
**Family Force: Supporting families of veterans with a
substance use problem (FVSUs)**

October 2020

Contents

Page 2 - Acknowledgements

Page 2 - Introduction to Family Force

Page 5 - Challenges of FVSUs

Page 10 - Support models

Page 14 - Option 1: buddying 1:1

Page 15 - Option 2: specialised intensive 1:1 support

Page 16 - Option 3: support group

Page 17- Option 4: whole family support

Page 18 - Option 5: national online support

Page 19 - New role of Family Support Worker

Acknowledgements

This document was authored by Adfam (Vivienne Evans OBE, Robert Stebbings) and the University of York (Charlie Lloyd, Lorna Templeton). It is informed by the findings from this project's final research report also authored by Charlie Lloyd, Lorna Templeton, Vivienne Evans OBE and Robert Stebbings.

We would like to thank Amanda Clark, Colleen Lally and Donna Kirkby, all of whom have lived experience as family members of a former member of the UK Armed Forces with a substance use problem, and were members of our Project Advisory Group. In this role they provided us with valuable expert advice through all stages of the project, and we are hugely grateful for their contributions.

We would also like to thank our four project partners who each hosted a local discussion event with professionals across a range of backgrounds, feeding into the project's research. They also supported us with the online survey and the interviews. Our four partners were:

- Bristol Drugs Project – a drug and alcohol support service in Bristol, with a veterans' support worker funded by the Royal British Legion.
- HMP Parc – a Category B men's prison in Bridgend, South Wales, which hosts the Endeavour Unit, the UK's first prison wing dedicated specifically for ex-service personnel and first time offenders.
- SSAFA – a national Armed Forces support charity, with a UK network of support branches.
- Tom Harrison House – a military veteran addiction recovery centre in Liverpool.

Finally, we would like to thank all the FVSUs who took part in our online survey, those who participated in key informant interviews, and all the professionals who attended our partner discussion events.

Introduction to Family Force

Funded by The Forces in Mind Trust, Adfam and the University of York have developed a model of support specifically for families of veterans with a substance use problem (FVSUs). Whilst evidence is strong that some veterans can experience difficulties with substance use after leaving the Armed Forces, exploratory research by the University of York and Adfam uncovered very little practical support, research or policy interest in FVSUs.

The University of York and Adfam undertook an academic research study (2019-2020) to better understand the experiences and needs of this under-researched group and thereby develop a support model specially adapted to FVSUs. The research study included¹:

- A detailed online survey, completed by 34 FVSUs.
- A total of 17 interviews conducted with FVSUs, UK Armed Forces veterans, and professionals² with knowledge of our target group.
- Four local partner events in collaboration with project partners. Events were attended by 42 professionals from a range of backgrounds, including drug and alcohol support services and veterans support services.
- A rapid literature review.

Across the UK, there are a number of evidence-based models of support for families of individuals with a substance use problem, including models such as CRAFT³ and 5-step⁴. Adfam developed a number of such support models for particular groups of families, such as those bereaved by substance use and family members aged 55+. Evaluations of family-based interventions has demonstrated that peer support is an important and effective component of support. Benefits of peer support include engaging families in a way that other services cannot, such as by providing empathy and understanding, the opportunity to meet others that are going through similar lived experiences, furnishing hope by seeing others 'recovering' from their own difficult experiences, and by reducing feelings of shame or isolation caused by substance abuse problems.

Our research found that help for FVSUs is currently insufficient. Participants in the research felt that FVSUs' needs are not being dealt with or addressed. Furthermore, the need for a specific and targeted response was recommended by a majority of our research participants. Utilising all the findings of our research, we have developed a bespoke but flexible support model for FVSUs, which includes a number of components. Our multi-component recommendations offer the opportunity to develop a unique support programme that caters to the needs of a specific client based on local service preference. While we expect that this support model may have similar components to other

¹ For full details of the study methodology see the final report available via the FiMT website (Lloyd, Templeton, Stebbings & Evans, 2020).

² The professional interviewees came from the four project partner organisations and from a small number of other military/veteran charities.

³ Community Reinforcement and Family Training (CRAFT) is a programme that teaches family and friends effective strategies for helping their loved one to change and for feeling better themselves.

