how they cope, think about the advantages and disadvantages associated and adapt their coping strategies*'. In building up '*new knowledge, skills and growth in self confidence gained from attending the group, the family member can increase their capacity to manage internal and external issues affecting their lives* (EIU literature review). This could include putting ownership of the drug or alcohol problem with the user and opening up discussions within the family of how to approach issue arising from the misuse.
- **Reduces likelihood of member becoming dependent on one to one support.** Group support is seen as important in preventing an individual member becoming too reliant on one to one support, that there is a 'network of support' on which they can now also rely.
- **Members become part of collective voice – development of skills.** Members become part of a collective group that can give them confidence to challenge and ask questions of organisations such as drug or alcohol agencies. It can develop skills associated with giving support and listening.

4.2 Setting Up Groups

Whilst there is increasing evidence from the literature and programmes of the benefits of family support groups what is less known and documented are the very real problems in resources and planning that can accompany setting up support groups and how they can be

effective. Hence an assessment of the process of the Family Resilience Worker in setting up the groups is as important as impact.

4.2.1 Venue

As the EIU (2002) acknowledges one of the most significant issues in setting up a family support group is finding a venue that meets the following criteria:

- **Attractive and neutral** venue that is ‘safe’ for people to attend – somewhere that they do not feel ‘threatened’ by association with services and organisations as drug agencies, schools etc
- **Provides anonymity** – that conversations cannot be heard or people seen from within the rooms used – the group will not be identified by the location they meet in
- **Accessibility and timing** – meet at a location and time that is suitable for the client group within the constraints above
- **Cost** – there are limited resources for most groups – with the accessing of funds a difficulty

The Family Resilience Worker therefore found that in setting up the two present family support groups at Skegness and later Boston one of the aspects that has taken considerable time has been the locating of a suitable venue that members could easily access and feel comfortable with that could be provided at a reasonable cost. At Boston, for example, she found a location that was reasonably priced, neutral and accessible but there was an issue of confidentiality. In the summer for ventilation the windows would need to be opened and conversations would be heard in an open reception area, which meant it was not suitable. An attractive neutral venue that may have also been used was only available in the day but unlike the Skegness group, which meets in the afternoon this group need to meet up in an evening time as it is was more suitable for them. Some venues that were appropriate wanted to charge for example £40 for 2 hours that was beyond Oasis’s budget.

Eventually the FRW liaised with the Fenside Community Centre to host the group, which provided the rooms for the meetings at a reasonable rate. Similarly the FRW had difficulties finding a venue at Skegness with somewhere that had ‘pleasant rooms’ where they could have tea coffee and biscuits to aid the social element of the group, as well as providing computer equipment for the use of any speakers and playing information such as DVDs. The community room at the Fire Station which is provided free of charge eventually being the chosen location as it is ‘neutral’ and convenient and has all the facilities required for the meetings.

So in many ways venues can be a struggle for groups to establish themselves and there is the consideration of how much harder this would have been to do without the resources and organisation of the Resilience worker and Oasis. As EIU relates; *‘The result can be that group members who may be experiencing financial hardship in relation to their family difficulties are also financially out of pocket for activities related to operating the group. Obtaining funding was often a further stress for those whose responsibility it was and groups regularly cited receiving little assistance from ‘professionals’.*

4.2.2 Organisation

Whilst finding a venue is time consuming and onerous the next important part that the FRW played in setting up the groups is the consideration of how they are to be run and organised for sustainability, maximum effectiveness and service user involvement. Adfam in 2000 identified that within the two main frameworks of family support groups, that of facilitator led and self help groups, there were the following potential advantages and disadvantages:

SELF-HELP GROUPS ARE RUN SOLELY BY THE MEMBERS

<i>Advantages</i>	<i>Disadvantages</i>
Empowering	Negative experiences may depress member and heighten anxieties
Members can develop new skills and abilities	Responsibility for group can lie with a few key members
No 'professional' involvement	
Autonomy / owned by group	

FACILITATOR LED GROUPS USUALLY LED BY A 'PROFESSIONAL'

<i>Advantages</i>	<i>Disadvantages</i>
Can ensure no-one dominates the group	Poor facilitation skills can deskill and disempower members and groups
Can motivate the group through difficult times	
Someone to take responsibility for group	
Facilitator can maintain a more detached position, enabling the group to work in a more constructive way	
Facilitator can keep a balance between sharing difficulties and dwelling on them too much	
Can reduce the organised workload for group members	
Can enable members to discover strengths and to identify and meet their own needs	

The way in which the support groups have been organised by the FRW has been such that the groups have both the advantage of having the resource of the FRW to manage and facilitate the group as well as the ability to self-direct the groups in the way that they want. As the FRW considered at the start of the groups set up; *Although the groups are to be facilitated by us – it is to be run how the members want it – we ask them what they want from these meetings? What are the expectations of the group – what do they want to do in the 2 hour period?*

The FRW's facilitation of the group has particularly meant the inclusion of a variety of content and experience for the group based on decisions of what they wanted to discuss and take part in. Given the contacts that the FRW has with drug and alcohol agencies this provides opportunities to invite speakers from the organisations to discuss with the group the pertinent questions that they may have about drug and alcohol misuse and the services that are both available and needed. The wider networking that the FRW has undertaken with alternative and complementary therapists has also meant an intended varied programme of activities that are about building up resilience for families through 'me time' and strategies for dealing with the stress that exists within family situations.

