



Quality Standards Adaptations

While there are easing of the restrictions in response to the COVID-19 pandemic, the initial response has given us an opportunity to reflect on the role the Quality Standards are playing for groups at present. Groups have adapted the way they work in an awesome way – this is a huge credit to the peer and formal facilitators across the network for their ingenuity and resilience.

At the National Family Support Network we have reviewed the current Quality Standards. They still apply to family support groups both within the network and those who are not affiliated. However, the standards were developed based on groups only offering physical meetings. Groups have expanded their working approaches to include video, text and phone support. Therefore, to complement the work facilitators are doing, we have developed a document to highlight points to consider when offering support in a remote way.

The easing of restrictions may mean that physical meetings may resume soon. However, some groups may want to continue to offer virtual or remote elements of their service. Additionally, establishing different ways of working increases your ability to support people who may be very vulnerable during high risk months, or who are unable to attend physical meetings.

The following document will lay out the points to consider for each standard when offering family support in an adapted way.

If you have any concerns or comments about the points to consider please do not hesitate to contact us on training@fsn.ie or info@fsn.ie.

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Principle One

Family support groups operate from a peer participation and leadership approach and are committed to promoting the empowerment of family members.

Standard	Indicator(s)	Relevant Support Pack Sections	Points to consider for remote working
1.1 Group members are inducted and have a clear understanding of the supports provided by the group and group boundaries.	<ul style="list-style-type: none"> ➤ There is an induction process and information sheet that all members receive in their first or second session. ➤ An existing member checks in with new members at the beginning and end of the session. ➤ In the group contract, supports and boundaries are outlined. ➤ Family members feel that there is sufficient onwards referral for any 	<ul style="list-style-type: none"> ➤ Section 2.4: Creating a group contract ➤ Section 2.6 Ensuring accessibility ➤ Section 2.8: Welcoming new members 	<ul style="list-style-type: none"> ➤ Stating the limitations regarding physical meetings at present ➤ Group members are sent the group contract before joining the group so that if they cannot adhere to any of the requirements that it can be discussed with the facilitator before joining – this might be not having technology to join the video meeting, no confidential space. ➤ For new members – the facilitator can develop a buddy system or personally check in with the new member before the session starts and at the end with other members for the first few weeks.



1.2 The group contract is written by members, explicitly discusses confidentiality, disclosure, and equality, is reviewed every year, and continues to inform the way the group operates.

- The group contract is reviewed every year by members; any decisions are written down and any changes which are agreed are made to the contract.
- The group contract includes statements related to confidentiality, disclosure, and equality.

➤ Section 2.4: Creating a group Contract

- The method of support available is clearly defined (boundaries are set regarding when and how facilitators are contacted and adhered to).
- Providing a booklet of emergency contacts for the local area, signposting for appropriate services where needed (GP, online or phone counselling, emergency services).
- Clear expectations laid out for each of the methods in which family support is offered; video, phone, large and limited meeting spaces.
- Details of what is acceptable to ensure confidentiality, the importance of having a confidential space (i.e not attending the video meeting in kitchen while



