

## Episode Number 13: Deep Dive Report of Family Support in Scotland

*Podcast Transcript*

*Life with Alcohol and Drugs*

Host: Rebecca Bradley (Scottish Families)

Guest Speaker: Rebecca McColl (Scottish Families)

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### **Introduction:**

*Interview Begins*

### **Rebecca Bradley:**

Today we're joined with Rebecca McColl, who is the Policy and Research Assistant here at Scottish Families. For the last few months she's been working on a deep dive study of family support, to gather an idea of the landscape of family support in Scotland, and to gain knowledge of this from the perspective of the services themselves. Rebecca, do you want to share a quick summary of the purpose of the report and what the key findings were?

### **Rebecca McColl:**

The report started pretty much straight away when I came into Scottish Families, Justina had this vision with the report, and this was my first task to run away with by myself. So at the starting stage, it was just figuring out what we wanted to ask services, and the reason behind it really stemmed from the Ask the Family report, which you probably know more about than me to be fair! But some of the key findings from that report showed that it took 8 years for some of our family members to come forward for support in their own right, on average, and I'd found findings as well that approximately one in three adults in the UK were impacted by somebody else's substance use.

So those were kind of the driving forces behind why I wanted to do the deep dive in the first place, to find out how these findings translated into how services felt themselves, and to do a thorough search about what is actually available out there on the ground for families. We have our service directory, but it was just about doing more of a deeper dive - the clue is in the name - finding out in more detail about what services are actually doing, what services they are providing, things they were funding, what their capacity is like, what they thought of the provision in their local area as well in terms of gaps, barriers, any overlaps and things like that. Out of the services that we have on our directory, and we've got a whole range of services, but the criteria of the report were services that specifically worked with families, so that could be adults, young people, young carers, adult carers, kinship carers, just any service that worked with people who were impacted by alcohol and drugs.

We didn't speak to any fellowships, we should probably make that clear from the get-go, because we know they are really important for supporting families across Scotland, but we thought that the sort of detail that we were asking for wouldn't really be...to respect their privacy, because we know they are really private organisation, so we didn't do that. It was all

third sector and there was a handful of statutory services in there as well, but it was mostly third sector.

And we managed to speak to 36% of the services, so out of that criteria, there were 135 services on the directory that met that, so 36% out of that took part in the deep dive, which wasn't too bad. That was 29 out of the 31 ADP areas as well that were included, so that was pretty good. We got quite a wide spread in terms of areas that took part in the deep dive. In terms of staff capacity, most services said that they felt under-staffed and they didn't have enough staff to meet the needs of their community. There were considerable gaps nationally in terms of family support, especially for young people. That was something that came through quite strongly from more or less every local authority, or ADP area I should say. And that services felt really underfunded and understaffed. Services were also quite difficult to contact if I'm being honest, which was an unfortunate finding, but that is the reality of what we found. So yes, that's that in a nutshell.

**Rebecca Bradley:**

I know. It's something that's so needed I think, this report, because it's all the stuff that we already know but it's quite nice to finally have the services themselves to have been able to come out and say, yes, we're underfunded, or we've not got as many staff. As you said, it is sad to hear bits and pieces of it, but there is quite a lot of good as well because we do know that there is family support in Scotland, there's just not enough of it unfortunately.

The report is really chunky itself - I think it's 30-odd pages, so I'm sure people are going to love reading through it as well. You've all got different sections and it shows your method and how you went about that, but there is the final section where it looked at what services were telling us, so sort of a wee bit of what you've already said, but it focused a lot more on the gaps, the overlaps and the barriers that were coming up quite regularly with the services that you spoke to. For example, we know that there's quite a lot of difficulty with people getting support in rural areas compared to cities. Cities seem to have all the support, whereas rural areas don't have that much. Yet the major issue, I guess, was staff capacity, because there's that quote: 'there's only so much one person can do', which takes centre point for this report, and it is the truth.

What were some of the gaps and the barriers that were coming up regularly?

**Rebecca McColl:**

Like you said, I think areas that had both that rural and urban maps, like Highlands came through quite strongly from some of the services we spoke to up there. Just off the top of my head, an example that we had up there was from one service I spoke to who said that they used to be one of three services in the area that provided support in their locality in the Highlands, but over the past couple of years they have dropped down to one. That caused a whole load of logistical difficulties for people who lived all across the locality, having been used to having that service on their doorstep to then either having to travel or just not knowing what was available elsewhere. I think the services said that if you live in a rural area and there wasn't much locally for you, then not only did you maybe have to travel, but you had to be in the know beforehand about what was available in urban areas, so you had to understand what

was available in Inverness, for example, to be able to access that. So, not only was the travel an issue but also the knowledge as well. It was a general lack of awareness of what's actually available out there for families in both rural and urban communities.

