BACK-TO-BASICS

A programme for those living with addiction in the Family

EVALUATION

Peter Dorman, April 2024

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Introduction

About CASP[1]

Clondalkin Addiction Support Programme, CASP provides community services which aim to support individuals, families and communities, through the provision of a range of evidence-based programmes and tailor-made programmes, to support those whose lives are impacted on by substance use and the related issues that impact on individuals and families. CASP serves the Clondalkin Local Drug and Alcohol Task Force (CLDATF) which includes Clondalkin, Lucan, Newcastle and Palmerstown.

CASP work with individuals and communities to find a pathway to addressing the consequences of substance use, whilst seeking to find sustainable strengths and actions to manage and address issues for those presenting to the service.

Aims of CASP

To fulfil our Mission, CASP aims to provide integrated interventions that engage with and make best use of both internal and external resources, including staff, referral agencies, planning and development forums, community groups, finance, etc. This partnership approach with the broader community of statutory, voluntary and community agencies ensures that all stakeholders are included in both the development and implementation of all actions that can positively impact our target group.

The objectives of CASP are:

1. Comprehensive service provision for substance misusers, parents, partners, siblings, and the community members over the age of 18.
2. Holistic, progression-based substance abuse treatment in a community setting.
3. Support for substance misusers and their families in working towards experiencing the most meaningful, healthiest, and fulfilling lifestyles possible.
4. Provision of service-user access to educational, vocational, and self-improvement resources, and support throughout the process.
5. Continued development of substance-use prevention programmes, and constant review, monitoring of, and adaptation to changing trends.
6. Access to information and supports regarding referral resources offering necessary services to our client groups.
7. Engagement and cooperation with other relevant agencies and groups providing pertinent support services.
8. Development and maintenance of relationships with relevant state agencies and governmental departments with regard to policies and actions effecting drug and rehabilitation services within the community.
9. Supporting service-users towards integration of their own journeys and decision-making processes, and the creation of future opportunities for positive growth and development.

[1] See CASP - Clondalkin Addiction Support Programme

About CASP Family Support[2]

CASP has a Family Support Team which works with family members of persons in addiction. The team aims to

"…support family members to improve family relations, reduce stress and respond to needs."

This support is in the form of one-to-one and peer group-based work enabling self-care, developing an understanding of addiction and family dynamics and learning coping skills. The team also refer people both to other services within CASP such as the counselling service, or to services in the wider community.

The Family Support Team also take a lead role in organising community and family events in Clondalkin during the course of each year and trips for clients in the family support programme. These social activities aim to strengthen peer supports and give much-needed respite and enjoyment for people living with significant stress day to day.

A key strategy of support for the team is to enable clients to begin to focus on their own needs and care rather than their addicted family member. As the CASP Strategic plan explains:

"Our goal is to help such people to talk about what this is like for them, and then to move to how they can care for themselves in this situation. It is not to train them to "fix" their loved one, but often to learn to live with the reality while focusing on their own well-being".[3]

[2] See Family Support - CASP

[3] Making hope real CASP strategic plan 2024 TO 2027. Available from CASP
Ibid P 15

About this Evaluation

This evaluation was carried out between February and April 2023. It follows the completion of the first Back to Basics programme, run during COVID restrictions from 2020, and takes place during the second module of the second programme which began in September 2023 and is due to run until July 2023. It is a snapshot of the programme taken during the *Empowerment and Addiction Awareness* module.

The evaluation is based on:

- A review of relevant documentation on the programme and the wider work of the Family Support Team within CASP
- A review of policies relevant to family support and addiction.
- Team and one-to one interview with the Family Support Team members
- Group and one-to-one interviews with all participants in the *Empowerment and Addiction Awareness* module of the second Back to Basics programme
- A progress measurement tool employed for the duration of the *Empowerment and Addiction Awareness* module.
- Staff benchmark and exit assessments of individual participants' progress for the duration of the *Empowerment and Addiction Awareness* Module.