<p>1.3 Group members are encouraged to take on specific roles and responsibilities for the benefit of the group. These roles will be assigned and reviewed annually.</p>	<ul style="list-style-type: none"> ➤ The group divides tasks between a number of roles, which are time limited, e.g. a term of 1 or 2 years. ➤ Key roles have a description of tasks. ➤ The group completes a 'Roles and Responsibilities Roster' every year. 	<ul style="list-style-type: none"> ➤ Section 2.5: Divide up roles and responsibilities among the group ➤ Section 2.6 Ensuring accessibility 	<p>rest of family are in the sitting room)</p> <ul style="list-style-type: none"> ➤ A role which hasn't been considered before now might be technical support – if people are using video conferencing then having a member on the group who might be available to support them. If not identifying someone in the wider network who may be of use.
<p>1.4 There is an agreed process for following up with people who have stopped attending the group, in order to ensure they have supports and that the group remains open and welcoming to them</p>	<ul style="list-style-type: none"> ➤ Consent for follow up contact if group member misses two meetings discussed during group induction. ➤ There is a brief written plan for following up with members who chose to leave the group, and this responsibility is assigned to someone, and is undertaken. 	<ul style="list-style-type: none"> ➤ Section 2.6: Ensuring accessibility ➤ Section 2.13: Responding to members exiting the group 	<ul style="list-style-type: none"> ➤ If using virtual meeting spaces that members who have left no longer have automatic access to that space.
<p>1.5 Groups will promote sustainability and accessibility by</p>	<ul style="list-style-type: none"> ➤ There is brief written plan for advertising the group with local organisations. 	<ul style="list-style-type: none"> ➤ Section 2.6: Ensuring accessibility 	<ul style="list-style-type: none"> ➤ More promotion of types of support available via online platforms – NFSN



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actively engaging new members.

- Contact details are up-to-date on the NFSN website.
- There is an agreed written procedure for following up on new enquires and referrals.

- Section 2.7: Creating awareness of your group
- Section 2.8: Welcoming new members

circulating to the networks, use of social media.

- Engaging with Task forces for support in reaching harder to reach people.
- Develop a checklist for identifying who would benefit from video support and those who would need telephone support or 1:1 support.

1.6 Information on drug, alcohol and family issues is accurate, relevant and up to date. Information is from reputable sources, e.g. HSE, NFSN, Drugs.ie.

- Family Support Groups are directed to up-to-date, relevant, legitimate information on services or supports in their area.

- Section 2.9: Receiving outside training and support
- Section 2.11: Providing accurate information and relevant referrals

This should remain unchanged.



Principle Two

One-to-one supports are provided by trained practitioners in line with evidence-based models and national guidelines (one-to-one family supports are provided within an organisational structure this provision will be in line with the policies of the organisation). This principle only applies to organisations or groups which have the following supports in place:

- Clinical supervision
- Relevant training and
- Appropriate premises to ensure safety and confidentiality.

Standard	Indicator(s)	Relevant Support Pack Sections	Points to consider for remote working
2.1 Any staff or volunteer facilitators providing one-to-one support sessions need to be accredited in 5 Step or another therapeutic model and receive appropriate levels of supervisions (e.g. Functional Family Therapy, trained counsellors and clinical supervision).	<ul style="list-style-type: none"> ➤ Any staff or volunteer facilitators providing one-to-one support sessions has been trained or accredited in 5-Step or another therapeutic model (e.g. Functional Family Therapy or are trained counsellors) before affiliation which can be confirmed by NFSN training logs. ➤ Any staff or volunteer facilitators providing one-to-one support sessions attends clinical supervision and has a confidential and safe 	<ul style="list-style-type: none"> ➤ Section 2.10: Managing and facilitation meetings 	<ul style="list-style-type: none"> ➤ Have a clear expectation about the type of support which can be delivered 1:1; emotional support vs counselling, signposting and referral. ➤ Facilitators not trained who offer 1:1 supports should link in with another facilitator across the network to discuss the layout of the support and debrief after. This will require a joint facilitator network approach where facilitators are paired with other facilitators for peer supervision.



space in which to host participants.

- Agreement about the issues which cannot be discussed during the 1:1 support (trauma, mental health interventions, asking probing questions)
- Action Records to be kept by the facilitator about the general nature of the call and any issues which arose. These records are to be given a unique identifier. Facilitators should be provided with a secure lock box to keep any notes which is to be kept in the same place by the facilitator.
- A clear response to how to manage difficult topics which arise or are outside the remit of the facilitators scope.

2.2 A needs assessment (as per 5-Step or other model) is undertaken for every participant and this informs service provision

- Needs assessments are completed, recorded, and stored appropriately.

Section 2.4: Creating a group Contract

- Only to be done by trained facilitator – following standard confidentiality practices where done.



