

# Involving families affected by substance use in alcohol and drug education



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<http://mentor-adepis.org>

# About ADEPIS

The Alcohol and Drug Education and Prevention Information Service (ADEPIS) has been commissioned by the Department for Education with the aims of:

- Developing a high quality information and advice service for practitioners; and
- Supporting the development of local capacity by promoting evidence-based programmes known to have an impact and building practitioner confidence.

To achieve these aims ADEPIS will:

- Make available differentiated support to practitioners building on practitioner needs, emerging trends and evidence of impact;
- Provide a two-way channel between policy makers and practitioners to ensure policies and strategies are translated effectively and that concerns from the field feed into policy;
- To use the best of national and international evidence to inform all work.

ADEPIS is a partnership between Mentor, DrugScope and Adfam.

This guidance document for schools and visitors has been developed for the Alcohol and Drug Education and Prevention Information Service (ADEPIS) by Adfam, the national umbrella organisation for those working with and for families affected by drugs and alcohol. Further information is available from [www.adfam.org.uk](http://www.adfam.org.uk).



*Involving families affected  
by substance use in alcohol  
and drug education:*

## **Introduction and summary**

***What you will find in this chapter:***

Introduction, summary of key messages, and key questions to ask as a school, as a teacher, and as a visitor.

## Introduction

Using visitors to enhance alcohol and drug education sessions is a common approach taken by many schools, with teachers feeling that people with direct experience can bring a valuable 'real life' element to lessons. Similarly, good practice guidance states that external contributors represent a key source of advice and support for schools in the delivery of alcohol and drug education.<sup>1</sup> But whilst visitors can bring benefits if used properly, a lack of care and attention to good practice can result in sessions having limited, or even negative, outcomes.

Although this document contains relevant learning on how schools can use any sort of visitor to enhance alcohol and drug education, it focuses particularly on contributions from families affected by substance use: for example, a parent whose child experienced problems with drugs or alcohol.

This resource aims to:

- Help schools and families to accrue benefits and avoid mistakes in collaborating to deliver drug education
- Ensure approaches are based on available evidence and good practice
- Make sessions as beneficial as possible for pupils, families and teachers.

## Summary

### Key messages

If managed with care, families with direct experience of a relative's substance use, and the community services which support them, can make positive contributions to alcohol and drug education sessions and whole school responses to drugs and alcohol.

Visits from external experts (or 'experts of experience') must be appropriately and collaboratively planned, delivered and followed up with regard to existing good practice and knowledge of 'what works'.

Teaching methods like shock tactics and scare stories are not effective ways to deliver alcohol and drug education, even if delivered by people who have lived through substance use themselves or in their family.

External contributors to alcohol and drug education should be approached or selected based on an appropriate assessment of the skills and knowledge they can offer.

## Key questions for...

Schools and visitors should aim to collaborate with a view to an ongoing partnership. Evidence suggests that one-off or ad-hoc contributions to alcohol and drug education do not constitute good practice.

### Schools:

- Have we agreed what the content of the session will be?

- How will the session(s) be linked in with other drug education/PSHE lessons and the whole school approach to substance use?

### Teachers:

- How will I prepare my pupils for the visitors' session?
- Do I know what to do if a pupil shows distress or discloses problems in their own life?
- How am I going to participate during the lesson?

### Visitors:

- Am I up to speed with the key principles of effective drug education?
- How can I make my own experiences relevant and relatable for the children?
- How will I get feedback for how the session went, and what is the plan for delivering similar sessions in future?

## Dos and don'ts for visitors

Do...	Don't...
Use interactive exercises like discussions, role plays and group work	Focus solely on the family's own story, like a lecture
Encourage pupils to prepare for, and participate in, the session, and link the content to future lessons and the rest of the curriculum	Use a one-off assembly as a substitute for proper teaching
Evaluate the lesson and share the learning between school and visitor	<i>Assume</i> the lesson has had an impact – test this. And if it hasn't, then change things
Have a plan to support children who show distress during/after the session	Leave a visitor alone with children
Use credible, reliable and up-to-date sources of evidence and information	Rely on shocking/graphic imagery
Base decisions on the skills and knowledge of potential visitors	Present one person's opinion as fact
Ensure there are clear aims and objectives for the session	

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## **Guidance for schools and school visitors**

***What you will find in this chapter:***

Potential benefits and pitfalls of involving families in alcohol and drug education, useful tips to ensure best practice, and examples to support your service delivery.

