North Lanarkshire Alcohol & Drug Partnership
Rights / Respect / Recovery

Scottish Families
Affected by Alcohol & Drugs

Hidden in plain sight?

The experiences of families affected by substance use in North Lanarkshire

FINAL DRAFT REPORT

For North Lanarkshire ADP, September 2020

TABLE OF CONTENTS

INTRODUCTION

Hidden in Plain Sight

Almost 1 in 3 adults[1] 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. [2]

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 stigma of addiction 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.

Against this backdrop, North Lanarkshire Alcohol and Drug Partnership (ADP) commissioned Scottish Families to carry out a scoping study about families affected by others' substance use in the local area. This aimed to:

- Better understand the experiences, support needs and strengths of families affected by others' substance use, including **how to identify, reach and engage** families of all types and situations;
- Establish what is **currently in place** in North Lanarkshire to support families, including formal and informal support, and 'badged' and 'unbadged' support;[3]
- Explore **where families are currently accessing support** (which may include the above support but also other more hidden sources);
- Map existing **pathways and barriers** to support for families, and assess what is working well, and what could be improved;
- Identify the different experiences of families living in each of North Lanarkshire's **six localities**, including **family and community strengths and assets** in each area;
- Explore ways in which **family voices and experiences** can influence policy and practice across the ADP and its partners, including involvement in care planning;
- Gather information on **community attitudes and experiences** around alcohol and drugs to understand the local context for families;
- Assess and develop workforce confidence and skills around **family inclusive practice**;
- Make **recommendations to the ADP** to help inform their emerging Strategy, and respond to the family commitments in the national Rights, Respect and Recovery alcohol and drug strategy.

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.

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[1] Adfam (2019) *One in Three: Adfam's Manifesto for 2020 and beyond* https://adfam.org.uk/files/one-in-three.pdf

[2] Scottish Government (2013) *Getting our priorities right: good practice guid*ance https://www.gov.scot/publications/getting-priorities-right/

[3] 'Badged' support is clearly labelled as for families affected by substance use; 'Unbadged' support is broader (e.g. generic support for carers, generic support for families).

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 love and care for each other.
At Scottish Families, we welcome all families.
What makes you family? Love makes you family.[4]

Acknowledgements

We would like to thank all of those who gave their time to take part in our community survey and qualitative interviews. Please note that this report has been produced by Scottish Families Affected by Alcohol and Drugs and does not represent the view of North Lanarkshire ADP or any individual or organisation who participated in the project. Any errors in 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.

[4] Scottish Families (2020) Change Will Come: Strategic Plan 2020-23 https://www.sfad.org.uk/change-will-come-our-strategy-2020-2023

EXECUTIVE SUMMARY

1. This scoping study was commissioned by North Lanarkshire Alcohol and Drug Partnership (ADP) to inform its developing Strategy and respond to the family commitments in the national Rights, Respect and Recovery alcohol and drug strategy.
2. The main focus of this study was support for adult family members (age 16+ years) who are affected by a loved one's alcohol or drug use, not support for children.
3. A mixed methods approach was used including desk research; an online community survey; and one-to-one qualitative interviews with family members and people coming across families (practitioners/ community links). These were completed between July and September 2020. A workforce development survey and training sessions are to follow.
4. 226 people completed the online community survey, with a good spread across North Lanarkshire's 6 localities.
5. We carried out 20 one-to-one interviews with family members (7 interviews) and practitioners coming across families (13 interviews). Note that these are not discrete groups, and a number of practitioners also discussed their experiences as family members.
6. A further 30 individuals who completed the community survey offered to be interviewed. Three of these were already included in the qualitative interviews and the remaining 27 are to be scheduled at time of writing.
7. In terms of who is affected by substance use in North Lanarkshire:
    a. 94% of community survey respondents said they knew someone who has (or had) an alcohol or drug problem.
    b. 66% identified as a family member with experience of addiction in the family.
    c. A further 14% described themselves as either currently (5%) or previously (9%) having an alcohol or drug problem.
8. The community survey found the vast majority of respondents felt all age groups (from 0-4 year olds to adults) were affected by addiction in the family.
9. There were mixed views as to whether there was any difference being a family member affected by substance use in *North Lanarkshire* as opposed to any other part of Scotland. Although much of the emotional and other impact was seen as similar no matter where you live, there was a sense that North Lanarkshire's resources and service provision are below what is required to meet the ongoing economic and social impact of multi-generational poverty and deprivation.
10. However in North Lanarkshire (as elsewhere in Scotland) we can see a wide range of families affected by substance use, right across social groupings and areas of the community. Services do not necessarily reflect or respond to this range, or recognise wealthier families are also affected.
11. This was not a prevalence study focusing on drug or alcohol trends, but families and services reported rising trends around cocaine use, as well as ongoing alcohol harm. (Note that for Scottish Families national helpline, cocaine is the most commonly mentioned drug of concern, after alcohol). Cannabis use is commonplace, but less likely to come onto the radar of any services (including family support). There was less mention of heroin or benzodiazapines, although these remain the focus of statutory treatment services.
12. No-one believed there was a surplus of family support, or that families had a wide range or choice of support. There was a significant gap between people's confidence (measured in the community