<p>2.3 The boundaries to one-to-one family supports are clearly explained and referrals onwards are made for any needs that the intervention cannot address.</p>	<ul style="list-style-type: none"> ➤ Boundaries are noted in first session as per intervention and recorded or stored. ➤ A list of 'go-to' referrals organisations and services exists. 	<p>Section 2.11: Providing accurate information and relevant referrals</p>	<ul style="list-style-type: none"> ➤ If offering non-clinical 1:1 support the expectations and boundaries are to be laid out in detail during the development of the contract.
<p>2.4 Any notes kept are in-line with good practice and data protection.</p>	<ul style="list-style-type: none"> ➤ Notes are maintained in a locked filing cabinet if in paper file or in a secure password protected system if in an electronic file. ➤ Notes are legible, dated, fact based, use no 	<p>➤ Section 2.15: Ensuring data Protection</p>	<ul style="list-style-type: none"> ➤ A contract which highlights the type of nature of support which is offered by the facilitator on a 1:1 basis which is not clinical. A definition of emotional support vs clinical intervention is important. ➤ Having a very clear protocol for referral and signposting – managing expectations at an early stage. ➤ Where non-clinical 1:1 support is being offered guidance should be given about how and what to record in notes; limited to facts, no names used, no opinions recorded, clear record of information provided,



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jargon or acronyms, and record

only what is necessary.

We determine this by occasional self-audits.

- Participants are informed every year they can read and get a copy of their notes on request.

referral made or where someone was signposted.

- A locked box or password protected electronic file should be used and the group member should be told that they can access their records at any time – request must be made in writing for data protection purposes – this request should then be held with their documents.



Principle Three

Family support groups are accessible, inclusive and promote an ethos of equality, respect and dignity.

Standard	Indicator(s)	Relevant Support Pack Sections	Points to consider for remote working
3.1 Family support groups adhere to the NFSN Equality Policy and outline their commitment to equality in the group agreement and implement this in practice.	<ul style="list-style-type: none"> ➤ Family support groups adhere to the NFSN policy and outline their commitment to equality in the group agreement and implement this in practice. ➤ Members can articulate, when asked how they would make people from ➤ ethnic minority groups welcome to their group as well as any potential barriers to inclusivity. ➤ Facilitators have attended facilitator training which covers the issue of equality and inclusion 	<ul style="list-style-type: none"> ➤ Section 2.4: Creating a group contract ➤ Section 2.6: Ensuring accessibility 	<ul style="list-style-type: none"> ➤ Where meetings are being held virtually not everyone will have access to the technology required for attending these meetings. People may not have smart phones, computers, WIFI. ➤ People who want to attend, or who have attended in the past may not have access to a confidential space to attend virtual meetings. ➤ The facilitators should discuss a needs-based approach to offering 1:1 support via telephone or, if deemed appropriate to hold face to face meeting – following HSE recommendations regarding infection control (social distancing, PPE, hand hygiene).



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3.2 The group proactively includes minority organisations or communities in its promotion strategy.

- In advertising the group, contact is made with gateway organisations that work with minority groups. This can be demonstrated by existing emails or notes from phone calls.
- Section 2.6: Ensuring Accessibility
- Section 2.7: Creating awareness of your group
- How awareness is raised may be affected by the current restrictions – however, it will just mean more use of phone, radio or social media to promote it. Sending out emails to health service providers in the area with details of how support will continue to be delivered during this current time.



Principle Four

The provision of group family support is informed by national guidelines and standards, ongoing training and upskilling of facilitators to work in line with evidence-based practice.