Such sessions have therefore included a talk by an alternative therapist on massage and stress and ways to relieve it, as the FRW reflected, *'people have so much anxiety in their lives that they forget to look after themselves – to ask how it is affecting my life?'* Similar possible sessions include a session on relaxation techniques and healthy eating in relation to aspects such as the effects of herbal teas. New elements are therefore constantly introduced to the group to maintain momentum and interest and ensure that the group remains positive in focus, reducing the potential to just dwell on negative experiences.

Having the FRW as facilitator has also meant that the groups have already had a nucleus to start the group from the service users that she has been in contact with in the area. As one of the issues highlighted in the EIU (2002) report is that *'many groups stated that they experienced difficulties in attracting family members to the group. Groups highlighted that a lack of confidence and understanding of what a support group could offer could inhibit people from attending the group. Joining a group can be an intimidating experience. New members have to meet a roomful of new people and also discuss personal and difficult issues they face.'*

Starting up a group in which the FRW at least knows the individual members has been an important factor in bringing groups together and breaking down the barriers that could exist in a self-help group given as seen the sensitive nature of the group's dynamics. As the FRW described *'at the first meeting there was a sense of confidentiality and respect within the group. People have to feel comfortable and then they will talk.'* This sense of 'confidentiality and respect' has been fostered by the FRW also setting out an informal protocol and parameters for the conduct of the meetings, which has confidentiality, mutual support and respect as its basis.

Whilst numbers in the groups are not high there is a strong nucleus of 6-7 who now attend regularly at the Skegness group each month. As the EIU (2002) mapping exercise demonstrated over half of support groups (59%) contain 1-10 members and that it *'should be noted that within the nature of support groups it can be beneficial that numbers of members are not overly high as this can reduce the opportunity for members to participate fully.'*

The development of support groups by the FRW provides another important dimension to the role of Oasis and the ways in which family members can be supported to deal with the issues they face. Toseland (1989) has for example found that whilst the benefits of group and individual intervention both sought to provide encouragement and care, reassurance about coping and support in managing difficult situations, that there is also the case that families may require different types of complementing intervention at varying stages: *'individual interventions e.g. one-to-one support or counselling, may be more appropriate and effective at early stages of contact. The aim might then be to support the individual to move on to participate in group methods of support, such as family support groups.'* This was equally reflected by the FRW who considered that support groups also provided an extra dimension to 'moving' clients on and building up self esteem and confidence; *'For those service users who we have seen on an individual basis there is consideration of 'progress' – and we have asked 'how about going on to a group?'. It is about increasing their confidence and sense of self-esteem of being comfortable to attend and to do so.'*

4.3 User views of support groups

When first attending the support group some users did state that they were unsure what it would entail but that any initial fear of losing anonymity was outweighed by reducing feelings of isolation and finding people in similar situations to themselves;

'I know that some people won't attend such a group as they don't want to be recognised. But I thought if people recognise me in the street and I meet them then that is all right – I am not a person to bury my head in the sand – I have always confronted issues rather than hide from them... At the last meeting it was very emotional and it is sad to see what others are going through – but it did provide support and breaks down the isolation. I think it is important that we meet up with people to know that there is light at the end of the tunnel'.

'You know that there is not a lot that anybody can do but it is nice to go to the meetings and chat to other people who are in similar situations as otherwise it is not something that you can talk to other friends about – they wouldn't understand as none of my friends have got this problem. You know through Oasis and the support group that other people who are 'nice people' have the same situation as you – like you they are not monsters and they are the same saying 'Where have I gone wrong?' You can discuss issues – ask have you experienced anything like this – what I am going through?'

'Besides the project workers you meet other people who may have the same or different problems - you are not alone in this. You learn how other families have coped with situations and you may learn a little from them – or they may learn from you and there may be sometimes an 'answer'.

The positive benefits from attending the support group were therefore inter-related and multiple but included the following:

- Reducing isolation by receiving support in a non-judgemental and 'safe' environment
- Opportunity to share concerns and experiences with others in similar circumstances
- Gaining more information and understanding on drug and alcohol misuse and treatment from agency speakers as well as the group
- Learning practical and emotional coping strategies
- Providing a 'break'

Members therefore considered that there was an inherent ‘two-way process’ to the group dynamics in which they both could receive support and help explore with other members how to cope and react to what may be similar or different issues. In so doing as the EIU (2002) explores it *‘helps members to make sense of their situation and allows them the opportunity to examine and recognise how they cope with the drug use, and the consequences of the methods they employ to cope.’* This can in itself allow families to have a more positive view and approach to alcohol and drug misuse and help to stabilise family life.

4.4 Acupuncture Sessions

The free acupuncture sessions organised by the Oasis project worker in conjunction with the project partners of Boston Addaction has also had many positive benefits. It has particularly providing the opportunity to find alternative strategies to reducing stress. As sessions have been arranged for Oasis service users to attend at the same time it has also provided a further opportunity to ‘befriend’ other users, as in the support groups.

As the service provider has noted in particular it has provided an opportunity of respite that is not often open to the carer in their 24-hour concern for the family member who often they have to *‘watch like a train crashing’*. *‘Whereas drug users do have time out when they are taking the drugs – for the partner or parent there is no opt out only the daily realisation of what is happening to them.’*

Service users therefore reflected on the following ways in which the acupuncture sessions had benefited them. In particular they have emphasised how the sessions have made them physically and emotionally much more able to deal with daily life in aspects such as improved sleeping and reduced stress.

