

‘There’s Only So Much One Person Can Do’

A ‘Deep Dive’ of Family Support
Available in Scotland



May 2022

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Executive Summary

This study was carried out as an independent scoping exercise by Scottish Families Affected by Alcohol and Drugs. The purpose of this study was to gather an idea of the landscape of family support across Scotland and gain knowledge on this from the perspective of services themselves.

The focus of this study was any service that supported families impacted by someone else's alcohol and drug use across Scotland. This included a range of services, such as drug and alcohol services that also supported families, carers centres, support for children and young people, and services directed at families impacted by someone else's substance use only. Desk research and qualitative, informal conversations were used to form the contents of this study. A total of 48 services took part in the Deep Dive, which included 29 out of 31 Alcohol and Drug Partnership areas.

Key Findings

Staff supporting families are working at or **over capacity**.

There are **considerable gaps** nationally in family support, particularly for young people.

Services feel **underfunded** to meet the needs in their community.

1. There is a clear lack of family support services per Alcohol and Drug Partnership area, per population.
2. Some services are, or are near, impossible to contact. This is discouraging for family members seeking support and family members in crisis.
3. Multiple services support people who live outside of their local area, mostly due to lack of family support in neighbouring areas.
4. Many areas only have family support provision due to volunteers who run groups unpaid.
5. There is no system or infrastructure that links services effectively.
6. There is an apparent 'postcode lottery' – what options and choices you have is directly impacted by where you live in Scotland.
7. Significant barriers remain in the way of family members seeking support in their own right, such as stigma.
8. Families are often treated as an afterthought, or a 'box ticking' exercise, instead of receiving adequate provision in their own right.

Overall, there was a sense there is still much to do for families impacted by someone else's alcohol and drug use in Scotland. Funding issues, gaps, barriers and a lack of urgency to provide family members with the support they need is still a national problem.

Introduction and Acknowledgements

Introduction

In June 2021, Scottish Families launched the 'Ask the Family' Report, in partnership with Action for Children, All in the Family and Circle. The report was the result of the creation of a national Whole Family Approach/Family Inclusive Practice Working Group, with the support of the Scottish Government, that reviewed current practice relating to families affected by alcohol and/or drug use. The group engaged with children, young people and adult family members affected by substance use. As part of the report, we conducted a national survey with family members aged over 16 who were already engaging with family support. This also included family members who were concerned about their own substance use, such as parents using substances or people in recovery. Ask the Family's national survey found that:

- Family members had been harmed by substance use for an average of 16 years.
- It took family members, on average, 8 years to reach out to family support for the first time.
- People of all ages, direct family members, friends, work colleagues, and neighbours experienced harms related to someone else's substance use.
- An average of 11 individuals experienced harm per individual using substances.¹

These findings further amplified the need for support for families in their own right, and that there are still considerable gaps in family support provision across Scotland. Once support had been accessed, family members who took part in 'Ask the Family' were positive about the support they had received. However, they felt it had taken too long to reach it and that access and availability of family support had to be improved to help families in similar situations.

After the analysis of the 'Ask the Family' findings, a 'Deep Dive' research project was embarked upon by Scottish Families Affected by Alcohol and Drugs, in order to develop a better understanding of what family support looks like across Scotland. We are aware things have changed since the start of the COVID-19 pandemic, such as services changing the way they operate, some services closing and others beginning. The Deep Dive aimed to establish what the landscape of family support currently looks like, identify any gaps, and build a strong evidence base that further family support is required across Scotland.

Almost 1 in 3 adults² say they have been negatively affected by the drug or alcohol use of someone they know. In Scotland at least 60,000 children are affected by parental drug use, and 65,000 children harmed by parental alcohol use.³ Yet most families who are harmed by someone else's substance use remain hidden from sight. Even those closest to them – friends, work colleagues and other family members – can be unaware of what is going on. This is due to the secrecy, shame and the stigma of substance use in the family, as well as a lack of visible and high-quality local support, feelings of isolation and loneliness, and a sense of powerlessness and disconnection.

¹ Scottish Families, Action for Children, All in the Family, and Circle, (2021), 'Ask the Family: Perspectives on Whole Family Support and Family Inclusive Practice', <https://www.sfad.org.uk/ask-the-family>.

² Adfam, (2019), 'One in Three: Adfam's Manifesto for 2020 and Beyond', <https://adfam.org.uk/files/one-in-three.pdf>

³ Scottish Government, (2013), 'Getting Our Priorities Right: Good Practice and Guidance', <https://www.gov.scot/publications/getting-priorities-right/>

What Makes You Family?

Scottish Families uses a broad, inclusive, and sensitive definition of “family” to include anyone who may be affected by or concerned about someone else’s substance use or Concerned Significant Other (CSO). So, when we say family, we mean who you see as your family. It could be your spouse, your parent, your sibling, your partner, your friends, your friend’s family, your colleagues, your neighbours, and anyone we may have missed.

We see the Whole Family as an asset, even where the family unit is fragile or damaged, and we look to identify and support all of the potential strengths around individuals, whether or not they are in treatment or recovery. We believe when supported, recognised, included, and connected families create stronger communities.

What Makes You Family?

Families can come in all shapes and sizes. No matter how your family looks or is structured, whether you are related or not, what really makes you family is your loved and care for each other. At Scottish Families, we welcome all families. What makes you family? **Love** makes you family.



About Scottish Families

Scottish Families Affected by Alcohol and Drugs (Scottish Families) started as a grassroots organisation in 2003, when families came together to support each other and to campaign for recognition.

Scottish Families is a national charity which supports **anyone** in Scotland who is concerned about someone else’s alcohol or drug use. We give information and advice to many people and help them with confidence, communication, general wellbeing, and we link them into local support. We also help people recognise and understand the importance of looking after themselves.

You can find out more about Scottish Families at www.sfad.org.uk.

Acknowledgements

This research project was completed by Rebecca McColl, Scottish Families’ Policy and Research Assistant, as part of her paid internship with Scottish Families in 2021-22.

We would like to thank all of those who gave their time to speak with us for the Deep Dive. Please note this report has been produced by Scottish Families Affected by Alcohol and Drugs, and whilst it contains information obtained from a wealth of other services across Scotland, it does not represent the sole view of any organisation or individual who participated in the project. Any errors of interpretation remain our own.

Please note that this project included research on people’s views and perceptions, some of which may not be factually accurate or up-to-date. However, this does give insight into people’s

thoughts, feelings, and experiences, which is an important part of understanding what is working well and areas for development.

This project was titled a 'Deep Dive', as previously we had not undergone any investigative work to the same extent into family support across Scotland. However, despite our best efforts, there were still services we were unable to reach, and there is the possibility there are still services unknown to us. It must be noted that whilst extensive, the findings of this project may not be wholly representative of all organisations linked to family support across Scotland.

Part One: Methodology

1.1 Reach and Focus

This 'Deep Dive' review aimed to take a **whole family approach**, and considered adult family support, young persons support and support for young carers. This also included services that support kinship carers and families with young children affected by substance use. The reasoning behind this was to gain a clear picture of what is available for families in different circumstances and what support is available for **all** members of a family. It is important to note that Scottish Families have a broad definition of family, however this may not be the case for other services who offer family support.

As part of the review, we engaged with practitioners, service leaders and peer support workers. This review focuses on services themselves, and we did not engage with any family members receiving support as part of this project. However, there were instances where the workforce of a service may include individuals with personal lived experience as family members affected by substance use, such as peer-led support groups, and many family members also work in a professional capacity within support services.

Due to COVID-19, the majority of the review was carried out virtually, using phone, email and video conferencing (MS Teams). As the review began in July 2021, due to coronavirus restrictions at the time, a handful of in-person meetings were able to take place. However, no physical visits to services or events, which would normally be routine within a scoping project, were held.

1.2 Method and Response

We took a **qualitative approach** to the project, which consisted of one-to-one informal workforce interviews with services across Scotland.

There was also an element of **desk research**, which involved using our online service directory⁴, and a reasonable amount of online searching to seek out services unknown to us and for service contact details.

Services were contacted in the first instance via email. Our original email received a moderate response, with follow up emails issued around halfway through the data collection period for this project (October 2021). Other services were contacted by phone when an email address was not available. The initial 'reaching out' period highlighted **how difficult it can be to access a service**, as it was discovered some email addresses and phone numbers listed online were out-of-date or incorrect, there were issues with mailboxes, and some services **did not respond** at all, even to decline our request to participate.

