



**Review of projects and initiatives that support children and families affected by alcohol misuse**

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## **Introduction**

### **WHY?**

The aim of this review of projects and initiatives that support children and families affected by alcohol misuse was to produce 3 outputs. These were:

- A database of initiatives; services and projects that currently exist in the UK to support children and families affected by alcohol misuse.
- An analysis of the range of services.
- A summary of the evidence of effectiveness where available.

The outputs are intended to improve the knowledge base of service planners, researchers and policy makers as to the possible initiatives to reduce the harmful impact of alcohol on children and families in the UK. The study is important, as there are millions of children affected by these problems (Alcohol Harm Reduction Strategy for England, 2004), yet there is little in the way of an overall picture of what is being done and what is effective. The study aims to influence future research into the effectiveness of interventions, as well as help service planners and service providers decide what kinds of service would be appropriate in their area. The need for the work derives strongly from the work of Alcohol Concern's Children & Families National Alcohol Forum, a network of services and professionals interested in this area of work. For example, it builds on the Forum's focused and localised qualitative study of the services for children and families in a city in the South West of England (2004).

### **WHERE CAN I FIND THE REPORT?**

The report will be made available on a number of websites, including Alcohol Concern, the Mental Health Research & Development Unit at Bath University and the ENCARE site (European Network for Children Affected by Risky Environments within the Family). The contacts made via this project are also being used to inform a further AERC-funded project led by Bath University to develop a Toolkit to support those wishing to develop or expand services to children and families. Such information will also inform a Forum publication aimed specifically at alcohol service staff who want to know more about the issues and how to work with children and families, but will also draw on theory, research, practice and policy from other areas, such as social care, to inform the work that can be done in this area.

## THE BIGGER PICTURE:

The study will also be used to inform, respond to or fill a gap in key policy documents:

1. **National Alcohol Harm Reduction Strategy for England (2004):** Our research findings provide evidence for the need for action to improve the lives of those affected by alcohol misuse, recommendations missing from the strategy.
2. **Hidden Harm (2003):** Our research provides information in response to recommendations made in Hidden Harm, the inquiry carried out by the Advisory Council on the Misuse of Drugs, which focused on children in the UK with a parent, parents or other guardian whose drug use has serious negative consequences for themselves and those around them.

These include recommendation (5) the need for a programme of research exploring the impact of parental substance misuse on children (our report runs concurrently with other research); (12) the necessary identification of such children as having special needs within health, education and social services (our report highlights alcohol-related impact); (17) the need for links between services in these areas (our report demonstrates which agencies some services co-ordinate their work with); and (35) the urgency required for drug and alcohol services to be able to respond to dependent children of clients (our report highlights the good work being done but the need for more).

The Hidden Harm report also highlights the need to drive forward development work in this area, and this is fulfilled in part by the Children & Families National Alcohol Forum at Alcohol Concern.

3. **Every Child Matters 5 Outcomes (2004) and Every Child Matters Next Steps (2004):** Our report demonstrates the contribution drug and alcohol services working with children and/or families can make to the five outcomes Every Child Matters recommend services should work towards: being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well-being. This is shown in the impact described and the 78% of respondents who feel that what they provide is not meeting the need in their area.
4. **Children's Bill (expected Royal Assent Nov 2004):** Our report highlights current partnership working as well as the need for more co-ordination of services, which responds to the key legislative objective for implementing change for children by placing a duty on every agency to work together to deliver common outcomes.

5. **National Service Framework 5 Core Standards (2004):** The national standards set in the recent 10-year programme to stimulate long-term and sustained improvement in children's health, directly echo our own purpose for those affected by a problem-drinking parent. These are to (1) Promote health and well-being and to identify need and intervene early; (2) support parents or carers; (3) Child, young person and family-centred services; (4) Growing up into adulthood; and (5) Safeguarding and promoting the welfare of children and young people.

Key forthcoming policy drivers that will also link up with the issues demonstrated in this report and other developments in the area are the Social Service Agenda for Change (due 27<sup>th</sup> Sept, 2004) and the Public Health White Paper (due 2004).

#### **AND FINALLY....**

Taken together with other key initiatives and developments in the field, this research provides a starting point from which to build, demonstrating to future funders and key policy makers the need to, and benefits of, ALWAYS considering the harms and impact of problem drinking on the family when planning and delivering any services for children and families.

## **Keynotes**

### **What we did and why:**

What support is out there for children and families affected by alcohol misuse? This report is based on the database output.

### **What we found:**

- Although there is still much to be done, service provision in this area has vastly increased and some excellent work is being done despite the odds, such as non-specific funding, training, space or capacity.
- However, 78% of respondents feel they are not meeting the needs of this group.
- Respondents wanted discussion, rather than categorising answers. They are unable to 'pigeonhole' provision into neat categories due to current commissioning and funding of their work with this group.
- However, we have categorised 6 broad typologies to give an overview of how support is currently being provided. Only 10% are services set up specifically to work with children and/or families, but encouragingly 27% are specific work within services.
- We were not able to find out whether any support for this group exists outside the sphere of drug and alcohol services.
- We experienced considerable enthusiasm for the research - wanting to highlight what is and is not currently being provided, how, and why.
- Respondents wrote in depth about impact and barriers to access and provision. Four respondents said help is sought only in crisis situations and another out of desperation, highlighting need and the importance of early intervention approaches.

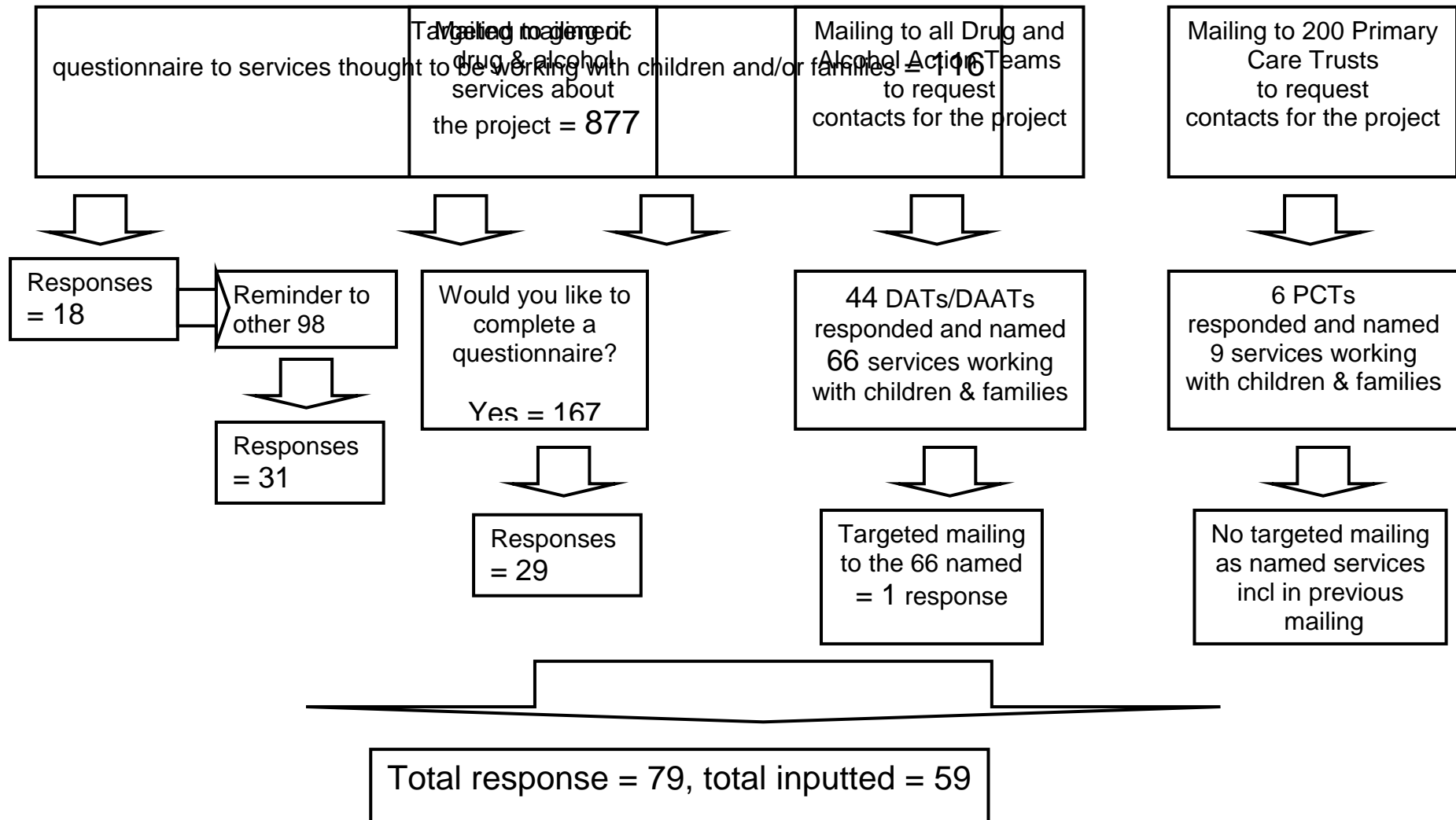
### **Top 3 recommendations:**

1. The government and their commissioners need to make children and families affected by alcohol misuse a priority when planning and commissioning services according to their new legislation and policy around children and families.
2. Other sectors working with children and families need alcohol awareness and training to support those affected by another's drinking.
3. Funding needs to be stable, long-term and inclusive of all aspects of delivery such as evaluation, user involvement and development, in order for work to succeed and progress.

### **Concluding statement:**

The research provides evidence for what professionals have been describing for years: that provision is not meeting the needs of this vulnerable group, yet so much could be done at all levels of intervention. All professionals working with children and families, including the majority of adult drug and alcohol services, need to be able to address the impact of problem drinking on children and families in order to reduce the sociological, psychological and physical harms caused. Clear guidance, protocols, support, training and long-term funding are needed from the government, commissioners and service planners.

## Methodology





## **Questionnaire**

We were interested in hearing from professionals about specific services for children and families affected by parental substance misuse, and also about agencies that have this as part of their work, perhaps as one of a range of options, with one or more specific workers supporting children and families affected by alcohol misuse. We hoped to gain a broad overall picture of the type of support available to all those affected by substance misuse from both within and beyond the sphere of alcohol services.

The questionnaire was in two parts:

**Part 1:** to be completed by those providing a service specifically for children and/or families affected by parental substance misuse.

**Part 2:** to be completed by those who

**a)** work with children and/or families affected by parental substance misuse within a generic service (e.g. an adult alcohol treatment service with one professional working with parents of substance misusing children)

**or**

**b)** work with children and/or families affected by parental substance misuse within other systems (e.g. a generic counselling service providing a service for children and/or families affected by parental substance misuse as part of a range of options, perhaps with one or more specific workers)

Questionnaires were not entered into the database for the following reasons:

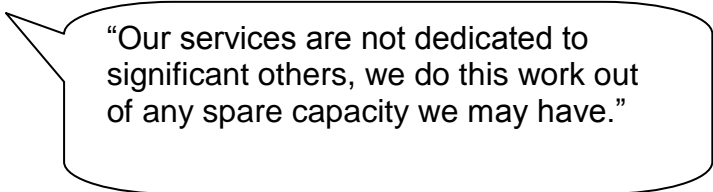
- No contact/service details
- Repetition of response
- Did not provide a service for children and/or other family members
- Unclear responses as to whether they can provide a service for children/families or not
- Study covers the UK only (but all information received informed our work).

## **Findings**

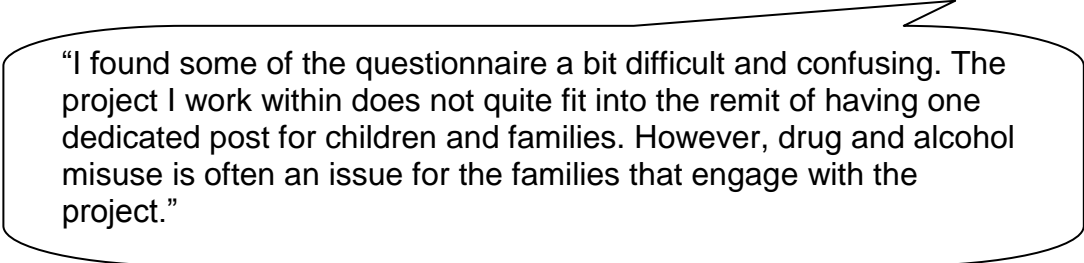
The findings are an amalgamation of Part I and Part II questionnaire data. The database has 59 entrants (n=59); projects and initiatives that support children and/or families affected by alcohol misuse.

Respondents were unable to answer every question, so a total number of respondents is given (n) for each question.

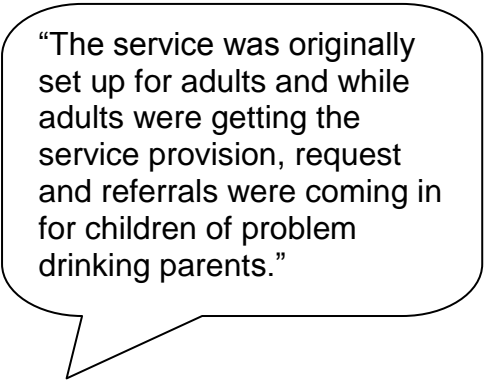
Many services or initiatives do not have a specific remit to work with children and/or family members. There is often a complex combination of different projects, teams, workers, interagency partnerships, funding periods and remits. This meant respondents found knowing which part of the questionnaire were appropriate and how to answer somewhat problematic, as their work does not fit into neat categories. However, the findings demonstrate that service provision in this area has vastly increased and that some innovative and important work is being done. The findings also show the urgent need for more work, longer-term and more funding, government support and legislation and increased co-ordination among all agencies working with children and families.