survey) that they could help families connect with support, and what support they could actually name on the ground.

13. The family support which is available in North Lanarkshire is relatively small scale and not particularly high profile or well known, outwith those in the field.

14. Family members who had reached support (so the minority of all families affected) had largely done so via word of mouth (including from other family members in their network) and from treatment and recovery services. This was usually after a long period without any support, and was often at a point of crisis.

15. Evidence-based, solution-focused family support programmes were evident, including Phoenix Futures (who use Community Reinforcement and Family Training, CRAFT) and Al-Anon (who use 12 Step). Such approaches are essential in effecting change, as family members learn new insight, skills, knowledge and practical strategies, including self-care, coping strategies, communication and boundaries.

16. Indeed family members talked powerfully about the life-changing impact of accessing this high quality family support. This includes connecting (often for the first time) with others in the same situation, as well as learning about addiction, recovery and relapse, and learning new the skills and strategies mentioned above.

17. The ending of face-to-face contact due to COVID has significantly reduced the ability of families to access support. Some are unconfident or don't have access to the required technology or connection, whilst others can't get the privacy required to talk with others about what is going on. This includes those who are sharing their home with their loved one, or where other family members are unaware of what is going on.

18. Changes in face-to-face treatment and recovery support during the COVID outbreak has also meant that family members are unable to accompany their loved one to assessments or appointments, so the opportunity for staff to connect with them and offer them support in their own right has been lost.

19. It was suggested that family members affected by cocaine use may be coming forward for support more quickly due to the severe financial harm caused. This includes significant family debts, and life-changing financial responses such as using up savings and pensions, and re-mortgaging their home. This suggests financial and advice services are a key location for awareness-raising and the promotion of family support.

20. There were mixed experiences of family involvement in their loved one's care and treatment. There were some good examples of family inclusive practice by services, but also many concerning stories about family exclusion, in breach of the commitments in Rights, Respect and Recovery, and the requirements of the national Quality Principles for alcohol and drug services.

21. There were a wide range of suggestions for how we could get the message out to families that it is OK to ask for help, and that support is available. However it was felt that there must be an earlier step, which we must not miss, to help families where addiction has been normalised to see the harm caused, and so to recognise life does not have to be this way.

22. There was widespread recognition of the impact of stigma, shame and secrecy on families. This is also preventing families coming forward for support. Tackling stigma is not just about the media and communities, but also about those closest to families (wider family, friends, workplaces).

23. There are some obvious locations which could play a key role in reaching family members concerned about a loved one, but we must ensure their response is confident and well informed, and they can connect families in with good quality local support. These locations include schools. churches/ faith communities, workplaces and financial services, who reach a huge number of family members.