The participation of all clients who contributed to this evaluation is voluntary and based on written consent. All Back to Basics participants were asked to sign a consent form indicating their consent to being interviewed as part of the group and in a one-to-one interview and to having discussion with staff on their progress included on the basis of anonymity and confidentiality.

About the Back-to-Basics Programme

Origins and the first programme.

Back to Basics came to be during the COVID pandemic period. The Family Support Team became increasingly concerned for their clients who were coping during lockdown with family members in addiction. These family members had severely reduced access to services and the family team clients also had a limitation on their supports.

"There was a lot of frustration fear and loneliness. The whole stressful situation was exacerbated by the restrictions as everyone was cooped up in the houses together. And there were no services that the family member could get to. We just kept hearing – "I just can't cope with the addict under my roof." (FS team member)

The team felt that, while they were offering support by phone or on zoom, something more was needed. One team member reflected that some of learning material they had experienced while undertaking a coaching diploma could assist the clients. In particular:

- What *values and beliefs* are our clients operating from as they try to respond to the addict in the house? What do they *believe* about themselves and about their situation? What are they *valuing* most? What are they prioritising? What do they believe they can control or not control?
- How equipped are the clients with an understanding of what is happening in their family? How well do they understand their family dynamic and their role in it and the role of addiction?
- How able are the clients to set boundaries and sustain them?

The team concluded that a learning programme could assist the clients in the crises they were experiencing. They also thought that while they can support the clients on a one-to-one remotely, there would be a value in bringing them in a support programme. They could then add the dimension of peer support to the learning process.

A consultation was held with the clients to gauge the interest in such a programme and most of them said they would like to be part of it. The team then set about designing the Back-to-Basics Programme and it was commenced in October 2020. Due to continuing COVID restrictions, the programme had to be conducted via zoom.

This created significant challenges for the clients' participation. Almost all needed considerable support in using zoom and a number felt unable to join the programme in this way.

"Zoom took out a load of people. It was a block for a lot of them". (FS team member)

For some of those who did manage the technology, there were challenges to find a private space in the house to participate. Some were unable to commit to the sessions as they had children at home with schools shut and it was not possible to be unavailable to them during the two hours for the programme. In other cases, the participants felt unsafe attending the programme at times.

"One client's family member was really paranoid and so she had to be very secretive about what she was doing". (FS team member)

"One participant would join the programme on the phone from her car. Privacy was a real issue. Another – the husband kept coming in and out – and he was the issue!" (FS team member)

Notwithstanding these difficulties, feedback from those who did participate was very positive.

“They were so delighted to be getting something for themselves and meeting other people – even if it was on zoom. They’d say: “I can’t wait for the next one” – when we finished a session.”” (FS team member)

The team reported that participants grew in knowledge and understanding through the programme.

“They had a toolbox of skills they could use at home now. They could name what was going on for themselves and they felt empowered.” (FS team member)

“They had more boundaries and a sense of control over their lives. They were more confident in themselves.” (FS team member)

The programme contributed to some participants making specific choices to enhance their own lives. Examples included:

- A participant taking up a computer course.
- A participant taking up a secretarial course and later a job as a receptionist.
- A participant taking steps to look after their health with an exercise regime and using mindfulness skills.

Participants reported to the team that these measures were hugely significant for them and that it was Back-to-Basics that had enabled them to make these choices. The team noticed that the participants began to rely less on the services in CASP and on the family support service following Back-to-Basics.

“People moved on which is a good thing. None of that group are really here now. They have better coping skills and their situations improved.” (FS team member)

The first programme finished in the spring of 2021. They had been a brief lifting of restrictions which allowed for some in-person sessions, but they were re-imposed again soon after and the programme concluded under these conditions.

After the conclusion of the first programme, a reduction in funding impacted the Family Support Team and there wasn’t capacity to begin another programme until that situation was rectified in 2023.

The Second Programme

When COVID restrictions lifted and Family Support Team capacity restored, a new in person Back to Basics Programme was possible. With schools open this programme attracted a younger group as young mothers were available during school times.