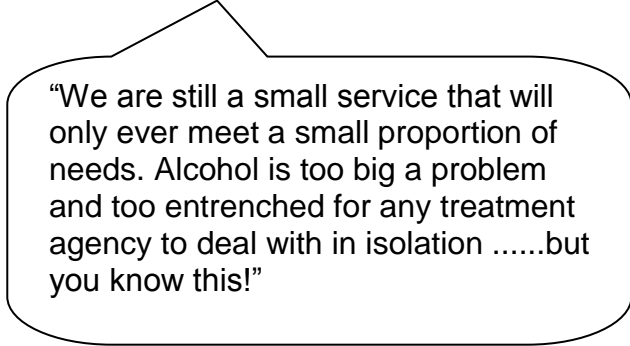
“Our services are not dedicated to significant others, we do this work out of any spare capacity we may have.”



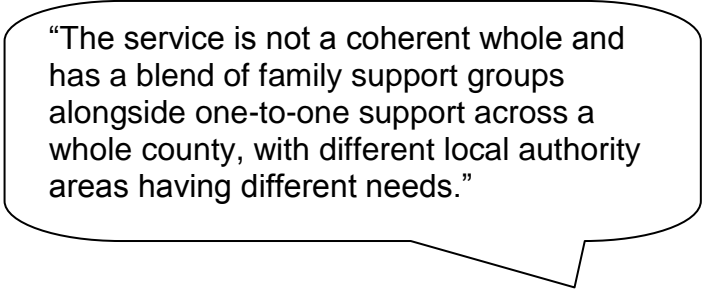
“I found some of the questionnaire a bit difficult and confusing. The project I work within does not quite fit into the remit of having one dedicated post for children and families. However, drug and alcohol misuse is often an issue for the families that engage with the project.”



“The service was originally set up for adults and while adults were getting the service provision, request and referrals were coming in for children of problem drinking parents.”



“We are still a small service that will only ever meet a small proportion of needs. Alcohol is too big a problem and too entrenched for any treatment agency to deal with in isolation .....but you know this!”



“The service is not a coherent whole and has a blend of family support groups alongside one-to-one support across a whole county, with different local authority areas having different needs.”

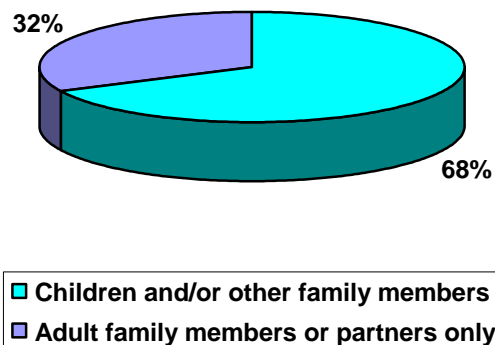
## **Findings: Contents**

<b>A</b>	<b>PROVISION</b>	<b>12</b>
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## Findings (A): Provision

QA1. N = 59

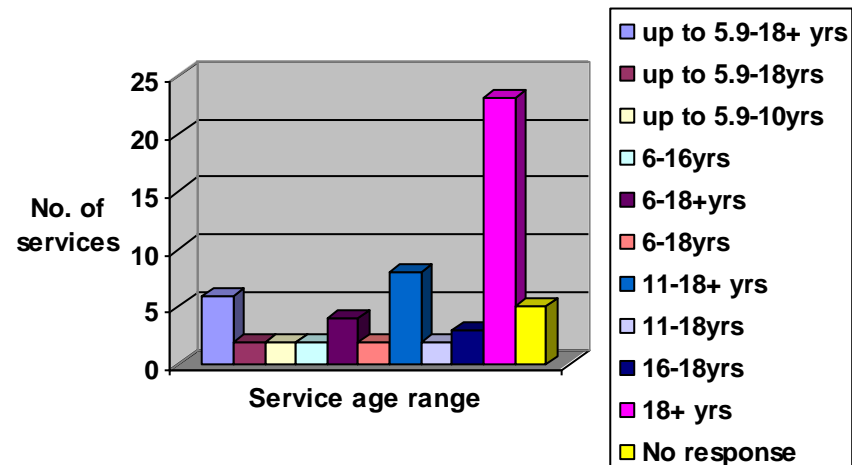
Do you provide specific support for children and/or families affected by substance misuse?



“At present we only work with 11-24 year olds who are affected by their own or someone else’s drug/alcohol use. We do not work with families or family members.”

QA2. N = 59

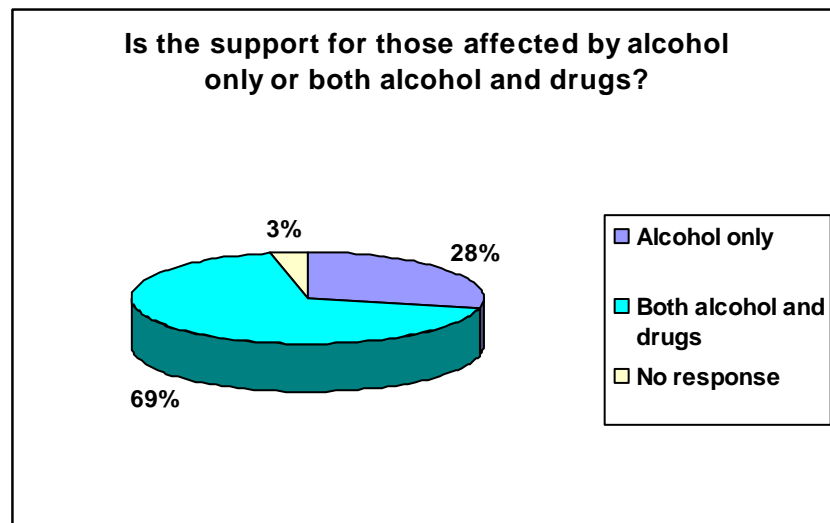
What age range do you provide support to?



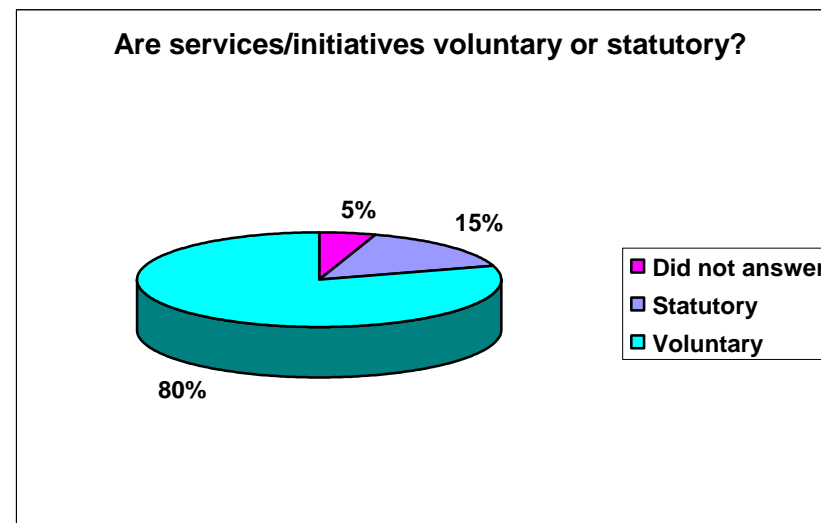
### QA2.

- NB. 23 services support adult family members only
- 1 service supports females only after the age of 18yrs
- 1 service supports up to 5.9yrs-10yrs and 18+yrs
- 1 service supports up to 5.9yrs and 18+yrs

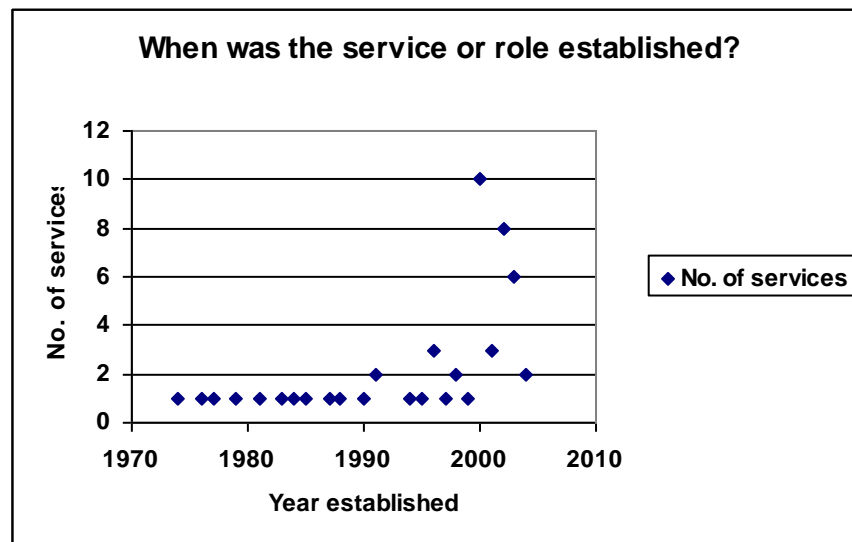
QA3. N = 59



QA4. N = 59



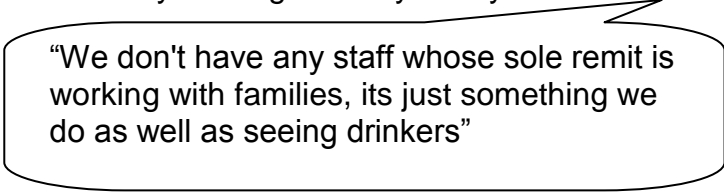
QA5. N = 51



"We provide support for those affected by alcohol mainly, but also support those who have additional drug problems"

#### **QA6. History and development of the work (N = 40)**

Of the 40 who commented, 8 were substance misuse services or projects that said they have always responded to anyone requesting help, without necessarily having a specific worker whose sole remit is working with families. However, even one of these services struggles to pick up on affected children and another can refer on but not support affected others themselves. Another of these respondents is planning some specific family training for early next year.

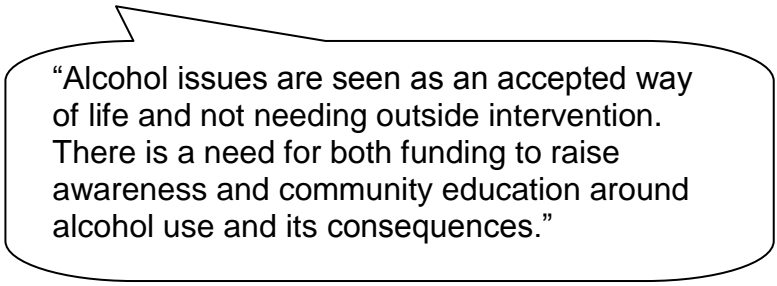


“We don't have any staff whose sole remit is working with families, its just something we do as well as seeing drinkers”

In addition, 19 services or projects obtained funding for a specific worker(s) or specific service development for children and/or family members (one specifically aimed at parents) based on identified need in existing adult substance misuse services. Another respondent said their service was able to support relatives and friends of problem drinkers, but only over the age of 18. A further respondent was able to utilise previous qualifications as a family therapist to develop the adult support provided. One service is undertaking a needs assessment to find out what the service needs of families are in their area.

Two services were specifically set up to provide support to children and eight services for affected others, again usually based on needs assessments in each area. One of these projects is very new, having only been set up this year.

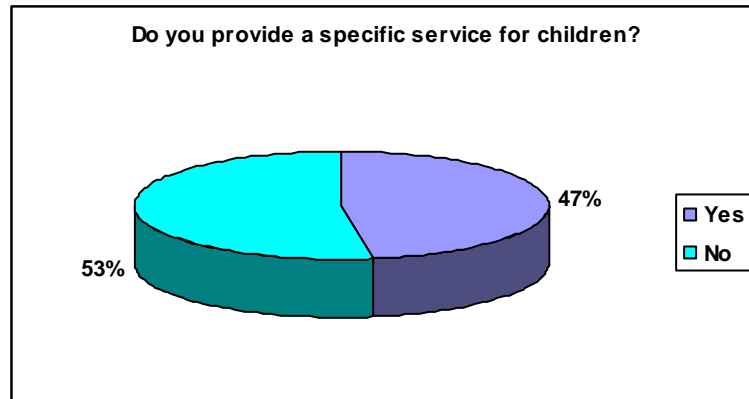
However, three respondents expressed frustration at the negative impact commissioning and governmental focus on illegal drug misuse has on service development potential, and another respondent has found that their rural location and difficulty in advertising the service has been a constraint to developing the service. Further issues were the difficulties met in sustaining and supporting growth within services, the need for precise budgeting and coordination of services and difficulties on partners agreeing to child-centred models.