⁴ The 5-Step Method is a brief, structured intervention to support family members of substance users and problem gamblers in their own right. At this time, there is not a specific version of the 5-Step Method for FVSUs. To read and find out more see www.afinetwork.info.

support models previously developed, our new support model is directly informed by the experiences of the FVSUs who participated in our research study.

Peer support was recognised by FVSUs in our research to be an important element of support; however, the desire for specialist integrated support, as well as counselling and therapeutic interventions, was most prominent and emerged as the most highly sought after type of support. We believe, therefore, that there is a need to tailor existing models of therapeutic support and peer support and embed them within a specialist service that recognises the particular life-experiences and needs of FVSUs. There was also a desire amongst the FVSUs that took part in the research for support models to cater for the needs of the veteran themselves, their children and other family members. All of these findings have influenced the development of our multi-component model.

Our research and support model mainly focuses on adult FVSUs. Children FVSUs have an opportunity to participate and receive support under Option 4: Whole Family Support. We acknowledge that children can also be greatly affected, and may strongly benefit from adult FVSUs accessing the support outlined. However, a separate piece of work is required to fully understand the experiences and challenges faced by children FVSUs, including the development of a specific support model for them.

Most of the FVSUs who contributed to our research were female spouses/partners of veterans who served with the British Army, and alcohol was the most commonly discussed substance⁵. Whilst much of this support model is informed by findings relating to alcohol specifically, in instances where it is clear from the data that a finding relates to illegal drugs this will be clarified. Furthermore, as indicated in some of the professional interviews, much less is known about illegal drug use during service because strict rules across the Armed Forces about illegal drug use (resulting in dismissal) means that it is a much more hidden issue.

It is important to recognise the heterogeneity within and across the UK Armed Forces (and hence FVSU experiences), and any support for FVSUs should be flexible and adaptable to meet the needs of a varied group of people with wide-ranging demographics and experiences. We also recognise that the sample size from the online survey is small, making it hard to generalise our findings, and that further research is needed to build on the findings from our study.

⁵ For full details of the study participants see the final report available via the FIMT website (Lloyd, Templeton, Stebbings & Evans, 2020).

Understanding FVSUs and their challenges

FVSUs who participated in our study spoke of experiencing multiple, complex and often longstanding challenges as a result of the veteran's substance use problem. Often the substance use itself has been a problem for a number of years, sometimes starting while the veteran was with the Armed Forces and continuing or escalating after leaving the Armed Forces. For some, problems with substances can even contribute to Armed Forces personnel leaving. In some instances Armed Forces personnel have been dismissed from the Armed Forces as a result of drug use specifically (i.e. discharge for failing a Compulsory Drug Test, which can have additional knock on complications and impact on FVSUs as a result⁶).

"I can't let him back full time as I don't trust him and can't put my kids and myself through this for a third time. Addiction has not just caused damage to my marriage, I feel like it has torn my life and family apart".

FVSU participant

Our data suggested that the most notable challenges for FVSUs is the impact on their mental health, as it was indicated that the mental health of the vast majority of FVSUs is considerably affected. Frequently reported mental health problems include anxiety, depression, suicidal feelings, and PTSD.

"The trauma and shock of it all has resulted in me developing PTSD and anxiety issues, never would I have thought it".

FVSU participant

Other common experiences for FVSUs taking part in our research were financial and work-related issues, domestic violence and abuse, damaged/strained relationships (with the veteran) and a negative impact on children. FVSU research participants also talked about facing physical health

⁶Galahad SMS Ltd, Veterans & Families Institute (VFI) at Anglia Ruskin University (2020). Fall Out: Substance misuse and service leavers: an investigation into the impact of a CDT (drug) discharge on drug misuse and mental health: <http://www.galahad.co.uk/fallout/>

problems, damage to future life plans, feeling stigmatised, impact on day to day life and activities, damaged/strained relationships with others and having to take on additional responsibilities.

“It did affect everyone... [my parents] were scared to leave him in the house, wouldn't trust him in the house on his own....so getting that like dread in your stomach, the pit of your stomach, your parents are crying to you or on the phone to you, saying oh [he's] done this and [he's] done that. Yeah, it's horrible, it really pulls the family apart.”