The second programme was again offered to all Family Support Team clients including those who had been on the first programme. It was felt that because the first programme had been run under lockdown it could still benefit this cohort.

The second programme began in September 2023 with five participants including one who had been on the first programme. A sixth joined later. All were women mostly mid-twenties to early thirties with one participant in her fifties who had been in the first group.

The programme was organised as weekly two-hour morning sessions every Monday.

The first twelve-week module of the programme (ending at Christmas 2023) included sessions focused on group building and personal development based on exploring personal beliefs and values, building self-acceptance and establishing personal boundaries. The module also included an introduction to tools for self-care including mindfulness, coping with stress and planning for change.

The module included an educational and social day out and a Christmas focused arts and crafts session.

The second module of nine weeks, which was the segment of the programme which coincided with this evaluation, ran from January to March (Easter) and was entitled *empowerment and addiction awareness*. This module included learning sessions on addiction and its impact on family dynamics. The module aimed to empower participants as family members in households impacted by addiction to establish and sustain appropriate boundaries and maintain self-care.

Two further modules will follow – a seven-week module focused on health and well-being and a final module entitled moving forward, with a focus on post course progression.

The entire course is thirty-five weeks long over nine months and will conclude in July 2024.

Most of the participants remain in one-to-one support by the Family Support Team throughout the programme.

Policy context.

The impact of substance misuse and addiction on families has long been understood. As far back as 2004, a study by Niall Watters and Duane Byrne[4] found that:

"Problem drug use has considerable negative impacts for families and their functioning. The effects of drug misuse on the family overall include deteriorating relationships and making the family dysfunctional, psychological and social problems, increased stress, depression and behavioural disorders, financial difficulties, all of which can contribute to family breakdown and negative impacts on adult and child members of the family."

The research makes particular mention of the consequences for families in deprived communities where problematic drug misuse is more impactful. Having outlined some of the specific challenges in such communities, the research continues:

"For the families in these depictions, drug problems lead to complications in their internal functioning, isolation, family break up due to imprisonment or fatalities, costs and debt in caring for a family drug user, a reduction in the resources of the family to care for all its members where such resources are directed toward a drug using member, and overall, drug-related problems can lead to health difficulties for all members of affected families"[5]

This reality has led to the need for family support being reflected in national policy. *Reducing Harm, Supporting Recovery*, the national drugs strategy, most clearly articulates the need for a response in this area in Action 2;2 which is:

"Maximise and strengthen the provision of evidence-based family services to families affected by drug and alcohol use."

In 2019, the Family Support Network reflected that[6]:

"This goal is focussed on rehabilitation and recovery and recognises the importance of family support within this. The goal text also highlights the 'recovery capital' of families in the role of rehabilitation, the need to support kinship carers and the need to reduce drug related deaths."

Recovery capital, a concept based on the work of William White and others who use the framework of *recovery capital* to understand how recovery works[7]. Recovery capital refers to a range of resources needed to support recovery. These include personal capital, such as commitment and drive, but also social and community capital, including supportive peer, family and social networks and access to community-based services.

This concept of recovery features significantly throughout the strategy and is linked to family support as here:

"In addition, some people do not have the internal and external resources needed to achieve and maintain recovery from substance misuse, as well as make behavioural changes. Internal resources

[4] The Role of Family Support Services in Drug Prevention A Report for the National Advisory Committee on Drug Niall Watters and Duane Byrne Unique Perspectives November 2004 p15
[5] Ibid
[6] National Family Support Network Updates Reducing Harm, Support Recovery (2017-2025) Updates Feb 2019 See Reducing_Harm,_Supporting_Recovery_updates_Feb_2019.pdf (drugsandalcohol.ie)
[7] White, W. & Cloud, W. (2008). Recovery capital: A primer for addictions professionals. Counsellor, 9(5), 22-27. Posted at www.williamwhitepapers.com

may include their resilience, whereas external resources may be their ***social networks, family or community supports.*** These resources are also referred to as "recovery capital.""[8]
Recovery capital also includes social and community networking as a resource for recovery along with family supports. We can see the relevance of this to community-based peer family support work such as that delivered by CASP.