Services spoke about certain medical services, like if you go to the GP and you are looking for help, a lot of General Practitioners didn't know that there was maybe a family support service in that area, and then weren't able to refer them on. There was just that total deadlock of families maybe looking for support and not being able to find it because the places that they were going to, which would be the first thing that would maybe pop into their head -oh, I'll go and visit my GP - they didn't have the knowledge or the awareness that that support was there.

Linking in directly from that would be the infrastructure that a lot of services built up as well, there was just no...in some of the areas there was, which was one of the positives that came from the report, but in a lot of areas there just were no strong links between say family support, alcohol and drugs services, other services like social work or GP practices and things like that. Those links just weren't in place and that was causing a lot of disconnect with people at services themselves who were trying to work with different members of the same family or who were trying to work with the same individual, and everything was just getting lost in translation. And the fact that there was no out of hours services as well came through quite strongly.

Going back to that theme about a lack of staff capacity, staff felt like they were the only person in their area who was providing that support for that person, or a whole load of family members to be honest, depending on what their caseload was like, there was that awareness that they were working nine to five, and then once they clocked off there was nothing else. So, if something happened during the nine to five, they were aware, in a personal sense as well, there was nothing for those families, which is a lot for one person to carry on their own shoulders, in work and out of work as well.

There was just a general lack of options. Some areas had maybe one option for families to go to, or they maybe had one option for adults and one option for young people; a lot of places had no options for young people but there were different types of services if that makes sense? From what I've heard in the past is that family members quite like to have that choice, whether CRAFT works for them or Families and Friends works for them. Everyone's different, and family support can be quite an individual experience, but if there's only a CRAFT group in your area, and you don't really feel like that's gelling for you, it's not working for you, you maybe prefer one-to-one support, but there's not that option, then services noted that as an issue as well. Again, that directly linked in to staff capacity as just because a staff member has the capacity to run a group, for example, they may not have the capacity to see people one on one, things like that. Staff capacity was really linked into more of less every other gap that there was.

Again, bereavement and specialist support for men or dads came through quite strongly as well, but that also linked into staff capacity because services said that they'd maybe quite like to run a bereavement group or support that was men-only, but they didn't have the time or resources to do that. The same came from stigma as well: services said that they were very aware that stigma was really quite strong in their communities but they didn't have the

resources to go out there and make themselves more known in the community, increase that awareness, and in turn, try and help to break down those barriers and make more of a space in that community, but they just didn't have the capacity or the resources to do that.

**Rebecca Bradley:**

Yes, even when you're thinking of people who finally find that family support, but then there is the stigma that hinders them and stops them from being able to do it. And even what you were just saying about city support: the Highlands is huge, so if you were only getting support in Inverness but you lived in Wick or something, that's a huge drive to get to the support services that would be the only thing that's available to you. There is a bit of a postcode lottery, that's the quote we always use in that you might be in luck, or you might not be in luck, depending on what your preference is or where you live and what support you can access and how all of the services that you spoke to, they all were all saying really similar things. There was not really that much of a major difference between what they were saying, there was always, as you said, the lack of infrastructure, the staff capacity: that was really the driving force behind what was being said. There are simply just not enough people to deliver family support. There were also bits of family support getting put onto the end of someone's job and that has become something that they had to do. And as we always say, people deserve family support in their own right. That should be a completely separate branch of support for people.

There was also quite a bit about, and it's also in the report itself, about when we talk about the out-of-date information. That has always been a major problem for the family members that I've spoke to over the years. They've always said, 'You go on a website, you get this information and you phone the number and no one is picking up or nobody's there. Their phone number no longer exists and the details haven't been updated, so that adds another layer of anxiety and frustration to people who are finally feeling that they are able to get support.

Thinking about the out-of-date-information, if we look at the pandemic and the major impact that has had, we know that some of the services could not carry on when the pandemic happened. A lot of them were put on furlough but people's problems didn't stop. In fact, they were exacerbated so people were desperately looking for help. I'm not sure if in the report, the pandemic came up quite a lot? Was there anything that the services you spoke to were telling you about the impact that it had had?