Firstly, the services on our service directory were condensed to **family support only**, as we also have recovery communities, drug and alcohol services and fellowships for those using alcohol or drugs listed for public information. Our service directory has a total of **609** active services currently listed at the time of writing, with **245** services 'in reserve'. Our helpline team conduct a 6-monthly review to ensure the information on our directory is up-to-date and correct, and that services are still operational. Services we have 'in reserve' are those we have not been able to reach since the beginning of the COVID-19 pandemic, therefore we cannot be sure if they are operational. In total, we have **135** active family support services (including all **8** Scottish

⁴ Scottish Families, 'Service Directory', <https://www.sfad.org.uk/service-directory>.

Families services) listed on our service directory which met the criteria to be contacted for this review.

Out of those 135 services, we received a response from **48** (36%). Although it must be noted, a reasonable number of services were uncontactable due to incorrect details or that service no longer existing, which has since been modified on our service directory. The reach of the Deep Dive was vast, as at least one service from **29 out of 31** Alcohol and Drug Partnership (ADP) areas participated. However, it must be noted that services which were not restricted to their locality for funding reasons said there were circumstances where they supported families outside of their ADP boundary (e.g. a service based in Aberdeen supporting families who live in Aberdeenshire, or a service based in Dundee supporting families in Angus). Our national one-to-one telehealth service was also included in the data for this review, which supports family members virtually (by phone or video conferencing) all over Scotland. Services included in the project included:

- Support for adult family members including practitioner-led, peer-led and volunteer-led.
- Support for adult carers and kinship carers.
- Support for children, young people and young carers impacted by someone else's substance use or their own substance use.
- Support services which offer holistic support to a family unit.

Fellowships and mutual aid family support organisations (such as Al-Anon and Families Anonymous) were not included in the Deep Dive, as our primary focus was on funded or commissioned third sector provision, with a small number of statutory services also taking part. Although Fellowships are not part of this study, they play an essential role in supporting families impacted by someone else's substance use.

Information about Al-Anon is available at www.al-anonuk.org.uk. Information about Families Anonymous is available at famanon.org.uk.

Our conversations with services covered the day-to-day running of their service, information regarding referral pathways, client age groups, interventions used and capacity. We also asked services their views on any barriers families may face when accessing their service, how they perceive family support provision in their local area, and what they would like to see changed, if anything. The Deep Dive allowed us to explore these ideas from a unique service perspective and offered an insight into family support on the ground across different local authorities.

Part Two: Participation

2.1 Alcohol and Drug Partnerships

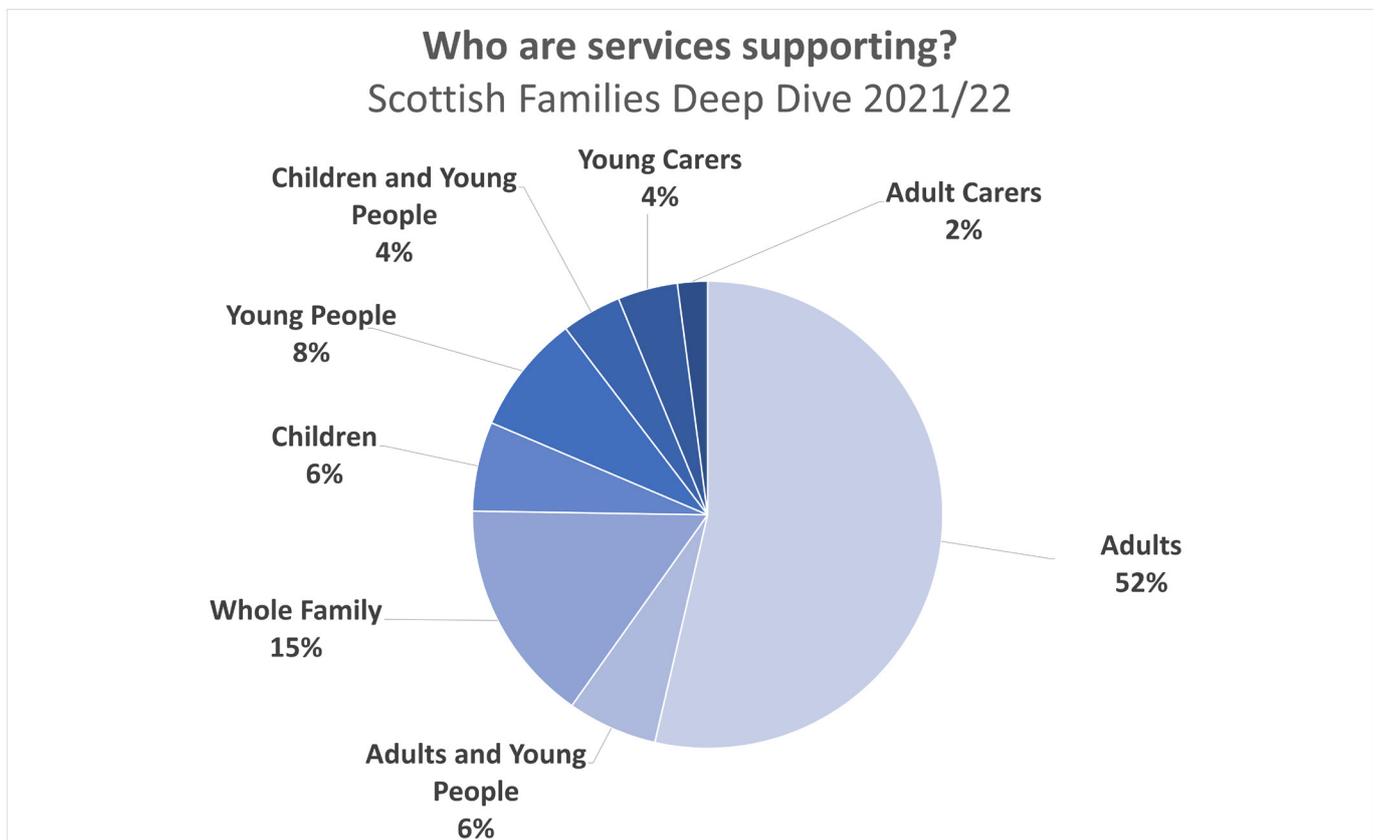
The Deep Dive managed to collate data from **29** of **31** Scottish Alcohol and Drug Partnerships. The areas included in the Deep Dive are as follows:

East Ayrshire, North Ayrshire, South Ayrshire, the Scottish Borders, Dumfries and Galloway, Fife, Forth Valley, Clackmannanshire and Stirling, Falkirk, Aberdeen City, Aberdeenshire, Moray, East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, Renfrewshire, West Dunbartonshire, Highland, Argyll and Bute, North Lanarkshire, South Lanarkshire, City of Edinburgh, Mid and East Lothian, West Lothian, Orkney, Angus, Dundee City, and the Western Isles.

Unfortunately, we were unable to reach services in Shetland or Perth and Kinross. As stated in the previous section, a total of **48 services** participated in this scoping work. **14** of those 48 services (29%) said they supported families from outwith their ADP area. Reasons for this were a **lack of provision** in neighbouring areas, **stigma** related to attending support in their own area, or support being held **online**.

