Partners in Reduction

Chapter 4: Family service providers

4.1 Prison based visitor support providers
4.2 Family Liaison Services (FLS)
4.3 Substance related family support providers
4.4 Community based prisoners’ families support providers
4.1 Prison based visitor support providers

Consider:

Visitors’ Centres (VCs) provide a very good opportunity to engage and involve families - most of who pass through them in order to make a prison visit - however restricted the range of services they provide.

The first priority for any V/C in relation to substance related activity must be to provide as safe an environment as possible for all staff and service users - particularly children, who are the most vulnerable of service users. Without this, the confidence of visitors in both the V/C staff and the prison drug strategy is likely to be impaired and staff retention rates reduced. (Poor management of the V/C environment is also likely to have a negative impact on the confidence of the prison/police in the ability of visitors’ centre staff to manage substance related issues appropriately.)

Management agencies must ensure they take steps to comply with the legal requirement to prevent drug activity on the premises.

Staff members providing services in visits rooms have potential to contribute to the overall quality of the visiting process by being alert to the potential for substance related activity within their particular working area - particularly in relation to the safety and welfare of children - and responding appropriately.

Useful related documents:

Visitors’ Centres Good Practice Guide (HMPS 1998)
*Practices included in the S.M.I.L.E. Drug & Alcohol Policy

Suggested Good Practice

Management

4.1.1 Staff coming into contact with prisoners' families, or personal information relating to them, should be security cleared.

4.1.2 Management agencies should have an organisational Drug & Alcohol Policy* that recognises the potential for staff and service users to experience substance related problems. It should detail the organisation’s position and practice in relation to substance related activity and should be compatible with both legal requirements and general prison clearance expectations. (This is likely to exclude anyone with a recent history of drug related offending - particularly a supply charge - or drug use. In practice, former drug offenders will need to have completed their entire sentence a minimum of 1-2 years prior to employment, depending on the nature of the offence. Recovering drug users will need to be drug free)
4.1 Prison based visitor support providers

Suggested Good Practice

Establishment drug strategies

4.1.3 Policies and practices relating to confidentiality and information sharing should be developed to take account of the prisons’ expectations, as well as legal requirements. (Where the visitors’ centre is a satellite service, consider producing a staff handbook that covers practice and procedures specific to the project.)

4.1.4 Confidentiality, Child Protection and Health and Safety policies and practices should reference substance related issues.

4.1.5 Visitors’ Centres should negotiate a Drug & Alcohol Policy and Strategy Agreement with the Prison and local Police. This will: ensure that appropriate mechanisms are in place to manage substance related activity safely and appropriately; help build confidence and skills in the staff team; and avoid unnecessary confusion. (See DT 5)

4.1.6 Nominate an appropriately informed (substance aware) staff member to join the establishment Drug Strategy Team.

Health and safety equipment/information

4.1.7 Ensure the following equipment is readily available to staff at all times: spillage kits; sharps box; disposable gloves; extended handle mirror (Many prisons are willing to provide these to VCs, free of charge, on request)

4.1.8 Provide all staff with information about HIV and Hepatitis testing and recommend they seek advice from their GP about their BCG (Tuberculosis) immunisation status.

4.1.9 Display information, in all cloakrooms, about how to report spillages and substance/paraphernalia finds. (See DT 14)

4.1.10 Consider providing secure amnesty boxes* for use by visitors who wish to dispose safely of drugs/paraphernalia they decide not to use/supply. (Negotiate this with the prison and agree a protocol for monitoring the contents/emptying of the box at regular intervals) Amnesty boxes should ideally be sited in areas that afford a degree of privacy, to encourage their use, and should be accessible to male, female and disabled staff and visitors. (Amnesty boxes can also double as sharps boxes and should be accompanied by an explanation of their intended purpose*) (See DT 5)
### 4.1 Prison based visitor support providers

#### Suggested Good Practice

<table>
<thead>
<tr>
<th>Information</th>
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<tbody>
<tr>
<td>4.1.11 Provide visitors with access to a range of substance related information including: Drugs (including alcohol, tobacco, volatile substances and commonly misused prescribed and over-the-counter medicines); local prison treatment and support options/availability; sexual health; treatment and support approaches; local and national referral agencies; coping with substance related violence/bullying; prison rules and legal issues relating to supply of drugs.</td>
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<tr>
<td>✓</td>
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</tbody>
</table>

4.1.12 Information should be displayed in areas that afford service users a degree of ‘cover’ or anonymity (e.g. position posters on backs of toilet cubicle doors, or areas where there are likely to be slow moving queues and placing credit card size information in all property lockers and beside public payphones). Posters should be appropriately changed/relocated every 2-3 months.