‘I have been going to the acupuncture for 3 weeks now and it has made me feel good. I had a number of sleep issues as you always think ‘What are they up to, where are they and be often up pacing the floor in the early hours. The first time I was not sure that it made a difference but by the second time it was beneficial – I had some sleep and could cope to keep me going.’

‘Having the acupuncture has been very good as I don’t feel so tearful any more. It has been relaxing and I am not so stressed and tearful about things. I can deal with things better – because you get so stressed that you think I can’t take it any more.’

That in the first instance the FRW also accompanied some users to the acupuncture was also of importance as they could be unsure of the process and nervous about it. This further demonstrates that without this support Oasis service users would not always take the first steps to engage in activities that can help them rebuild positive strategies of coping.

‘Without the FRW I would have felt nervous about going for the first time- not sure I would have had the confidence to go. I would have not known about finding where it is and where to park and wondering what’s going to happen to you. So it was very helpful that the FRW took me and sorted out all the things on the first visit.’

5. Partnership Working and Outreach

Developing the role of Oasis particularly in terms of partnership and networking and gaining access to a wider client base has provided both an opportunity and challenge for the FRW. Flexibility, innovation and learning what does not work as much as what does all being central to the development of the FRW post.

5.1 Networking and Publicity

A main difficulty for a small and non-statutory organisation like Oasis remains its need to continually make people aware of the service, both for those who have a need of the service but are unaware of its existence and for professionals and organisations that could refer people into the service. Indeed many of the service users interviewed and at the Riseholme campus workshop commented that they had often had difficulties finding out about the organisation and that for some it had been several years before they had ‘found’ Oasis in which time often their experience as a family had become very difficult. Many reported that they found out about Oasis either through a contact or through ‘googling’ for family support on the Internet as expressed by the following service user:

Despite years of dealing with drug misuse it is only now that I have found it (Oasis). If I had only found this before when it first started it would have been so good. I found out about it on the Internet. Any person in my position needs something like Oasis. I have been to the GP to say that I can't go on any further – something has to give – I desperately need help. The GP did not know a lot – when I said ‘what is there?’ to support me. But he said go on the Internet and look and I found Oasis.

The FRW’s work in distributing posters and leaflets in the Boston and East Lindsey area in community spaces such village halls, post offices and GP practices is therefore vital to inform about Oasis particularly given the large rural nature of the county and its many isolated and small communities in this particular part. It has also meant thinking about placing leaflets and posters in more unusual locations and channels of communication such as the mobile CCTV vans in the Spilsby, Wainfleet and Friskney area to widen those who the literature reaches. Stands at community events such as the Community Information Day at Spilsby in July and the Boston Community Showcase Event in September have all been similarly attended to make links and publicise the work of Oasis.

The use of media in all forms has also been used by the FRW to convey about Oasis at a local and county level to continually make professionals and potential service users aware of what service Oasis can provide. This has ranged from the following:

- Look North TV report – August 17th
- Lincolnshire Echo report – August 19th
- Horncastle News – August 2009
- Article in Voluntary News Issue 3 – South Lincolnshire Community and Voluntary Service
- Compact Newsletter Sept 09
- Boston Pilgrim Hospital Radio

Networking and the development of partnerships has also formed a resource intensive part of the FRW role, to widen understanding and links both about what Oasis can offer to organisations and families and how to develop new ways of working on familiar issues, enhancing knowledge of the complex cultural and social issues affecting parenting, substance use, community and family life. The FRW has for example, taken part in the Anti-Social Behaviour Action Group at Boston Borough Council which meets on a regular basis to discuss problems of anti-social behaviour which is mostly associated with alcohol and drug related issues. Through this Oasis has made ‘good contacts’ with the police and other professionals to provide holistic approaches to community and organisational problems.

The work of the FRW in building up networks with carers organisations as the Lincolnshire Carers Partnership and Carers Connect, a new organisation to support for carers in Lincolnshire, is equally important in breaking down perceptions and barriers that sometimes exist in relation to families accessing generic carer organisations. As Adfam (2007) has related family members involved in caring for drug users or their dependants ‘*often report that they do not see themselves as ‘carers’ and as a result perceive that they have few rights.*’ The EIU (2002) also found in their survey of carers’ organisations that there were two main barriers that could arise:

- *some carer organisations may not recognise families (of substance misuse) as ‘carers’*
- *organisations may be unfamiliar with how best to support them.*

5.2 Prevention work - Presentations

One of the important roles that the FRW has developed, to both raise the profile of Oasis and to help other agencies to understand what can be done to prevent and build up resilience against the impact of drug and alcohol misuse, is the use of presentations in a wide variety of organisations. This has included presentations being given to health visitors at a health practice in Skegness, parenting groups, the Skegness GFS platform which helps women teenagers and young women, the Mablethorpe Neighbourhood Residents Management Meeting and Chapel St. Leonards Access Centre and the housing support team at East Lindsey District Council (ELDC). That the FRW brings her own experience and knowledge to the talks, together with Oasis’ own DVDs, means that unlike more generic government messages it has a credibility and impact for both organisations and the younger people who attend. It also has allowed organisations to understand more about the work of Oasis and how they can work together in the prevention and effects of substance misuse. Responses from three diverse organisations concerning the presentations demonstrate the impact that they have had:

The whole presentation, both DVD and talk, was incredibly moving and enlightening. Your personal experience, knowledge and understanding of substance misuse and its ripple effect on families brought such a lot to the group, which we could never have accessed without your visit. I am confident that you touched every one of us present and we will all remember yesterday as one of the most meaningful highlights of our course. (E-mail from Parent Support Advisor concerning Presentation to Strengthening Families Strengthening Communities Parenting Group at Boston)

The presentation had a great effect on our staff – I can’t speak highly enough about it. We deal with young teenagers and those for example who have got pregnant and they have seen it all but this really did affect the staff. It affected the staff quite deeply – the message came

across as it was made so real both for the staff and the girls who attended – because there was someone talking about how it had personally affected them and that does make it more real. The girls for once were really quiet! They are now well prepared for this eventuality should it occur in their close or family circle. They liked the FRW's approach and delivery style, and appreciated her honesty, both the staff and girls now know that if there is a problem Oasis is the place to go.

Usually they (staff) think oh it is something that we have to go to – but this time it was different – they really got involved in what she was saying. Through the DVD they could also identify places in it and with it – so it made it more real and the message came across. The information they could also understand and take on board it was just right for staff and the girls and they were all left with a full understanding of the full effect of drugs. The staff were all saying – that was brilliant.

(GFS Manager – Presentation to GFS)

It (the presentation) was interesting and informative and everyone in the team found it to be beneficial ... I hope we will be able to look at ways we can work closer together for the benefit of all our clients'. (E-mail from ELDC housing support team – who subsequently requested 200 Oasis leaflets and 20 posters for distribution).

5.3 Community Groups

Much of the outreach work undertaken by the FRW as well as being very resource intensive has required a sense of flexibility and innovation to try to particularly reach more vulnerable and culturally diverse families that may be at risk to drug and alcohol misuse. Trying to engage BME groups who are not presently accessing Oasis services, but who may need information and help has proved particularly difficult and involved many e-mails and phone calls. As a pilot project within the FRW remit the FRW has had to be very flexible in adapting and making changes as the various projects develop and learning as in this case 'what works'? After attending a Polish Drop-in meeting in Boston and a Migrants Worker meeting in Louth the FRW is now also liaising with the ESOL group at Boston College to see what can be developed and to date organising Oasis leaflets and information to be translated to distribute.

Similarly establishing links with HMP North Sea Camp has required the development of contacts over a long period. Eventually after several months again of e-mails and telephone calls through links with the Fenside Community Centre in Boston an attendance was made at the Meet and Greet Multi Agency Network Event at HMP North Sea Camp in November from which more contacts have been made. Both projects have highlighted the difficulties of establishing new networks and approaches for Oasis, particularly when the sensitive nature of alcohol and drug misuse means that the precise nature of need is not known for which the service can respond. Using existing community groups and pathways and a 'softly softly approach' has nevertheless been seen by the FRW to be one of the most effective ways of negotiating access, as in the case of establishing rapport on an estate in Wainfleet for example the FRW has 'popped' in to attend events such as Bingo and Chill and Chat mornings to 'ease her way' 'into working with families'. All the networking and partnership working by the FRW equally highlights how it is extremely resource intensive and how it can take a long time before necessarily tangible outcomes can be seen.

6. Way Forward for Oasis and the Family Resilience Worker Post?

Having analysed the role of the FRW and its impact from a mainly external perspective it was equally necessary to consider the role of FRW within the Oasis structure and what it had highlighted for any future development of the service as a whole.

6.1 Role within existing structure?

One of the concerns raised by management and project workers is the assumed division of work that the FRW post represents, with the two project workers intended to concentrate on new clients, and the FRW to take over those clients when they have been perceived to be in a more stable situation and build up 'resilience' and long-term coping methods for them. Project workers and some clients have found that once rapport and levels of understanding have been built up with a project worker, (often sharing very sensitive and difficult family relationships and situations), the process of moving them on to the FRW has conflicted with the need to provide continuity in support. Given the cyclical nature of help as seen in Section 3.3, it is also recognised that it is difficult to draw an arbitrary line in the support that is provided, with project workers and the FRW in reality all providing different layers of support as families flux between situations of crisis to control and coping.

This is not to negate the very real evidence that the analysis of the FRW post has added to understanding and development of resilience and support within Oasis as examined in the previous sections. It is equally recognised that where the transfer of clients has taken place it has been dealt with gradually and sensitively with both the project worker and FRW going to meet the client to introduce the FRW and talk through the change of support. Indeed, of the service users interviewed and those who attended the workshop all had found that having the support of the project worker and then the FRW had been a positive experience and that having further perspectives from different Oasis workers could provide a different slant or approach to a problem.

As Oasis is a small organisation comprising of a project manager, two project workers and one FRW, its personnel remains as seen in the previous CORU report (2008) both its main resource and potential threat. Given that within the last two years one project worker has left and the former project manager retired the need to provide continuity of service and developing professional expertise remains an on-going balance with allowance for the contingencies of, for example, unforeseen long-term staff sickness, movement and change. The large and rural nature of the county of Lincolnshire also must be taken into account, researching Boston and East Lindsey has shown the particular characteristics of districts not only for individual one to one support, but the setting up of support groups around the county and outreach to under-represented groups. Fluidity of approach in terms of work undertaken and amongst geographical areas therefore forms the basis of the Family Support model proposed in the next section.