National policies related to family support in itself are also relevant to this evaluation. For example, the policy framework governing the National Family Support Programme[9] concludes that:

"When parental well-being improves, the child's well-being automatically improves. The converse of this also applies - when parental well-being deteriorates the child's well-being automatically deteriorates. From an intergenerational perspective, and taking a wider body of evidence into account, one could say that the parent-child relationship is the main route by which the well-being of one generation is handed down to the next, whatever the family type."

Childhood well-being then is shaped significantly, though not deterministically, by parental/guardian well-being. This connection can be summed up by two questions for any child

1. How are those parenting me?
2. How do I get on with then?

And in turn the well-being of the parent is shaped by a number of factors which can be summed up by these questions:

1. Am I satisfied with my life?
2. How well do I cope with setbacks?
3. Do I have resources behind me?
4. Do I have serious difficulties to deal with on an ongoing basis?

In a household where addiction is present, whether in the children or another family member, this sense of well-being is severely threatened for parents and as a consequence of this, for children. The stress experienced by the parent impacts severely the children of the household, especially younger children. Much of the rationale for the central Irish Family Support Programme is based on this analysis. If we can support parents to feel well, the benefit will flow down to children. Where the one of the major sources of stress for households is addiction, initiatives that help the parent feel think and act from a place of wellness, is crucial in mitigating the impacts of substance misuse, especially on children, long with the treatment of the addict.

Most of the participants in Back to Basics are parents of young children.

As we describe the experience of the participants of the Back to Basics Programme, we will consider how policy frameworks aimed at reducing harm and supporting recovery in addiction and at supporting struggling families, are put into practice.

[8] Reducing Harm Supporting Recovery p 33
[9] Strategic Framework for Family Support within the Family and Community Services Resource Centre Programme. 2013 Revised Edition

Participants profile.

There are six participants on the programme, all females. Here is a brief anonymised profile of each provided by staff. They were taken at the start of the second module of the programme which began in January 2024, having been in the programme since September 2023. Then they were updated following the conclusion of that module.

A. Participant A came to CASP with both a son and partner in addiction. She is the oldest member of the group and participated in the first Back to Basic programme. She struggles to implement boundaries that are important for her to make progress. But the group is maintaining and supporting her. She has taken brave steps in implementing boundaries with addicted family members, but it remains to be seen if she can sustain it.

A. *Exit assessment*. Staff see that A's understanding of what is going on in her family and in her life has improved. She had been quite blasé about her situation but has grown in recognition that it is not good and needs to change. Her communication about her situation illustrates a growing understanding and she has managed to maintain the boundary she implemented a few months before despite pressure to relent on it.

B. Participant B is taking in the learning but seems slow to implement. She reports that this is the first time she has heard others talk about addiction and it is an eye opener for her. She has expressed surprise at what she has heard about addiction and its impact.
She has taken up a job and the group has helped with that. This is the first thing she has embraced for herself in a long time. There is a child in very active addiction in her home and its volatility has made her fearful. B is fragile and vulnerable.

B. *Exit assessment*. Staff report that B has become more outspoken in the group. She is also more communicative in her one-to-one sessions. She reports feeling stronger in implementing her boundaries and more effective in managing her fear. There is a lot of emotion in her that she still needs to connect with.

C. Participant C is new to CASP and emotion is often very close to the surface for her. She has been referred to the CASP counselling service. C have never been part of any addiction related learning process like this. She has grown in awareness of what is going on in her life. She feels very angry towards her family member and admits she seeks to control them. Education about acceptance of what is in her control and what boundaries she needs to make with family members have been important for her. She needs to learn more constructive responses to her family members demands and actions.

C. *Exit assessment.* Staff report that C has become much more aware of her own needs and has prioritised herself and her health. She is not jumping to respond to phone messages and calls coming from her family member. Rather she is reflecting on whether the messages are something she should or should not respond to. Are they really her business? She also joined an evening support group in CASP, which she describes as "just for her".