24. There are some key opportunities just now in North Lanarkshire to reach more families, including the new resource of the Recovery Development Team (which includes people with lived experience as family members as well as alcohol and drug use). We should also look at the more expansive programmes available to those in treatment and recovery, and ensure families have the same 'like for like' resource investment and choice of engagement and support options and programmes.

25. There was no single idea, or even a shortlist of ideas, about what support for families should look like in North Lanarkshire, moving forward. There were 6 broad development ideas proposed: Developing drop-in centres/ community hubs/ cafes; Expanding existing family support provision; Ensuring a "like for like" offer for families as for those in treatment/ recovery; Work with schools, young people and parents; Multi-agency and multi-disciplinary approaches; and A Recovery Charter for the Community.

26. There is felt to be good partnership working and strong referral systems between partners, which is a huge asset. However a number of participants felt a Family Support Development Group or similar mechanism would help energise this agenda and bring partners (and families) together to strengthen, grow and publicise support for families (not just refer families between existing provision).

27. There was strong support for family voices and experiences more directly influencing the ADP agenda and decision-making process. Practical suggestions for this included ADP members going out to visit family support (i.e. reaching out into their space, not expecting them to come into the ADP's space); inviting case studies, testimonies and stories in a range of formats; having a family reference group or steering group; and having dedicated meetings and events focusing on families' experiences.

28. A strong message from this scoping study is that families in North Lanarkshire are hidden in plain sight. There are thousands of families affected by substance use in the area but a tiny number reaching support. Yet there are a huge number of community 'touchpoints' where families will be engaging, and which provide key routes for awareness-raising and support. These include schools, churches/ faith communities, financial/ advice services and workplaces.

29. The family support in place in North Lanarkshire is of good quality but limited in terms of profile and resource. There is widespread support for doing more in respect of the families' agenda, and a number of strong and practical suggestions for how this could be achieved. There is a firm belief that families should be at the heart of informing the next steps.

PART ONE: BACKGROUND AND CONTEXT

1.1 ABOUT SCOTTISH FAMILIES

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. The charity was incorporated in July 2008 as the Scottish Network for Families Affected by Drugs, changing its name to Scottish Families Affected by Drugs in July 2010 and then Scottish Families Affected by Alcohol and Drugs in 2013, having incorporated alcohol into its remit.

Scottish Families Affected by Alcohol and Drugs 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.

'Change Will Come': Our Strategic Framework

In July 2020 we launched our new Strategic Plan 2020-23, 'Change Will Come'.[5] This replaces our previous 'It's All Relative' plan which ran from 2017-20. We have retained our set of five Outcomes which continue to act as a framework for everything we do:

Families are **Supported**
Families are **Included**
Families are **Recognised**
Families are **Connected to Communities**
Families are **a Movement for Change**

'Change Will Come' identifies 12 Key Changes which we want to see in the next 3 years. These have been identified through our engagement with family members and partner organisations, and they focus on the significant improvements and developments we want to focus on during this period. As well as these Key Changes, we will continue to develop and improve all of our existing services and activities.

Scottish Families is the Scottish Government's Nationally Commissioned Organisation (NCO) for families affected by substance use, and we continue to play an active role in the development of strategy, policy and practice locally and nationally. This includes the ongoing implementation and monitoring of the family commitments in Scotland's national alcohol and drug strategy, 'Rights, Respect and Recovery' (2018), and working closely with local Alcohol and Drug Partnerships to strengthen family support and family-inclusive practice.

What We Do

We currently provide a range of services and activities across Scotland from our national office in Glasgow. More information on our work can be found at www.sfad.org.uk.