Standard	Indicator(s)	Relevant Support Pack Sections	Points to consider for remote working
4.1 Facilitators complete NFSN FSG facilitation training (or equivalent) as soon as it is available after starting a group or, for groups that are already running, prior to being affiliated with the quality standards.	➤ All group facilitators have attended NFSN FSG facilitation training (or equivalent training), in the last 6 months or when last offered, and this can be confirmed by NFSN records.	➤ Section 2.10: Managing and facilitation meetings	➤ Facilitation training will need to be delivered via zoom meetings and will have to include a session on technical skills (setting up a zoom meeting, setting up teleconferencing, how to manage a virtual meeting).
4.2 Facilitators attend at least one national training or event with NFSN annually.	➤ All group facilitators have attended at least one NFSN training or event within the past year and this can be confirmed by the NFSN membership database, unless there are exceptional circumstances which have been noted with NFSN.	➤ Section 2.10: Managing and facilitation meetings	➤ The facilitators network may need to be run more often with smaller groups held via zoom until such a time as annual meetings can take place again. ➤ Presently the Development Officer will be responsible for recording and informing the facilitators of what training and networking events will take place.



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4.3 All members are offered the opportunity to attend NFSN events and training, no matter how long they have been members.

➤ All facilitators or family members are invited to NFSN events as they arise.

➤ Section 2.9: Receiving outside training and support

This item is unaffected.



Principle Five

Family support groups have transparent finance and governance systems, which reflect the scope and size of their work. Groups productively engage with external agencies where relevant.

Standard	Indicator(s)	Relevant Support Pack Sections	Points to consider for remote working
5.1 If a group attains finance from a Task Force, other state fund or philanthropist, they need to manage this in line with the requirements of this funding source.	<ul style="list-style-type: none"> ➤ Completed reports and documentation submitted to the funder, who has confirmed that requirements have been met. 	<ul style="list-style-type: none"> ➤ Section 2.12: Fundraising and budgeting 	<ul style="list-style-type: none"> ➤ This principle is largely unaffected as finance requirements stay the same. However, groups may want to fundraise for specific items such as technology or internet for facilitators or group members where appropriate.
5.2 Family support groups adhere to the NFSN fundraising policy.	<ul style="list-style-type: none"> ➤ This is reflected in any fundraising pursuits of group. 	<ul style="list-style-type: none"> ➤ Section 2.12: Fundraising and budgeting 	This item is unaffected.
5.3 Groups should record advocacy issues and send these to NFSN and other relevant local agencies or bodies when these arise.	<ul style="list-style-type: none"> ➤ Group members use the group as a space to raise advocacy issues and ensure that all members are aware of the role of the group to feed issues to NFSN, as determined in an annual review. ➤ Completed advocacy templates submitted to NFSN. 		This item is unaffected.



Principle Six

Family support will be alert to the issue of hidden harm and will respond effectively and supportively to this issue.

Standard	Indicator(s)	Relevant Support Pack Sections	Points to consider for remote working
6.1 Family members participating in family support will have access to information and support regarding kinship carer rights, child protection and hidden harm in a non-judgemental and supportive environment.	<ul style="list-style-type: none"> ➤ Family members will have the opportunity to attend information sessions run by the NFSN or HSE on kinship carer rights and hidden harm. 	<ul style="list-style-type: none"> ➤ Section 2.11: Providing accurate information and relevant referrals ➤ 2.14: Managing serious issues 	<ul style="list-style-type: none"> ➤ Information will be relayed by NFSN through other methods opposed to attending physical information sessions. We will disseminate information through video conferencing or emails. Important that all facilitators monitor emails regularly and contact NFSN if they feel they don't have sufficient information regarding a specific topic. ➤ There is an increase in domestic violence, child to parent violence, drug related intimidation and coercive control in domestic settings as people are restricted to their houses. Facilitators should be prepared to suspect or have disclosures but not have



the expectation of resolving the issues or dealing with it alone. The implementation of a peer support system will help and having access to emergency contacts such as women's aid, the local Gardai (perhaps identify if there is a lead for domestic abuse in the station) for referral or advice.