D. Participant D is the strongest group member. She plays a strong peer leadership role in the group, encouraging and supporting others. While insightful and knowledgeable, she is open to learning and wants to focus on her own growth and development. D has taken up work to achieve financial independence, which she never before believed she would achieve, and has already transitioned in her role within the family to a healthier place. She has moved from being verbally expressive to more constructive expression in her family context.

D*. Exit assessment.* Staff report that D has grown further and is clear in communicating her role within her family. She remains a group leader, steering the group interaction in a constructive way. She is able to voice what the group is experiencing in a helpful way. She has maintained a job she took up recently.

E. Participant E has made most progress. She has suffered significant abuse in her life but now has implemented a significant boundary and separated from her abuser. She came to realise the impact the home situation was having on her and her children, one of which has special needs. She has experienced a lot of deeper issues come to the surface but is accessing counselling. She finds the group very supportive.

E. *Exit assessment.* Staff report that E has become more focused on her self-care. They report that she responds to the learning as if it's something magical she is hearing for the first time. Sometimes she expresses shock at the insight she is getting into addiction and how it shapes family dynamics. She has become more self-affirming in the boundary she put in place, despite pressure from her addicted family member. She is clear in why she did it and this sustains her in maintaining it.

F. Participant F came into the group at the beginning of this module. She had been doing some of this programme as part of her one-to-one family support service. F grew quickly in awareness of what she was putting up with in her family and recognised the link between behaviours she was experiencing and addiction. She is lacking in confidence but expresses appreciation for the programme regularly.

F*. Exit assessment*. Staff report that F is working harder on herself. She reports that she responds differently now to her situation. She has disengaged from her partner, and she is managing the demands she is facing regarding control of her child's care more effectively. She is aware of the nature of the dynamics. She is accessing counselling and has built a good support network of friends and family.

Participants Perspective

This section reports on the reflections of the second Back-to-Basics programme group as they went through the second module from January to April 2024. In this time there was a group interview with four of the participants – (one was absent) and there were one-to-one interviews with five of the participants.

The participants in the group overwhelmingly reported the Back-to-Basics programme as a positive and significant experience for them. Their main points were:

A significant learning experience.

Participants spoke of the learning points through the course as very significant in helping them understand and to reframe their beliefs about their lives in a home with an addict. They appreciated the inputs explaining addiction and the nature and impact of substances being used in the community. This threw light on what was behind the behaviour of their family members.
The explanation of family dynamics helped participants to see their role in the family in perspective. A number spoke of realising that they and others were not acting but reacting and were blurring boundaries with other family members.

"I learned so much. Like about how people (in addiction) will manipulate you. When you understand what's going on – when you educate yourself! It's different."

"I know now I can't control other people. I was in his power, always reading his mood. I'd be blaming myself! Why won't he stop? (using). I'd think it was up to me!"

Participants also reported significant growth in self-knowledge through the programme. They recognised their own patterns in relationships and communication and were about to bring about change following that awareness.

"I used to be so opinionated. Now I see it's OK to be in another person's shoes – like, to see others' perspective."

"Empathy was there in me again. I don't look at people the same anymore."

An empowering experience.

Participants spoke about themselves in terms of before and after the programme. They believed it had given them confidence and more agency in their difficult situations. A number shared how much in crisis they had been when they came into the programme and, while they still struggle, they recognise the difference it is making.

"When I came in here, I was on the floor. I was a doormat. It's not like that anymore, thanks to this group and this course."

"I'm at my lowest physically and mentally. But still I'd be raging if I missed a session. I came in here at the right time for me.

"It builds up your self-worth. I'm worth a lot more than I used to think. I can see that now."

A number gave examples of how these learnings and the increase in confidence enabled them to take significant though challenging actions involving other people.

“I was on a tablet – a benzo and it was a big dose. I learned about what it was in here, what it was doing to me. So I challenged the doctor.”