## Background

Some families – especially parents – who have been affected by a loved one’s alcohol or drug use are reluctant to speak openly about their experiences, fearing judgment and stigmatisation. However, others are extremely keen to do so, and take a leading role in community responses to drug and alcohol problems, often as figureheads of local support groups for other parents and families in the same situation. These services are often open to working with local schools in their alcohol and drug education provision, and are often asked to take on this role.

## Potential pitfalls

It’s important to note the generic and specific risks that accompany any school visitors, especially those who are given an educational role. It is important to keep all of these issues in mind during the planning stages to ensure that lessons are safe and effective rather than potentially harmful.

**First hand experience:** Just like the popular and seemingly ‘common-sense’ option of inviting ex-users to speak to children about the dangers of drugs can have its drawbacks, having families speak about the impact of addiction on their lives should also be approached with appropriate care. Good practice guidance on drug education advises that **‘particular caution should be used when visitors have had first-hand experience of problematic drug use’,** and **‘visitors should avoid shocking images and inappropriate descriptions of drug use’.**<sup>2</sup>



**Scare stories:** It is also recognised that **scare stories and shock tactics** are **not effective** ways of improving outcomes for children in alcohol and drug education environments. Information-giving alone (for example lectures or assemblies), particularly fear arousal, is also associated with **no or negative** outcomes<sup>3</sup>; so family members should not be invited into schools with the objective of ‘scaring’ children away from drugs. It’s important to note that ‘better than nothing’ is not an appropriate outlook towards drug education sessions: bad lessons can, in fact, be *worse than nothing*.

**Addiction:** Messages about the horrors of drugs and the dangers of descent into addiction may seem powerful and credible when delivered from someone with direct experience, but they may also fail to chime with pupils (especially older ones) who have not experienced significant ill-effects from their own experimentation or that of their peers or older siblings. Sessions must be appropriate for pupils’ ages, levels of knowledge and ‘life situation’, and visitors should be encouraged to focus on material which pupils can relate to.

**Strong personal opinions:** Families who have experienced substance use in their own lives may have formed very **strong views** on issues like drug policy, rehab or the ‘best’ way to manage substance misuse problems. Information given must be accurate, and there must be **clear differentiation between fact and opinion**; it is important not to confuse ‘passionate and well intentioned’ with ‘appropriate and skilled’<sup>4</sup>.

## So why involve families?

Like any other visitor, families with experience of substance use should be brought into schools on the basis of their **skills and knowledge** – what can they bring to the table that would otherwise be missing from the school’s approach to drug education? Potential benefits include...

**A new perspective:** families’ experiences are distinct from an overly individualised, medical or scientific conception of alcohol and drug education where the majority of content may focus on the effects of different drugs on the brain and body. The impact of substance use on other people may not be something that young people have seriously considered before, and can help them take a more holistic view of the effects of drugs and alcohol.

### Good practice:

Teachers are the main providers of alcohol and drug education. External contributors are selected for the specific additional learning opportunities they can provide<sup>5</sup>.

**Expert knowledge:** families are ‘expert witnesses’ on the impact of substance use. When involved with local support services, they also have an ear to the ground regarding the concerns of the local community.

**Extra capacity:** although they can’t replace teachers, competent (ie appropriately trained and skilled) visitors can help to facilitate work with small groups in education sessions, making their contribution more than just a ‘speech’.



**Coordinating support:** family support services have in-depth knowledge of, and involvement with, the local support environment for anyone having problems with substance use, whether themselves or in their families. They therefore represent a useful 'contact' for schools and have a valuable place in their referral pathways, including for children affected by the alcohol or drug use of a parent, carer or relative.

**Developing skills:** pupils have the opportunity to develop personal and social skills through the process of hosting and interacting with a visitor, as part of the broader PSHE and whole school approach to personal development.

**Engaging with parents and communities:** as well as helping with drug education sessions for school pupils, family support services can also be a source of information for local parents who are concerned about young people's use of alcohol or drugs.

**Meeting school goals or statutory obligations:** to achieve 'healthy school' status, a school should 'involve professionals from appropriate external agencies to create specialist teams to support PSHE delivery and to improve skills and knowledge, such as a school nurse, sexual health outreach workers and drug education advisers'<sup>6</sup>.