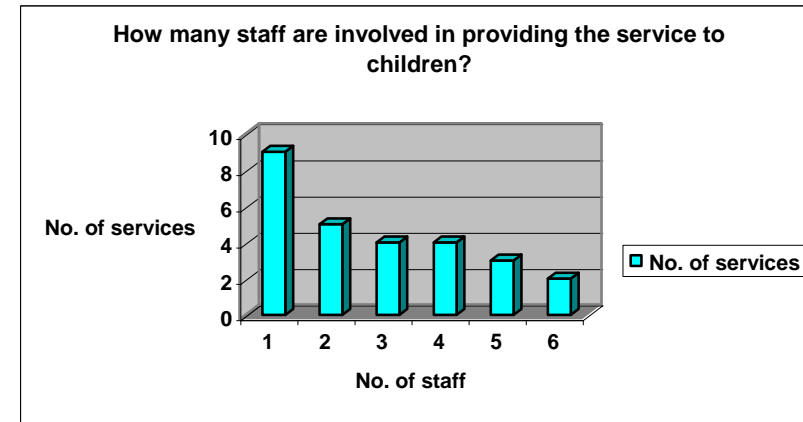
“Alcohol issues are seen as an accepted way of life and not needing outside intervention. There is a need for both funding to raise awareness and community education around alcohol use and its consequences.”

## Findings (B): Children

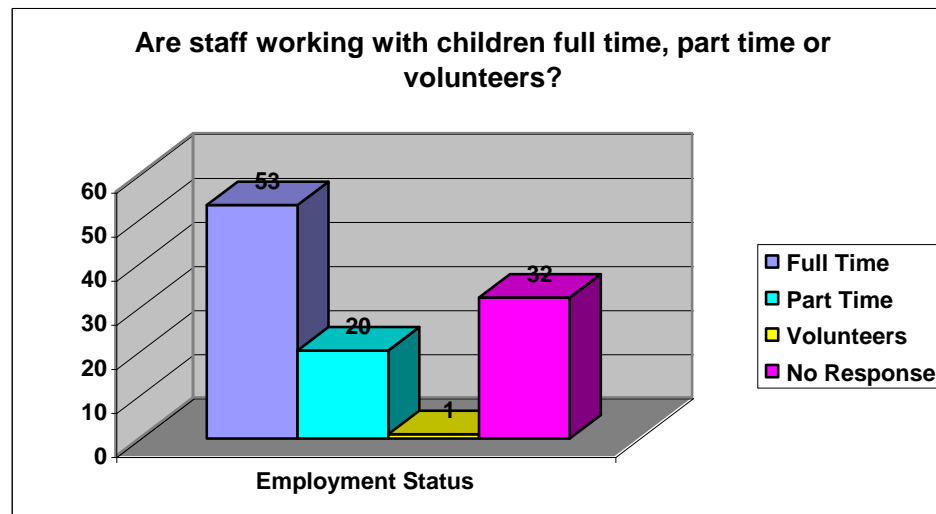
QB1. N = 59



QB2. N = 28



QB3. N = 59



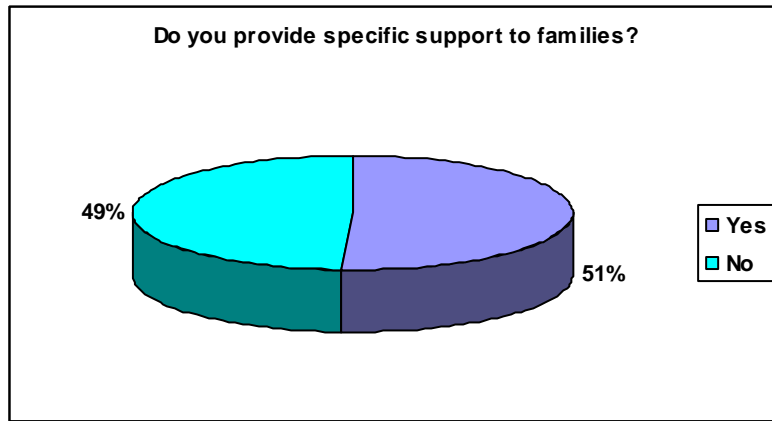
Total number of staff working with children = 74 (n=28)

"We can only offer a minimal service for adults/families affected by others' drinking. There is not a service for children of adult drinkers."

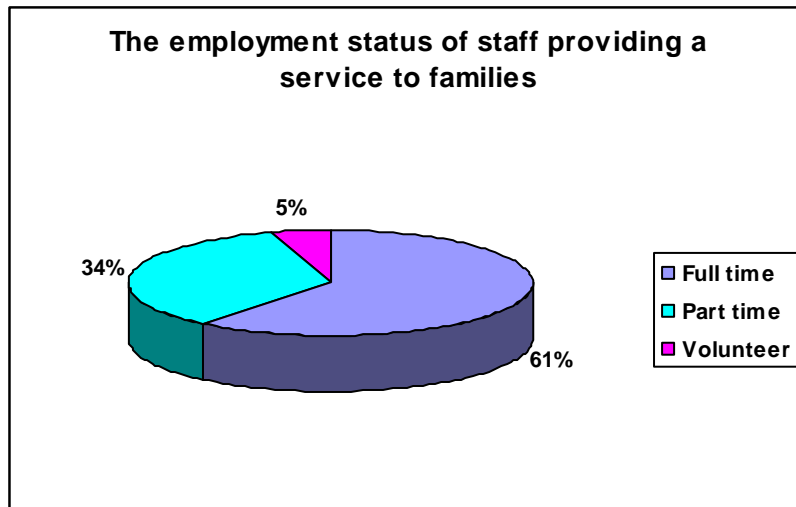
"We provide one-to-one counselling – occasionally for relatives too"

## Findings (C): Families

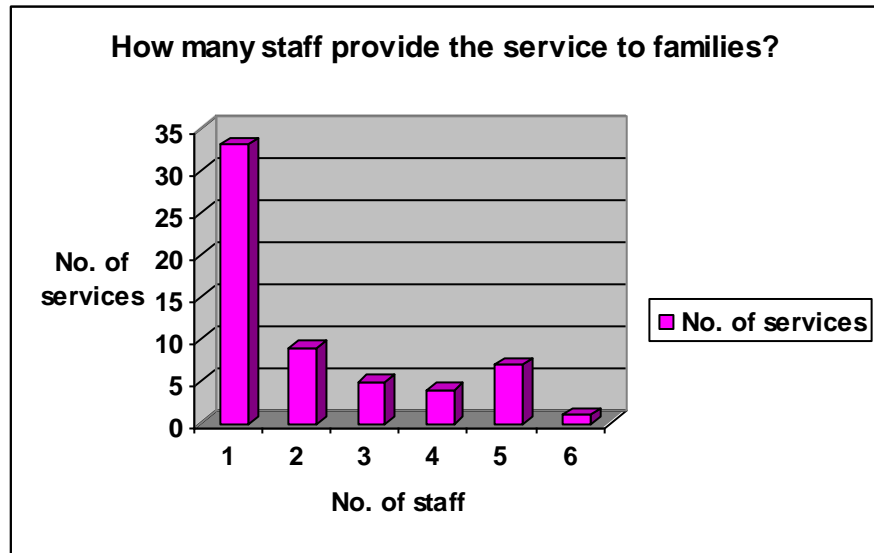
QC1. N = 59



QC3. N = 30



QC2. N = 59

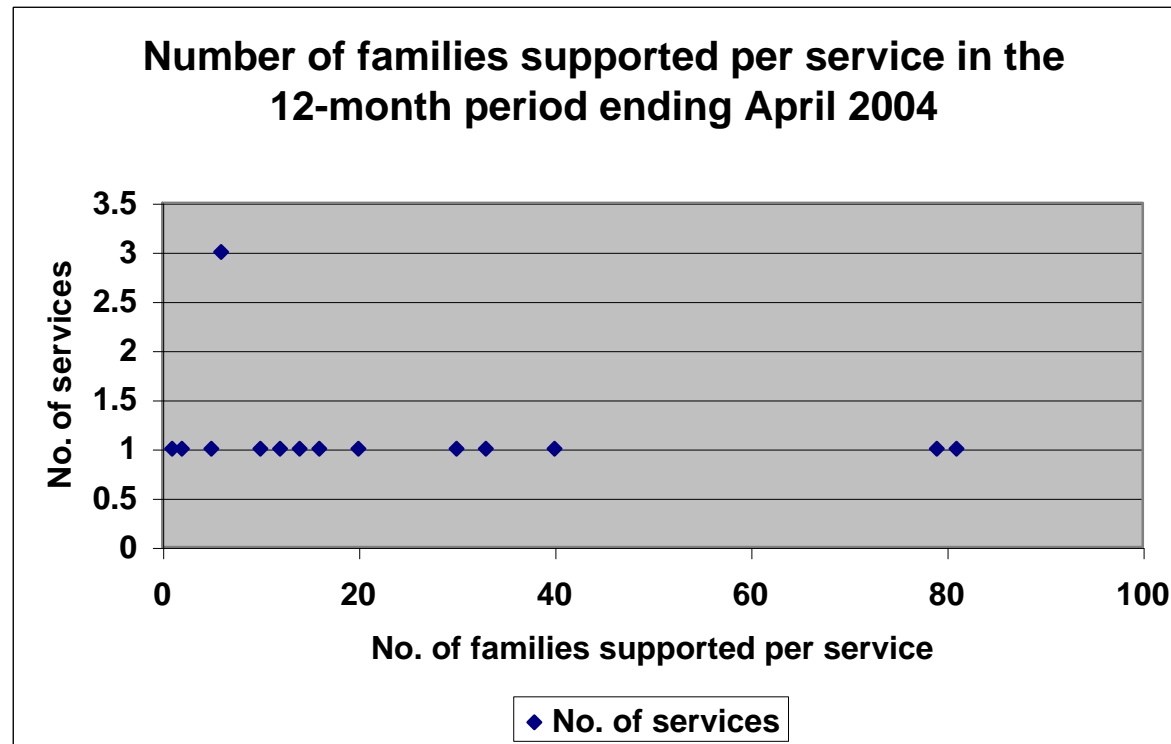


Total number of staff working with families = 123 (n=59)

"We are not specialists in that we have not received any formal training in this area, but we all do work with families using a behavioural problem solving approach"



QC4. N = 16

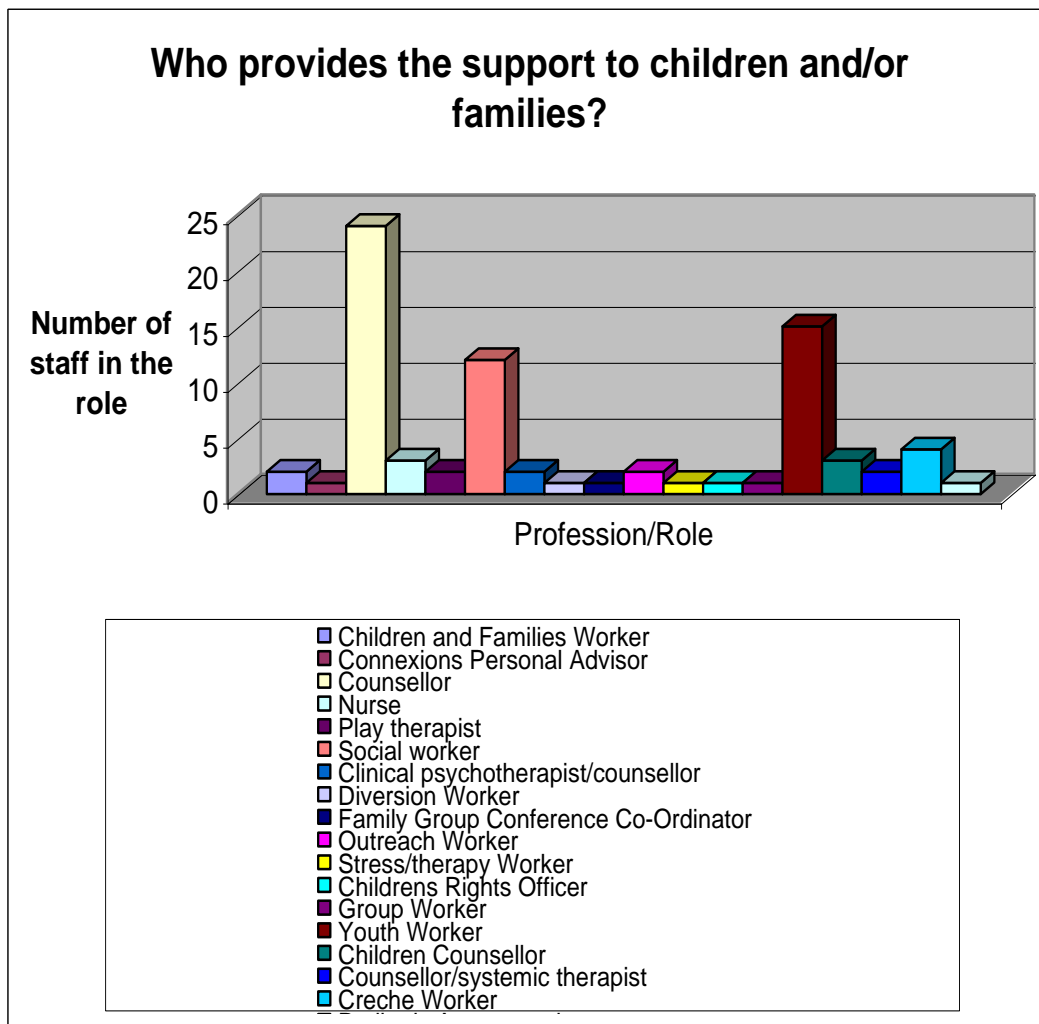


“A service dedicated to seeing families regardless of whether the drinker/drug user is in treatment is needed. We only engage with the families once the client is engaged.”