“My eyes are wide open now. I know I need to put boundaries in with some people.”

“It’s a huge decision for me to make. Do I throw him out?”

“I blocked the phone. I was just reacting. I had to say to myself – I’m not responsible for XX! I had to realise – there’s nothing I can do. XX might die, but if they died of cancer – would that be down to me? I can understand that now.”

These actions were described by some as life-changing while extremely difficult for them to do. Changing damaging and disempowering behaviours that had become normalised was only possible because of new insights into their situation and a growing confidence in their self-worth.

“I became a lot more confident. At the start I wasn’t sure. Am I worthy of love? I felt robbed of my life. But now I’m ready to start putting me first in my life.”

Some gave examples of how they had begun doing things outside the group to support their own self care and development. These actions are, they say, an illustration of how the course has put the focus on themselves and meeting their own needs rather than their life revolving around the addict in the family.

“I’m finding my own self-worth. I started doing night school so I can sit my leaving cert. I’m going to better myself. I had thought I wasn’t able.”

An experience of solidarity

In the group conversation there was agreement that sitting down with others who had the same or similar issues in their lives was enormously reassuring. Once one person was open about their life, others were encouraged to be the same. Each felt welcomed and accepted in the group and this was possible because of the culture created by the programme leaders.

“I said coming I’m – I’m not going to say anything. I’m not going to open up because of a fear of confidentiality. But when I heard others talking and I knew it was safe. I know I wouldn’t say anything about what I heard in here and others wouldn’t either.

The fact that the group was women only was noted as helpful by some.

“It’s a women’s only group – like a sisterhood…which is brilliant. I didn’t think I’d like that at first – a group of just women! But it’s been great.”

Some group members reported that their connection continues outside the group, with supportive messaging of each other. The connection has been important to group members in their moments of difficulty and crisis and they encourage each other to stay with it.

“I was very sceptical in the first few weeks. Other’s openness encouraged me to stay and become open myself.”

“Christmas was very bad for me, and I really missed the group. Texting XX was a big help to get me through.”!

An experience of practical positive change
The emphasis in the programme in learning practical skills about self-care and setting and maintaining boundaries made a significant difference to the participants. They were able to learn and practice new ways of responding to home situations arising because of the addiction of family members. Detailed examples of what to say, or not to say in particular situations, were very helpful.

"You learn new skills – like how to deal with a situation. I used to just react…get into swearing and shouting. I've learned new skills. I can see what I'm dealing with like what I have a right to say or, when to walk away".

"Normally I'd kick and scream. I'd get mad angry. Now I block it. I don't react and they don't know how to respond to that."

Participants reported how these changes in their behaviour were having a positive impact within the family. Their learning is carrying benefits into the home. This is not alone true for the person in addiction, but other family members too, particularly children.

"I was a very outgoing person. I stopped all that. I can't remember when the kids made me laugh. That's changed. I let people know I'm having a bad day now and that's made things a lot better. My husband is supportive now because I was able to tell him how to be."

An experience of being treated with care and professionalism
There was appreciation of the skill and attitudes shown by the two programme leaders. The content of the sessions would inevitably mean that participants would experience strong emotions and have important realisations about their own personal and family lives. At all times they reported, they were treated with care and professionalism by the programme leads.

"It brings up stuff, like in the check in and check they do out every morning. Its stuff I didn't know I had in me."

(Staff) knows me. I was destroyed. I cried so much but I got through it. They notice when you're down. They look after us.

Some commented on how their perception of CASP as a whole had changed.
"I didn't know CASP was like this. I used to call it the "junkie Clinic". But it opened my eyes to all they do here."

"This place doesn't get enough praise. It's frowned upon in the community. Addicts! But we can't hide it. Its rampant in the community. I know grandads who take coke. I was at a party, and I was the only one not doing it."

One participant reported that it was through seeing the difference the first Back to Basics programme had made to a friend in the community, she realised that she needed this programme too. This small example illustrates the ripple affect of the programme, not only within families, but in the community too.