## Planning and preparation

Planning is vital in delivering effective alcohol and drug education sessions and ensuring that they avoid the pitfalls of established poor practice: **they should not appear out of the blue as one-offs**. Teachers, visitors and most importantly pupils should all have had the opportunity to feed into the session in advance and lay the groundwork. This way, they retain some ownership and responsibility for how the session goes: pupils will get more from a session that they are actively involved in, rather than being purely passive recipients of a prepared talk.

In advance, teachers should ask pupils:

- What would they like to know or find out from the visiting family member?
- Is there anything they would like to *tell* the visitor?

The class can agree on some key questions, and pupils can be nominated to ask them during the session (to get things moving in a Q&A, for example). There should also be a way for pupils to submit questions anonymously, either before or during the lesson. As with any visitor, extra touches like nominated pupils to welcome, introduce and show around the visitor can transfer an important level of ownership to the young people.

As well as giving pupils the opportunity to ask questions and drive elements of the session, the school and visitor should also negotiate content in advance and agree the aims and learning outcomes. Family visitors are a **complement to, not a replacement for**, an effective approach to drug education delivered across the whole school, and they should not be asked to deliver against learning outcomes they don't have the appropriate expertise for. To inform the session, visitors should also

### Good practice:

Schools should ensure that visitors have a clear understanding about the aims and objectives of the session .

know 'where pupils are at' in terms of their knowledge and awareness: whilst younger children may know about alcohol, tobacco and 'good and bad medicines', older pupils may already be familiar with different types of drugs and new psychoactive substances.



*COAP (Children of Addicted Parents and People) delivers PSHE sessions to secondary school pupils. Agreed learning outcomes with schools include exploring the reasons people drink and when it becomes an 'addiction', and understanding the wide-ranging effects of alcohol on the drinker and those around them.*

*Family Support Link delivers learning and awareness sessions to both primary and secondary schools in Northamptonshire. In preparation for work with younger children, the content of the lesson is discussed with the school and the nature of the different family situations to be discussed with the children is negotiated.*



*DrugFAM supports families affected by substance use in Berkshire and the South East, and receives regular invitations to work with schools. Before these sessions, DrugFAM staff have been informed in advance that there may be vulnerable pupils in the class who had experienced substance use in their own families, had relatives in prison or who were in foster care due to parental substance use.*

*DrugFAM staff are also briefed on the pupils' current level of knowledge and understanding, what drug education lessons they have already received, which other visitors have contributed, and the wider context of PSHE lessons.*

#### **Good practice:**

Schools should ensure that visitors have been briefed on any particular sensitivities that there may be in the group, including drug issues by particular students or their families<sup>8</sup>.

## **Legal requirements**

**DBS** (Disclosure and Barring Service) certificates may be required for visiting schools or undertaking work with children, especially for repeat visitors. Families may not need these for one-off visits but it is best to check this with the school, and if school visits are intended to be part of a support service's ongoing work, it is advised they organise the checks. A DBS (previously CRB) check takes around 2 weeks. More information can be found at [www.gov.uk/disclosure-barring-service](http://www.gov.uk/disclosure-barring-service).

## Delivering the session

Pupils and the visitor should be given the space to drive the session itself. Interactive teaching methods and a participatory approach are advised, including class discussions, small group activities, role plays, question-answer sessions and problem solving. However, it should be noted that a teacher or a school member of staff should be in the room at all times and in charge of classroom management, appropriate behaviour and discipline<sup>9</sup>.

### Good practice:

The educator uses interactive teaching styles<sup>10</sup>.

### Example

*COAP education sessions include interactive brainstorming, work in pairs and role play exercises. Those delivered by Family Support Link also include group discussions of the family dynamics observed in a short DVD about the effects of substance use on families.*

Any resources or evidence used should be reliable and up-to-date, and checked and agreed with the school in advance. For example, regional breakdowns of drug misuse or people in treatment are available from Public Health England or can be requested from drug teams within individual Local Authorities; all of these 'statistics' are sons, daughters, husbands, wives, parents and friends, and young people may not have considered this before. It is also good practice for information to include a normative aspect – particularly in terms of challenging young people's misconceptions about how widespread and acceptable risky behaviours are amongst their peer group<sup>11</sup> (including alcohol and tobacco use). In a family support setting, this might mean a parent helping to challenge stereotypes about the 'kind of person' who experiences problems with drugs or alcohol.