FVSU participant

Furthermore, our research indicated that veterans are often dealing with a multitude of complex issues. These issues often started during military service (and in some cases pre-service), but continued, and in many cases escalated, post-service. The experiences of some FVSU research participants was that these challenges are strongly associated with the veterans' mental health problems (most commonly PTSD), and are often related to experiences while they were in the Armed Forces. Drugs and alcohol are often used to cope, self-medicate, and mask their emotions. Veterans maintain their strong association with the heavy drinking culture that is evident across the Armed Forces, along with other cultural challenges such as veterans keeping problems to themselves rather than talking and seeking support, and dealing with the difficulty of leaving the Armed Forces and transitioning back to civilian life. These challenges all add further complexity and difficulty for FVSUs.

Additional problems indicated in our data which can accompany, or result from, the veteran's substance use, were employment struggles, offending behaviour (and time in prison), and financial problems (including large debts and gambling), family relationship breakdowns/strains, and bereavements. These factors can further exacerbate the burden and anguish for FVSUs.

“It's almost you have to hide those issues because you think, 'if I lose my job I could potentially lose my accommodation for my family and then I get out there I've got no job, I've got no money, I've got no house, bang, you fall flat', so it's just a vicious sort of cycle.”

Veteran participant.

FVSUs can go to great lengths to try and tackle the problems that they are living with, often by themselves, and many described extreme distress, despair, fear and hopelessness. Many articulated that the impact on them was all-encompassing and felt strongly that there was no way out for either them or the veteran. In some cases, our research found the veteran had died (often directly as a result of their substance use), while other FVSUs believed that their loved one will die as a result of their substance use and other problems.

“Losing him, our life together and all our future has had a severe impact. I have since been diagnosed with PTSD, the stress and trauma has also affected my body physically resulting [in] stomach issues and a skin condition. I have been unable to return to work and this is now having a financial impact. [I] feel very judged because of the way he died...There was my soul mate, my life as I knew it, all our future plans, trying for children, all gone”.

FVSU participant

Differences between FVSUs and civilian families

While many challenges and experiences faced by FVSUs can be seen as similar to civilian families affected by substance use, there were three unique aspects relating to the ways FVSUs are affected that came out of our research:

- 1) The heavy and normalised drinking culture within the Armed Forces;
- 2) The culture of not talking about problems in a similar way to veterans themselves as indicated above; and
- 3) The unique impact of living with someone who has been through military training and finds it difficult to remove themselves from that mind-set in the years post-service, along with the challenges related to living with someone who may have been involved in active combat, for example, as a result of the self-destructive behaviour that someone affected by PTSD may engage in.

Figure 1: Understanding the Armed Forces & its influence on the experiences of FVSUs



Other aspects identified relating to FVSUs that appear to be different compared to civilian families include:

- 1) Living with someone with co-existing substance use and PTSD, which may be different to living with more commonplace dual diagnosis that is often reported by civilian families because of the associations of PTSD with particular experiences such as involvement with war. Research has found that having a veteran with PTSD can lead to a considerable impact on the mental health of partners, including a range of mental health problems and substance use^{7 8}; and
- 2) A more prominent impact on finances and employment as veterans can sometimes lack budgeting and financial planning skills, and struggle to adapt to financial changes associated with transitioning out of the Armed Forces and finding new employment⁹.

⁷ Murphy, D., Palmer, E., Hill, K., Ashwick, R., & Busuttill, W. (2017). Living alongside military PTSD: a qualitative study of female partners' experiences with UK veterans. *Journal of Military, Veteran and Family Health*, 3(1), 52-61.