- Accurate record keeping is essential in this instance but in line with data protection policy and GDPR. Details of the call are not so important as the advice given or details of what signposting was done. Advice should be general advice as it is important that facilitators do not try and identify solutions for these complex issues. However, ensuring they record the actions they took is essential.



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6.2 Family support facilitators will complete training on hidden harm as part of NFSN facilitator training, or source equivalent training elsewhere.

- Family support facilitators will receive Facilitator training within the first 6 months of affiliating to NFSN and will be referred to attend child protection training as it arises.
- Family Support facilitators will complete the Children's First E-Learning Programme
- All group facilitators, in an annual review, confirm they were referred to attend child protection training as it was offered.

➤ Section 2.10: Managing and facilitation meetings

- Online child protection training is available all year – it is unaffected.
- Facilitators can refer to the [Hidden Harm Practice Guide](#)
- Monitor the availability and delivery of child protection training while current restrictions are in place.

6.3 Family support groups will use consistent child protection reporting structures.

- NFSN child protection reporting structure will be clearly outlined to each facilitated group and it will be noted that this has been done.

➤ Section 2.14: Managing serious issues

This principle is unaffected

6.4 NFSN designated child protection officer will liaise with family support coordinators and Tusla when required as per Children's First.

- NFSN designated officer will have CP training and open communication with TUSLA.

➤ Section: 2.14: Managing serious issues

This principle is unaffected



Action Record Examples

During the pandemic restrictions some members of family support groups have been unable to participate in the family support groups which are being run via Zoom or other virtual platforms. This means that many facilitators (paid, voluntary, peer and formal) are providing 1:1 support sessions over phone and video to some group members who are unable to attend group video sessions.

For many facilitators this is a new element to their role, especially for facilitators who are not trained in an evidence-based intervention, psychosocial discipline (counselling, psychology) and don't have access to clinical supervision. In this instance it is important for facilitators across the board to record *their* actions where a topic was discussed which they felt was outside their remit and they signposted the family member to another service. Some topics which might fall into this category could be:

- trauma,
- severe or enduring mental illness,
- medical treatment (physical or mental health),
- domestic abuse (within all relationships, child to parent and intimate relationships),
- disclosures of historic or current child abuse,
- drug related intimidation or
- risk of harm to self or others.

The reasons for recording facilitator actions at this stage is to ensure that facilitators acknowledge that in their role as facilitator they are accountable and responsible for the group members they support. Equally, when facilitators are lone working it is important there is a level of reassurance for facilitators in their role. Family support groups operate differently across the country – with some having more new members than others. Therefore, the facilitator may have limited experience working with a family member and therefore needs to be able to evidence their actions where an outcome may be less than favourable. In order to do this, there needs to be processes to ensure the safety of the facilitators and the group members when adapting to a new way of working.

Below are some scenarios where the facilitator may, or may not, need to record their actions.



Scenario 1: Telephone Family Support Call - 27.05.2020

Family member in a group in North Dublin rings the facilitator for 1:1 emotional support as they cannot attend the weekly video meeting. They disclose that they are feeling very depressed and don't know what to do. They describe their home life and the arguments they are having. They explain they are drinking more than they would normally because they are stressed and it helps them sleep. The facilitator discusses the options available to her to manage her stress and sent them the HSE Document on Stress Management During COVID-19, signposted her Northside Counselling Service and advised them to talk to their GP about their difficulties sleeping and sent them the HSE Good Sleep Guide.

In this scenario the facilitator would not need to record notes as such as this falls within their remit of support. They aren't offering specific advice on how to deal with their depression, drinking or sleep issues but is offering emotional support and signposting to services for specific needs.



Scenario 2: Telephone Family Support Call – 27.05.2020

A family member (Jane Smith) calls the facilitator for their scheduled 1:1 support session. They report that their adult child, who lives with her, was drinking all day yesterday and got increasingly aggressive. Despite trying to avoid them during the day, by evening their child ended up assaulting them. They're quite upset and anxious about it.