## Disclosure

The content of alcohol and drug education lessons may be more familiar to some pupils than others, and some may respond by making a disclosure about their own, or someone else in their family's, substance use.

The visitor should already have been briefed on any pre-known vulnerabilities in this area, but if it comes as a surprise then there should be a clear protocol outlined for an appropriate response by the school, which has the duty of care for the child. If parental substance use is disclosed or discovered, it should be clear what action is to be taken next<sup>12</sup>, and if a pupil volunteers information which suggests they may be at risk of significant harm then the teacher should refer to the schools' Child Protection Policy. It should also be clear where pupils can seek confidential support if they wish to do so.



### Example

*In Family Support Link's sessions, some pupils may identify with the material discussed and disclose problems at home. If this happens during the lesson, one of the workers – there are always two – is able to speak to the child individually and discuss support options with the teacher. FSL is also able to coordinate support, through its own service provision and existing relationships with social services and other local agencies.*

### Good practice:

Students are made aware of the school's confidentiality policy, and ways they can seek support<sup>13</sup>.

### Good practice:

Clear referral protocols are agreed with local children and young people's services, health services and voluntary sector organisations to enable students to receive additional support where necessary (whether related to their own or others' use of drugs/alcohol).

## Feedback and evaluation

In collaboration with the visitor, a system of evaluation **must** be implemented. This should reference the agreed objectives: what are the goals of the session, and how are these to be monitored? Has pupils' **knowledge** changed? What about their **attitudes**? Have they learned any new **skills**? There should be an opportunity for children to reflect on the session and provide feedback, reporting on what they learned and what they found interesting or surprising. Schools should also give the visitor feedback on the effectiveness of their input. This should form part of a more general evaluation of the whole school approach to drug education.





*COAP uses a simple before-and-after questionnaire for pupils which asks for ratings on the stated learning outcomes and whether the discussions about family impact have made them think about alcohol in new ways. Qualitative feedback is also sought from teachers.*

*Family Support Link runs age-appropriate sessions for primary school children on the impact of substance use and other vulnerabilities on the family. Evaluation can be undertaken by asking pupils to mark a form with positive and negative facial expressions, including whether they have anyone they can talk to if they're worried, or know how to look after themselves and keep safe. Evaluation questions for older children include how well the pupils understand the problems that families and carers face when living with someone who uses drugs and alcohol.*

### Good practice:

Good drug education is informed by assessment, monitoring and impact evaluation<sup>14</sup>.

## Ongoing work and follow-up

Learning should not stop when the session ends, and visits should not be seen as 'one-off' events. Drug education generally, and the learning from particular sessions, **should be worked into the overall delivery of PSHE** and, where appropriate, **other subjects**; teachers should follow up any unresolved issues and, wherever needed, extend the learning begun by the visitor in a subsequent lesson<sup>15</sup>.



*In some schools, the content of DrugFAM's education sessions has also been worked into role plays explored in drama lessons, and poetry and prose depicting the scenarios discussed has been used in English lessons.*

### Good practice:

It is the school's role to support external visitor input through preparatory and follow-up lessons<sup>16</sup>.

### Good practice:

A spiral curriculum ensures that lessons build on previous learning, as well as making links to other statutory subjects<sup>17</sup>.

The involvement of families and support services need not be limited to delivering educational sessions. There can be a wider role, including:

- Repeat visits and/or becoming an established part of the school's curriculum for a particular age group
- Awareness sessions for pupils' parents, who may be particularly interested in how to talk to their children about drugs and alcohol



- Support and/or referrals for children affected by parental substance use
- Training and guidance for school staff.

## Consulting and involving parents

Some family support services may also be interested in delivering education or awareness sessions for parents of children at the school. Pupils' parents may be equally interested in hearing the perspective of a family member who has 'been through it', and the support service can provide appropriate guidance and information on communicating with their children about alcohol and drugs. Running separate sessions aimed at parents is something that can be explored as the school and the service plan their alcohol and drug education partnership, and would help schools to engage parents in the whole school approach to substance use.