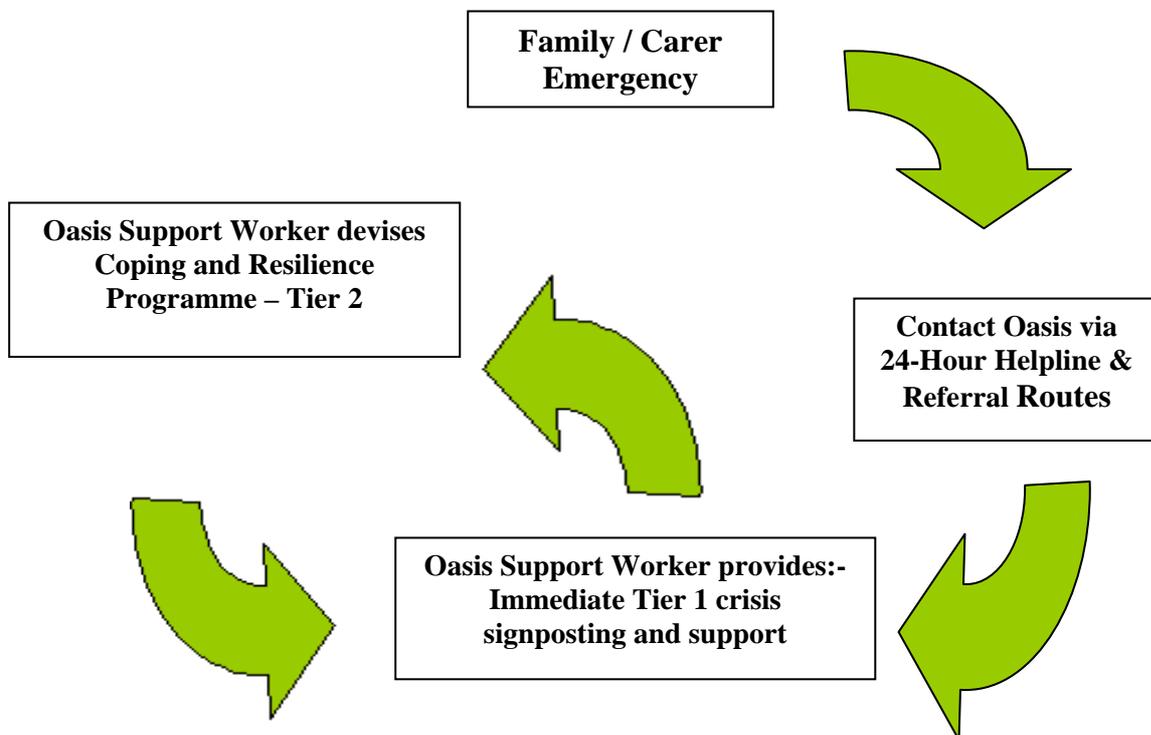
6.2 Stress-Strain-Coping-Support Model

Given the very real effects on the family of misuse of drugs and alcohol documented in the literature and verified in the fieldwork various frameworks of support have been advocated including the stress-strain-coping-support model' (Velleman and Templeton, 2003; Orford et al 2005) for which Copello et al (2000) developed a 5 step approach that encompasses:

1. Giving the family member the opportunity to talk about the problem
2. Providing relevant information
3. Exploring how the family member responds to their relative's substance misuse
4. Exploring and enhancing social support
5. Discussing the possibilities for onward referral for further specialist help

This approach has parallels with the work undertaken by the FRW and the Oasis project workers although recognising that the steps are not necessarily linear, as families have very varying needs and processes of help as they move through various stages of support and new situations arise. Some users may for example have short-term needs of requiring information, whilst others may want a more long-term exploration of coping mechanisms; this remains however largely an unknown factor when first contacting the service.

What therefore emerges is a multi-layered and often-cyclical model of family support required that recognises the various 'tiers' of intervention required by the family in controlling and coping with the situations that they face. Rather than the model presently advocated in Oasis of project workers mainly dealing with the first contact of clients and providing 'sticking plaster care', before being referred on to the FRW for longer term coping strategies, the model alternatively proposed by Oasis management is to recognise and expand on the tiers of support that Oasis provides and in particular the resilience factors that the FRW's role has highlighted. Tier 1 support therefore relates to the crisis with which users of Oasis often approach the service and the immediate help that they may require with information, listening therapy and signposting to other services. Follow up contact and the building up of a rapport between service user and project worker may then lead to Tier 2 support with the more formal devising of a coping and resilience programme to deal with the long-term, which may incorporate many of the strategies developed by the FRW as support groups, alternative therapies, employment and volunteering opportunities.



In this model project workers and the FRW perform the same role as generic project support workers. Given the small number of Oasis personnel, the geographical size of the county and that the nature of families situations often wavers from crisis to coping, this then reflects the more holistic and rational nature of the service and that resilience is not only the domain of the FRW. It is estimated by Oasis management that four project support workers are required to deal adequately with the geographical scope of the county who could then each work with a division of the county and represent its particular needs, whilst meeting the needs of the county as a whole where required. Whilst flexibility of support remains a cornerstone of Oasis' service, if this model is to be adopted then at its base must be a uniformity of training and professionalism, job descriptions, expectations and assessments. So that whilst there may be different expertise within the project support workers that could be drawn upon, both the organisation and the user has a uniformity of service skills to depend on and develop the service. Networking, partnership building and outreach would also remain central to all posts.