⁸ Murphy, D., Palmer, E., & Busuttill, W. (2016). Mental Health difficulties and Help-Seeking Beliefs within a Sample of Female Partners of UK Veterans Diagnosed with P-Traumatic Stress Disorder. *Journal of Clinical Medicine*, 5, 68. Doi:10.3390/jcm5080068

⁹ [HM Government \(2019\). Strategy for our Veterans, UK Government Consultation Response](#)

“I think there are factors in common but the additional challenges of service life such as frequent moves and the occupational threat of serious injury or death creates additional pressure and scope for falling through any support network.....the culture of heavy drinking in the [Royal Navy] was also a factor”

FVSU participant

Despite the grave challenges FVSUs face on a day to day basis, these harms are often hidden – with many FVSUs and veterans themselves not talking about their experiences due to cultural barriers, and as our data suggested, there is limited help available within the Armed Forces to deal with these problems. Some respondents were critical of the UK Armed Forces, including the very different policy approach concerning drinking versus illegal drug use (with regular, heavy alcohol use commonly accepted, but single use of illegal drugs leading to instant dismissal), but also the difficulties people face in accessing support when they leave, particularly concerning those who have specific and complex needs. Other participants made the point that they felt things were changing within the Armed Forces, including the openness towards having conversations and supporting veterans around mental health, although more was needed to support veterans with substance use and other problems along with families.

“Obviously each case will be different but in my loved one's case, his military service was directly linked to his excessive alcohol use because he used it as a coping strategy to dull his mental health issues which are service related. It has been extremely complex for the mental health professionals that he has worked with whilst in prison to unravel all of this and it has required everyone to look at the bigger picture of his military life and experiences to understand how he got himself into such a deep spiral. In my opinion, this is very different to being a family member of a civilian with a substance abuse problem because there are so many other factors to consider with a member of the Armed Forces”.

FVSU participant

Support models

Where support is available for FVSUs, many have faced difficulties or barriers in accessing it for reasons including a lack of information about what is available, concerns about the reactions of others if they found out, and the contagious effect of the military attitude to just 'get on with it and manage on your own'. As a result of this, many FVSUs have never sought any help for themselves, as was the case for two thirds of FVSUs who participated in our online survey.

Many FVSUs felt strongly that a specialist type of support is required to effectively meet their needs, and that such an approach should be tailored to have a specific understanding of military families and the differences with civilian families. Anyone working in a supportive role will require specialist training to build an understanding on the unique experiences of FVSUs.

The benefits of peer support have emerged from Adfam's previous work¹⁰ and within our research. Peer support was positively received by both FVSUs who had received it themselves and found it beneficial, and from those who had not but believed they would find it helpful.

"The help was invaluable and I was able to meet non-judgmental people in the same situation as me I could talk without judgement and it was the only time I would talk about my issues and share them with others."

FVSU participant

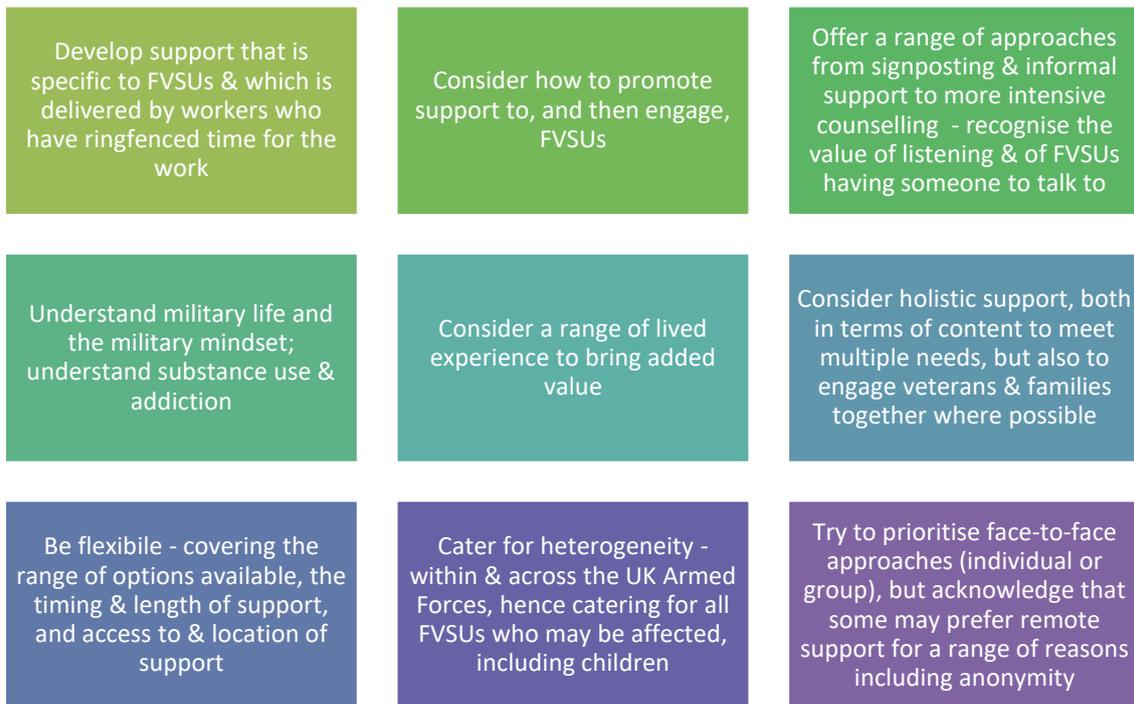
Despite the positive response to peer support, it was not deemed essential by all study participants that support should be delivered by a FVSU peer. Therefore, it has been recognised that while peer support is a positively received means of support, support can also be delivered by someone without lived experience as a FVSU. What seems to be particularly important is that those offering support have a specific understanding of the military, veterans and the range of issues military families face. This can either be through their own experience or through training.