If there are children at school who have already got into difficulties with substance use, dedicated family support services can also provide an indispensable service to help their

### Good practice:

Encourage parental involvement in alcohol and drug education. For example, use homework activities where students interview or discuss aspects of drug education with their parents <sup>18</sup>.

### Good practice:

Parents are able to access information about alcohol and drugs and local and national sources of help <sup>19</sup>.

parents with what they are going through, manage family conflict and set effective boundaries.



*Sevenco Training was established by a father with experience of substance use in his family. As well as lessons for pupils with a particular focus on 'legal highs', they also run education sessions for parents with the aim of helping them communicate effectively with young people about substance use.*



## Tips on pursuing partnerships

Schools wanting to involve family support services in their alcohol and drug education can find details of potential partners on Adfam's online directory at [www.adfam.org.uk/find\\_a\\_local\\_support\\_group](http://www.adfam.org.uk/find_a_local_support_group).

Support services wanting to approach schools should make contact with the PSHE or drug coordinator in the first instance. They should also make it clear on their websites that they are willing and able to take on this work, cite positive feedback from previous sessions, or state some of their usual aims and objectives.

## Useful contacts and resources

There are many resources available which go into more detail about the best ways to deliver effective alcohol and drug education. Especially useful are:

- The PSHE Association ([www.pshe-association.org.uk](http://www.pshe-association.org.uk)) and their training on using visitors in the classroom ([https://www.pshe-association.org.uk/resources\\_search\\_details.aspx?ResourceId=482](https://www.pshe-association.org.uk/resources_search_details.aspx?ResourceId=482)).
- The Drug Education Forum ([www.drugeducationforum.com](http://www.drugeducationforum.com)), particularly *The principles of good drug education*
- The Mentor ADEPIS website ([www.mentor-adepis.org.uk](http://www.mentor-adepis.org.uk)), particularly *Quality standards for effective alcohol and drug education*, *Principles of good drug education*, and *Identifying and supporting children affected by parental substance use*.

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**Appendix**

***What you will find in this chapter:***

An agreement template that schools could use with families, support services, or other school visitors.

## Agreement template

It is recommended that schools and families/support services agree on/are mutually aware of the issues below when collaborating to deliver drug education. This can form the basis of any 'document of understanding' or similar, and can also be used with other school visitors.

When will the session(s) take place?

How long will the session(s) be?

How many pupils will be in attendance, and how many teachers/school staff?

What are the children's ages?

What is the outline of the session, and what activities or learning exercises will be used?

What are the learning outcomes?

What resources will be used/required?

How will the session(s) be evaluated, and how will the results be shared?

Are there any particular vulnerabilities in the group to be aware of?

What will be done in the event that a child discloses their own, or someone else's, substance use, or otherwise indicates distress resulting from the session content?

## References:

1. ADEPIS (2014) Quality standards for effective alcohol and drug education
2. Drug Education Forum (2012) Principles for supporting school drug education
3. UN Office on Drugs and Crime (2013) International Standards for Drug Prevention
4. PSHE Association, Using visitors in the classroom to support PSHE education, CDP programme unit 8
5. ADEPIS (2014) Quality standards for effective alcohol and drug education
6. Department for Education and Skills/Department of Health (2005) National Healthy School Status: A Guide for Schools
7. Drug Education Forum (2012) Principles for supporting school drug education
8. Ibid.
9. Mentor ADEPIS (2014) Quality standards for effective alcohol and drug education
10. Drug Education Forum (2012) The principles of good drug education
11. Mentor ADEPIS (2014) Quality standards for effective alcohol and drug education
12. Mentor ADEPIS (2013) Identifying and supporting children affected by parental substance use: resource for schools
13. Mentor ADEPIS (2014) Quality standards for effective alcohol and drug education
14. Drug Education Forum (2012) The principles of good drug education
15. Drug Education Forum (2012) The principles of good drug education
16. Sex Education Forum (2010) External visitors and sex and relationships education
17. Mentor ADEPIS (2014) Quality standards for effective alcohol and drug education
18. Mentor ADEPIS (2014) Making it inclusive: Alcohol and drug education in multicultural settings
19. Mentor ADEPIS (2014) Quality standards for effective drug education

## About Mentor ADEPIS

The Alcohol and Drug Education and Prevention Information Service is run by Mentor in conjunction with DrugScope and Adfam and is funded by the Department for Education. More resources are available from

<http://mentor-adepis.org>

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