4.1.13 Where possible, use a mix of resources that includes visual (e.g. Video loops/posters) and written (E.g. booklets, leaflets) information that reflects identified/anticipated diversity within the service user group.

#### Support groups

| Run only closed (invited members only) facilitated groups that have clear, transparent, assessment and membership criteria |
| ✓ | ✓ |

4.1.15 Produce a ‘Suggested Do’s and Don’ts’ information sheet for families who are about to join the Support Group. This will help them consider what they may get from attending the group and also how they can protect themselves within it (See DT 15)

4.1.16 Set clear Ground Rules and ensure that all participants are informed about these before they attend for the first time. Remind participants of these at the start of each meeting

4.1.17 When necessary, (e.g. when difficult personal issues have been raised during the group meeting) provide for individual members to receive post group support. This can be done either in person, or by telephone

4.1.18 Consider providing crèche facilities to enable carers to take part
### Suggested Good Practice

**Supporting children (see also chapter 5.6)**

<table>
<thead>
<tr>
<th>Suggested Practice</th>
<th>Implementation Desirable</th>
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<tr>
<td>4.1.19 Ensure there are no unlocked storage cupboards, or low-level void areas - such as beneath changing tables - in Baby Changing Rooms. (Toddlers are inquisitive and may find harmful substances/paraphernalia in areas that adults do not normally access - especially if their carer is busy attending to another child).</td>
<td>✓ ✗</td>
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<tr>
<td>4.1.20 Provide information for parents/carers that helps them reduce the drug related risks to their children - both during prison visits and at home. (e.g. encourage them to: ask drug users in custody if any drugs/paraphernalia has been/might be left in the home; check their children’s pockets before entering the prison for a visit; supervise their children from arrival at the prison and throughout their visit - unless they are in Supervised play).</td>
<td>✓ ✗</td>
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<tr>
<td>4.1.21 Provide only play equipment that is easily checked for secreted drugs and/or paraphernalia.</td>
<td>✓ ✗</td>
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<tr>
<td>4.1.22 Conduct frequent inspections of ‘hard to observe’ areas and equipment, before, during and after visiting sessions. Not only will this will help to protect children’s health and safety but will also ensure that any finds are accurately dated. (Do not forget to check books)</td>
<td>✓ ✗</td>
</tr>
<tr>
<td>4.1.23 Take steps to ensure that children do not remain in visitors’ centre play areas whilst their escorting adult makes a prison visit. (e.g. display notices to that effect and encourage staff to remain aware of children who may have been left unsupervised)</td>
<td>✓ ✗</td>
</tr>
<tr>
<td>4.1.24 Where possible, position unsupervised play areas where they can be easily observed from regularly staffed positions (e.g. booking/information desks, refreshment bars etc.)</td>
<td>✓ ✗</td>
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<tr>
<td>4.1.25 Try to ensure that adult visitors have no routine need to pass through play areas en route to other areas.</td>
<td>✓ ✗</td>
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<tr>
<td>4.1.26 Consider asking the prison to install CCTV, or ‘dummy’ cameras, in play areas to detect/deter drug activity (especially in hard to observe and outdoor play areas)</td>
<td>✓ ✗</td>
</tr>
<tr>
<td><strong>Visits room services (children’s supervised play)</strong></td>
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4.1 Prison based visitor support providers

**Suggested Good Practice**  
= Immediate implementation desirable

**Visits room services (children’s supervised play)**

4.1.28 Ensure all staff involved in the support/supervision of children are: substance aware; able to identify information shared and/or behaviours exhibited by children during play that may give rise to substance related Child Protection issues

**Visits room services (refreshment bars)**

4.1.29 Ensure that staff are substance aware and fully conversant with information sharing protocols in the visits room
**4.2 Family Liaison Services (FLS)**

Consider:

The role of FLS (in generic as well as substance related work) can be hugely beneficial - particularly in relation to work with highly vulnerable groups such as: juveniles; women; remand prisoners; long term prisoners - and rewarding. At its’ best it has the potential to help restore relationships that have been fractured, thereby improving resettlement opportunities/prospects for all. However, complex family dynamics can also be challenging for staff and there is clear potential for boundaries to become ‘blurred’ and confidentiality compromised.