[5] https://www.sfad.org.uk/change-will-come-our-strategy-2020-2023

- Our free, confidential **Helpline** provides listening support and advice to anyone concerned about someone else's alcohol or drug use https://www.sfad.org.uk/support-services/helpline
- Our **Telehealth** service provides free, one-to-one support over the phone or via video call, delivering a programme of Community Reinforcement and Family Training sessions https://www.sfad.org.uk/support-services/telehealth
- Our **Bereavement Support Service** offers a programme of free counselling sessions to anyone (aged 16+ years) bereaved through alcohol or drug-related death https://www.sfad.org.uk/support-services/bereavement
- Local **Family Support Services** offering one-to-one support and family support groups in East Dunbartonshire, Forth Valley, Aberdeenshire, South Lanarkshire and Inverclyde (from November 2020) https://www.sfad.org.uk/support-services/family-support/family-support-groups
- **Routes**, our national **Young Persons' National Demonstration Project** in East and West Dunbartonshire, working alongside young people aged 12-16 years affected by family alcohol or drug use https://www.sfad.org.uk/support-services/routes-young-persons-group
- Scotland's first national **'Click and Deliver' take-home naloxone service**, launched in May 2020. This is targeted on families, however it can be accessed by anyone living in Scotland https://www.sfad.org.uk/support-services/take-home-naloxone
- We deliver **Learning and Development** support to organisations across Scotland, including alcohol and drug services and the wider workforce https://www.sfad.org.uk/professionals/training
- We have developed a range of asset-based approaches to **Working with Communities**, including our Connecting Families programme which is working with families to build a families recovery movement https://www.sfad.org.uk/communities/your-community
- We play an active role in **Policy and Campaigning** work, including shaping and influencing policy and practice through engagement and campaigns.
- Our **Communications** work helps increase awareness of families' experiences, including supporting families to tell their own stories where appropriate
- Through **Fundraising** we aim to create a sustainable resource base to support all of our work https://www.sfad.org.uk/get-involved/fundraising

We encourage all of those interested in our work to join our mailing list. https://www.sfad.org.uk/publications/newsletter.

How We Work

How we work is as important as what we do. We use relationship-based practice which places family members are at the heart of everything we do. Our relationships with family members are based on trust, respect, compassion and time.

We recognise and build on families' own strengths and expertise. We work with family members to develop knowledge, skills, confidence, self-care and connections.

We use a rights-based framework which recognises that family members have the right to be supported in their own right; included as active partners in prevention, support, treatment and recovery; and involved in the planning and development of policy and practice.

1.2 WHY FOCUS ON FAMILIES? STRATEGIC AND POLICY FRAMEWORK

An Adfam/You Gov poll in 2019 found that 1 in 3 adults in the UK have been negatively affected by the drug or alcohol use of someone they know.[6] The 2009 UK Drug Policy Commission *Supporting the Supporter: Families of Drug Users* report states there is a minimum of 134,000 adults in Scotland significantly affected by problematic drug use in their family and suggests the number of adults affected by alcohol misuse is even higher. Alcohol Focus Scotland's 2013 *Unrecognised and Under-reported* study demonstrated 1 in 3 people know a heavy drinker, with 1 in 2 negatively affected.

Amongst children and young people, the Scottish Government estimates there are at least 60,000 children are affected by parental drug use (with as many as 20,000 living with at least one affected parent), and 65,000 children harmed by parental alcohol use.[7]

It has been widely acknowledged that families and concerned significant others (CSOs) can be impacted in a number of ways as a direct result of a significant other's problematic substance use. This is further emphasised by the Scottish Families study completed in 2015 with The University of Edinburgh, *Exploring the impact and harms on families of those experiencing substance misuse: anxiety, depression and mental wellbeing,* which demonstrated that family members affected by problematic substance misuse *"average mental health and wellbeing (WEMWBS) score was significantly lower than the average of the general Scottish population."* The impact on families and CSOs can include:

- Experiencing anxiety/depression;
- Feelings of guilt or responsibility for another's behaviour;
- The impact of stigma – public, structural, by association and self-stigma including - shame, exclusion and social isolation;
- Breakdown in relationships with support networks; and
- Financial difficulties.

Against this backdrop, there is a broad-ranging strategic and policy framework in Scotland to support families affected by substance use. All services and practitioners working with children, families and young people affected by problematic alcohol and/or drug use are expected to work within this framework.