Support can take many forms - face-to-face support, group support, or online support. During our research, face-to-face support came through as the most popular. Given the differing experiences

¹⁰ Information on benefits of peer support available in Adfam reports – [Changing Lives: Using peer support to promote access to services for family members affected by someone else's drug or alcohol use](#) (2018) and ["No one judges you here": Voices of older people affected by a loved one's substance use](#) (2017)

and needs of FVSUs, a number of various options were also mentioned. Therefore, support is very much based around the need for assessment and tailored support, avoiding the idea of a 'one size fits all' model. The multiple components are indicated in Figure 2 below.

Figure 2: Components of support for FVSUs



Support needs to be open to all FVSUs, regardless of the veteran's own treatment status, locality or level of substance use. It is also needed for those whose loved one has died in order to help family members as they work through the unique aspects of a bereavement through substance use¹¹.

We have outlined the different options below (Figure 3), which can be adopted by a service looking to support FVSUs. This can be done by an individual service working individually, or by multiple services from different backgrounds working in collaboration, and by doing so creating an interface between veterans support services and civilian-focused substance use family support services. The interventions have varying levels of scope and cost; however, they will all at the basic level provide

¹¹ For more information about working with someone who has been bereaved after a drug or alcohol related death, see the University of Bath and University of Stirling guidelines from 2015: <https://www.bath.ac.uk/publications/bereaved-through-substance-use/attachments/bereaved-through-substance-use.pdf>. Please note these guidelines are not specific to military/veterans but the key messages contained within them should still be applicable.

someone to talk to, offer emotional support, and provide practical or educational information around substance use, mental health, and other specific veteran-related issues.

Figure 3: Family Force support options for FVSUs



Whatever support options are implemented, clear guidelines would be required with regards to safety, particularly around working safely when approaches involve the veteran being present alongside the FVSU, and in relation to disclosures of domestic violence/abuse or other safeguarding concerns. Adfam, partner to this research, can offer support in developing bespoke safe practice guidelines depending on the service and support options used.

Furthermore, the implementation of any support intervention needs to take into account potential difficulties around engaging FVSUs. A key challenge that was encountered during this study was engaging FVSUs to participate in the online survey, partly because (as indicated earlier), it is inherent in the military culture for Armed Forces personnel and families not to talk about the challenges they are facing with many veterans and FVSUs taking this culture with them post-service. Also part of that culture is to have a stoical attitude, where veterans and FVSUs deal with challenges themselves rather than reaching out for support. This needs to be taken into account and overcome when engaging FVSUs, and encouraging them to access support. It is important for services adopting this model to form partnerships with other organisations and groups in order to reach out and engage with veteran communities. Delivering talks at meetings and events, as well as engaging specific online community groups on Facebook (for example) could be a means of addressing this.

“As soon as I went to the [charity] and I started talking about these things they said that’s the way they’re trained....is it fight or flight?...and I think within the [generic] groups they maybe didn’t understand that as much....[it] just made me feel a little bit better to think oh he’s not just doing it towards me then, that’s just the way his mind’s been trained when he was in the Army and no-one helped him manage that when he left and that’s why he’s always been like it.”