2.2 Who are services supporting?

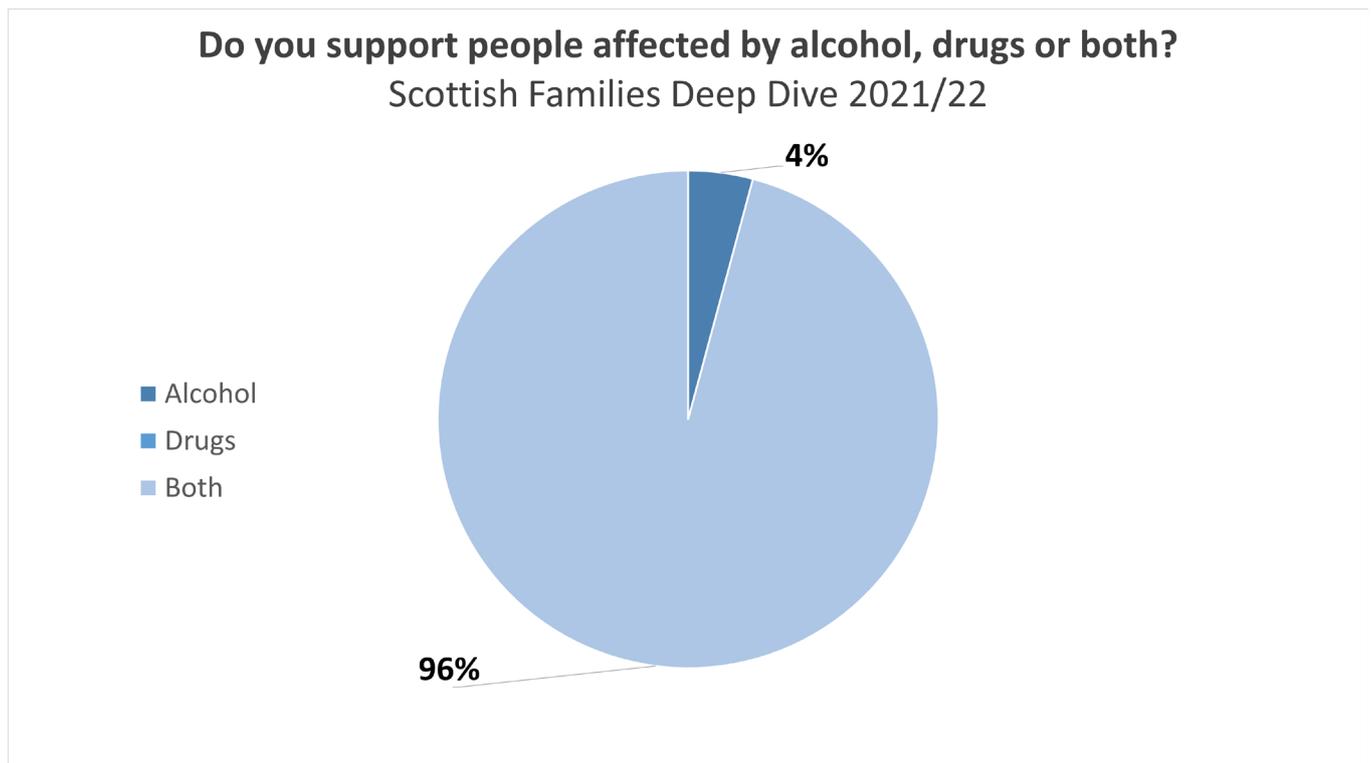
Services for families can cover a wide range and diverse group of people. In order to understand who exactly services are supporting, we asked how they would define who their service is aimed at. The pie chart below displays that the majority of services (**52%**) said they support adults only (16+), whilst other services supported people from a range of other categories such as young people, children and carers.



Only 15% of services stated they offered support to the whole family. Interestingly, our 'Ask the Family' survey (2021) found that just 16% of people felt 'whole family support' means that everyone in the family (adults and children) should be supported in the same way at the same time. 81% felt that 'whole family support' means that everyone in the family (adults and children) should get a different kind of support, depending on their needs. These views seem to reflect provision on the ground.

It must be noted that the number of adult services who responded to our request for participation was considerably higher than services for young people and children, therefore the data from the deep dive is mostly skewed towards adult family support.

We also asked services if they supported people who were impacted by alcohol, drugs or both. The vast majority (96%) supported people affected by both alcohol and drugs, whilst 4% were alcohol-only services. Two services also noted they support people impacted by gambling. As mentioned earlier, 'Rights' Respect and Recovery' was Scotland's first strategy that integrated both alcohol and drugs. However, as things stand, alcohol and drugs are still separated in government, as there is a dedicated Minister for Drugs Policy, but alcohol is part of the wider remit of the Minister of Public Health, Women's Health and Sport. There is notably more policy, funding and media attention on drug policy (including drug-related deaths) than alcohol harm. Yet we know families are harmed by both alcohol and drugs, and it is positive that most family support services respond to both.

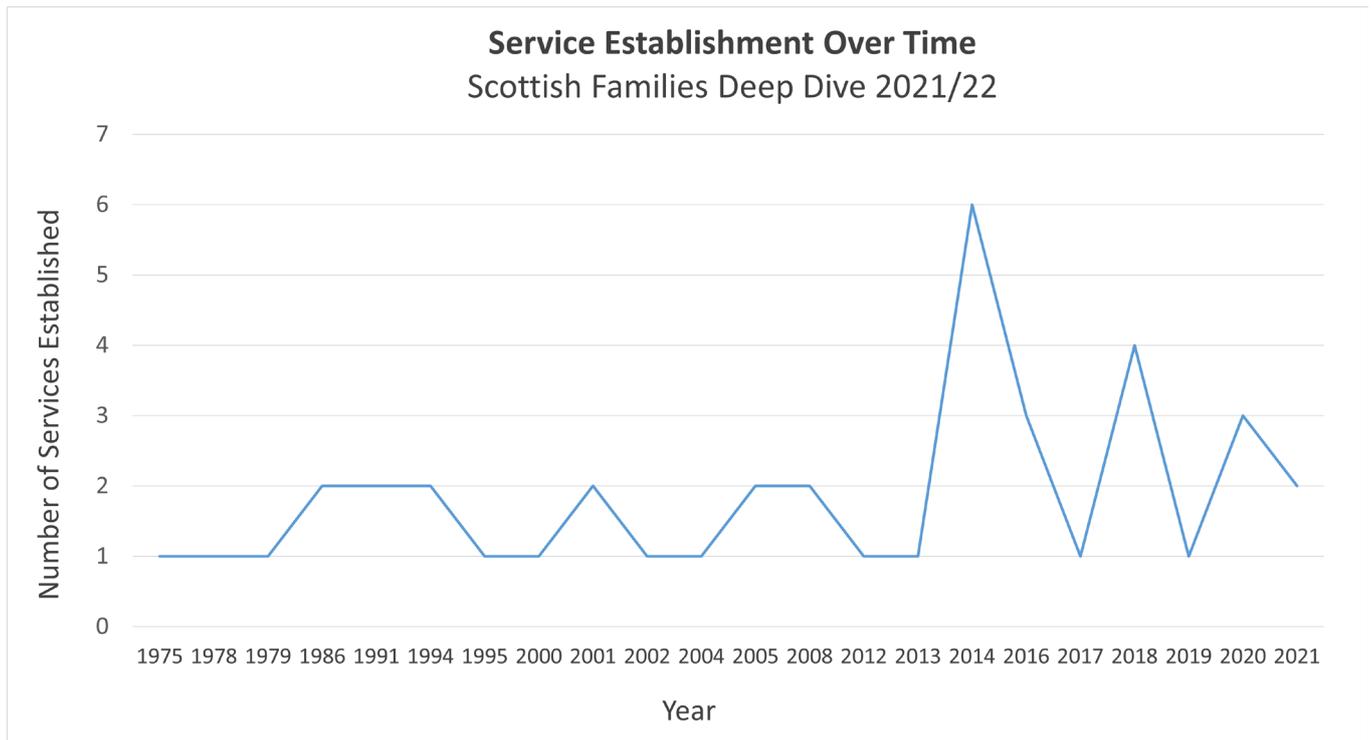


2.3 Service Establishment Over Time

We asked services what year they began operating to understand a timeline of family support across Scotland. Family Support is not a new concept; therefore, it is not surprising to see some organisations have been operating since the 1970s. The longest running service we spoke to was established in 1975, and the newest services were established in 2021. 2014 had the most services starting up across this period of time.

This coincided with the publication of The Quality Principles: Standard Expectations of Care

and Support in Drug and Alcohol⁵, which Scottish Families contributed to through organisation and family member consultations. The document outlined a recovery-orientated system of care, where families, significant others and the community are involved in a person's recovery.



⁵ The Scottish Government and CoSLA, (2014), [The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol](#).