**Rebecca McColl:**

Yes, it was definitely relevant. I think, as you were saying about those barriers like the out-of-date contact details and things like that, I came across that myself as I was trying to reach out to services: it was either out of date or it was just incorrect and there had been a typo on the website or something like that or the mailbox wasn't being checked because staff were working from home and it hadn't been changed to an email address that someone that was able to access whilst working from home. There were loads of different things like that that got in my way, and I can imagine that if you were a family member seeking support in that situation, that would be really disheartening. I was just trying to have a brief chat with the services. I wasn't seeking support. So, those kind of barriers were definitely in my way, which are, of course, in family members' way as well.

In terms of other things related to Covid, as well, I did find that some services had disappeared and they seemed to have ceased to exist since they had first been checked, so they were obviously changed and removed from the directory, but some new services started as well. I think the way services worked really changed as well. Some services noted, well, actually, the majority of services - 69% - said that they were now doing a blended model, just because they found that it worked best for them now and they were able to see what their family member's needs were and adapt to them. A lot of the found that it made the service inaccessible but also more accessible at the same time - if that makes any sense? But some services found that people absolutely hated being online, they hated phone calls, and there was also the issue of just having the privacy at home. If your loved one is at home and you are needing support because you are impacted by them, then trying to get privacy to get a phone call was incredibly difficult in the starting stages of the pandemic for some people. And some people just didn't like being online at all. They just preferred face to face. I know how they feel sometimes with that, but some people just didn't like that at all. It was also quite inaccessible for older people who maybe didn't know how to use Zoom or Teams, things like that. So, because of that people sometimes lost touch with older family members and they were trying to phone them and they weren't engaging because they just didn't like it. Then, on the other hand, services found that they reached a whole load of people that they never would have reached before because having support in the privacy of your own home, on your phone or your laptop, whatever you were using, it was so much more accessible for people to just type in on the website and just log in. The support was there in their living room and a lot of people preferred that as well, they found it more comfortable or easy to access because you can switch your camera off or change your name if you wanted to be anonymous, that sort of thing. So, it kind of completely changed how a lot of services wanted to work going forward, and as I said, 69% decided that they were going to keep that blended model and see people face to face if that's what they wanted, or see them online if that's what they wanted, just because they found that that worked best with people that they were working with.

**Rebecca Bradley:**

Yes, definitely there were some positives and negatives. As you said, positive in the sense that so many more people were coming that maybe would not have gone to support services before, and getting support. I know because there were quite a few people that I spoke to who really missed that face-to-face contact, and we know that there's quite a significant impact that face-to-face contact can have for people when they are reaching out for support. You never know what the next few years will look like for support. It might drastically change for the better, hopefully not for the worse.

There was also a bit that you mentioned that I've been hearing a lot of myself, there's a lot more on Twitter, and it's families campaigning for change as well. It's the need or the demand for an out of hours service. You were saying that a lot of places work 9am until 5pm and that's it. Sadly, that's not how people's lives work: we don't stop at 5pm and all of our problems stop. Our helpline, obviously, is open until 11pm and it runs out of hours at the weekend. Was there anything coming up around out of hours services? Were there any support services that were actually doing that? Or was it just maybe a lovely thing that they wish could happen?

**Rebecca McColl:**

Most services said that that was a thing that they would wish would happen. I think services mostly said that it was the struggle of trying to get cover for those hours and the logistical challenges that that would cause, but they were all very aware that that is something that needs to happen. A specialist service like that, if that was to be funded in their area, that would be fantastic and that was something they would really advocate for. A few services were working night calls and things like that so people who were working, like loads of our groups do, are able to chat to people in the evening if that's better for them. Other than that, no. It was just something that would be really desirable.

**Rebecca Bradley:**

Yes, it would be a lovely thing to have, but fingers crossed that it could happen because you do have a lot of 24/7 helplines, and they work really well. You never know, hopefully there could be more of those in the future.

Just still on that section, were there any positive stories that were coming out? We do know that there are a lot of services that are doing an amazing job and they are doing the best they can. Were there any positives that were coming out?

**Rebecca McColl:** Yes, there definitely were. I think the overlap section was where most of the positives came from, although there were little bits of negatives here and there about sometimes communication not always being the best between services in a local area, but the majority of the comments from that section were overwhelmingly positive. Services spoke of working together really strongly and building up really strong partnerships. Like I said before, if different services were working with one family or with different members of the same family, a lot of services were able to build up those really strong partnership links and put in place what was best for that family and decide who was best to do what for that person. Services said as well that they spoke with loads of different types of organisations if the individual they were working with had a range of other needs, like they spoke with women's services or LGBTQI+ organisations, just depending on what that individual needed. It was really easy to work together because, at the end of the day, they all wanted what was best for the individual and it was really important for them to make those links and make sure that happened.