FVSU participant

COVID-19

At the time of writing, the UK was significantly impacted by the COVID-19 pandemic. Given the restrictions that were in place for some considerable time, and the impact that they had on the delivery of services (similar to those suggested in our Family Force model), we have developed as flexible a model as possible. This is so that Family Force can adapt to whatever national restrictions or guidelines are in place at any particular time (e.g. a shift towards many of the online support options outlined in Option 5 may be necessary). This could also be achieved by adapting the other options so that support can be delivered without face-to-face contact, such as providing telephone support.

Option 1: Buddying 1:1

Buddying is a method of support where two or more people with similar experiences come together with the aim of establishing an informal relationship. Ideally the relationship is non-judgemental, mutual, purposeful and there is a commitment by both parties over an extended period of time.

- FVSUs in need of support will be buddied up with trained volunteers with a specific understanding of military life and the challenges veterans and their families face.
- This model of support can be delivered in any 1:1 setting: face-to-face, via phone or online video platforms such as Skype or Zoom.
- A flexible approach is taken on the time commitment, depending on the need of the FVSU receiving support, capacity of the buddy and the local service provider's guidelines.
- Buddies will listen and take a genuine interest in the FVSU they are supporting, show empathy, build rapport, set boundaries, help set goals for the FVSU and facilitate progress towards them. Buddies will also provide additional resources of support.
- Benefits of buddying for FVSUs can potentially include raising self-confidence, reducing social isolation/loneliness, building trust in others, improving their relationship with the veteran and other friends/family. In some cases, FVSUs may become buddying supporters themselves once they are at a suitable place with their own personal recovery and wellbeing.
- Setting up a buddying system will require a paid volunteer manager to recruit and train the buddies, manage referrals, and arrange or deliver supervision for volunteers.
- The buddies will require specialist training, tailored for FVSUs. This will focus on understanding the dynamics of buddying support and the role, relationship with the FVSU and boundaries required, and will help the volunteers to build confidence and skills in undertaking the role and to understand how to deal with some of the challenges they might face. The training will also focus on substance misuse, general knowledge on the military, and some social and health issues that veterans and FVSUs face, such as PTSD.

Option 2: Specialised intensive 1:1 support

A specialised intensive 1:1 support, delivered by a trained Family Support Worker, is also a highly effective method of support. This will primarily be face-to-face but can also be delivered over the telephone, or via an online video platform or communications software, depending on the needs of the FVSU.

- FVSUs will receive a number of support sessions typically lasting up to an hour to offer in-depth support. Support sessions will be flexible, dependent on the needs of the FVSU and responsive to changes in FVSU circumstances.
- Support will include listening and emotional support, information and guidance to help family members understand and cope with their circumstances, and opportunities to meet other FVSUs where possible and appropriate.
- The Family Support Worker should be skilled in counselling and knowledgeable in other key areas that include substance misuse, the military and health and social issues veterans and FVSUs face, including but not limited to: PTSD, unemployment, problem gambling, and domestic violence.
- Depending on the needs of the FVSU, this could also include holistic therapies, therapeutic activities and respite care. Also, where a FVSU requires more specialist emotional support, counselling provision could be made available. The Family Support Worker will take a flexible and person-centred approach that is appropriate to the needs of the FVSU providing they have the appropriate skills; in the absence of such skills, an external professional will be required to be brought in.
- Subject to necessary partnerships being put in place, the Family Support Worker will liaise and work closely with other local services to ensure joined-up, effective communication. For example, they may liaise with the key worker of the family member's loved one to facilitate greater understanding of the treatment process, or of the involvement and support of the loved one's care plan where appropriate. Liaison can also be made with armed forces/veteran support charities to access specific support with financial and practical issues that veterans' families may face.
- The Family Support Worker will also provide training to local services on how to identify and support FVSUs where appropriate.

Option 3: Support Group

Peer support groups provide an opportunity for FVSUs to meet others in similar situations and receive support and find a way forward in a safe, supportive environment. Benefits of group support include helping FVSUs to realise that they are not alone; rather they receive shared support and the opportunity to talk with other people with lived experience who can understand their situation.