- A total of 349 families were supported by the 16 services who responded
- The most families seen by a service in a year was 81, the least was 1
- 43 services are unable to provide support to families
- Services could not provide a breakdown of gender/age group seen

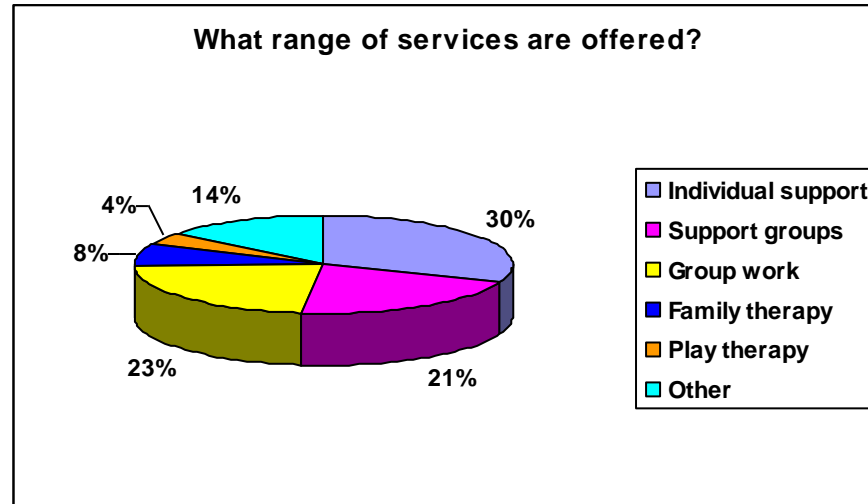
## Findings (D): Children and Families

QD1. N = 27



“Much more awareness of impact locally and a specific service development involving specialist and generic workers is needed.”

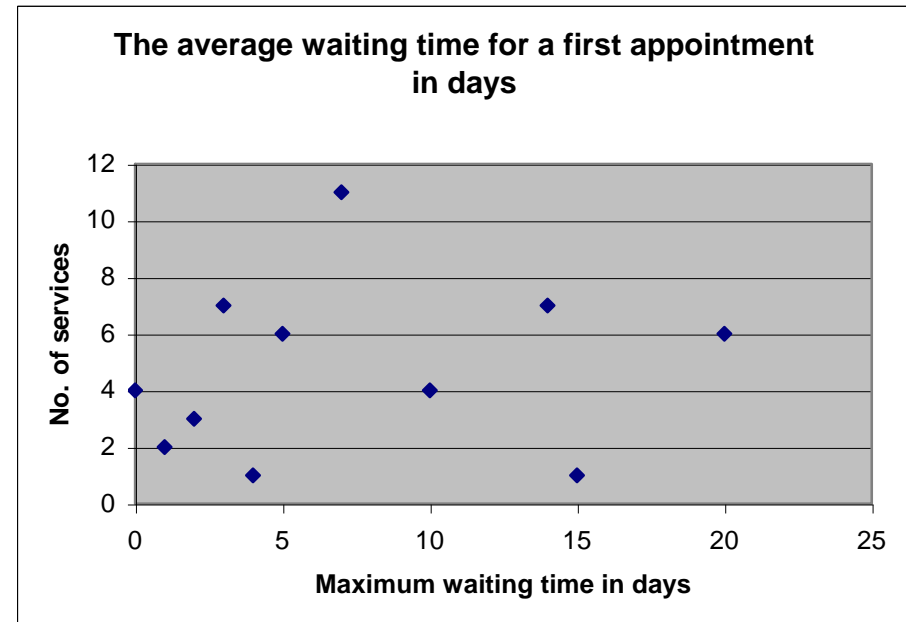
QD2. N = 57



'Other' includes:

Complimentary therapies, advice and information, aftercare, advocacy training, doctor/nurse outreach, counselling for couples, education, floating support, parenting skills, referral, auricular acupuncture, stress control, psychotherapy, liaison with other services, general support, residential rehabilitation, parenting courses, art therapy, and telephone support.

QD3. N = 57



- 2 of the 57 respondents can offer an appointment straight away.
- The most common maximum waiting time is a week.
- 6 respondents have a maximum waiting time of 20-56 days.

**QD4. What geographical areas are covered? (N = 54)**

<b>By county/authority</b>	<b>By district</b>
	Barking, Dagenham, Havering
	Greater London
	South Birmingham
All	All
Barking, Dagenham, Havering	Brentwood, Essex
Barnsley Metropolitan	
Bedfordshire	
Birmingham	Nelhells
Blackpool	Isylde
Bridgend	
Bristol	East Bristol
Camden/Islington	
Devon	Bideford
East Dorset	
Gloucestershire	
Hillingdon	
Hounslow	Hounslow
Kent	
Lincolnshire	
London Borough of Barnet	
London Borough of Brent	
Medway	Medway
Moray Council	Moray
Newport	Newport
North Yorkshire	Craven
Nottingham City	Nottingham
Sheffield	District

<b>By county/authority</b>	<b>By district</b>
Shetland	Shetland
South of England	East Sussex
Suffolk	
Suffolk	East Anglia
	Durham and Chester-le-street
	Hambleton and Richmondshire
	Lancashire
	South Tyneside
All Wales	
Authority	
Bolton	
Chesterfield	North Derbyshire
City of Wolverhampton	
City of York	
Croydon	
Dudley Borough Council	Dudley
Gwynedd	Ynys Mon
Hailsham East	Hastings St Leonards
Hounslow	
Hull and East Yorkshire	
Isle of Man	
Kent	
Norfolk	Norfolk
North Derbyshire	
Northampton	
West Dunbartonshire	
West Sussex	Southern District

**QD5. Is provision meeting the needs of children and families? (N = 59)**

The majority of respondents, 78%, do not feel that what they provide is meeting the needs of children and families in their area.

Reasons include (37 respondents who commented):

- 49% cited limited resources, especially that services are not dedicated to the needs of children and families, rather work is done as an 'add on' to the core work (see below for more examples of limited resources)
- 19% cannot work with children (anyone under 18yrs)
- 11% cannot work with children or families
- 5% cannot work with families
- 5% can work with children but not families
- 5% cite lack of support and awareness
- 3% cite lack of recognition of alcohol being a problem
- 3% cannot work with young people

"What we can offer is limited as we do not have a base and work has to be negotiated in different locations. One worker dedicated to children could not begin to meet the need."

"Children's needs are not being met by our service (under 18s). We are limited by the funding and age constraints of the service."

(Limited resources included lack of: space, outreach work, staff, time, materials, appropriate materials, staff working with ethnic minority needs, referrals, capacity, needs assessment, and alcohol-specific funding)

**QD6. If funding was not an issue, could the support provided to children and/or families be expanded? (N = 59)**

88% believe they could provide more support to children and families if resources were not an issue. Seven services or projects believed they were meeting the need in their area and do not need to expand. We have no further information to explain why this is or on what evidence this is based. 34% of the 59 have actual plans to expand (such as trying to secure funding), 66% do not. Lack of resources is the most common barrier to expanding service provision, with a lack of (appropriate) space, lack of evaluation and needs assessment, and no government support/commissioning priority also preventing development.

"We have just got funding for a part time worker but full time would have been preferable."

"We are not commissioned to develop or evaluate the service to families - their needs are met as an add-on to services for problem drinkers and as such are not ideal. A dedicated family worker would be desirable."

**QD7. Are children and families involved in service evaluation or development? N = 59**

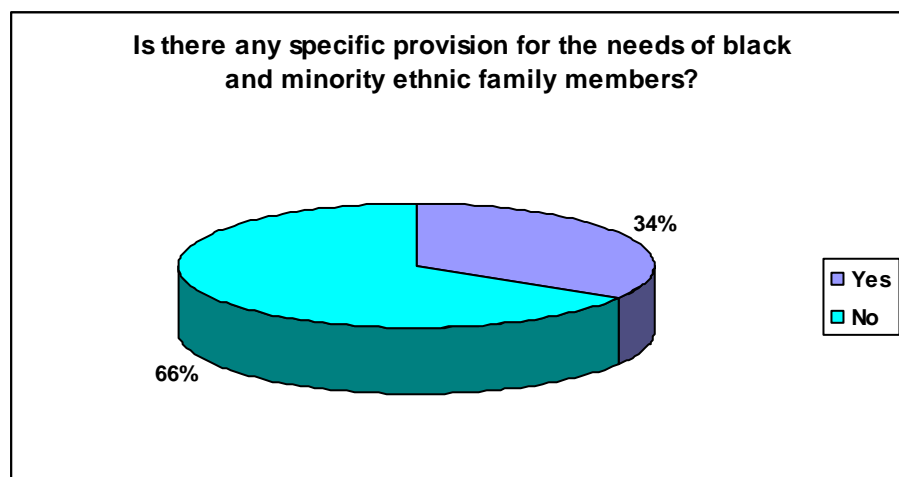
56% of projects, services or individual professionals involve children and/or families in service evaluation or development.

Children and families are involved through (33 commented):

- 49% questionnaires or evaluation forms for feedback
- 33% service user involvement groups or consultation events
- 6% are involved in needs assessment, 6% in recruitment processes and 3% in care plans
- 3% are involved in formal research

**QD8. Is there any specific provision for the needs of black and minority ethnic family members? N = 59**

34% of the 59 respondents are able to provide some support specifically for ethnic minorities, 66% are not. Three of these services were set up with a skilled team and specific focus on ethnic minorities. However, it was more common that projects or services try to address the needs of their community by having one or more appropriately skilled workers to work with different minority groups. There was an equal number who have established referral pathways and interagency and inter-team relationships among different services to try and meet the needs of all those who seek support. One service described itself as being holistic and able to meet the needs of all those who access help.

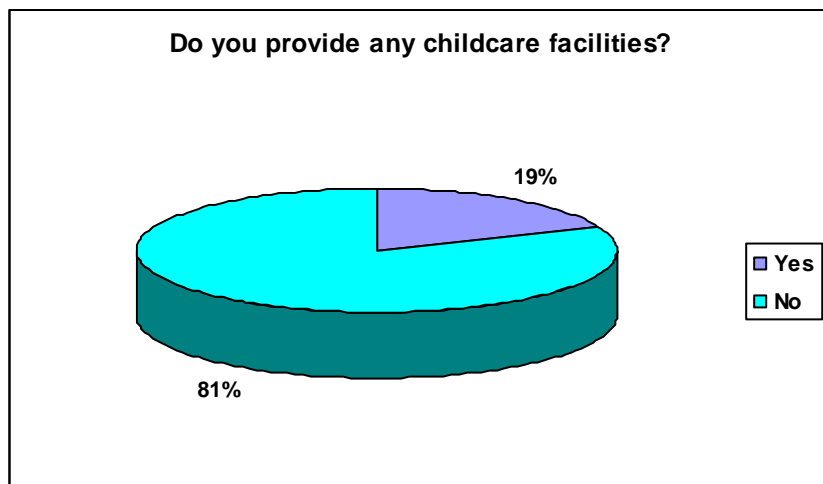


Of the 20 respondents who commented:

- Interagency and referrals among teams and services = 8
- Skilled team and specific focus on minority ethnic groups = 3
- Specific worker(s) = 8
- Holistic approach = 1

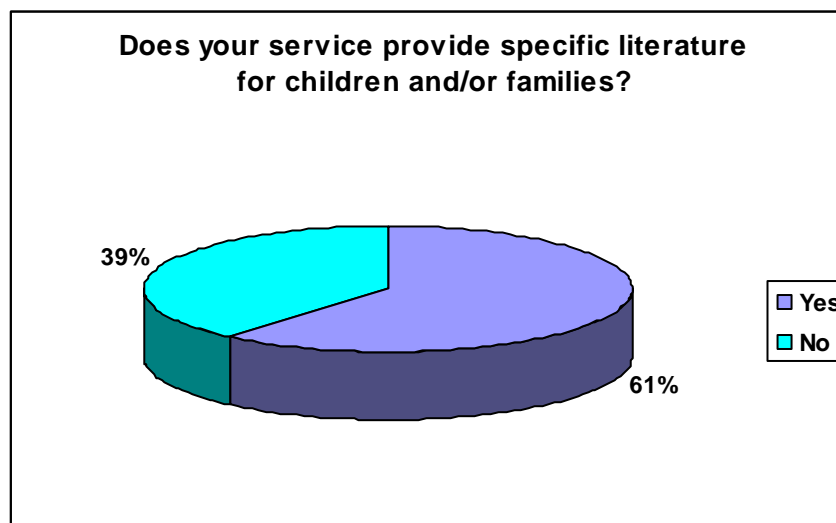
"We have a BME community worker, not specific to families but would work with them if needed."

**QD9. N = 59**



The majority of respondents providing support to children and/or family members cannot offer childcare facilities, although 5 respondents can.

**QD10. N = 59**



Many respondents do provide literature for children and or family members, ranging from National Organisation leaflets (such as Alcohol Concern or Adfam) to in-house project specific information.