7. Summary and Overview

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 ... If drugs cannot be eradicated, then the principle object of public policy should be to reduce as far as humanly possible the great harms that they may cause - and far too often do cause.

RSA (2007)

The evaluation of the post of FRW has opened up an important debate not only within the Oasis organisation, but also wider policy and academic concern about the gap in understanding of how should we best support families dealing with drug and alcohol misuse, what their needs are and the effective ways of providing that support. What has also been recognised in reports such as the RSA Drugs Facing Facts Report (2007) is that organisations and interventions for family support should exist in its own right irrespective of the effect on drug and alcohol misuse by the family member, and this is something to be strongly endorsed from the findings of this evaluation.

7.1 Impact on the family

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)

The fieldwork has confirmed the considerable negative effect that drug and alcohol misuse has on the family in its everyday life with inter-related effects on physical and psychological health, family relationships and stability, isolation and social life. Negative emotions such as shock, anger and guilt combining with a sense of powerlessness and loss of control over the home and family life. Divisions and conflict within the family can equally characterise the new situation as arguments and tension arise, as focus concentrates on the family member misusing alcohol or drugs at the expense of family stability and other relationships. The family can become isolated particularly in small rural communities where they can feel more stigmatised. In many cases there is no simple or obvious way forward for the families as

short- term effects merge into long term impact on families in terms of their health, finances, child welfare issues, relationships and social networks and without the support of the Oasis organisation and the FRW there would be considerable more damage to families who have no other service to help them cope.

7.2 Role of the FRW – One-to-One Support

There are a variety of ways of coping that families adopt: and some may actually damage the family and inhibit recovery for the drug user. It can be difficult for family members to understand how they could both help and hinder recovery without assistance to discuss and analyse their circumstances'. EIU (2002)

Building up empowering and positive approaches within the family has been central to the FRW's impact on reducing stress and negative impacts on family life through providing a mixture of emotional and practical support and provision of information and advice. In particular the work of the FRW has ensured that the response to the drug or alcohol misuse has been one in which there are choices for the family of how they respond and cope with implications for family life and dynamics, bringing them from a 'black hole' to a more stable situation in which they can focus on how positive change can be achieved.

The flexibility of support in that the FRW can be contacted whenever the service user requires it whether it be in one-to-one meetings, via telephone, texting or e-mail and can receive a usually instant response provides a particular sense of comfort in situations of isolation and crisis. It is these individual interventions that allow a problem orientated approach and can allow the individual to reflect on a wide range of issue such as:

- Development issues for the individual
- Resolving specific problems
- Making decisions
- Coping with crisis
- Developing personal insight and knowledge
- Working through feelings of inner conflict
- Improving relationships with others

EIU (2002)

In taking a 'solution focussed approach' it is also recognising that building up resilience is often based upon 'small steps' and decisions about family life. Work with service users is therefore often long rather than short term and cyclical, as new crises may emerge which they require advice and support on. A corollary of a more stable family unit through the support of the FRW is that the family member misusing alcohol or drugs is more likely to engage and retain in treatment services and journeys, which in itself will also have a beneficial effect on the family, creating a cycle of improved well being.

Ultimately the aim of the FRW's work is that the Oasis service is no longer required by the service user or that they can also move on to other means of coping such as support groups, alternative therapies and volunteering, as they have developed resources within themselves and the family to cope.

7.3 Establishing of Family Support Groups

The establishment by the FRW of support groups at Skegness and Boston has provided families with important alternative and complementary means of support to the one-to-one sessions held with Oasis clients. As support groups did not previously exist in the Boston and East Lindsey areas this has particularly meant providing another important dimension to the service that Oasis provides. It is also an opportunity to help 'move' clients on and build up self-esteem and confidence within the group situation. The main benefits of the groups were seen to be the reducing of isolation, the space to share concerns and experiences with others in similar situations, learning practical and emotional coping strategies and gaining more information and understanding from professional speakers to the group. That clients had many different experiences and stages of misuse to reflect on, meant that reassurance about coping, encouragement and support in difficult situations could be reinforced within the group dynamics and a growing 'network of support'.

Setting up the family support groups by the FRW in dealing with issues of cost, timing and suitability of venue was resource intensive and illustrates the advantages of having facilitator led support groups when they are being set up. Equally the FRW has used contacts with professional agencies to ensure a variety of content for group discussion to provide a well-planned and varied programme. Valuing process in terms of how families experienced events is therefore important in gaining and retaining confidence to attend. The emphasis is nevertheless on the groups having ownership of what they want from the group meetings and once established there are individuals within the groups who could lead it for long-term sustainability particularly if new groups are to be instigated by the FRW and Oasis.

The provision of alternative therapy sessions at the groups and acupuncture sessions at Boston's Addaction for service users has particularly provided practical support to finding strategies to reduce stress and engage in activities that help coping. Improved sleeping and reduced 'tearfulness' have been just a few of the positive outcomes as users build up resilience in their lives.