The facilitator offered emotional support and discussed Janes options. The facilitator stated that they can contact their local gardai and discuss what their options are from a legal point of view. Jane can also contact the local HSE Safeguarding Team – and gives them the details for their local one which they get from the HSE website. They also give them the details of the Elder Abuse Helpline Elder Abuse Helpline: 1850 24 1850. They advised them to call 112 or 999 if they are in immediate danger.

Example of notes to record

Call ID: JS270520 (initials, date)	
Nature of Call	Actions
Child to parent domestic abuse	Provided details of the following: <ul style="list-style-type: none"> • Gardai • 112/999 if in immediate danger • Local safeguarding team email & phone number • Elder Abuse Helpline number

Example of notes which aren't needed:

Call ID: JS270520 (initials, date)	
Nature of Call	Actions
JS called and told me that her son was drinking and started abusing her. She sounded very scared and upset. I am concerned for her safety. This has happened before and will probably happen again.	I told her to ring the Gardai immediate if he starts drinking again – she should call 999/112. I told her she doesn't need to be abused in her own home and that the police will help. I also told her she should call the local safeguarding team – this is abuse and they can help her deal with it. I gave her the Elder Abuse Helpline and told her she needs to call them now and report her son.



Scenario 3: Family Support telephone call 27.05.2020

Facilitator has called Joe Blogs for his scheduled weekly telephone support call. He has a history of severe depression which he takes medication and sees a therapist. Joe reports that he ran out of medication 3 weeks ago and has not felt able to call his GP to make another appointment, he's too worried about going outside the house. Before the lockdown his mental health was well managed, and he was having monthly therapy sessions. These have continued over the phone while he was in isolation and he is due to have another session next week. He is feeling very low and has been for a couple weeks and has been having some very dark thoughts but doesn't have any thoughts of wanting to harm himself at this point. He doesn't have anyone to talk to and lives alone and is finding it very hard and is missing the group meetings.

The facilitator offers emotional support and discusses his need to talk to his GP about his medication. They explain a lot of GP surgeries can arrange for prescriptions to be sent to the pharmacist and some pharmacies have a delivery service. The facilitator has offered to look up a pharmacy in his area which might deliver and send him the details. The facilitator has suggested contacting the therapist and see if they can bring the appointment closer. They provided Joe with the number for Pieta House and advised them to call 112/999 or go to A&E if he feels like harming himself. The facilitator explained that many hospitals will have a separate A&E for people without suspected COVID-19. The facilitator provided Joe with the Aware confidential listening service which he can use as often and for as long as he needs. The facilitator also provided Joe with the Crisis txt service if he didn't want to talk to someone.

The facilitator explained the group are still meeting on a video call and he can join that on his phone or his computer – they can post him the instructions on how to join if he would like. The facilitator and Joe agreed he would contact his GP and therapist today and use the other emergency services if he felt like harming himself.

Example of how to record actions:

Call ID: JB270520	
Nature of Call	Actions
Reported issues about medication and depressions.	Advised to contact: <ul style="list-style-type: none"> • GP – re medication • Therapist • 112/999 or go to A&E if feeling suicidal • Pieta House, Crisis line • Aware Listening service



	Agreed for me to send instructions to join zoom in post.
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Example of what information is not needed:

Call ID: JB270520	
Nature of Call	Actions
Joe called and said he hasn't taken medication for 3 weeks and is scared to go to the GP because of COVID-19. He sees a therapist for his depression but hasn't had a telephone appointment for a few weeks. He doesn't want to hassle them as he knows everyone is really busy at the moment. He says he has thoughts of dying but doesn't feel suicidal. He misses the group as he is alone and has no one to talk to.	<p>I told Joe to ring his GP straight away and get the script sent to the pharmacy and ask them to deliver. I told him to call his therapist – they should see him sooner.</p> <p>He should call 999/112 or go to A&E if he is feeling like he is going to act on his thoughts.</p> <p>I gave him the details of Pieta House, Aware and Crisis line for support.</p> <p>Told him he can join the video group on his tablet or on his phone, it isn't a smart phone, and I will send him the instructions in the post.</p>



Scenario 4: Family support video call 27.05.2020

Maria Garcia disclosed during her weekly video conference with the facilitator that she read online that chloroquine is good for preventing COVID-19. She has COPD and is very worried that she will die if she gets COVID-19. Her daughter got her Chloroquine from online and she is taking that every day.