Another thing that came through really strongly that was quite positive, most services had nothing but good things to say about community link workers and locality teams as well, who were specialist locality teams, for example, there was a locality team in Angus that had been specifically commissioned for kinship carers, which was discussed as a gap as well but I forgot to mention that earlier. Support for kinship carers was something that came through quite strongly as a gap as well, but that team worked really well to try and fill that gap for people who are kinship carers who are going through extreme changes in maybe quite a short space of time, the young person who is coming into being cared for by someone else. The kinship carer who was coming into that caring role, trying to support them in that big transition, that was one of the biggest positives as locality teams and community link workers who were trying to support people to get the right support when they needed it.



**Rebecca Bradley:**

Excellent, yes, it is definitely collaboration and working together. We know that through Scottish Families' work, there is so much good work that happens with collaboration. That's good. I'm glad there were positives too because when you read through it, you can be like, oh no. You don't want to always be negative in things like that, even though it's important to raise those issues, you still want to make sure that there are people who are doing an amazing job at the same time.

You mentioned briefly earlier that there was something major that came out with the young people in that there was next to no support for young people impacted by someone else's drug or alcohol use. It's quite strange because it seems to be that children tend to get a decent amount of support, but when we look at people that are in their late teens or early twenties, the people who have left school and whatnot, that there's just no support available for them. Obviously, we've got Routes in East and West Dunbartonshire, which is for 12-26-year-olds, but that's only in East and West Dunbartonshire just now. Was there anything that the deep dive report found out in terms of support for that age range?

**Rebecca McColl:**

Yes, definitely. When I asked about gaps, more or less every service I spoke to acknowledged that there was a big gap for specialist services who were impacted by somebody else's alcohol and drug use. A lot of services also mentioned that there was a gap for young people with their own substance use as well. There was just a massive lack of things for young people who were impacted by their own and somebody else's substance misuse. But most of the services that we spoke to supported adults - 52% - so, I guess that's kind of reflective of what the answers were for that, because services that were supporting adults were able to identify that gap pretty easily, that there was something missing there for young people. From speaking to other services, I would say that Routes is definitely something that is quite unique across Scotland. There's not really anything else like it. And I think they have managed to get the balance right there because the age of a young person is quite wide: between 12 and 26, but they've managed to get it right for the ones who are maybe 12 to 18 who really enjoy that group work and that peer support and getting out and about, working together and getting that type of support, but also catering to people who are in that 18 to 26 category, who wouldn't really want to hang about or wouldn't feel at home in a place where 12 year olds, 14 year olds, things like that, it wouldn't be the right place for them to get support, but also don't maybe want to seek support from adult groups who are more catered towards perhaps parents who have children or partners, where they may be impacted in a different way. It could be their parents or a sibling, and the dynamic is just different. So, Routes has been able to support them in a way that's comfortable for them on a one-to-one basis in a way that they would like. From what I could gather from the report, services like that were a big grey area in that there was no transition for people who had been in a really good youth group when they were younger, to then getting them into an adult service for family support. There was just no solid transition there that works. There's a massive gap in that area.

In terms of their own substance use, services spoke about long wait times for CAMHS and there's nothing really in between. There's just a massive gap there and there's nowhere for young people to go in general across Scotland for any issue, whether that be they were

impacted by someone else's, their own mental health, it was just a big grey area. Most services identified this and thought there should be change in their local area.

**Rebecca Bradley:**

It's always sad to hear of that sort of information that comes out because that age range, you need to get in there first because there are a lot of young people who have to deal with a lot of trauma and things like that. And when you're saying that there's nothing really for them, or if there is stuff but you're waiting months and months in that huge waiting list, then it is quite frustrating.

**Rebecca McColl:**

I would say there is a lack of specialists as well. Something that came through quite strongly was that carers' centres are there but it's not...the carer's centres that I've spoken to, they said that there's definitely an issue with the language there. People don't see the carer's centre and immediately think that's for me, because there's a whole conception of a carer of somebody who runs baths and makes tea and all that stuff, which is what loads of carers do and it's really important, but it's also about the emotional impact of people who are impacted by alcohol and drugs, for example. That worry and the impact it has on young people and adults, mentally, but it's not really clear when you look at the carer's centre that you would think that's for me. It's about helping people identify that they could actually access that service, but at the same time, services also acknowledged that stigma plays a big part there because young people in particular might not want to access that service because they know that there are other young people at that service who maybe have other things going on and they don't want to have to disclose what's going on with them because they might not understand, which is what Routes does really well as everyone's in the same situation and they know they're not going to be judged and they can talk about what goes on at home if they like. They all know that they are there for the same reason but at the carer's centre it is a completely different dynamic. That was another thing that came through really strongly, and services have really acknowledged that themselves.

