

'COST OF LOVING' DELIVERY PLAN Year One: April 2023 – March 2024

OUR BIG QUESTIONS WHY IS THIS IMPORTANT? 2023-24

FAMILIES ARE SUPPORTED

1) What is the relationship between neuro-diversity and substance use, and how does this affect families?

There is a growing body of evidence and learning (including from families, a) services and researchers), around substance use and neuro-diversity. Some individuals are using substances to manage their own neuro-diverse conditions (both diagnosed and undiagnosed). Families report that services are not always responsive to their loved one's needs where there is co-occurring substance use b) with neurodiverse conditions. Neurodiversity is positive and an asset in itself, but we need to develop our own knowledge, skills and confidence in this area, to support families most appropriately. We are aware some of the interventions and programmes we routinely use in our work with families may not be effective c) where family members and/or their loved ones are neurodivergent. We want to engage with family members around what works for them, and with organisations with expertise and experience in this area of work.

IN YEAR 1 (2023-24) WE WILL...

- a) Develop a clearer understanding of family experiences around neuro-diversity and substance use, and what works for families in this situation.
- Engage with partner organisations who have expertise and experience in this area of work, to develop our own knowledge, skills and confidence.
- Begin to review our own family interventions/programmes in collaboration with others, to ensure we are responding appropriately and effectively.

0	UR BIG QUESTIONS 2023-24	WHY IS THIS IMPORTANT?	IN	I YEAR 1 (2023-24) WE WILL
2)	What is the state of family members' own mental health, and how should we highlight and	In our 'Change Will Come' Strategy, we highlighted the challenge for families affected by co-occurring mental health issues and substance use (known as 'dual diagnosis'). This includes the difficulties accessing treatment and support services (a case of 'every wrong door' rather than 'no wrong door'); substance	a)	Develop practical tools for family members to help them to identify their own mental health needs and to access support for these.
	respond to this?	use as a response to untreated trauma; and high levels of risk and harm for families, including violent and unpredictable behaviour. We are increasingly seeing mental health issues as the biggest presenting concern for families and the primary cause of harm/risk, above substance use issues. But we also have	b)	Develop our own workforce knowledge, skills and confidence around family members' mental health and how to respond.
		increasing concerns about the deterioration in family members' own mental health. We know many do not seek professional help for themselves, as they are aware their loved ones (who they consider more unwell) cannot get the help they need. We want to raise awareness of the serious state of family members' own mental health, and ensure they can also get the support they need.	c)	Provide family members with a platform to share their experiences and campaign around mental health issues through blogs, podcasts, events & meetings.
		FAMILIES ARE INCLUDED		
3)	What can help and support services to involve families in their loved ones' treatment	There are multiple policies and strategies in place which state that family members have the right to be involved in their loved one's treatment and care, including the <u>Quality Principles</u> (2014); <u>Rights, Respect and Recovery</u> (2018), the <u>Medication Assisted Treatment (MAT) Standards</u> (2021) and carers legislation, policies and strategies, linked to the <u>Carers (Scotland) Act</u> (2016).	a)	Develop and deliver a one-year national Family Inclusive Practice Development Programme, working alongside local alcohol and drug services to support them to include families in their work.
	and care, and how can we embed more family- inclusive practice?	However families affected by substance use are routinely excluded and judged by services, and these rights are not upheld. This is particularly stark when comparing carers' rights on paper with the experiences of our family members (who are also carers).	b)	Share our findings with the national Whole Family Approach/ Family Inclusive Practice implementation group, to influence next steps and future developments.
		As part of the implementation of the national <u>Whole Family Approach/ Family</u> <u>Inclusive Practice Framework</u> (2021), the Scottish Government has provided funding for Scottish Families to develop and deliver a one-year national Family Inclusive Practice Development programme, working alongside alcohol and drug services.	c)	Work with carers organisations to ensure that family members identify as carers, as appropriate, and are able to access their rights and associated support.