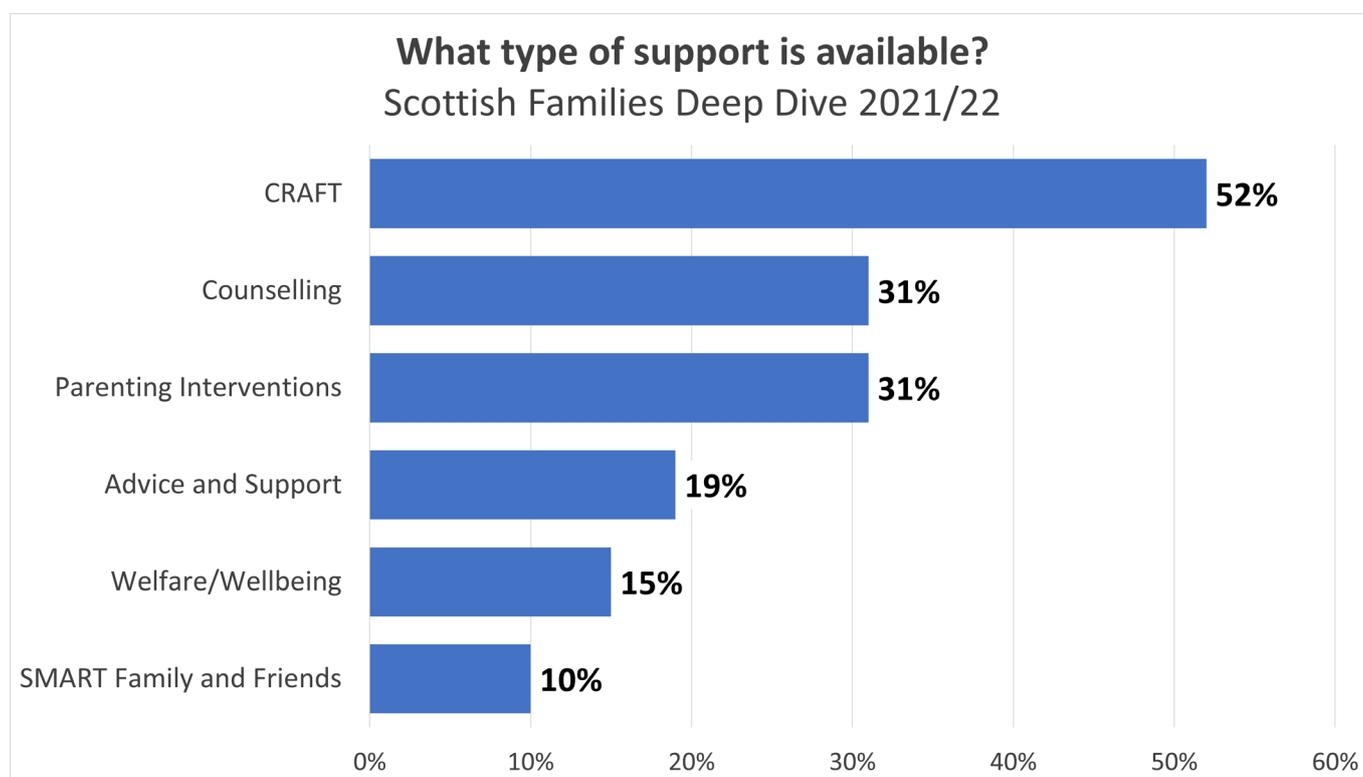
⁶ NHS Health Scotland, (2014), [The Outcomes Framework for Problem Drug Use](#).

Part Three: What Support is Available for Families?

3.1 What Type of Support is Available?

There are various different types of support that can be provided for families, that offer different experiences for family members. For example, Community Reinforcement and Family Training (CRAFT)⁷ and SMART Families and Friends⁸ are **evidence-based programmes** that would provide a different experience to a service providing **advice and listening** support. Previous work we have done has highlighted that **families need choice**; therefore, this was an important question to understand if there are options for family members across different localities. Family support is not a 'one size fits all' model, and not every programme works for each family member seeking support.

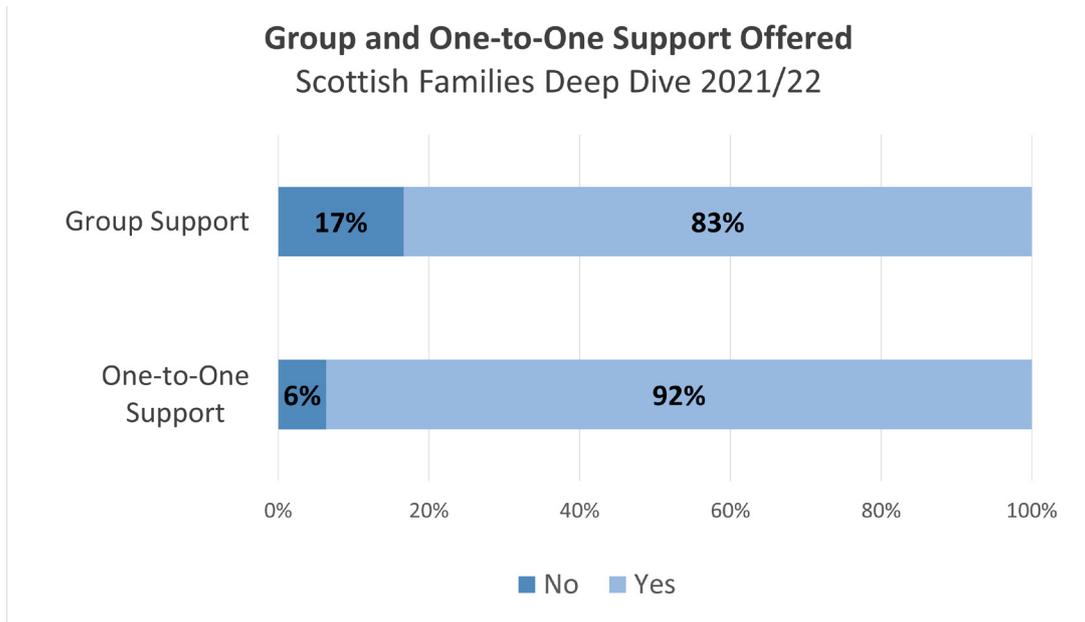
The bar chart below shows that a large number of services we spoke to used CRAFT or SMART (**62%**) total with the majority using CRAFT, 52%. Whilst around a third also used various counselling methods (**31%**) such as Cognitive Behavioural Therapy (CBT). The relatively high percentage of services reporting they use CRAFT likely reflects higher responses by Scottish Families' own services (accounting for 8 of the 25 services using CRAFT), as well as other evidence-based services working closely with us and being more likely to respond to our Deep Dive research. Most family/children and young person's services used parenting interventions (31%) such as Parenting Under Pressure, Incredible Years and various other techniques. **19%** were support and advice services, either solely or in conjunction with another method such as CRAFT or CBT. Welfare/wellbeing was also added, as some services provided what would be categorised as such for children and young people. Most services provided more than one answer, hence the total exceeds more than 100%.



⁷ <https://www.sfad.org.uk/support-services/supporting-someone-else>

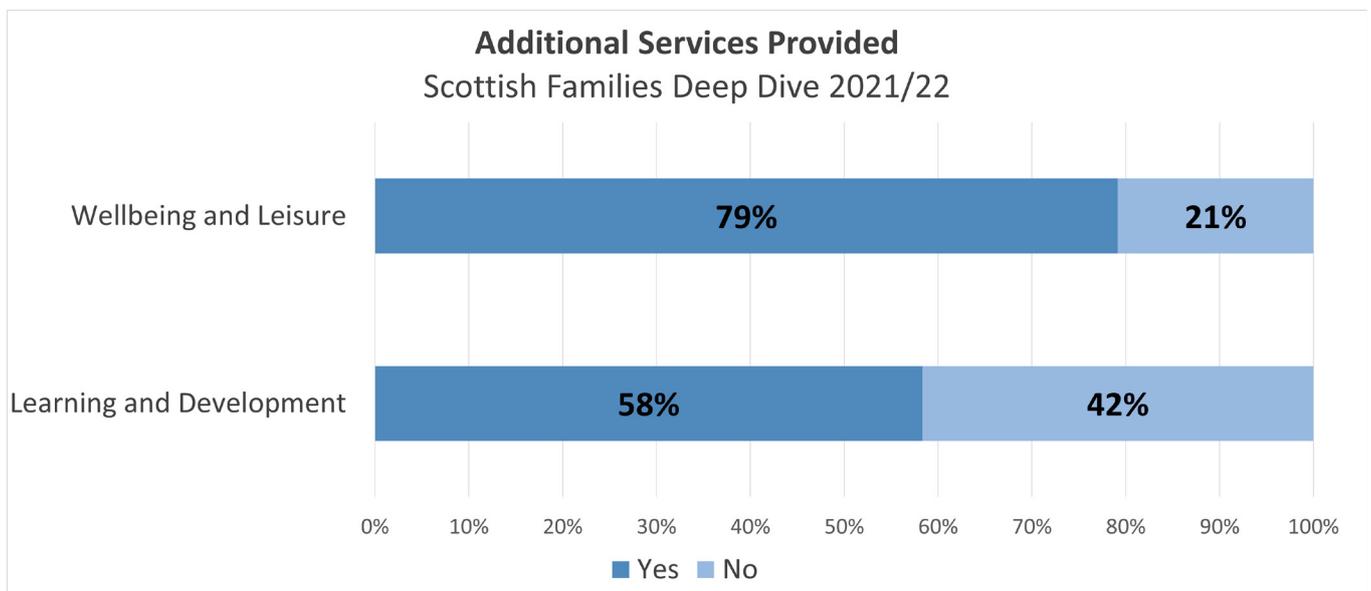
⁸ https://smartrecovery.org.uk/smart_family_friends/