"I bumped into a friend I hadn't seen in a while. She'd done this course. I seen a change in her life. She has self-worth now. She'd seen the red flags and done something about it. I thought – I want to be like her!"

Progress indicators

Table one – Summary of progress made by participants during the module entitled *empowerment and addiction awareness*.

	in	in	in	in	in	in	out	out	out	out	out	out	+/-
Client	**A**	**B**	**C**	**D**	**E**	**F**	**A**	**B**	**C**	**D**	**E**	**F**	
Your knowledge about personal empowerment	0	3	3	3	2	0	3	3	5		3	3	+7
Your knowledge of the functions of addiction	1	3	4	3	4	0	3	4	5		3	4	+7
Drug awareness and prevention	1	3	2	4	4	1	5	X	5		3	3	+5
Awareness of family dynamics and your role	2	4	2	4	5	1	5	2	5		4	3	+5
Can you apply assertiveness in areas of your life?	3	3	3	5	2	1	5	2	5		3	4	+7
Your mindset skills	0	4	3	4	2	1	5	4	5		4	5	+13
Your ability to set goals for yourself	0	2	4	4	1	1	5	4	5		2	1	+9

All six clients filled in entry (in) and exit (out) self-assessment forms on how they felt they would score themselves in terms of specific knowledge or ability regarding addiction and family dynamics and their role. They scored each area on a scale of one to five.

These relate to the empowerment module only but five of the six are scoring on their entry assessment following their participation in the first module. The exception is participant F, for whom this was her first group module, and it is notable that her entry score is lower than the others.

Overall, the assessments mark significant advance in most areas, except for participant E who declined marginally in her assessment of some areas. This may have been due to over confidence when filling in the entry form.

The exit form for participant D was unavailable. On the basis of the other five self-assessments, we can see an improvement of between five and thirteen points across the assessed areas. Notably, mindset skills, an assessment of improvement in attitudes based on beliefs and values about the home situation shows the strongest development, with a thirteen-point advancement.

These assessments can only give an indication, as they are self-assessments in two single moments in the process of the programme. However, we can include that the programme has led to a not insignificant improvement in the level of understanding and the belief in capacity to respond more effectively to the home situation by participants.

Summary of course evaluation scores

	A	B	C	D	E	F	Totals
Learning goals were achieved	3	3	2		3	3	14/15
Staff responded effectively to all questions asked	3	3	3		3	3	15/15
Overall, I am satisfied with this learning event	3	3	3		3	3	15/15
My knowledge has increased during this group	3	3	3		3	3	15/15
Do you think there was enough time for each topic	3	2	2.5		3	2	12.5/15

Score – 1 = Poor. 2 = Average. 3 = Excellent

Upon concluding the module, participants also scored the programme one to three on the questions shown in table 2 above.

The evaluation was overwhelmingly positive, scoring seventy-one and a half out of a possible seventy five points. The one question that scored a little lower than the others was if there was adequate time for the topics covered. However, this score is not low enough to cause concern.

Staff Perspective

The Family Support Team members were interviewed as a collective and individually. There are two project staff, both of whom designed, organised and delivered the Back-to-Basics programme. The team leader oversaw the work and supervised the staff.

The team were very satisfied with the programme. They felt it had so far achieved its objectives for both groups in that it had allowed them to bring a focus onto their own wellbeing, understand their home situation better in terms of family dynamics and the impact of addiction and to learn and implement skills to make a positive change in their circumstances and that of their families.

The team articulate the purpose of Back to Basics in three parts:

- To shift participant's focus from the addicted family member toward their own self-care.
- To enable them to understand the impact of substance misuse in a family dynamic.
- To build their confidence so they can put in boundaries in their relationship with the addicted family members and to learn skills to sustain those boundaries.

The team see the programme as a process that is integrated into the life of CASP. Within their own work as family support workers, they see the one-to-one work they do with the participants as very complementary to the groupwork of the programme. They see it as a deepening of the work that they do in the Five Step method and other approaches in that setting.