OUR BIG QUESTIONS 2023-24	WHY IS THIS IMPORTANT?	IN	YEAR 1 (2023-24) WE WILL
How can we promote more equality and diversity in our work, so all families feel	We want the work of Scottish Families to be accessible and available to all people in Scotland, respecting and welcoming all, challenging any discrimination, including on the basis of gender, age, ethnicity, disability, sexual	a)	Develop and publish an Equality, Diversity and Inclusion (EDI) statement and policy.
Scottish Families is for them?		b)	Deliver foundation-level EDI training for the staff team.
	 Building on our Love Makes You Family approach and our work with the <u>Kinder, Stronger, Better</u> partnership, we have started work with experts in equality and diversity development to look at our: staff training 	c)	Carry out a pilot of data collection changes within a specific service and review learning from this.
	 organisational policies service delivery data collection. We want to enhance this work and make practical changes and improvements at Scottish Families to strengthen our approach to equality, diversity and inclusion. 	d)	Actively seek out partnerships and opportunities to grow our understanding of, and improve our response to, diverse communities harmed by substance use.
	FAMILIES ARE HEARD		
What is the Cost of Loving for families, and how can it be reduced?	The Cost of Loving is the over-arching theme of this Strategy, focusing on the financial, practical, emotional and other costs for families harmed by a loved one's substance use.	a)	Facilitate Cost of Loving discussion sessions with our family members, to help them to understand and capture these costs.
	We recognise that our families face difficult and often impossible choices, including being coerced into paying costs without a proper understanding of what they are paying for, and feeling pressured to pay costs associated with	b)	Develop materials to support family members to respond to/ reduce these costs.
	their loved one's substance use above other priorities for themselves or their family.	c)	Work with family members to share this information publicly in creative ways, to raise wider awareness of the Cost of Loving.
	For many families, this Cost of Loving is more of a daily challenge than the cost of living crisis, which is attracting more political and media attention, and more of a service response.		

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How do families navigate life after alcohol and drugs?	Scottish Families supports family members whatever stage their loved one is at, and where they are bereaved. However there is a strong focus on 'recovery' in alcohol and drug policy and practice – it is presented as a final, desirable state – a nirvana everyone should aspire towards, along with the assumption that everything else will just fall into place at that point. And where families	a)	Work with the Scottish Centre for Conflict Resolution (SCCR) to complete all staff training in preventing, managing and resolving conflict within families.
	have lost loved ones to alcohol or drugs, there is an expression of sympathy, but little recognition of the long-term challenges of then navigating through life afterwards.	b)	Publicly highlight the reality of life for families after alcohol and drugs – including what 'recovery' means and looks like for families in this situation.
	The reality of life after alcohol and drugs for families is not straightforward – from a constant fear of relapse; the need for conflict resolution and mediation (given it is not always simple to forgive and forget); to coping with the complex grief, guilt, loss and trauma of substance-related bereavement.	c)	Develop families' knowledge, skills and confidence around understanding substance use and recovery, including relapse prevention and response.
	So what does 'recovery' really mean and look like for families after alcohol and drugs, and how can we support them to rebuild and recover their relationships and their own lives?		

FAMILIES ARE CONNECTED

4

OUR BIG QUESTIONS WHY IS THIS IMPORTANT? 2023-24

2023-24			
Can we start a national 'Meet the Family!' conversation about alcohol and drug harm in families, recognising	Our <u>'Ask the Family'</u> project (2021) found that family members were harmed by alcohol or drugs for an average of 16 years, but it took an average of 8 years for them to reach family support for the first time. 'Ask the Family' also found an average of 11 people are harmed for every person using alcohol or drugs,	a)	Develop a 'Meet the Family' national conversation programme, including materials, methods, participants, and delivery plan.
everyone knows someone affected?	covering every possible family relationship or social network (such as friends, work colleagues, neighbours). At Scottish Families we support families from every single local authority area in Scotland – urban, rural and island, and from all social groupings. There is no 'type' of family affected by substance use. Yet despite this significant reach and impact of alcohol and drug harm within families right across Scotland, there is little public awareness or understanding of what life is like for families harmed by a loved one's substance use. Whilst 'everyone knows someone' affected, there is still significant stigma, shame and secrecy for families. We want to raise general community awareness of issues for families, and to tackle stigma through a national conversation.	b)	Test out this approach in specific localities and with specific target groups.
		c)	Work with our growing volunteer base to identify and train volunteers to assist with delivery of 'Meet the Family' sessions.
	FAMILIES CREATE CHANGE		
Can we close the implementation gap in Scotland between good policies and strategies and what actually happens in	There is no shortage of positive and progressive written commitments around families affected by substance use in legislation, policy and strategy documents – at local and national level. However the reality for families on the ground looks and feels quite different.	a)	Gather and share research evidence from families of the implementation gap through our My Family, My Rights programme, the implementation of the Medication Assisted Treatment (MAT) Standards, and other work.
practice?	We recognise there is an implementation gap in Scotland between our positive, written intent and what is experienced in reality in communities. We need to understand what is getting in the way of good policies and strategies actually happening in practice, so we can help to close this gap.	b)	Carry out a research project involving those responsible for translating one or more policies into practice (at all stages of this process), focused on identifying what helps and hinders implementation on the ground.

IN YEAR 1 (2023-24) WE WILL...

Each year of this Strategy, we will publish a **Progress Report** noting how we got on putting our annual Delivery Plan into practice. Each year of this Strategy we will publish a new annual **Delivery Plan**, outlining further actions to answer our 8 Big Questions.