In line with the previous statement regarding options, families having the **choice** between one-to-one support and group support is essential. Some family members like to be supported on an individual basis, whereas others benefit from support in a group setting, while others appreciate a mix of both. The graph below shows that **94%** of the services we spoke to offer one-to-one support, and **83%** offer group support. Most services did offer both.



Learning, Development and Wellbeing

In order to understand what services are providing to families, young people, and young carers, we asked if they offered any **additional support** to their core service, such as **learning and development** opportunities, or **wellbeing and leisure** activities. The majority of services (**79%**) offered some sort of extra activities for family member’s wellbeing and leisure, whilst a smaller majority (**58%**) provided opportunities for learning and development.



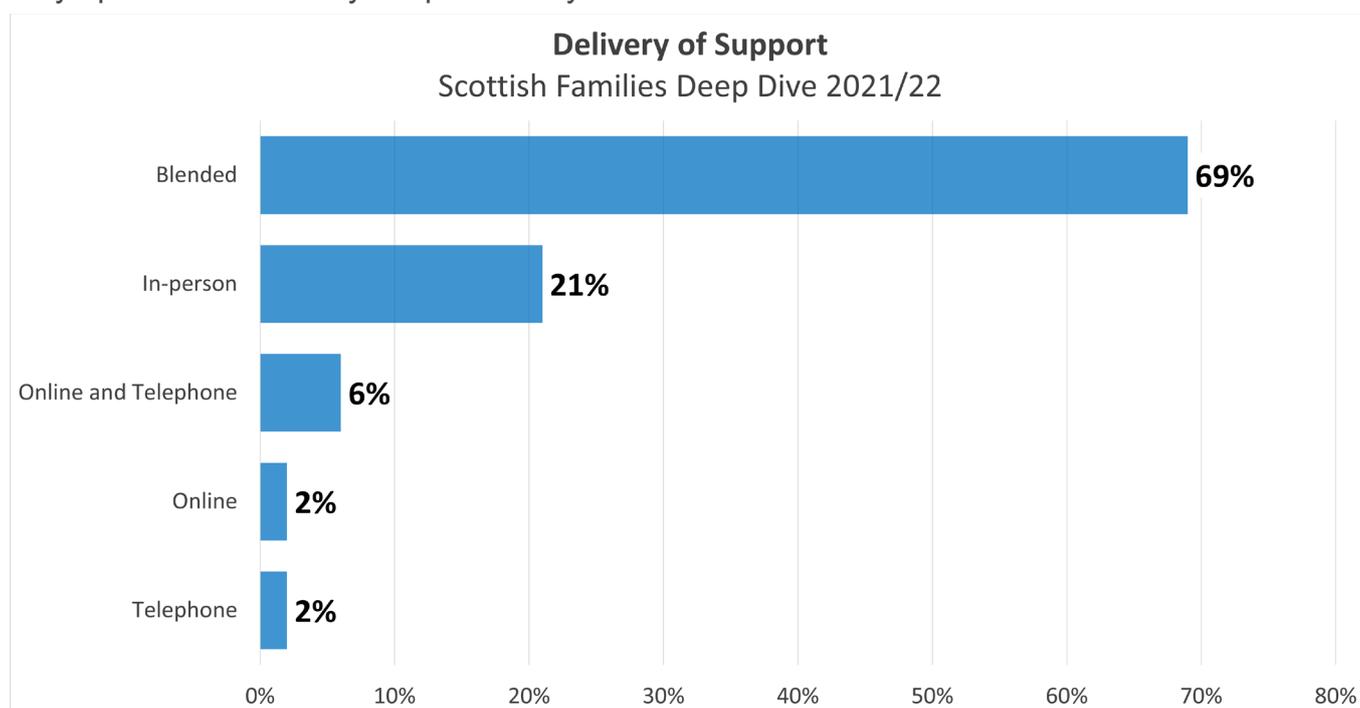
The services who provided wellbeing and leisure activities offered a range of extra services from mindfulness and selfcare, to days out, sports activities, book clubs, walking groups and spa treatments. Some examples of learning and development opportunities offered to families included employability skills, guest speakers, alcohol and drug awareness training, first aid training and workshops. We know that often family members might need extra support with some of the themes mentioned above, and of course know how important it is for families and

young people to get involved in other activities and receive periods of respite.

3.2 Accessibility

Service Delivery

The COVID-19 pandemic has been responsible for changing the ways in which services across Scotland operate. Some services have continued seeing people in-person during the pandemic, while others were forced to adapt to online or telephone formats. As nearly two years have passed since the pandemic first began, at the time of our interviews, services were still adapting to changing rules and regulations, whilst also beginning to resume in-person support. As the chart on the following page shows, **69%** of services said they are now following a **blended model** of both in-person and telephone/online support. Some services told us they had chosen to maintain online and telephone service delivery, as this allows them to still support families who may be more vulnerable to the virus, and virtual support has now become a preferred option for many. Services noted that online or telephone support wasn't for everyone, and thus it was **important to still provide in-person support** when safe to do so. The pandemic has transformed support across various sectors in Scotland, as access to support virtually has increased. **21%** of services said they operate in-person only, while **6%** said they operate online or by telephone only.

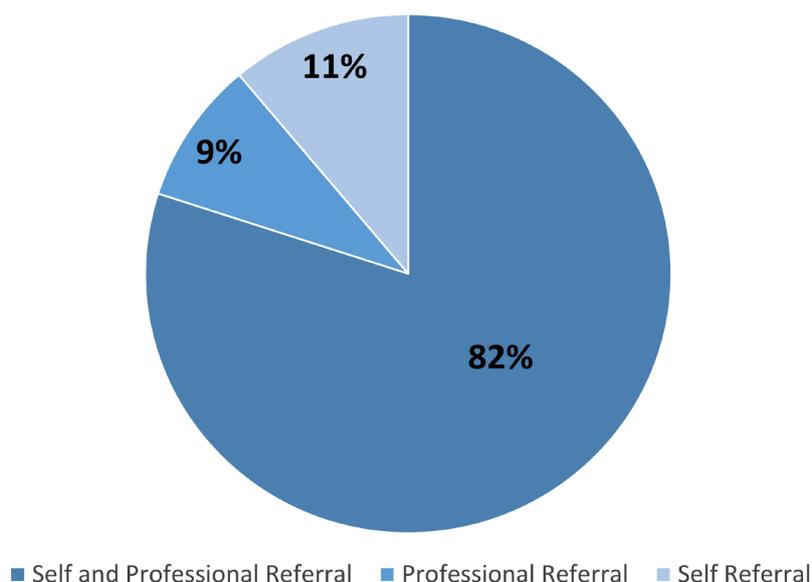


Access

Most services (**82%**) accepted both professional referrals and self-referrals. The most common source of referrals were from a GP, social work departments, schools and other services such as drug and alcohol services. Most self-referrals were from social media, helplines, and word of mouth.

Services noted the most popular ways family members found out about their service was through word of mouth, social media, a google search or from referrals from other agencies.