7.4 Partnership Working and Outreach

As an innovative new post flexibility, innovation and learning what does not work as much as what does has been central to the development of the post of the FRW. This has particularly been apparent in the role of development of Oasis in partnership working, networking and outreach in the remit of the FRW and the benefits and challenges that have resulted.

In terms of networking and publicity a main difficulty for a small organisation such as Oasis is ensuring that it continually makes people aware of the service, both for those who have a need of the service and are unaware of its existence and for organisations who could refer people into the service. Service users have commented on the difficulties of originally finding out about the service and some time may elapse before they have found out about it mostly through Internet searches. The FRW's work in distributing posters and leaflets in the Boston and East Lindsey area in community spaces and considering less obvious locations and the use of media in all its forms to convey the message about Oasis at a local and county level has therefore been vital to the role. The building up of networks and partnerships and presentations to a wide variety of organisations has equally built up the profile of Oasis and

understanding of how to minimise harm from alcohol or drug misuse, both in terms of the prevention and effects of substance misuse.

The work of the FRW has highlighted how networking and partnership can be very resource intensive for limited tangible outcomes in the short term. The work to engage BME groups who are not presently accessing Oasis services, for example, has despite the persistence of the FRW been a very time consuming process with many different directions in approach and process to the BME groups in the Boston and East Lindsey area. Similarly obtaining links with HMP North Sea Camp to develop networks with them has not been an easy process and would have faltered without the determination of the FRW. Whilst outreach remains important and the inclusion of under-represented groups in Oasis' client base, these examples demonstrate that the most important factor of developing the scope of Oasis' work rests on prior feasibility studies of the precise nature of service and user need on which joint working can be built. It has equally verified the factors that foster positive development as detailed below:

- The strength of holistic approaches, working with rather than for communities
- The importance of project workers' skills, creativity, personality, persistence and empathy
- The importance of flexibility, adapting programmes to changing circumstances
- The advantage of using familiar and local environments and venues
- The strength of working with existing networks in communities tap into what is already happening

(Velleman et al 2000; Kumpfer, 1999; Treen 2005; Drugscope 2005; NCCDP, 2006)

7.5 The Future

The post of the FRW has proved to be innovative and creative in developing both its role and that of Oasis as an organisation. Its evaluation has evidenced the work that the FRW has undertaken in building up resilience in service users in both practical and emotional support. This builds on gaps in existing research and policy on how best to support families and the approaches and processes that should be employed.

What is now proposed as seen in Section 6 is to develop the 'family coping' framework within Oasis of a 'stress-strain-coping-support-model', (Velleman and Templeton, 2002; Orford et al 2005), which identifies the multi-layered and often cyclical model of family support which is provided by both the FRW and Oasis project workers, with a formalisation of the two inter-related tiers of support. In terms of the geographical size of Lincolnshire and the smallness of the organisation fluidity of roles and an equality of training and skills remains an essential requisite to the development of the organisation, as adaptability and innovation to new approaches and interventions. The widening of the range of support as developed by the FRW is equally important given that users may wish to approach Oasis in a variety of ways and that 'one size does not fit all'. At the heart of the service the holistic and flexible nature of support remains its most important feature and should at all costs be retained.

References

Adfam (2007) *Bouncing Back* Available online at www.adfam.org.uk

Advisory Council on the Misuse of Drugs (ACMD) (2003) *Hidden Harm, Responding to the needs of children of problem drug users*, Home Office

Alcohol Concern, 2006. *Protective parenting and children's resilience within the context of parental alcohol problems*. The Parenting and Alcohol Project Briefing paper (ii)

Bancroft, A., Carty, A., Cunningham-Burley, S., et al. (2002) *Support for the Families of Drug Users: a Review of the Literature*. Edinburgh, Scottish Executive Interventions Unit

Barnard, M (2005) *Drugs in the family, the impact on parents and siblings*, Joseph Rowntree Foundation

Barnard M (2003) *Between a rock and a hard place the role of relatives in protecting children from the effects of parental drug problems* in Child and Family Social Work, Volume 8, 2003

Boston Health Profile (2008) Lincolnshire Research Observatory

Copello, A., Orford, J., Velleman, R., Templeton, L. and Krishnan, M. (2000) *Methods for reducing alcohol and drug related family harm in non specialist settings*, Journal of Mental Health, Vol 9, pp 329-343

Copello, A. (2006) *Treatment Effectiveness and Engaging Families* Paper presented at the 'Families Matter: better commissioning of carers services'. Organised by Adfam and NTA, Regents College, 27th March 2007, London.

Drugscope, (2005) *Drug Education for Hard to Reach Parents*

EIU (Effective Interventions Unit) 2002 *Supporting Families and Carers of Drug Users: A Review*. Edinburgh: Effective Interventions Unit, Scottish Executive

HM Government (2008) *Drugs: protecting families and communities: The 2008 drug strategy*

Home Office Research Study No 249 (2002) *Economic and Social Costs of Class A drug use in England and Wales, 2000* (Professor Godfrey – York University)

Ipsos MORI (2008) *Drugs: Our Community, Your Say. A Report on the 2007 Drug Strategy Consultation*

Jackson J (2008) *Review of the Effectiveness and Impact of the Oasis Project*, CORU Research Report, University of Lincoln

Jenkinand McGenniss (2000) *A parent's treasure chest: exploring the path to resilience*, Australia

Kumpfer, K, (1999) *Strengthening America's Families: Exemplary Parenting and Family Strategies for Delinquency Prevention*. U.S. Department of Justice

Liddle H. (2004) *Family-based therapies for adolescent alcohol and drug use: research contributions and future research needs* *Addiction*, Vol 99, pp76 – 92.