They also see the value of the work taking place within the wider CASP organisation as it enables them to easily refer their clients into other services, such as counselling.

The programme arose in the context of the extreme difficulties faced by clients due to COVID restrictions. They are satisfied that they were able to run a successful programme on zoom, despite this limiting the access for a number of their clients due to childcare and privacy challenges. Nonetheless, all of those past participants have now moved on in their lives to the extent that they no longer need to access family support or other CASP services.

The team reflected that Back to Basics is a programme that could only operate under certain conditions. These include the following.

- There needs to be two facilitators, even if the group is relatively small as the subject matter will require careful and skilled handling.
- Facilitators require to have a range of knowledge and skills such as those required in facilitation of groups, understanding of family dynamics, understanding substance misuse and training in approaches to mental health and living with substance misuse such as Five Steps[10] or WRAP.[11]
- Facilitators need support themselves including access to supervision time allowed for planning sessions and follow-up with participants and access to referral systems to other interventions for participating clients.

The team recognised that there are many clients in need of this programme. They expressed the desire to open a second programme in the evenings so that working clients could participate more easily. They also hoped in the future to have ringfenced budgets for social and wellness activities for the group as part of strengthening peer support.

[10] See The 5-Step Support Programme l Addiction Family Support (fasn.ie)
[11] See WRAP® wellness recovery action plan: a guide to WRAP® programmes in EVE. - Drugs and Alcohol

Conclusion

Back-to-Basics is a peer group education and training programme for family members living with addiction in their family. Its aims are clear –

- To enable participants to shift their focus to self-care, away from a pattern of always prioritising the needs of addicted family members.
- To deepen participants' understanding of what is really happening in their family life, through learning about family dynamics, roles and the impact of substance misuse in the family.
- To acquire the skills and capacity to maintain boundaries and develop the skill set to sustain these boundaries in their family.

The evidence of this evaluation is that these objectives have been and will continue to be met. This evidence is gathered primarily from the participating clients and observation of them by the Family Support Team.

Back-to-Basics is a programme in line with the National Drug Strategy, which identifies family support as a key part of addressing substance misuse through its role of building *recovery capital* in people, families and community. Group-based family support work is of particular value in this.

Back to Basics represents good value for the resources inputted in that:

- It represents a significant multiplier effect. The beneficiaries are not only the participants, but through their changed behaviour their addicted family member and other family members also benefit. This is particularly true of children. In line with national strategy on supporting vulnerable families, initiatives like Back to Basics which strengthen the wellbeing of parents will also automatically benefit children. There is also some evidence that those who go through the programme become a positive influence on those struggling with similar issues in their community.

- Evidence so far suggests that those who complete the programme come to rely much less on publicly funded support to sustain their healthier approach to living with addiction in the family.

Back to Basics is operated on a solid basis in that:

- It is led by a competent team with the requisite skills in groupwork facilitation with vulnerable people.

- It is based in an organisation with a long history of offering a range of services to clients along the continuum of care.

Back to Basics is successful in the stages of building a group of peer learners, introducing them to requisite skills and knowledge and continuing to work with them for the time it takes for them to integrate and sustain effective change in their personal and family lives.

The programme is significantly enhanced by access to inputs from external experts on substances and addiction, mindfulness and other mental health practices and the opportunity for social group activities such as Christmas celebrations and outings.

Some things to consider.

1. Given the scale of need in the catchment area, consideration should be given to operating a second programme in the evenings, to facilitate access by clients working in the daytime.

2. The programme will have had two iterations in July 2024. Consideration should be given to writing up the programme and offering it, along with orientation, to other substance misuse and family support organisations. Care should be taken to emphasise that the programme should only be run by suitably qualified and experienced facilitators working in a team.

3. Consideration should be given to calculating and ringfencing a budget for accessing additional opportunities to enhance the programme, such as external input, social group trips and social group activities.

4. Consideration should be given to seeking consent to contact participants following their exit from the programme to track their progress and to offer appropriate support, while avoiding creating dependency. Occasional gatherings of past participants may be a useful exercise.