The facilitator told her that it's very unsafe to buy tablets online as it isn't regulated, and people can sell fake medication even if it looks real. Also there are lots of different articles about different treatments which could work – but it's very dangerous to start any medication without telling your GP. As she takes medication for her COPD she can't be sure that what she is taking will work well with the chloroquine. People who take too much chloroquine can react very badly to it. The facilitator advised her to stop taking the chloroquine straight away and call her GP to discuss it. Her GP might agree she should take it and will give her a prescription to buy it from a pharmacy – so she should not take the tablets from online and throw them away.

The facilitator suggested discussing anything else she can do to improve her immunity such as Vitamin C & Zinc and taking vitamin D3 (800-1000ug) daily. But as she already is on medication she should just discuss it with her GP first.

Example of action to record:

Call ID: MG27052020	
Nature of Call	Actions
Disclosure of taking chloroquine	Advised: <ul style="list-style-type: none"> • Stop taking medication • Call GP and discuss

Example of information not needed

Call ID: MG27052020	
Nature of Call	Actions
Maria bought chloroquine tablets online. Taking too much can poison her but I didn't want to say that in case I made her more anxious. She is already on medication for her COPD and this is concerning because it might not work well with chloroquine. Also, because she's buying them online she doesn't even know if they are actually chloroquine.	Told her to throw them in the bin and call the GP straight away. I told her about vitamin C and Zinc, and Vitamin D3 but told her to talk to her GP before taking them.



Action Record Sample template

Facilitator	Query ID
Nature of Query	Action taken
Drug Related Intimidation	<input type="checkbox"/> Signposted or Referred to:
Domestic abuse	<input type="checkbox"/> • GP <input type="checkbox"/>
Child Protection	<input type="checkbox"/> • Counselling <input type="checkbox"/>
Historical Abuse	<input type="checkbox"/> • Social services <input type="checkbox"/>
Trauma	<input type="checkbox"/> • MABS <input type="checkbox"/>
Mental health	<input type="checkbox"/> • Gardai <input type="checkbox"/>
Physical health	<input type="checkbox"/> • Citizen's Information Centre <input type="checkbox"/>
Harm to self	<input type="checkbox"/> • Emotional support service <input type="checkbox"/>
Harm to others	<input type="checkbox"/> • Emotional Support Helpline <input type="checkbox"/>
Reporting a crime	<input type="checkbox"/> • Domestic Abuse Helpline <input type="checkbox"/>
Debt	<input type="checkbox"/> • Tusla <input type="checkbox"/>
Other (specify below)	<input type="checkbox"/> • Women's Aid <input type="checkbox"/>
	<input type="checkbox"/> • Elder Abuse Helpline <input type="checkbox"/>
	<input type="checkbox"/> • Other Helpline (specify below) <input type="checkbox"/>
	<input type="checkbox"/> • Crisis Service (specify below) <input type="checkbox"/>
	<input type="checkbox"/> Called emergency services (specify below) <input type="checkbox"/>
	<input type="checkbox"/> Sent information via email (specify below) <input type="checkbox"/>
	<input type="checkbox"/> Sent information via post (Specify below) <input type="checkbox"/>
Other comments	



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Providing Emotional Support over the Phone

Mind Tools: [Active Listening](#)

Samaritans Ireland: [Developing Listening Skills](#)

Positive Psychology: [Active Listening](#)

Spun Out: [How to be a good listener](#)

[Six tips for being a good listener](#) (Video)