A good FLS enables its’ service users to feel at ease but should not encourage them to view staff as friends, rather than as workers. Allowing this to happen severely undermines the work of FLS and it is important, therefore, that the role of staff is clear and adherence to boundaries monitored closely through rigorous Supervision.

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**Suggested Good Practice**

Family liaison services

- **4.2.1** FLS should be based in/at the prison but have strong links to/with community support resources
  - Immediate implementation desirable

- **4.2.2** Define the nature and role of ‘Family Liaison’ projects and staff (Are FLS generic - i.e. deal with all prisoners/families? Or are they substance specific - i.e. specialising in family work connected to substance related issues? Do FLS staff members deal only with crisis issues - e.g. serious family illness or death? Or do they have a wider role - e.g. advocacy; counselling; mediation; educational workshops; development of information for families; co-ordination and development of FLS etc?)
  - Immediate implementation desirable

- **4.2.3** Develop clear information sharing protocols for: prisoner/family; project worker/prison/visitors’ centre
  - Immediate implementation desirable

- **4.2.4** Produce clear information about FLS (including access/contact details and statement of confidentiality and service limitations) for prisoners’ and families who wish to make use of them
  - Immediate implementation desirable

- **4.2.5** Ensure that FLS staff are provided with: an appropriate space in which to have confidential telephone conversations with families; dedicated, locked, storage for holding confidential information relating to family members
  - Immediate implementation desirable
4.2 Family Liaison Services (FLS)

Suggested Good Practice

Family liaison services

4.2.6 Ensure that staff members recruited to deliver FLS are appropriately experienced/qualified and inducted to fulfil their defined role within the prison. (e.g. Where the role is generic, staff should receive training in working with families affected by substance related problems)

4.2.7 Ensure that FLS workers are provided with regular Clinical/professional Supervision (at least monthly) in addition to management performance monitoring and support

4.2.8 Consider providing and promoting regular FLS sessions in VCs
### 4.3 Substance related family support providers

**Consider:**

Many families coping with moderate to severe drug related problems are likely, at some point, to have contact with the prisons. This can be confusing and distressing for them. However, the removal of the drug user into custody - even for a short time - can also provide a period of much needed respite for everyone.

It is important that any negative impact of imprisonment upon the family is minimised and any opportunity for positive engagement of drug users and families by treatment and/or support providers is enhanced.

**Useful related documents:**

*We Count Too - Home Office/Adfam/PADA/FAMFED*

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**Suggested Good Practice**

- **Management**
  - 4.3.1 All staff members who come into contact with prisoners’ families, or personal information relating to them, should be security cleared.
  - 4.3.2 Ensure that your service has a Drug & Alcohol Policy/Strategy. This should: recognise the potential for staff and service users to experience substance related problems; detail your service’s position and practice in relation to substance related activity on the premises (by staff and/or service users).
  - 4.3.3 Review/develop policies and practices to ensure they are compatible with prison, as well as legal, requirements.
  - 4.3.4 Ensure that Risk Assessments for all services reference substance related activities.
  - 4.3.5 Consider recruiting a senior member of staff (Drug Strategy) from the Prison Service, or a nearby prison, to act as an advisor to the Management Committee/Trustees. (e.g. Adfam’s Criminal Justice Advisory Group includes a Prison Service Area Drug Co-ordinator)

- **Information/education services for families**
  - 4.3.6 Provide families with substance related awareness, education and information resources and opportunities (booklets/posters/videos/workshops and discussion groups) that are specific to, or inclusive of, prison issues.
### 4.3 Substance related family support providers

#### Suggested Good Practice

**Information/education services for families**

<table>
<thead>
<tr>
<th>4.3.7</th>
<th>Do not proactively 'match' families for travel together to prison visits (or actively encourage them to do so as this may result in families/individuals being made vulnerable)</th>
</tr>
</thead>
</table>

| 4.3.8 | Consider adapting and piloting the Community Reinforcement and Family Training (CRAFT) intervention (See Appendix 7.3) |

**Home visiting**

<table>
<thead>
<tr>
<th>4.3.9</th>
<th>A risk assessment should always be carried out before a home visit is made. This should include any information that suggests there is potential for: illegal drug use/activity on/at the premises; substance related violence or aggression on/at the premises; substance related child protection issues</th>
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<tr>
<th>4.3.10</th>
<th>Staff should be of an appropriate gender (i.e. the same gender as the service user)</th>
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<th>4.3.11</th>
<th>Home visits should be: conducted by appointment; scheduled to last for a pre determined maximum duration; followed by immediate contact with the employing agency</th>
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<th>4.3.12</th>
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**Telephone helplines**