Referral Pathways
Scottish Families Deep Dive 2021/22



3.3 Capacity

Staff and Volunteers

In order to understand how many families per ADP area are currently being supported, we asked services about their Full Time Equivalent Staff (FTE) numbers, caseload, volunteer numbers and if they had a maximum capacity. The **capacity** of services is a relevant and important question, as we know services across Scotland work hard to support families, however, we know all too often families remain **hidden** or fall through the cracks of other services. As previously mentioned, almost **1 in 3** adults in the UK say they have been negatively affected by the drug or alcohol use of someone they know⁹. When this is compared and contrasted against how many people live in each ADP area in Scotland, the numbers of those who could be affected by someone else’s substance use are extremely high. For example, the estimated adult (16+) population of Glasgow City is 535,162¹⁰, meaning approximately 178,387 (1 in 3) people could be impacted by someone else’s use of alcohol and drugs. This is essential to keep in mind when discussing the capacity of family support services.

We had hoped to identify how many FTE staff were delivering family support in each organisation. However, this was not possible to determine as a large proportion of staff provided family support as part of a much wider role, rather than being dedicated family support posts. Some support was also provided by paid sessional workers, offering an important contribution but with limited capacity or availability than part-time or full-time staff. This is an important finding in itself, as this ‘blended’ staff model limits the availability of dedicated family support, and suggests staff are having to juggle a number of competing priorities rather than focusing only on supporting families in their own right.

Similarly with volunteers and peer support volunteers, this included a combination of dedicated family support volunteers and volunteers who performed a wider role. The majority of volunteers came from carers centres and befriending services, but also includes a number of adult family support groups that were completely run by volunteers. Although many organisations we spoke to did not have volunteers, a significant number were **solely led by volunteers** or **heavily relied on volunteers** to keep their service running.

⁹ Adfam, (2019), ‘One in Three: Adfam’s Manifesto for 2020 and Beyond’, <https://adfam.org.uk/files/one-in-three.pdf>

¹⁰ The Scottish Government, [Population Estimates Summary](#)

Several family members themselves are leading support groups due to a lack of funded family support in their local area, out of a desire to help other families. This is a considerable responsibility to place on family members themselves, particularly on an unpaid, voluntary basis. At Scottish Families we frequently support family members to develop peer-led family support in their local area, where they wish to do this. Our experience is that family members can deliver high quality, evidence-based support which reaches a good number of families in need of support. However, we have also found that such peer-led family support developments are often led by one or two exceptionally dedicated and tenacious individuals who are actually fairly unique in their ability to influence and drive forward developments. So, when they decide to move on to other things, or become unable to continue in this role, the provision can be difficult to sustain. Other family members are not always willing or able to step into this role, as they can see how much is involved and how significant the needs of families are, such as families in crisis, traumatised families and bereaved families. Life can also continue to have its ups and downs for family peer group leaders, and this can also lead to personal pressure and challenges sustaining support. In our view, peer-led provision is an important part of family support landscape, but it is best complemented by, and delivered alongside, practitioner-led family support. And both models of family support require proper funding and investment to be able to develop and flourish.

Caseload and Capacity

Many services who participated in the Deep Dive did not disclose their current caseload or their known/estimated capacity. 33 services (68%) provided their current caseload, which averaged at **79 people**. 24 (50%) services gave their known or estimated **capacity**, which averaged at **106 people**. It must be noted that some organisations included in these averages had a significantly higher capacity than others (for example, one organisation who supported a range of people, including family members impacted by someone else's substance use), had 50 staff members with a capacity of 25 cases per person) which has inflated these averages. Without the larger organisations, average caseload was **56**, and average capacity was **64**. This is more reflective of what organisations were telling us, as most said they were working close to or at capacity. Four organisations were working **over capacity** and two other organisations were working at capacity with a **waiting list**.

3.4 Funding

Most services we spoke to receive some funding, or their core funding, from their local **Alcohol and Drug Partnership**. The majority of services still needed to apply to **various other funds** by organisations such as The CORRA Foundation, the Robertson Trust and funds from other charities such as the STV Children's Appeal, Children in Need and The Big Lottery Fund (National Lottery Community Fund). Most organisations also had to **fundraise and gather donations** to keep their service running effectively or to offer activities for family members, young people, and young carers. One service said they had significant issues with delays for their core funding and **may face closure** if this is not resolved. A handful of services that were previously on our directory had closed during 2020 and 2021, which is presumed to be due to funding issues. Issues regarding the **rising cost-of-living**, as food and energy prices have soared in 2021 and 2022, have meant many charities and organisations have been 'running on empty' after stepping up the support they provided over lockdown periods.¹¹ This has added extra strain on organisations who manage premises and those that provide food/living assistance and hospitality.

¹¹ BBC News, (2022) 'Scottish Charities Warn They Are 'Running on Empty'', <https://www.bbc.co.uk/news/uk-scotland-60272098>.

Part Four: What Are Services Telling Us? Gaps, Overlaps and Barriers

An essential part of understanding the landscape of family support across Alcohol and Drug Partnership areas in Scotland comes from establishing **what is missing, what is working well, and what barriers** are in the way of families accessing support. This section of the Deep Dive aims to articulate what services have told us about their concerns in their local area, as well as positives regarding collaborative working and widespread provision.

4.1 Gaps

The **geographical make up** of some local authorities such as Highland, Forth Valley and the Borders was said to have created gaps in provision across these areas. For example, a service in Highland noted how three years ago, they were one of four services providing support for people impacted by alcohol and drugs in their locality, however, other services supporting families in the area have now closed. Understandably, this has made it difficult for family members spread across these localities to now access support from just one organisation. Services in Forth Valley and the Borders noted that working an area that includes rural communities bring additional challenges, as most services are placed in more urban parts of their locality. This can cause difficulties regarding transport and links closely to staff capacity.



“Geography is an issue for people, people struggle to access services. There is a lack of local support.”

Staff capacity was highlighted as a **key issue** across all local authorities in Scotland. A number of services said they were the only service they knew of in their area supporting families impacted by alcohol and drugs, many of which had just one or two members of staff. As discussed earlier, a number of services were solely run on a volunteer basis, and larger services also noted that staff to family member ratios could often be tight. Services told us they did not have enough staff to provide the level of support needed to their local communities and a handful had a waiting list. It was said more funding was needed to resolve these issues, but that in itself was a problem for services.



“There’s only so much one person can do.”

A general **lack of awareness** within communities and amongst medical professionals (such as GPs) that family support exists and is available was said to be both a gap and a barrier to families accessing support in their own right. It was said that even despite best efforts, knowledge of family support within communities and the visibility of the organisations providing it was below what services desired. However, due to how stretched some services are, it was a

concern that if the service was widely known and promoted, there would be too many referrals for them to cope. It was also said that it can go unknown that people affected by alcohol and drugs often **can** access support from their local **carers centre**, and that the name 'carer' can cause people to think that the support there is not accessible to them due to misconceptions about the term.

Leading on from this, a **lack of infrastructure** was also said to be a gap in a number of local authorities. Better links with statutory and third sector services, clearer referral pathways and better utilisation of community resources were all highlighted in terms of current infrastructure. Lack of support outwith the hours of 9am and 5pm was said to be a significant gap across Scotland, as well as a seamless system that links mental health services, alcohol and drug services, support for carers and support for families. It was said that bridges need to be built to properly link services to the community and make what is currently available **accessible for all**.

Furthermore, services believed the number of options for families were **limited**. In regards to a **lack of out of hours** support, services felt there should be **specialist crisis services** to help families in emergencies. Services felt that they were often treated as a crisis service (even though they were not set up for this), as families had nowhere else to turn. It was said there was a **lack of options** per local authority, with some areas having various choices for family members, while others had limited support options. Services in one area noted they felt there was generally a lack of support for people currently using alcohol and drugs, people in recovery, and affected family members. It was said that nationally, all too often people do not receive support until they reach a crisis point, there is a general **lack of lived experience involvement** in service provision, and there is a **lack of services for kinship carers** who are often facing significant and new responsibilities.