**QD10. Examples of information available for children and/or family members affected by alcohol misuse**

ADFAM publications, articles from Alcohol Concern NACAO and AA

Adfam, Alcohol Concern, Portman Group, Portman group, DrugScope, Lifeline, Frank

AFS leaflets

Al-anon literature, Hazeldene literature

Alcohol Focus Scotland and own literature, leaflets: Alcohol and Young People/partners/families, Brochures: Does someone else's drinking affect you? When a parent drinks too much

Coping with a problem drinker, living with a drug user - for parents

Drug Specific leaflets, education material aimed at 11 - 19 year olds.

How to manage substance misuse in families

Information on other services

Literature talks about the project

NHS think about drink facts for parents and young. Discussing drink with your children. So your husband has a drink problem

Are you worried about you mum or dads drinking?

Project Charlie work/in house literature on alcohol and drugs/self esteem building, publisher D Plummer

Tips on drinking over Christmas, Big Bag of Worries, Leaflet for Families

Child Friendly information, fact sheets, a member of NACOA and Fathers Direct.

For Adults only - Literature for families/relatives, also various handouts; Tough Love, Model of Change, Boundaries, other agencies available locally and leaflets for those who may be drinking

Leaflets on counselling, all aspects of alcohol use, health, when a parent drinks too much

Living with a drug user - ADFAM -guide for parents and concerned others, When problem drinking affects your family -

Alcohol Focus – Scotland, Young Carers Leaflet – Lifeline, HARCAS' own leaflet

Locally made leaflets and large section on website devoted to children living with parental drinking

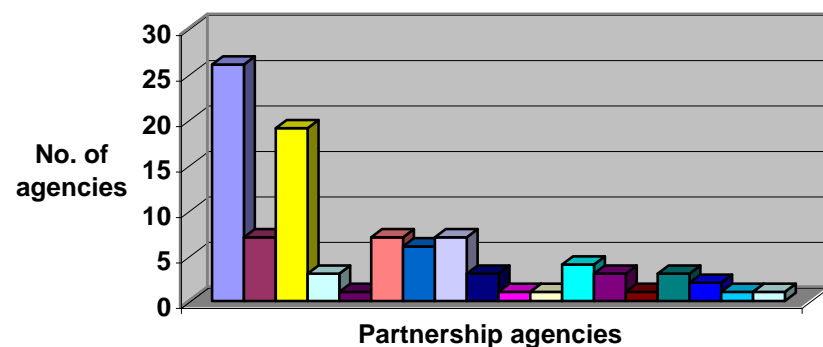
A whole range of health promotion literature NCH - literature, connexions, lifeline (as appropriate)



## Findings (E): Working in partnership

QE1. N = 43

**What partnership agencies are involved in providing support?**



- Local Alcohol Service/Project
- Probation/Youth Offending Service
- Social Services
- Connexions, Sure Start
- Elderly teams
- Health Authority / Healthy Living Centre
- National and Local Children's Organisations
- Drug and/or Alcohol Action Team
- Community Alcohol Mental Health Service
- Homeless Support Team
- Police
- Local authority
- NHS Trust
- Child Protection Teams
- Primary Care Trust
- Local GP Surgeries
- Complementary Health Service
- Schools/medical services

“As an adult service, we endeavour to work in partnership with child focused services, but recognise there is a gap.”

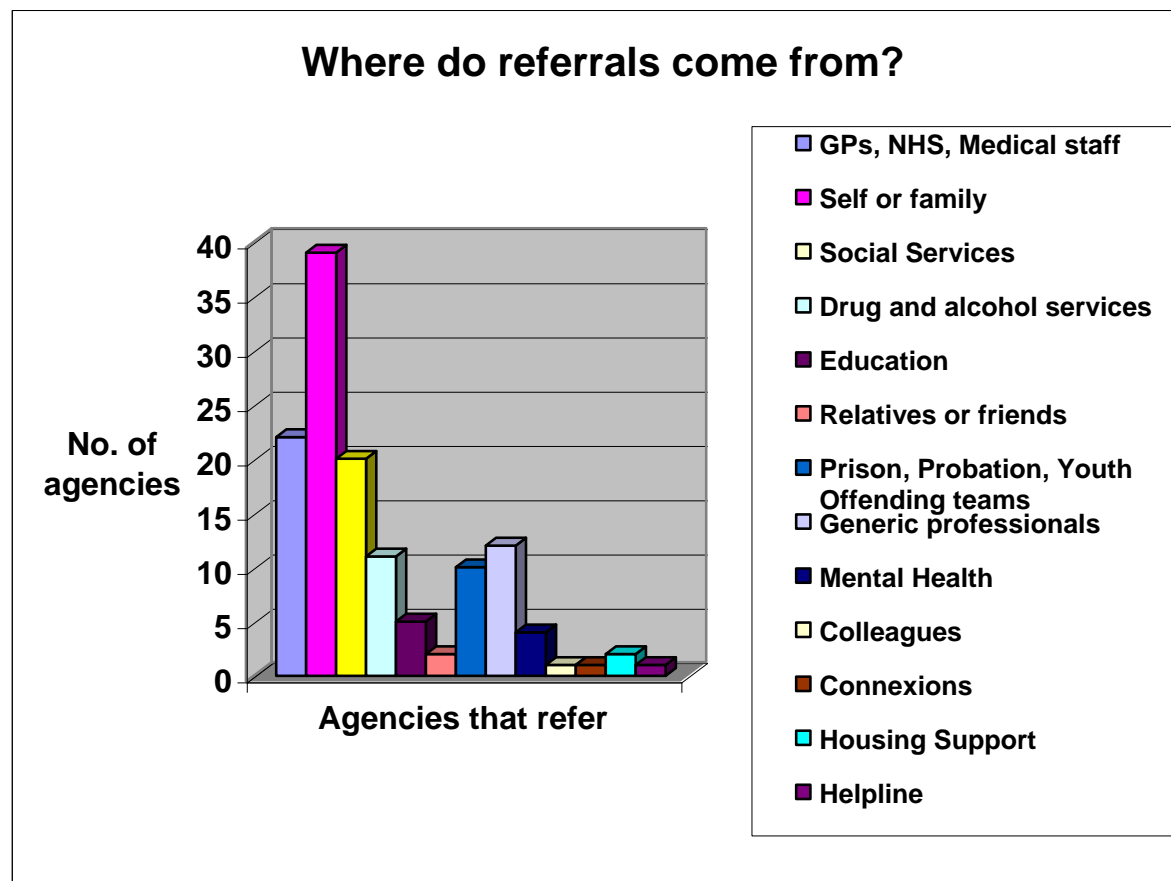
96 partnership agencies were named. The most commonly cited partnership agencies were other local alcohol services / projects / teams and social services.

Partnerships with national and local children's organisations cited include Barnardos, NSPCC, The Children's Society, Children In Need, and Suffolk Young Carers.

## QE2. Where do referrals come from? N = 50

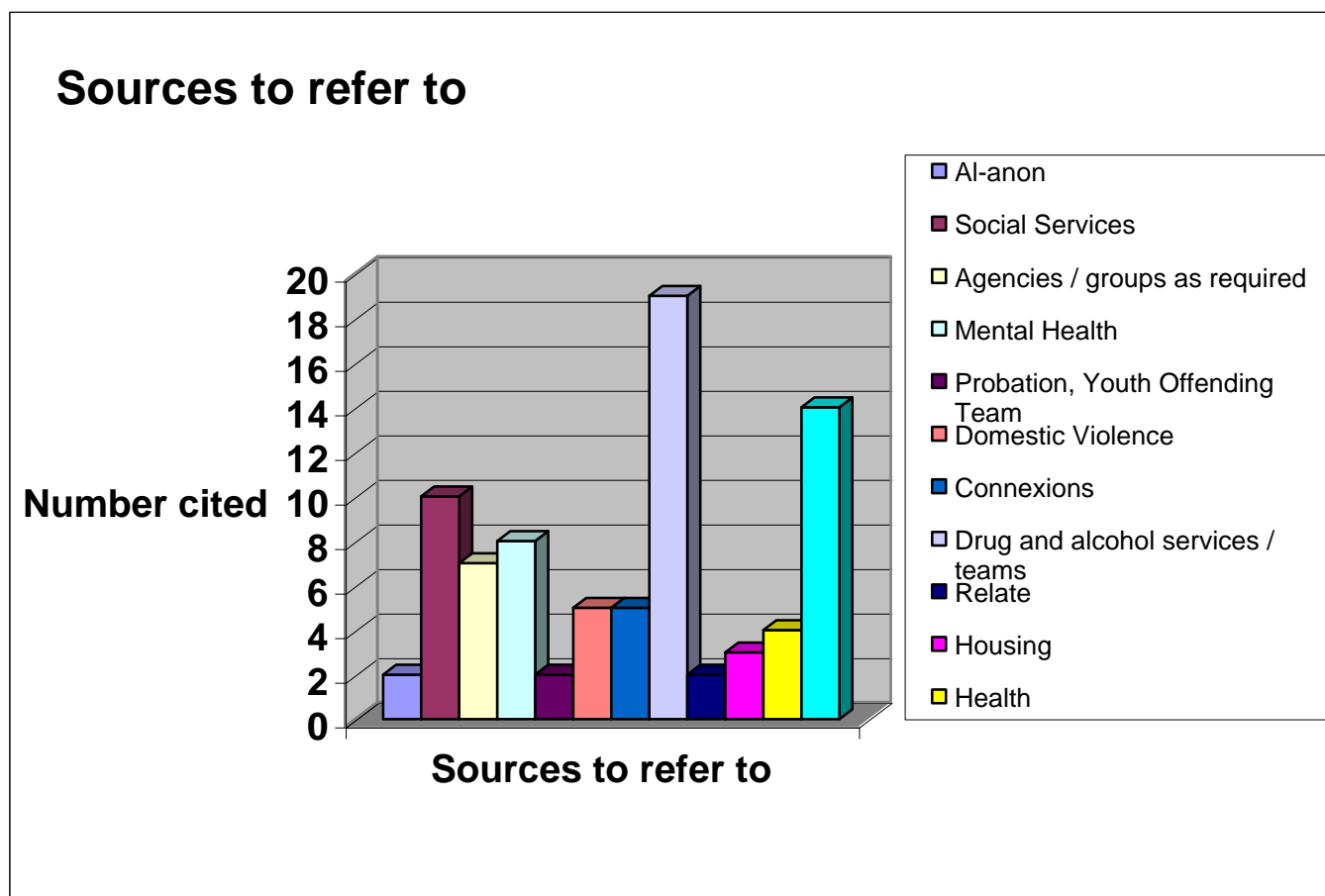
130 referral sources were named, 50% were cited as self, parent or other family member referral direct to the service or project.

“As this is a pilot we are still learning, but the rate of referrals would suggest a major capacity issue in the near future.”



### QE3. What sources can professionals refer to? N = 44

Respondents cited 81 referral sources; the most common sources to refer to were Social Services, other drug and/or alcohol teams or projects and mental health teams.



'Other' includes:  
Barnsley Beacon, Child Psychologist, Cruze, Family Support, local befriending scheme, local community groups, women's therapy centre, Young Carers, Positive Futures, York Youth Services, Youth-to-Youth and Barnardos.

"Affected others have always featured in our objectives, however we are an adult service but do refer to other services as appropriate"

## **Findings (F): Impact**

### **QF1. What encourages children & families to seek support? (N = 45):**

- Being easily accessible and providing immediate access to help
- Helping parents improve their relationship with children
- The kind of help provided
- Providing outreach and working in schools
- Child-friendly rooms, professional but informal settings
- Offering childcare facilities
- The staff
- Being culturally sensitive

- Engaging with family members through service users themselves
- Having a good reputation in the area
- Being supported by parents themselves
- Being open and honest
- Offering confidentiality
- Clearly explaining the service
- Establishing partnerships and referral pathways with other substance misuse agencies and other child or family focused organisations
- Being an alternative to Social Services

However, three respondents said help is sought only in crisis situations and another out of desperation.

“To date 60% of family require an evening service due to work and learning commitments during the day”

### **QF2. What kind of barriers do children and family members face when seeking support? N = 48**

Of the 48 who responded, lack of childcare facilities, age (the majority of the work is with adult family members only) and limited out-of-hours opening were the most commonly stated barriers for children and families seeking support.

Other issues included: stigma attached, breakdown in family communication, fears of being taken into care, waiting lists to projects, not being aware of services, parental consent for under 16's, inappropriate environment, protecting the family, distrusting of confidentiality, not being a dedicated service, services set up for adults not children, cultural barriers, the cost of travel to services, lack of recognition of a problem by young people, rural location of services and therefore access problems, fear of services role in relation to Social Services and Child Protection, feelings of powerlessness as parents, keeping problems secret, heavy drinking cultures, constant relocation of children, and lack of willingness of adults to have children involved with services.

“We are part of an acute psychiatric admission ward, which is not really an ideal location for working with children”

## **Findings (G): Training**

QG1. N = 59



“Dependant on request. Alcohol and Drug awareness, working with substance users' parent. Training can be tailored.”

“Training is provided across tiers 1 and 2, e.g. to Social Services and Social Care - often on request. Training includes alcohol awareness, health issues, alcohols affect on the family and community, our 'functional' approach and ways of helping.”

51% of respondents provide some kind of training.