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<tr>
<th>4.3.13</th>
<th>Ensure that Telephone Helpline staff have additional training to enable them to: offer direct support to prisoners’ families with substance related concerns or; make good referrals to specialist prisoners’ families agencies</th>
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**Support groups**

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<th>4.3.14</th>
<th>Produce a ‘Suggested Do’s and Don’ts’ information sheet for families who wish to attend a Support Group. This will help them consider what they may get from attending the group and also how they can protect themselves within it (See DT 15)</th>
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4.3 Substance related family support providers

**Suggested Good Practice**

**Support groups**

4.3.16 When necessary, (e.g. when difficult personal issues have been raised during the group meeting) provide for individual members to receive post group support. This can be done either in person, or by telephone.

4.3.17 Consider providing crèche facilities to enable carers to take part.

✓ = Immediate implementation desirable
✗ = Immediate implementation not desirable
= Immediate implementation not necessary
General considerations:

The high proportion of substance users entering the prison system means that substance related activity is a significant issue for many families - before, during and after the custodial period. Potential, perceived or actual substance related activity is also likely to concern/affect all families visiting prisoners, at least to some degree.

It is important, therefore, that generic prisoners’ families services are aware of the ways in which families can be impacted by substance related problems and are well placed to respond appropriately when supporting families who may have such concerns.

Suggested Good Practice

Management

4.4.1 All staff members (including volunteers) coming into contact with prisoners’ families, or personal information relating to them, should be security cleared.

4.4.2 Ensure that your service has a Drug & Alcohol Policy and that this is displayed and readily accessible for service users. The Policy should recognise the potential for staff and service users to experience substance related problems and detail your service’s position and practice in relation to substance related activity on premises and within the staff and/or service user group.

4.4.3 Ensure that: Confidentiality, Child Protection; Health and Safety policies and procedures specifically reference substance related issues.

4.4.4 Risk Assessment and Reduction procedures should include specific substance related issues (e.g. Agencies providing a home visiting service or escorting families attending Court, or prison visits; should be aware of the possibility for staff to be “conditioned”, or made vulnerable by possible drug activity involving families and develop procedures to avoid this as part of their risk reduction strategy).

4.4.5 Ensure that all staff receive basic substance awareness training and that support staff have additional training to enable them to: offer direct support to families with substance related concerns or; be able to make good referrals to other agencies.
4.4 Community based prisoners’ families support providers

**Suggested Good Practice**

**Management**

4.4.6 Consider recruiting a senior member of staff (Drug Strategy) from the Prison Service, or a nearby prison, to act as an advisor to the Management Committee/Trustees

**Information/education services for families**

4.4.7 Provide service users with access to a range of appropriate family/substance related awareness education and information resources and opportunities (booklets/posters/videos/workshops and discussion groups) which reflect identified/anticipated diversity within the service user group

**Home visiting**

4.4.8 A risk assessment should be carried out before any home visit is made. This should include any information that suggests there is potential for: illegal drug use/activity on/at the premises; substance related violence or aggression; child protection issues to arise

4.4.9 Home visits should be: conducted by appointment; scheduled to last for a pre determined maximum duration; followed by immediate contact with the employing agency

4.4.10 Staff should be of an appropriate gender (i.e. the same gender as the service user)

4.4.11 Where possible, two members of staff should make Home Visits together

**Telephone helplines**

4.4.12 Ensure that telephone support staff have additional training to enable them to: offer direct support to families with substance related concerns or; make good referrals to specialist agencies

**Support groups**

4.4.13 Produce a ‘Suggested Do’s and Don’ts’ information sheet for families who wish to attend the Support Group. This will help them consider what they may get from attending the group and also how they can protect themselves within it. (See DT 15)
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**4.4.15** When necessary, (e.g. when difficult personal issues have been raised during the group meeting) provide for individual members to receive post group support. This can be done either in person, or by telephone.

**4.4.16** Consider providing crèche facilities to enable carers to take part.

#### Support activities

**4.4.17** Consider providing families with, or referring them to, opportunities to engage in activities that help them to relax, or temporarily divert their focus to something they find less stressful, more enjoyable e.g. complimentary therapies; hobby clubs or outings. (This is particularly important for family members who have become obsessive about the behaviour and needs of the drug user and unable to give any real attention to their own health and well-being, or that of other family members - including dependents)