A considerable gap discussed by most services who were not already supporting young people was a **lack of services aimed at young people affected by other's alcohol and drug use**, and also support for young people regarding their own substance use and mental health. It was said there were next to no services aimed at the 12-26 age group who are impacted by someone else's substance use, nor were there smooth transitional processes to help young people move into adult support. It was highlighted that those in their **late teens and twenties** were often missed in family support, as they are often too old, or feel too old, for youth services, but find that adult services are mostly populated or targeted at older age groups. It was said more needs to be done nationally to support this age group, especially as waiting lists for statutory services such as Child and Adolescent Mental Health Services (CAMHS) could be long, it was said there must be something that can fill the gap for young people. Our Scottish Families' Routes young persons group began as a three-year national demonstration project aimed at young people aged 12-26. The group has been impactful since it began in 2019. One key finding was that younger people engage well in a group setting, using an activity-based, intensive youth work model, and the peer support gained here is invaluable. However, one-to-one support has been better suited to those who are supported by Routes aged between 18-26.

A further two gaps were identified in multiple local authorities, which were support for **bereaved families** and for **men**. Services said there was not much local support available for families who had lost a loved one in alcohol or drug-related circumstances, and often the support they provided would not be appropriate for someone who was bereaved. Services noted that the majority of family members they worked with were women, and acknowledged more needed to be done to reach out and support men impacted by alcohol and drugs. One service also noted that support for parents sometimes focused on mums, and there were gaps

in provision for supporting dads. Scottish Families has recognised these gaps and offers bereavement support and counselling sessions to anyone across Scotland¹². We have also established our own men’s virtual group that meets fortnightly, offering a space for men impacted by someone else’s substance use to come together for support¹³.

4.2 Overlaps

Most services we spoke to said they **did not overlap** with other services, as they were the only service of their kind in the area. Others were termed as specialist services who worked with a distinct group of people, so also did not overlap, or often collaborate with other services. On the other hand, many services spoke of **positive working relationships** and collaborative working with other organisations. Some organisations may often be working with the same families, just different members. For example, some youth organisations were often in contact with adult services who were working with the young person’s parents or kinship carers, and often social workers were also involved in this collaboration. Services said they will collaborate when needed, as all parties involved are working to do their best for the family they are supporting. Although in areas where communication was not the best, services said this can cause confusion for the families and the organisations they are working with, highlighting the need for **better infrastructure**.



“We are the only dedicated support for families.”

It was also said that some family members may have a **range of needs** and are supported by other organisations for other reasons, such as LGBTQI+ organisations, women’s services, or services for black and ethnic minorities. Again, it was said that services supporting families for the impact of alcohol and drugs **worked well** with other organisations working in other remits to ensure family members are receiving support in all the aspects they need.

Some services noted there wasn’t much need to collaborate with other organisations in the area as other services served as another option for families. There could be instances where families engaged with both services, or moved between them, but services felt this worked well and there was no need to build a working relationship with one another.



“Organisations in our area all work differently, so there isn’t much clashing.”

It was said that **locality teams** and **community link workers** were a great benefit to local authorities, as this helped link the community to services and services to each other. For example, in Angus, there is now a locality Kinship team to additionally support families who are

¹² <https://www.sfad.org.uk/support-services/bereavement>

¹³ <https://www.sfad.org.uk/family-support-is-for-men-too>

kinship carers. It was said this has been a great support to families who may not meet referral criteria for services. In Aberdeen, it was said there is a **local network** for third sector organisations which works as a space to connect and collaborate, and also to **prevent overlaps** to ensure everyone is working in harmony.

4.3 Barriers

The most common barrier noted by services was the impact of **stigma** on the whole family. The whole aspect of a service supporting families being linked to alcohol and drugs was said to be off-putting for families, due to the stigma around alcohol and drug use. It was said even to be seen entering the building was enough to stop families from physically attending support or groups. The fear of exposing other family members or their loved one using substances was also a factor related to stigma. Services in small communities said this was particularly significant, as stigma could be attached to the family for a long time. There was also a stigma surrounding services for children and young people, where families often feared that any service that was involved with their family would put them at risk of having their children taken away. Services said they often had to **build trust** with families to show that they were there to help, and not cause harm to their family unit.

A **lack of trust** caused by bad experiences with other services also seeped in to prevent families accessing support in their own right. Services felt that families were often frustrated by services their loved one was engaged with, and this led to a **reluctance to seek support** for themselves after witnessing how their loved one was treated. It was said that families who may be working with multiple services might not want to access another service as they already have 'enough going on.' This also worked as a barrier for engaging with children and young people as there were concerns of **overwhelming** them with too many workers in their lives. Reaching young people who hadn't been in contact with other services before was also said to be a challenge and a barrier to them receiving support. Getting **access to schools** could also be a challenge for some services, but also when access was granted, some young people affected by alcohol and drugs don't attend school regularly due to circumstances at home.



Fear and generalisations about social work puts people off letting other services see their children.
The fear of the unknown. - researcher notes

Carers services reported a common barrier is that people often **don't identify as a carer**, or feel they are one, if they are impacted by alcohol and drugs. This acts as a significant barrier to families impacted by alcohol and drugs accessing support from their local carers centre unless they are referred by a professional. However, it was also said that there is a **lack of awareness from healthcare professionals** such as GP practices and hospitals about family support, which otherwise would offer a key opportunity for families to be made aware of support in their area. Previous community surveys Scottish Families has conducted showed that people would be likely to contact their GP in the first instance if they were seeking support regarding a loved one's substance use. Services said a lack of relationships with GPs and their lack of knowledge of family support therefore acted as a barrier to families accessing their service, as the GP can often be a 'first point of contact' for many family members.



“We are exploring potential role of the Carers Centre which can provide services to family members affected by alcohol and drugs but with little take up. We are currently researching reasons for this.”

There was also the issue of family members feeling ‘**undeserving**’ of support. Some services noted that some families thought that support was for people with a loved one using ‘hard drugs’ and that if they were impacted by, for example, cannabis use or alcohol, their needs were ‘less than’ others. Services said this was closely linked to the stigma of alcohol and drug use, that families would feel there is someone ‘more important’ or more in need of support than them. This is of course not the case and services noted they needed time and funds to be persistent with family members and break down these barriers in communities and with families.



“There is stigma, embarrassment, admitting you’re a carer, shame, even identifying you have the right to support.”

Lastly, the **COVID-19** pandemic was said to have been a double-sided coin in terms of becoming a barrier whilst also simultaneously increasing the accessibility of services. On one hand, services said that virtual support opened up their service to people who would never have come forward previously. Virtual support meant that families could get support in the comfort and privacy of their own homes, and the option to remain anonymous on Zoom calls had sometimes increased participation. On the other hand, services had families who made it clear from the beginning they were not interested in virtual support or phone calls and disengaged completely until in-person support was safe to be resumed. Lockdown made it difficult for family members to access support, as privacy to take calls was often impossible if they were at home with their loved one. Services noted it was also challenging to keep engaging with some elderly family members who were not as tech-savvy as others. The pandemic has been a period of learning for services, many of which are maintaining a **blended model** due to an appetite for both in-person and virtual support. In our own experience, Scottish Families has always offered virtual support through our national one-to-one Telehealth service. However, our 2020 ‘Lockdown and Beyond’¹⁴ report found that family members from our local support service also appreciated calls and texts, and noted virtual support meant their support worker was easily contactable and it was “easy to access support” when needed.

¹⁴ Scottish Families, 2020, ‘[Lockdown and Beyond: A COVID Insights Report](#)’.

Part Five: Findings and Discussion

5.1 Findings

The **key findings** of this report are as follows:

- There is a clear **lack of services** available to families per population of Alcohol and Drug Partnership areas.
- There are **considerable gaps** present in existing provision. These include varied options for families per ADP area, adequate support for all age ranges within the family, support for young people impacted by alcohol and drugs, support for men impacted by alcohol and drugs, support for bereaved families in circumstances involving alcohol and drugs and a clear infrastructure linking family support to other services.
- Services **do not receive enough funding** to provide the level of service their community needs. This is directly linked to a **shortage of staff** and the closure of other services. Many services are in a constant state of angst as to where they will get the funds to keep operating. This is understandably causing stress to staff and families using the service.
- Some services can be incredibly **difficult to contact**, despite multiple attempts. This would be extremely disheartening for someone in crisis.
- A spike in services opening in 2014 is likely to be linked to families being prioritised in Scottish Government policy and practice documents such as the Quality Principles for drug and alcohol services (2014).¹⁵
- 96% of services we spoke to supported people impacted by both alcohol and drugs.
- 80% of services we spoke to offered group support and 90% offered one-on-one support.
- Services are working **close to** and **over capacity**. Some services had a **waiting list**. There is nowhere for people to go while they await support.
- Multiple services support people outwith the area where they are based. This is due to a **lack of support available** in adjacent areas, or a lack of widespread specialist support.
- Some areas only had support available due to the **dedication of volunteers**. Other services relied heavily on volunteers to keep their services running. This highlights a lack of funded and paid posts available in across Scotland in family support. Some local authorities rely on the goodwill of family members themselves to support one another and run peer-based groups voluntarily.
- There are next to no clear and accessible referral pathways through healthcare services such as **GPs and hospitals**, missing obvious opportunities to get family members support in their own right.
- There is no succinct **infrastructure** that connects family support, alcohol and drug services, other healthcare or third sector organisations.