Not all response were clear as to what the training involved (hence giving approximate figures), but training seems to include:

- Approx 13 respondents provide some kind of training for generic professionals (approx 59% of those that said yes)
- Approx 6 respondents provide agency/internal training of differing types for staff or volunteers (approx 27% of those that said yes)
- Approx 3 respondents have a training unit within their organisation (approx 14% of those that said yes)

<b>QG1. Training Details - Examples Given</b>	<b>Target</b>
1-day courses	Generic services working with families/young people
ACPC training - children affected and BESPOKE training	Not given
Alcohol and Addiction counselling	3 yr course for volunteers
CP training from ACPC core competencies - 9 modules	Not given
Family Support: Training about alcohol and family	Psychologists and other professionals
Presentations to national conferences on alcohol and the family	Not given
Working with substance misusing families	Generic
Alcohol awareness and relapse prevention	Not given
Internal Training	Staff and volunteers
Motivational interviewing	Professionals who encounter alcohol in their client groups
Young people booze basics	Not given
Training tailored for professionals	Professionals working with families affected by drinking
Alcohol specific counselling	Volunteers
Workshops	Professionals working with young people
Child Protection	Staff
Child Protection, working with families - through training unit	Not given
Alcohol and Drug awareness, working with substance users' parent	Not given
Managing drinking habits, crisis intervention, relapse prevention, depression/anxiety, overdose management, detoxification management	Professionals - A/E, out of hours teams, health visitors, GPs, acute hospitals
Part of 3 day training on managing drink and drugs adapted from managing drink training pack	Not given
Training provided to all sectors of the community if requested from basic alcohol awareness to the effects on the family	Training for professionals
Alcohol awareness, health issues, impact on family and community, agency 'functional' approach and ways of helping	Social Services and Social Care - often on request
Training on working with families and concerned others and solution focused brief therapy	SAAS counsellors
Internal training	Social work students on placement
Awareness programme	Schools and youth centres - target group 14+ years

## **Findings (H): Finance**

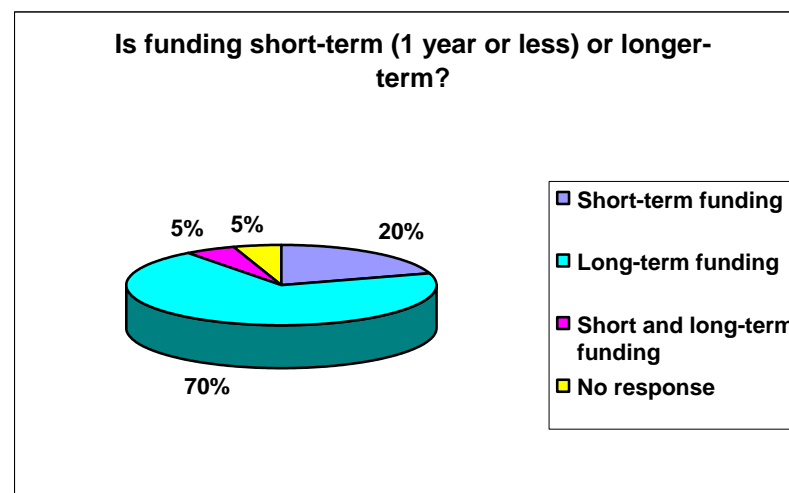
**QH1. N = 59**

Annual cost in £	No. of services
No response	24
Under 15,000	2
15-25,000	4
25-35,000	5
35-45,000	7
45-55,000	1
55-65,000	1
65-75,000	2
75-100,000	1
100-150,000	3
150-200,000	5
200-250,000	2
250-350,000	4
650,000	1

**QH 1.** The 35 respondents may have given the cost of their individual role, or the cost of the service/project in general, or the specific costs involved in providing support to children and/or families.

A general picture of annual costs of those that responded therefore suggests a range of £4,000 to £650,000, but most are within the £35-45,000 bracket.

**QH2. N = 59**



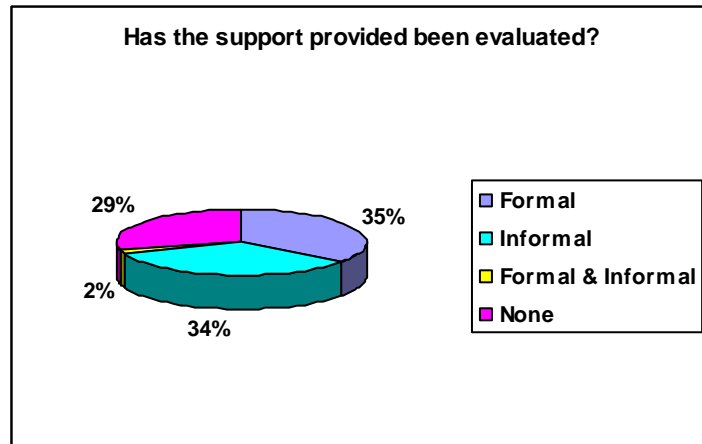
**QH 2.** Respondents may have answered this question from the point of view of their individual role(s), from a children and/or families service or project perspective, or from a general service viewpoint.

The majority of the funding for services or projects is long-term, however this only means one year or more.

In addition, only a minority of respondents provide clear-cut specific support for children and/or families affected by alcohol misuse and figures cannot be broken down to know whether this work has stable long-term funding or not.

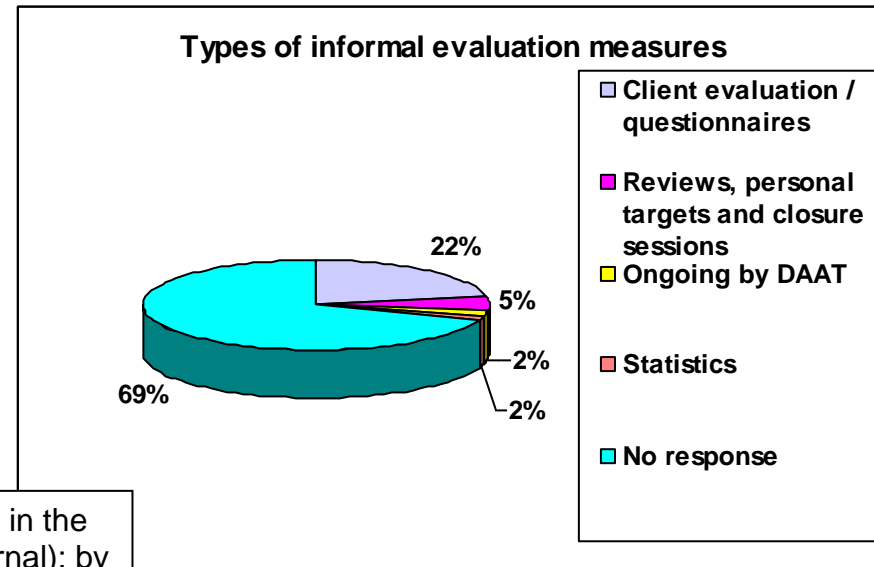
## Findings (I): Evaluation

QI 1. N = 59



Formal evaluation examples include: two independent reviews in the last four years; 3-tier monitoring system (personal, client, external); by Bath University Mental Health Research & Development Unit mixed qualitative and quantitative evaluation; University of Kent evaluation; client evaluation and 6-months statistics; DAT audit statistics and Medway Council evaluate for "value for money"; internal evaluation using trained service users and external evaluation from Matrix consultancy; formal client feedback reports shown to funders; statistics and audit; underpinning report by a private consultant; evaluation to be published in July 04 - a qualitative 360 model has been used; external evaluators co-terminus with funders; care plan process and monitoring goals; and outcome measures – anonymous feedback via questionnaire

QI 2. N = 59



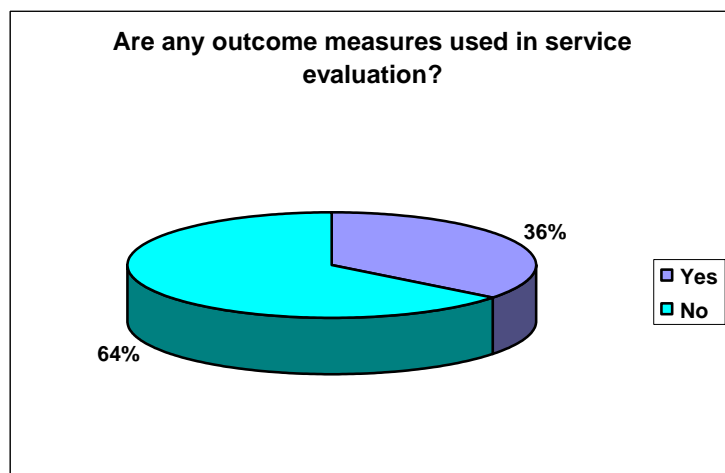
Of the 18/59 who commented, the most commonly used informal evaluation measure is a client questionnaire or evaluation form (22%).

"We use questionnaires and hold focus groups to help determine what the client group want and need."

"I have invited families to be involved throughout each phase of the project, particularly to share and contribute ideas on how best to meet their needs."



### QI 3. What outcome measures are used in evaluation?

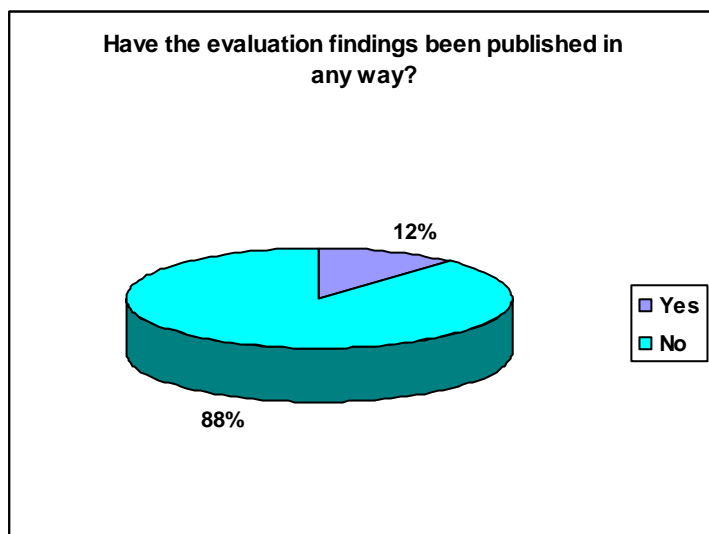


64% of the 59 respondents use outcome measures in their work. Of the 17 respondents who commented, measures included:

- CISS - relevant to substance misusers
- Client Satisfaction
- Evaluation
- HAD scale, client evaluation, SAD scale
- Improvement of well being for children and impact on systems and structures
- Incorporated in stats for service
- KMEMP - forms
- Numbers of young people engaged in treatment.
- On completion of treatment, formal evaluation reports are completed. These are used as part of feedback to funders.
- Reduction in child protection status of children. Level of functioning of child. School attendance - changes. Levels of alcohol use.
- Statistics, specific BME users
- We have a monitoring system in place called Bomic, which provides statistics for commissioners
- Yet to be decided
- As suggested by Alcohol Concern DIY quick to implementing outcome monitoring
- Child remains out of local authority care
- Feedback from teachers, youth workers and students
- Starting form July 04 - Christo Inventory

Only 12% have published evaluations, most commonly in reports to DAATs, but also as service reports or presentations. One was presented at a national conference and one formally published by Bath University.

### QI 4.



## **Findings (J): Additional comments (17 responded)**

Respondents found it especially difficult to give breakdowns for numbers of different age ranges seen, as support is provided on an 'ad hoc' basis. Some respondents found some of the questionnaire difficult and confusing, as projects do not quite fit into the remit of having one dedicated post for children and families, and one found it difficult to complete as they are a residential centre for mothers and children. However, there was consensus agreement that drug/alcohol misuse is often an issue for families that engage with projects and services, and every individual, whether child or adult, has the right to help and support. Many comments were about recognising a need but not being able to meet it:

"We work holistically - trying to engage families whenever possible"

"There is definitely a need for this service as hundreds of people are affected by someone else's alcohol use"

"I'm not sure if I should have completed this questionnaire as the service we offer is very limited to affected others. We recognise a huge need for those affected"