**Rebecca Bradley:**

Yes, that is really good to hear. I think there's always such a big difference: when you think of support group sessions, even though you're there for the same sort of issues that you are experiencing, there is a big difference between a parent who is worried about their child and a young person who might be worried about their parents. That is a very different sort of dynamic.

With the pandemic, if we're looking at it in a positive way, there is more online support and there are more places through social media and things like that, not being stereotypical about young people using social media, but there are further options there in terms of help lines, web chats as well, they are definitely becoming a lot more popular. I know on our web chat, the helpline you get quite a wide range of ages that come to it. Gaps are always an issue but we need to think positively and deal with that.



Just to finish up, in the deep dive report, there are quite a few recommendations for change. Obviously, at Scottish Families we love a recommendation for change. I think every single report we put out states: here are the changes. And these recommendations in this report, it's really wanting to improve the experiences that families are going through when they are trying to seek support, when they are trying to initially reach out. Do you want to share some of them? Not to give too much away for people who want to read it, and just chat through them. There are some really specific ones and there are some really good ones that we know could be easily achieved.

**Rebecca McColl:**

One of the easiest things to start off with would be that services really need to make sure they check their website regularly and make sure that everything is accessible and up to date. I think it's really important that when families are reaching out for support, that that experience is really seamless and there aren't any dramas with incorrect contact details and things like that. For me, it was quite frustrating so I can only imagine how that would be for a family member. I think it's also something that is quite quick and easy to do. Also, try and make sure there is a range of options for people to get in touch as people have different accessibility needs and things like that. Not that our helpline is the be all and end all, but we do have the phone line, the web chat, you can email if you like: there are plenty of different options. I think that's really important to make things accessible for people, just so that everyone can reach out in a way that is comfortable to them. I think that's probably the easiest one.

Other ones that might be more tricky were increased funding; I think that was one of the ones that came through pretty strongly. Single-worker posts as well: instead of single-worker posts, funding for more than one person because, from what services were saying, it was either one person doing it on their own or one person doing it as part of a wider role, and maybe half of their week was dedicated to family support, or the group was run by a volunteer only, that was brought in to do that, and things like that. There was a lack of specialist teams that worked for families. The number of families in the local community, you know, if you take that figure of one in three adults who are potentially impacted in the UK by someone else's alcohol and drug use, it puts into perspective what one person is having to try to potentially do in one local authority, and that far exceeds the capacity for just one person. Again, just helping services that are already there to scale up a little bit and give them the funding that they need and deserve.

Another one, other than about the contents of the report, is that it was released in December, I think I can understand when things get released in December; everyone's coming off for Christmas and a big report gets dumped in your inbox about families, it can be a bit difficult, and maybe things have fallen by the wayside a little bit. The full title of the report was Families Affected by Drug and Alcohol Use in Scotland: A Framework for holistic, whole-family approaches and family-inclusive practices - that was sent out to ADPs, that should be really thoroughly read and carefully considered just to make sure that that whole-family approach is really being followed and what's written in the policy is really being delivered on the ground for families, because sometimes that doesn't always translate to what people hope it will. I guess just making sure that policy is translating into practise, we'd also really advocate for some of those stronger connections between services locally, to build those networks, because that was one of the biggest positives that came through from the whole report was that areas that

had those networks in place seemed to be really pleased with how they were working, they seemed to be working well for each other, to really get that peer support, as people who were working with families, but also for the families that they were supporting as well because they were getting the best experience because everyone that they were working with was working together. Yes, those were the main recommendations, although some of them might take longer than others.

**Rebecca Bradley:**

Brilliant. Thank you so much. As I said, you can read the full report when it's available. In some ways, it's scary in terms of what's gone on, but it really lays out the current situation of family support in Scotland.

Thank you for coming on. This is your first podcast with us, so thank you so much. Of course, congratulations as well because this was your first bit of work that was just thrown at you. You appeared and it was like here, do this! And now it's here and it's exciting to see how we go forward with this. Thank you.

**Rebecca McColl:**

Thank you for having me.

*Interview Ends*

**Exit:**

Thank you for listening, if you're worried about somebody else's alcohol or drug use you can contact Scottish Families on 08080 10 10 11 or by email at [helpline@sfad.org.uk](mailto:helpline@sfad.org.uk). We also have webchat and further information on our website [www.sfad.org.uk](http://www.sfad.org.uk).