Attendance is reserved exclusively for FVSUs.

- Support groups can take a number of styles and formats, either formal and structured (ie focusing in depth on issues such as harm reduction and PTSD), or informal and flexible (ie over a coffee and more focused on sharing experiences), or a combination of the two.
- Support groups could include a combination of drop-in/ open type support with more structured content.
- In addition to face-to-face meetings, support groups can be delivered via online/ video platforms such as Zoom or Skype. (For additional information, see Option 5).
- Support groups can be facilitated by a peer volunteer, either someone who has lived experience as a FVSU or with a specific understanding of military life or are veterans. Group facilitators are required to receive support group facilitation training by the Family Support Worker or another pre-approved trained professional. If availability allows, support groups can be facilitated by two people.
- Adfam could provide support group facilitation training, giving facilitators the skills to set up a group, set its aims and objectives, plan and administer its delivery, understand the roles and responsibilities of a facilitator, and learn skills such as managing dynamics, active listening, giving feedback, and identifying and dealing with challenges.
- Support group organisers determine the frequency of the meetings and length of time for each group session, as well as the practical issues such as meeting location and room access.
- Support groups require a confidentiality agreement to be signed by all participating clients to ensure they can engage with each other comfortably whilst protecting their privacy. It is also best practice for each group to have governance rules in place to ensure the smooth and safe running of sessions, and a safeguarding policy in place for organisers to refer to.
- Group activities and respite opportunities, such as weekends away, are also a positive support group method if made available.

For more information about the intricacies of starting a support group – see [Adfam's guide to setting up a support group](#) (pdf).

Option 4: Whole family support

Many participants in our research study, including FVSUs, veterans themselves and professionals, identified holistic support as a viable option. This style of support targets a range of outcomes for FVSUs depending on their individual need, while supporting the whole family. This can include children and the veteran with their own transition and recovery alongside the FVSU. This is not always viable but can be a useful approach where relationships between the FVSU and the veteran are still functional and the children are able to engage.

Adfam has experience of delivering whole family support in a number of past projects, including supporting [Whole Family Recovery in the London Borough of Newham](#), and supporting [Kinship Care Families in Peterborough](#).

A programme of whole family support entails:

- Work with children and young people which includes running regular sessions that aim to develop the confidence and skills of young people through a range of enjoyable and engaging activities, and provide young people with the support and the space to give a voice to their experiences of being young people in an ex-military family that has been affected by substance use.
- Whole family activities, including respite breaks, trips and days out, enabling FVSUs to improve their emotional wellbeing and build resilience and relationships with their loved ones.
- Work with parents (where their child is a veteran with a substance use problem) to develop their skills in communicating and engaging with their child.
- Family activity sessions – group sessions including cooking, creative activities, outings, and community-based and sporting activities. These sessions will be guided by the needs and goals of all group members and will include child-centred activities. An emphasis will be placed on building confidence and trying out newly acquired communication skills.
- Goal review – participants will be given the chance to review their own personal goals and set new ones. Links will be made with community organisations and any relevant referrals made to other support agencies. An emphasis will be placed on building resilience, including linking families into community networks, building on skills/hobbies and exploring opportunities for training and further personal development.
- Where appropriate, ‘family meetings’ will be provided where families are involved in the veteran’s substance use treatment, and set joint recovery goals.

A whole family approach also entails developing a bespoke FVSU version of more therapeutic-focused programmes that support multiple families together, such as Moving Children and Parents Together (M-PACT)¹², which helps children whose parents have a drug or alcohol problem. The children and their family (usually parents, both with and/or without the substance use problem) work together in a friendly and safe environment with a team of highly skilled professional facilitators who help them find ways to achieve improvements in family life to the benefit of the family as a whole. At this stage, there is not a bespoke version of M-PACT available but the intervention could be beneficial in informing development of a bespoke whole family model for FVSUs.