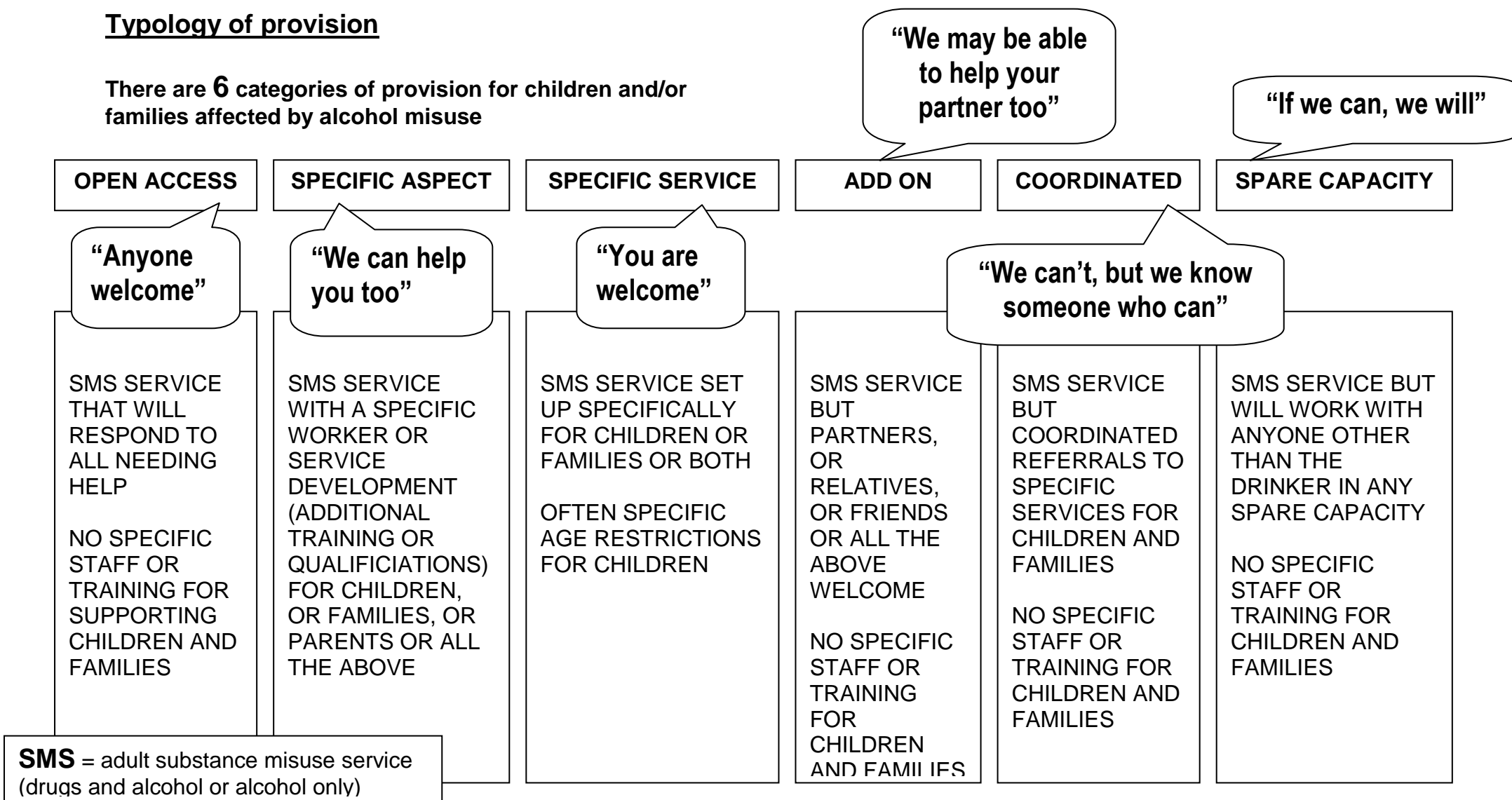
And the frustration at the large numbers of clients with alcohol-related problems, yet drug-focused commissioning and lack of government support:

"It is extremely frustrating when more than 50% client base is alcohol related, but drugs remain the main focus for the government and their commissioners"

However, respondents also stated their commitment to ongoing service development and training and expressed enthusiasm for building on this research to develop service provision in this area. This research was also seen as a useful exercise to inform services currently available.

## Typology of provision

There are **6** categories of provision for children and/or families affected by alcohol misuse



## **Discussion Highlights**

### **Response:**

Response was good (n=59), despite difficulties experienced in describing provision. However, we were not able to find out whether any support for this group exists outside the sphere of drug and alcohol agencies. We had a good response from Drug and Alcohol Action Teams, but they were only able to name drug and alcohol services (44 responded and 66 services were named), as were Primary Care Trusts.

### **Compared to other research in the field:**

Work in the field has vastly increased since Alcohol Concern's research *Under the Influence: coping with parents who drink too much* in 1997, which found only 24 drug and alcohol agencies able to work with children and/or families. The findings are supported by the Department of Health funded National Alcohol Mapping Project (forthcoming), which named 54, but did not have the capacity to give detail about the work. The findings also give a much bigger picture than that of a recent Young People's Mapping Project funded by the National Treatment Agency (1994), which found only 7.

### **Methodology:**

Respondents found it hard to categorise their work and preferred to discuss questions, so future larger-scope research needs to be interview-based in order to obtain more accurate data.

### **6 Typologies:**

We categorised current provision into 6 types: 'Open Access' (17%), 'Specific Aspect' (27%), 'Specific Service' (10%), 'Add on' (12%), 'Coordinated' (17%) and 'Spare Capacity' (17%), to provide a broad overview of how support is given. Unfortunately, the percentage of each type is only approximate, due to ambiguity or incompleteness of respondents' answers and complex work and funding situations. Hopefully, even if commissioners cannot fund a specific service, the typology analysis will provide ideas of the different ways services can adapt or expand if funded and supported appropriately.

**Establishing the service:**

There is a marked increase in the number of services able to provide some kind of support in the last four years, 26 have been established since 2000. However, there may be some ambiguity depending on whether respondents were talking about when the service itself, or the work with children and/or families was begun. We hope this increase will continue, at a much more rapid rate, with long-term funding and appropriate support from the government.

**Meeting the need:**

A staggering 78% of respondents feel they are not meeting the need in their area. This is largely a capacity issue, with provision being an 'add on' to services and a lack of funding, but also due to age restrictions, lack of support and awareness of the issues, and lack of space and materials. Over half of respondents are unable to work with families, yet 88% felt they could provide more support to children and families if resources were not an issue.

This demonstrates the rising levels of frustration among professionals who feel they can only provide a minimal service to an ever-increasing demand for help and support, despite the energy and commitment they clearly have for the work. The research plainly lays out as evidence the kind of problems professionals in this field have been describing for years.

However, a surprising seven services believe they are meeting the need in their area and do not need to expand. It would be interesting to find out more about these services and the needs assessment on which this is based to inform other work.

**Plans to expand:**

It is interesting to note that 34% have plans to expand and it would be interesting to follow this up in the future to evaluate successes, how and in what way. Plans mainly focus on training, funding applications and needs assessments.

**Referral:**

The fact that most referrals come from self, parent or other family members demonstrates lack of professional support, or at least professional involvement in the referral process. Many and varied agencies are cited as working in partnership with respondents, but this is not reflected in the referral process. This highlights the importance of working with other sectors to gain recognition, awareness and understanding on a national level. However, it may also reflect the capacity issues of the majority of respondents, who perhaps are not seeking to increase referral rates due to lack of capacity to respond.

Linked to this is the interesting but expected finding that the key source to refer to is social services. Social services will always be inexplicably linked with services working with children and families but should not be viewed as the automatic solution or action, when so many other options or resources may be more appropriate for the individual or the client at that time.

Unfortunately services are not yet working in a climate with an array of accepted resources and options, with the resulting confidence with which to use them, for children and families. Partnership working with other agencies has vastly increased in the last couple of years, but toolkits like the Department of Health funded toolkits for professionals across sectors to use when working with children affected by parental substance misuse are needed to provide answers to some of the questions professionals have about what is the most appropriate action. The ENCARE website developed by Bath University is a further example of a useful resource that could be accessed early on in a family's problem, perhaps alleviating the desperation stage mentioned by four respondents in this research by encouraging site users to seek help or support.

At the moment, it seems that referral may impact on barriers to accessing services, as family members included a fear of children being taken into care as one of the reasons why they didn't approach services. This is not surprising given social services is the main place where services say they refer too. This may then worry potential clients. Not only are more options needed for family members and professionals but also an ethos of helping the family as a whole to improve each member's lives individually and together, rather than a necessary reactive response to crisis.

More positively was the recognition of services with limited capacity to help anyone but their client for the need for coordination between services and there were some excellent examples of agencies working together to open up the way for family members to receive some kind of help.

#### **Professional role:**

Professionals providing support ranged from qualified counsellors working specifically with the impact of someone else's problem drinking to crèche workers. Volunteers are not involved in providing support to children and/or families (with one exception). This provides information for those recruiting or planning training for staff, illustrating what kind of professionals are needed or make up other services.

**Early intervention:**

Again, this highlights the four respondents who cited family members as saying they only sought help in a crisis situation or desperation. It is a clear message about the need to encourage earlier intervention, the need for access to a variety of resources and levels of help, and of what more services can do – both giving ideas to those who feel they are meeting the needs of family members as well as to those who commission services.

**Encouragement to seek support:**

The list compiled from respondents gives a very comprehensive picture of what a service needs to provide to succeed in attracting family members. Despite the frustrations regarding funding, capacity and resources, there are many examples of services providing much more than just support, having thought about confidentiality, appropriate space, childcare facilities and all other aspects of accessibility, which is encouraging and can be learnt from in terms of their success.

**Barriers in seeking support:**

There are many factors to take into account when planning support for family members and resources need to reflect this. Many services felt frustrated by the age restrictions they have to enforce due to capacity, qualification and staffing. Environmental pressures and negative stigma can also create a great barrier between professionals and family members needing help.

**Specific literature:**

It is apparent that there are very few information resources aimed specifically at family members, versus drinkers themselves, which is a gap in urgent need of filling.

**Training:**

There is a good range of training offered by two or three services specifically for family members, and this will be important to utilise in any future planning and commissioning for broadening provision within and across sectors.

**Evaluation:**

The findings demonstrate that internal evaluations tend to consist of questionnaires and feedback on leaving a service, but it may be possible to involve children and families in evaluation or development much more to have more impact and be more involved in developments. For example this could involve family members sitting on management boards or boards of trustees, or perhaps be included in planning work or consultation events with Drug Action Teams.

**Finance:**

This section is interesting and it would be good to know more. While the 70% of respondents term their funding as long-term, this only means one year or more. The small amount of information available to us here gives clear evidence that more work is needed in this area to look at the cost of providing the service, compared to the saving to society, to encourage stable funding. This is a gap that needs further work in order to make commissioners realise it is important and needs more than short-term funding (minimum three years). Linked to this is the lack of information on evaluation and data collection (we could not break down ages and numbers of clients seen with the data available). Services need to be supported to collect data, do evaluation, and involve service users to get funding over longer periods of time, however this is a 'catch 22' situation as services evidently do not currently feel able to do this therefore not encouraging more funding. A further link is that 64% reported using outcome measures - yet few of these seemed to relate directly to children and families.

**Consensus:**

- Every individual, whether adult or child, drinker or affected other, has the right to help and support.
- Many substance misuse services recognise the need but are unable to meet it.
- Illegal drugs, rather than alcohol, are still the main focus for the government and their commissioners.
- There is a need for greater awareness, understanding and support regarding alcohol-related harms and the impact of parental problem drinking on family members.
- There is a considerable amount of good work in the field, which has vastly increased in the last couple of years, but there is still so much more to be done.



## **Recommendations**

### **Recommendations:**

1. The government and their commissioners need to make children and families affected by alcohol misuse a priority when planning and commissioning services according to their new legislation and policy around children and families.
2. Other sectors working with children and families need alcohol awareness and training to support those affected by another's drinking.
3. Funding needs to be stable, long-term and inclusive of all aspects of delivery such as evaluation, user involvement and development, in order for work to succeed and progress.
4. Coordination of services is paramount to the success of every child and family member's affected by another's problem drinking needs being met in an appropriate, holistic and positive (non-reactive) way.
5. Intervention needs to include early approaches and varied resources according to the level and need of each individual.
6. Staff need to be supported in their work and equipped to deal with clients effectively, competently and appropriately.
7. Service delivery needs to be in accord with quality benchmarks specifically for working with children and families.
8. Outcome measures need to include specific measures for children and families.
9. Funding and provision for this work needs to be consistent across the country.
10. Education is essential for the ethos around children and families seeking support for these issues to change.
11. The spaces in which services are delivered need to be appropriate, welcoming and accessible.
12. Policy makers and professionals alike need to actively demonstrate commitment to improving and developing work in this area.
13. More in-depth research is needed to examine how to take the good work in the field forward as this research was based on limited, paper based, information.