Lockley, Paul: (1995) *Working with drug family support groups*

National Collaborating Centre for Drug Prevention, 2006. (NCCDP) *Annual Review of Drug Prevention*

Orford J, and Edwards G. (1977) *Alcoholism: a comparison of treatment and advice, with a study of the influence of marriage*. Maudsley Monograph No. 26. Oxford: Oxford University Press

Orford, J. et al (1998) '*Tolerate, engage or withdraw: a study of the structure of families coping with alcohol and drug problems at home: findings from Mexican and English families*', *Addiction*, Vol 93, No 12, pp 1799-1813

Place, M, et al, (2002) *Developing a resilience package for vulnerable children*. *Child and Adolescent Mental Health*. Vol. 7, No 4, Nov 2002

RSA (2007) *Drugs – Facing Facts: The report of the RSA Commission on Illegal Drugs, Communities and Public Policy*, RSA, London

Szapocznik J, Perez-Vidal A, Brickman AL, et al. (1988) *Engaging adolescent drug abusers and their families in treatment: a strategic structural systems approach*. *Journal of Consultant Clinical Psychology*, Vol 56, pp 552 – 7.

Toseland, RW, Rossiter R., (1989) *Group interventions to support family caregivers: a review and analysis* *Gerontologist* Volume 29 pp438-448

Treen, B, (2005) *A strategy for family and parental support in Women's prisons*. HM Prison Service, Women's Team and Juvenile Group

Turning Point (2006). '*Bottling it Up: the effects of alcohol misuse on children, parents and families*'. London; Turning Point. Available online at <http://www.turning-point.co.uk>

Velleman, R. et al (1993) '*The families of problem drug users; a study of 50 close relatives*', *Addiction*, Vol 88, No 9, pp 1281-9

Velleman R and Orford J (1999) *Risk and resilience: adults who were the children of problem drinkers* London, Harwood

Velleman R et al (2000) *Taking the message home; involving parents in drug prevention* DPAS Paper 5. Home Office

Velleman, R. and Templeton, L. (2003) *Alcohol, drugs and the family: a UK research programme*. *European Addiction Research*, Volume 9, pp 103 – 12

Velleman R and Templeton L (2006) *Reaching Out – Promoting resilience in children of substance misusers* In Evans, Harbin and Murphy (Eds) *Secret Lives: growing up with substances*. Russell House Press

Velleman, R., Bradbury, C., 2008. *Supporting and Involving Carers: A guide for commissioners and providers*. Project Report. London: National Treatment Agency for Substance Misuse

Appendix: Oasis Workshop – Riseholme College – 7th December 2009

How does Resilience Worker support – what do we understand by building up resilience?

- Opening up of discussion – to begin talking about the situation
- Provides coping strategies - different ways to cope with stress
- Signposting and advice to other agencies i.e. problems with debt
- Provides ‘elastic’ – brings back the client from despair – the necessary thought patterns of how to cope
- Provides energy of how to sort out problems
- Enables ability to stand back from problems and family situation – realise i.e. that other siblings are not getting attention and support
- Ability to move from state of chaos to one of calming down and reflection – ability to see the bigger picture – that there are different options/ ways of looking at things
- Enables you to be positive – that you can only do what you can do – you can focus on the small positive things when you are in a ‘black hole’
- Helped me to come to a decision – asks have you thought about this/about that – ‘without telling us what to do’
- Supports after decision making
- Encourage changes – i.e. training, volunteering, employment
- Enables focussing on ordinary life – ‘it is a big, big problem that takes all your energies and ordinary life is left behind’

How is it different from other agencies?

- Know what the person is going through as personal experience – ‘they know where I am coming from – they have been there’
- One to one support is vital
- Flexible ways of contact – meetings, text, e-mail, telephone
- Practical help that is vital at times of a family crisis – as how to transport belongings and support a move when money is ‘tight’ or where to accommodate the family member when the family can no longer have the loved one in the family home

Support groups

- Positive experience
- Bonding with people in a similar situation
- Can talk to people who have the same issues and problems
- Provides opportunities to take and give support
- Helps support decisions such as ‘tough love’
- Reduces the sense of guilt – ‘we are not the only ones’

The gaps

- Publicity about Oasis – in most cases had to find it out through i.e. ‘googling’ on Internet
- Website did not indicate that the service was free – people could perceive it as a barrier if they are unsure if they have to pay for the service
- Need for more leaflets/posters etc in i.e. GP surgeries/chemists

Organisational Future

- Resilience work factor of all Oasis project workers – not just Resilience Worker
- Project workers reported that the transfer of some clients from existing project workers to Resilience Worker was difficult - project workers felt ‘ownership’ of families and did not want to move them on to Resilience Worker when a rapport and relationship had already been built up
- Despite this reflection by service users that the change of support worker can be a beneficial thing – bringing fresh perspectives at a different time
- Need for 4 generic project workers to evenly cover large geographic area of Lincolnshire and to include resilience work as central to their role
- Recognition of different tiers of help to aid resilience and that the nature of help is often cyclical – requiring different levels of help at different stages