Option 5: National online support

There is a clear need for an online specific support service that is available to FVSUs across the UK, and not just available to those in a particular area where a local service has been commissioned. This will also include an online information hub to complement support that is taking place; this Hub will provide information, guidance and advice, both for FVSUs and any professional whose work may bring them in contact with a FVSU. This online service will entail:

- A digital support platform providing support and expert guidance via (for example) e-mail, videos, or online resources, specifically for FVSUs. This will provide access to advice and information, connect FVSUs with others and provide an early intervention.
- An e-mail facilitator offering practical information and advice, and as a starting point, will highlighting the programmes or services available for FVSUs, such as 1) one-to-one support from a trained counsellor, 2) peer support groups, and 3) structured interventions, for example, CRAFT¹³ and the 5-Step Method¹⁴.

¹² M-PACT is Moving Parents and Children Together (M-PACT) is a brief intervention to help children aged 8-17 whose parents have drug and/or alcohol problems. Children, young people and their parents or adults work together in a friendly safe environment with a team of highly skilled professional facilitators. For more information see <https://www.actiononaddiction.org.uk/addiction-treatment/families-and-children/m-pact>.

¹³ Community Reinforcement and Family Training (CRAFT) is a programme that teaches family and friends effective strategies for helping their loved one to change and for feeling better themselves.

¹⁴ The 5-Step Method is a brief, structured intervention to support family members of substance users and problem gamblers in their own right. At this time, there is not a specific version of the 5-Step Method for FVSUs. To read and find out more see www.afinetwork.info.

- Online videos (i.e. YouTube) providing advice and support on dealing with specific problems encountered by FVSUs, as well as broader topics for families affected by substance use such as: *dealing with conflict; setting boundaries and looking after yourself*.
- A moderated peer-to-peer forum specifically for FVSUs, where individuals share experiences with each other.
- A moderated professional forum specifically for those working directly with FVSUs, where practitioners share experiences with each other.
- Online peer support group (using Zoom, Skype or other digital platform), which can be facilitated and delivered in a range of different ways as described in Option 3.
- An online information resource centre specifically for FVSUs, with advice and guidance on a range of aspects including the kinds of issues one might face as a FVSU, how to deal with conflict and stay safe, coping strategies and where to go for support.
- Online information resource centre for practitioners on the kinds of issues FVSUs face, how to engage with FVSUs, and where they can signpost to.
- Case studies describing their personal experiences as FVSUs to demonstrate to others that they are not alone.
- Practical information and advice relating to some of the specific challenges FVSUs face.
- The opportunity for FVSUs to engage in advocacy and to raise awareness more widely of the issues they are facing to decision makers and to the general public.

Family support worker

Each service provider will determine which of the support options or components to implement for their clients. Implementation of Options two, three and four of the support options listed above will necessitate the employment of a part-time (approx. 21 hours per week) Family Support Worker. This Family Support Worker will be recruited, trained and supervised by Adfam.

If delivering face-to-face activities in a particular location, the Family Support Worker will need to be hosted by a local service. For virtual and over the phone components, the Family Support Worker will be managed by Adfam, but will be based at home.

This person will:

- 1) Have specific knowledge of the UK Armed Forces;

2) Understand the culture and identity of being a military family and the specific challenges they face, and of particular importance, and

3) Have a good understanding of mental health together with experience of working to support people with complex needs. The worker Family Support Worker does not necessarily need to have lived experience in any or all of these areas.

Adfam will also provide:

- Specialist knowledge, experience and expertise in family support.
- Recruitment, line management and supervision of local Family Support Workers and of any others such as volunteers who support delivery of any of the options.
- All necessary documentation to run a safe, effective and compliant service.
- Knowledge of national substance use sector including latest developments and best practice.
- Monitoring and Evaluation systems and processes.

A service hosting a Family Support Worker will need to:

- Provide a suitable desk base or hot desk arrangement (with the Family Support Worker's agreement) within an appropriate local service/s to facilitate good partnership collaboration and reduce employee isolation.
- Facilitate partnership meetings with relevant local services and support Adfam management in communicating the goals and parameters of services and in establishing appropriate pathways and protocols.
- Provide appropriate organisational resources to work in partnership; for example, database support, communications support to design and produce marketing leaflets, and HR support to recruit a Family Support Worker.
- Provide management time to collaborate on designing and delivering the service. This is to ensure that the service is appropriately tailored to and embedded in the organisational and local context.
- Provide line management to the Family Support Worker.
- Reimburse travel expenses (e.g. to travel between different offices within your local service area).