¹⁵ <https://www.gov.scot/publications/quality-principles-standard-expectations-care-support-drug-alcohol-services/>

- Choice and capacity varies heavily depending on where you live. We know that a **'postcode lottery'** exists in terms of alcohol and drug services, this is clearly also the case for family support.
- Services are evidently struggling to keep up with **demand** in their local communities and are not being provided with adequate resources.
- COVID-19 has led to a majority of services continuing with a **blended model** of in-person and virtual support, tailored to their client's needs.
- Even when support is available, there are **significant barriers** in a family member's way. Stigma is still strong across Scotland and badly impacts families as well as people who use alcohol and drugs.
- The **locality teams** and **community link workers** were said to be a great asset to local authorities and worked well to get families into support from places like GP practices.
- Some areas spoke of well organised **partnership working** and **networks** to avoid overlaps and to find opportunities to collaborate.
- There is evidence to suggest existing services need to be **expanded** and given **extra funding** and new ones need to be established. One service per area is not enough for all families who need support (including children, young people and adult family members) to get the support that they need, in their own right.
- Families are still seen as an **afterthought**, rather than a priority.

5.2 Discussion

As the key findings above suggest, much is still to be done to sustain and strengthen services to support families in Scotland. 'Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice'¹⁶ published by the Scottish Government in December 2021 is a starting point, but evidently, many of its recommendations are a long way from implementation. More needs to be done to monitor capacity, ensure services are given the resources they need and to make sure families are able to access the support they are entitled to.

Speaking to services first-hand, we saw how passionate they are about supporting families impacted by alcohol and drugs, and how devastating it can be when they cannot access adequate funding, or when workers are trying to support as many family members as possible alone. There was a united voice across Scotland that families are often forgotten or seen as an afterthought, as are the people who are supporting them. Services spoke of how difficult it was to know there were people in need of their service in their community, but due to resources, they could not take any more referrals. Working with families can be an emotional job in nature, however, it is unfair on practitioners to bear the weight of institutional and investment failures and to feel guilty they cannot help more people due to circumstances outwith their control. In some instances, this weight is placed on family members themselves where the only support available to family members is peer support led by a volunteer.

Stigma heavily impacts families accessing support in their own right and is particularly

¹⁶ Scottish Government, (2021), '[Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice](#)'.

prevalent in rural and remote areas. There is a clear postcode lottery across Scotland in terms of family support as well as drug and alcohol services. There needs to be a clear infrastructure that ensures everyone in Scotland has equal access to support options, and that these are also tailored to local needs.

There were some excellent examples of networks and local partnerships across some areas in Scotland, and blended delivery models mean that families can access whatever method of receiving support they feel is right for them. These show an example of what can be achieved, and strengthening connections between services is a good starting point for change. Unfortunately, services only had a handful of positives to note, as opposed to a wealth of negatives. In recent years, we have seen a greater recognition for families and for family support, however, it is evident there is still a long way to go. Services need to be expanded with significant and sustained investment; considerable growth in support for young people needs to be established; and the support, recognition and inclusion of families must be fully integrated into wider alcohol and drugs strategies across Scotland.

5.3 Recommendations for Change

Although many of the issues discussed above are likely to be long-term changes, the following recommendations derived from the Deep Dive suggest what could be implemented immediately or in the near future to improve the experience of services for family members seeking support and for services themselves to get the support they need.

1. Increased funding and provision **specifically** for **families** and **young people** impacted by someone else's alcohol and drug use is needed.
2. Services should ensure **contact details** are easily **accessible** and up to date to make reaching out as seamless as possible for families seeking support. Services should also offer a range of options for getting in touch, including freephone numbers, webchat and email.
3. We would encourage funding for **dedicated family support teams** rather than sole workers per area. The number of families who need support far exceeds the capacity for one worker.
4. The contents of [‘Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice’](#) should be carefully considered and **implemented** by Alcohol and Drug Partnerships (as outlined in the Appendix) with progress closely monitored.
5. We would advocate for local services to strengthen **connections** with one another and build **local networks**.

Appendix: Current Policy Framework

Rights, Respect and Recovery – Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (2018)¹⁷

Rights, Respect and Recovery introduces what we have described as “transformational rights” for families¹⁸. The strategy’s Vision of a “right to health” and the right to a “life free from the harms of alcohol and drugs” are applied equally to people using alcohol and drugs and to their family members (and wider communities) for the first time. Similarly, families are given the same rights to be “treated with dignity and respect” and to be “fully supported to find their own type of recovery”.

Rights, Respect and Recovery states that families have the right to support in their own right and the right to be involved in their loved one’s treatment and support, as appropriate. It recognises that families come in many shapes and sizes, but that they can play a vital role in treatment and recovery, even where relationships are fragile or damaged. Families are acknowledged as assets and are listed as Key Partners in the Strategy.

Scottish Families recognises that much of this is currently aspirational and does not reflect reality on the ground for families across Scotland. Our Rights, Respect and Recovery programme aims to ensure that families are aware of these new rights, are able to access them, and know what steps can be taken if their rights are not upheld.

Outcome: Children and families affected by alcohol and drug use will be safe, healthy, included and supported

Commitments to achieve the outcome

Ensure family members will have access to support in their own right and, where appropriate, will be included in their loved one’s treatment and support.	C1
Ensure all families will have access to services (both statutory and third sector) provided through a whole family approach, in line with the values, principles and core components of GIRFEC.	C2
Involve children, parents and other family members in the planning, development and delivery of services at local, regional and national level.	C3

Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice (2021)¹⁹

This new Scottish Government Framework was published on 8 December 2021. The Framework aims to improve support for children, young people and adults harmed by substance use, to ensure they receive support in their own right.

This is part of the wider National Mission led by the Minister for Drugs Policy to reduce drug deaths and harm, but importantly it is a cross-government framework with Ministerial co-signatories from children and young people, public health, and mental wellbeing and social care.

¹⁷ Scottish Government, (2018), ‘[Rights, Respect and Recovery](#) – Scotland’s strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths’.

¹⁸ Scottish Families, (2019), [Rights, Respect, Recovery – Transformational Rights for Families](#) (blog post).

¹⁹ Scottish Government, (2021), [Families Affected by Drug and Alcohol Use in Scotland: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice](#).

**Families Affected by Drug and Alcohol Use
In Scotland**
A Framework for Holistic Whole Family
Approaches and Family Inclusive Practice



The Framework is largely targeted at Alcohol and Drug Partnerships but outlines expectations for ADPs alongside a wide range of other partnerships and delivery bodies.

These expectations focus on how services for family members should be delivered across Scotland, emphasising that every family has its own individual needs, so support should be similarly flexible and adaptable “so they have access to the help that is right for them, when they need it.”

The Framework focuses on five key areas for change across Culture, Services, Resources, Partnership Working, and Workforce – as outlined below.

5 Key Areas for Change

- **Culture:** Developing a consistent high-quality holistic whole family approach and family inclusive practice in Scotland.
- **Resources to Support Delivery:** One of Scotland’s Public Health Priorities is to reduce the use of and harm from alcohol and drugs, with a particular focus on reducing alcohol and drug deaths.
- **Workforce:** A trauma informed, compassionate, skilled and valued workforce who are family inclusive and able to increase feelings of safety and trust with families.
- **Services:** Scotland is a country where individuals, families and communities have the right to health and life free from the harms of alcohol and drugs, are treated with dignity and respect and are fully supported within communities to find their own type of recovery.
- **Partnership Working:** Strong partnerships ensure all family members children, young people and adults) affected by substance use have access to relevant high-quality, holistic and consistent whole family approach.

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