## **Appendix I: References and Resources**

Alcohol Concern's Children & Families National Alcohol Forum. Contact: Bethany Williams, Alcohol Concern. Tel: 020 7928 7377

Children's Bill (2004)

ENCARE: European Network for Children Affected by Risky Environments within the Family. <http://www.encare.info/>

Every Child Matters (2004)

Hidden Harm (2003)

National Service Framework (2004)

Prime Minister's Strategy Unit, (2004). The National Alcohol Harm Reduction Strategy for England. <http://www.strategy.gov.uk>

Service provision for the children and families of alcohol misusers: a qualitative study (Alcohol Concern, 2004). Contact: Bethany Williams, Alcohol Concern. Tel: 020 7928 7377

STARs National Initiative. Contact Sara Mayer, The STARs Project, Nottingham. Tel: 0115 942 2974

## **Appendix II: Project Contacts**

<b>Which Part?</b>	<b>Name Of Service</b>	<b>Address</b>	<b>Post Code</b>	<b>Telephone</b>	<b>Email</b>	<b>Website</b>	<b>Contact</b>	<b>Role/Job Title</b>
Part2	York Alcohol Advice Service	63 Bootham York	YO30 7BT	01904 652 104	info@yaas.org.uk	www.yaas.org.uk	Alison Tubbs	Service Manager
Part2	Alcohol Rehabilitation Centre	Brynawel House Llanharry Road Llanharan South Wales	CF72 9RN	01443 226608	brighterfuture@btconnect.com		Andrew Williams	Manager
Part1	Family Alcohol Service	88-91 Troutbeck off Robert St London	NW1 4EJ	020 7383 3817	FamilyAlcoholService@nspcc.org.uk		Ann Waller	Service Manager
Part1	Fusion	Young Peoples Drug and Alcohol Service 1 Palmyra Place Newport South Wales	NP20 4EJ	01633 252 053	fusionproject1@yahoo.co.uk		Anna De Sousa	Fusion Counsellor
Part1	The Crossing	82 High Road East Finchley	N2 9PN	020 8815 1800	anna.parker@turningpoint.co.uk		Anna Hemmings	Senior Service Manager
Part2	Harcas	85 South Parade Northallerton North	DL7 8SJ	01609 780 486			Barbara Rennie	Manager

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		Yorkshire						
Part1	Alcohol Services for the Community (JKP) PUKE	26-30 John Street Luton Bedfordshire	LU1 2JE	01582 723 434	breege.begley@alcohol-services.co.uk		Breege Begley	JKP Manager
Part1	NORCAS Youth Team	12 Regent Road Lowestoft Suffolk	NR32 1PA	01502 580 450	caroline@norcas.org.uk		Caroline Marriott	Youth Team Manger
Part2	Dumbarton Area Council on Alcohol	Westbridgend Lodge West Bridgend Dumbarton	G82 4AD	01389 731456	email@daca0.fsn et.co.uk	www.daca.org.uk	Celia Watt	Co-Ordinator/ Prevention/Educati on Worker
Part1	KCA	Dan House 44 East Street Faversham Kent	ME13 5AT	01795 590635		kca.org.uk	Claire Goulding	Operations Manager
Part2	360 Degrees	The Base Marsden Road Bolton	BL1 2PF	01204 337 330			Dave Seaber	Team Leader
Part1	Barking Alcohol Advisory Centre	The Victoria Centre (Barking, Havering and Brentwood) Pettits Lane	CM14 5BX	01708 740 072	David.Fisher@aa sromford.demon. co.uk		David Fisher	Operations Manager

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		Romford						
Part1	Aquarius - South Birmingham	236 Bristol Road Edgbaston	B5 7SL	0121 414 0888	Aquarius3@zoo m.co.uk	www.aquarius.or g.uk	Debra Gordon	Senior Practitioner
Part2	Matthew Project	24 Pottergate Norwich	NR2 1DX	01603 626 123	thematthewprojec t@lotinternet.com	www.matthewproj ect.org	Denise Colman	Counsellor and support worker with particular responsibility for younger people
Part1	Brent Community Alcohol Service	25 Station Road London	NW10 4UP	020 82617510	donovan.pyle@lo ras.org		Donovan Pyle	Service Manager
Part1	James Cook House - BHBAAS	Levett Road Barking	IG11 9JZ	020 8252 0002	adminJCH@aasb arking.demon.co. uk		Eileen O'Connor	Co-Ordinator
Part2	Thomas Prichard Unit	Isham House St. Andrew Group of Hospitals Billing Road Northampton	NN1 5DG	01604 616168	lornamatthews@ cygnethealth.co.u k	www.cygnethealt h.co.uk	Ellen Banyard	Sister/ Care Co-ordinator
Part1	Family Alcohol Research and Support Service	Addaction Bridge Chambers The Strand Barnstaple	EX31 1HF	01271 325 232	emily.white@talk 21.com		Emily White	Family Support Worker
Part1	Aquarius - South Birmingham	236 Bristol Road	B5 7SL	0121 414 0888	Aquarius3@zoo m.co.uk	www.aquarius.or g.uk	Geraldine Dufour	Senior Practitioner

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		Edgbaston						
Part2	Norfolk House	4 Norfolk Street Sheffield	S1 2JB	0114 271 6820	giz.sangha@sct.nhs.uk		Giz Sangha	Team manager - Sheffield Care Trust
Part1	Core Kids	Lisson Cottages 35a Lisson Grove London	NW1 6UD	020 7258 3031	core_trust@which.net		Ian May	Project Director/Pschotherapist
Part1	Craven organisation for drugs and alcohol (CODA)	Mill Bridge House 4a Mill Bridge Skipton	BD25 1NJ	01756 794 362	post@cravenoda.demon.co.uk	www.coda.me.uk	Jane Taylor	Service Manager
Part2	NCH Family Solutions	4-6 School Road Hounslow Middlesex	TW3 1QZ	020 8583 3566	inhcli@post.nch.org.uk		Jane Wright	Service Development Worker (Young People/Substance Use)
Part1	DASHyes	OGWR DASH 74 Nolton Street Bridgend South Wales	CF31 3BP	01656 650 686			Janine Ireland	Co-ordinator
Part2	Action for Change	41a Susans Road Eastbourne East Sussex	BN21 3TJ	01323 419 696	jo.dutson@action-for-change.org	www.action-for-change.org	Jo Dutson	Clinical Services Manager
Part1	Equinox	25 Victoria	ME1 1XJ	01634 831	admin@victoriact	www.equinoxcare	Jo Murdoch	Service Manager

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		Street Rochester Kent		999	r.equinoxcare.org.uk	.org.uk		
Part2	KCA (UK)	Dan House 44 East Street Faversham Kent	ME13 8AT	01795 590 635	admin@kca.org.uk	www.kca.org.uk	Karen Tyrell	Service Manager
Part1	Hillingdon Action Group for Addiction Management	HAGAM Old Bank House 64 High Street Uxbridge Middlesex	UB8 1JP	01895 207 788	help@hagam.com	www.hagam.com	Kate Henderson	Director
Part2	Youth Drug Project	Off the record 72 Queens Road Croydon	CR0 2PR	020 8296 9655	ydp@offtherecordcroydon.org	www.offtherecord.org	Krysia Pantechis	Project Co-ordinator
Part2	CAN	Head Office 109 Stimpson Avenue Northampton	NN1 4LR	01604 824 777	Linda.Juland@can.org.uk		Linda Juland	Chief Executive
Part1	Fusion	Young Peoples Drug and Alcohol Service 1 Palmyra Place Newport	NP20 4EJ	01633 252 053	fusionproject1@yahoo.co.uk		Lisa Osmond	Fusion Worker

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		South Wales						
Part1	Moray Council on Addiction	252 High Street Elgin Moray	IU30 1BE	01343 552211	mca@moray.gov.uk		Lynn Geddes	Director
Part2	Northwest Wales NHS Trust	The Old Surgery Castellfryn Star Gaerwen Ynysmon	LL60 6AS	01248 718 030	lynne.edwards@nww-tr.wales.nhs.uk		Lynne Edwards	Childrens Worker
Part2	Base - Young Peoples Drug and Alcohol Service	86 Jaltersate Chesterfield	S40 1LG	01246 206 143	mat.gould@chesterfieldroyalnh.co.uk		Matt Gould	Team Leader
Part1	BADAS Womens Services	23 Queens Road Barnsley South Yorkshire	S71 1AN	01226 244 678			Mel Nippers	Co - Ordinator
Part2	Matrrix Team	North East Council on Addiction (NECA) 7 Burrow Street South Shields River Drive	NE33 1TL	0191 497 5637	southtyne@neca.co.uk		Melanie Soutar	Outreach Family Support Worker
Part1	Shetland Alcohol	44	ZE1 0AB	01595 696	admni@alcohols		Michael Start	Service Manager



Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
	Trust (Alcohol Support Services)	Commercial Street Lerwick Shetland		363	upport.org.uk			
Part2	Alcohol and Drug Services (Residential)	Bridge House 1 St Lukes Place Preston	PR1 5DE	01772 797 654	bridgehouse@alcoholanddrugservices.org.uk		Miss Katie Egan	Deputy Manager
Part1	Women and Families Alcohol Service	Aquarius North Birmigham Community Alcohol team The Matthews Centre Duddeston Manor Road Duddeston Birmingham	B7 4L2	0121 685 6340	aquarius@4.zoom.co.uk	www.aquarius.org.uk	Mr Richard McVey	Senior Practitioner
Part1	NORCAS Families & Carers Community Support Service	41 Lower Brook Street Ipswich	IP4 1AU	01473 281794	ipswich@norcas.org.uk	www.norcas.co.uk	Mrs Ellie Pettit	Families Community Worker
Part1	Family Conferences	Sefton Park 10 Royal Crescent Weston-Super-Mare North	BS23 2AX	01934 626371			Mrs Angie Clarke	Manager/Clinical Director

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		Somerset						
Part1	Alcohol and Drugs Service	49-55 Cookson Street Blackpool	BU1 3DR	01253 752 100	blackpool@alcoholanddrugservice.s.org.uki		Mrs Gail Williams	Project Manager
Part1	Ethnic Alcohol Counselling in Hounslow (EACH)	4 Hanworth Road Hounslow Middlesex	TW3 1UA	020 8577 6059	each.e@ukonline.co.uk		Ms Giti Flower	Counsellor/Systemic Therapist
Part1	The CAAAD Project	Barton Hill Settlement 43 Ducie Road Barton Hill Bristol	BS5 0AX	0117 904 2297	caaad@bartonhillsettlement.org.uk	www.bartonhillsettlement	Ms Lucy Giles	Client Services Manager
Part2	Alcohol Advisory Service	16 Hope Street Douglas Isle of Man	IM1 1AQ	01624 627 656		www.advsys.co.uk/iomalcoholadvisoryservice	Ms Thea Ozentuvk	Manager/Director
Part1	Phoenix House	Brighton Family Service 160 Dyke Road Brighton East Sussex	BN1 5PA	01273 558 645	mercia.powis@phoenixhouse.org.uk	www.phoenixhouse.org.uk	Ms. Mercia Powis	Family Services Manager
Part1	SHED	91 Division Street	S1 4GE	0114 272 9164	shed@turning-point.co.uk	www.shed-turningpoint.co.uk	Nicola Didlock	young Peoples Strategy Manager

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		Sheffield						
Part2	Ashley Copse - Yeldall	(Previously Bridges International) Smannell Road Smannell Andover Hampshire	Sp11 6JW	01264 338 999	admin@bridgesin ternation.co.uk		No name	No name given
Part1	BADAS Womens Services	23 Queens Road Barnsley South Yorkshire	S71 1AN	01226 244 678			Pat Gregory	Co- ordinator
Part1	South and East Dorset DAT	Dorset Social Services Perndown Local Office Penny's Walk Ferndown	BH22 9JY	01202 868 268	phil.quinn@dorse t-hc.trs.swest.nhs		Patsy Glazier	ADCAP Family Support Worker
Part2	Options	Community Drug and Alcohol Team 24 Grafton Road Worthing West Sussex	BN11 1QP	01903 843 550	pauline.watts@w shsc.nhs.uk		Pauline Watts	Clinical Nurse Specialist
Part2	The Alcohol Project	The Alcohol and Drug	HU3 1AB	01482 320 606	penny.pointon@a ds-uk.org	www.ads- helpline.co.uk	Penny Pointon	Senior Alcohol Counsellor

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		Service 82 Spring Bank						
Part1	BUZZZ - young peoples drug and alcohol service	9-13 Monks Road Lincoln	hi45 9jn	01522 511 993	lincoln@addaction.org.uk	www.addaction.org.uk	Rebecca Wilson	Young peoples Co-ordinator
Part2	Thornhurst - Aquarius	1 Connaught Road Chapel Ash Wolverhampton	WV1 4SJ	01902 420041	aquarius.8@zoo m.co.uk	www.aquarius.org.uk	Sally Mitchell	Manager
Part1	Stars Project and National Initiative	Mayfair Court North Gate New Basford Nottingham	NG7 7GR	0115 942 2974	STARS-Project@children ssociety.org.uk	www.childrenssociety.org.uk	Sara Mayer	Strategies Manager
Part1	Gloucestershire Drug and Alcohol Service	115 Southgate Street Gloucester	GL1 1UT	01452 553301	Steve.oneill@gdas.co.uk		Steve O'Neill	Operations Manager
Part2	Aquarius	1st Floor, Mayneux Chambers 129/137 High Street Brierly Hill West Midlands	DY5 3AU	01384 261 267	aquarius.7@zoo m.co.uk	www.aquarius.org.uk	Sue Wild	Family Alcohol Worker
Part2	BAGRA	Bexley and	DA16	020 8304			Sue Howard	Team Leader

Which Part?	Name Of Service	Address	Post Code	Telephone	Email	Website	Contact	Role/Job Title
		Greenwich Resource for Alcohol 108 Bellegrove Road Welling Kent	3ED	6588				
Part2	RAFT	Relatives and Friends Together 73 West Bars Chesterfield	S40 1BA	01246 206 514	nderbysalcoholadvice@ukonline.co.uk	www.alcoholadvice.org.uk	Tina Wood	Alcohol counsellor/development worker.
Part1	NORCAS Youth Team	12 Regent Road Lowestoft Suffolk	NR32 1PA	01502 580 450	caroline@norcas.org.uk		Toni Laughland	Youth Worker
Part2	Aquarius	1st Floor, Mayneux Chambers 129/137 High Street Brierly Hill West Midlands	DY5 3AU	01384 261 267	aquarius.7@zoo-m.co.uk	www.aquarius.org.uk	Tony Glew	Project Manager
Part2	Neca	63 Albert Street Western Hill Durham	DH1 4RJ	01914 383 0331	durhamservices@neca.co.uk		Yvonne Davies	Project Manager