A. Getting Our Priorities Right – GOPR (2013)[8]

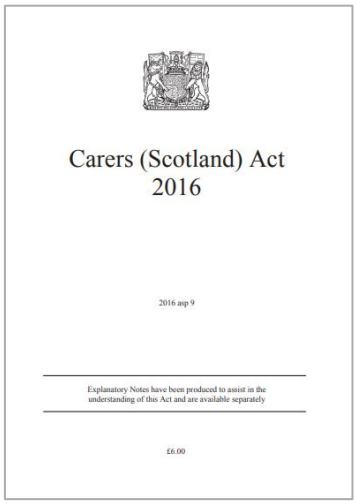
- Drafted by Scottish Government in collaboration with United Nations Convention on the Rights of the Child (UNCRC) and published in April 2013.
- The purpose of GOPR is to provide an updated good practice framework for all child and adult service practitioners working with vulnerable children and families affected by problematic parental alcohol and/or drug use.
- It has been updated to include national priorities identified by the Children Affected by Parental Substance Misuse (CAPSM) steering group, Getting It Right for Every Child (GIRFEC) approach and recovery agendas to focus on "whole family" recovery: "*All child and adult services should focus on a 'whole family' approach when assessing need and aiming to achieve overall recovery."*
- GOPR highlights the importance of early intervention of services and working together effectively before a crisis or tragedy occurs:

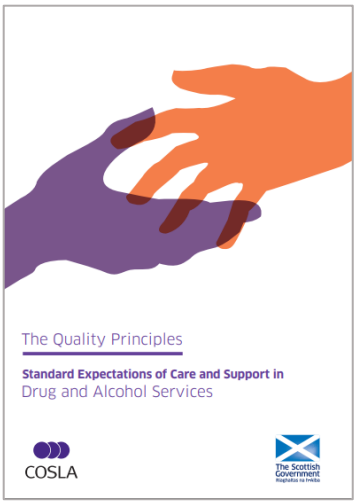
[6] Adfam (2019) *One in Three: Adfam's Manifesto for 2020 and beyond* https://adfam.org.uk/files/one-in-three.pdf

[7] Scottish Government (2013) *Getting our priorities right: good practice guid*ance https://www.gov.scot/publications/getting-priorities-right/

[8] As above

"All services have a part to play in helping to identify children that may be 'in need' or 'at risk' from their parent's problematic alcohol and/or drug use and at an early stage" and *"it is important that **all services** have arrangements in place to pass on information and to work with social work services to assess and continue to work with the family."*





B. The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services (2014)[9]

- The purpose of this document is to ensure the quality of services across Scotland, specifically related to the provision of care, treatment and recovery services.
- Scottish Families contributed to the Quality Principles through organisation and family member consultations.
- The Quality Principles also focus on guaranteeing that an individual seeking help regarding alcohol or drug use will receive adequate support (both short-term and long-term).
- A recovery-oriented system of care (ROSC) is outlined in this document where families, significant others and the community are involved in the persons recovery.
- A ROSC is defined by Scottish Government as *"A coordinated network of community-based services and supports. It is person-centred and builds on the strengths and resilience of individuals, families and communities to achieve improved health, wellbeing and quality of life for those with or at risk of alcohol and drug problems."*
- This is important as it includes the views and experiences of families and significant others.

C. Children and Young People's (Scotland) Act (2014)[10]

- The Children & Young People (Scotland) Act 2014 became law on the 27 March 2014.
- The purpose of this act is to encourage Scottish Ministers and public bodies to consider the rights of children and young people and how this relates to their work.
- New systems have been created to support children and young people that help services identify any problems at an early stage, as opposed to waiting until a child or young person reaches crisis point.
- The act increases the powers of Scotland's Commissioner for Children and Young People, makes changes to early learning and childcare, provides extra help for looked after children and young people in care, and provides free school dinners for children in Primary 1-3.

[9] Scottish Government (2014) The Quality Principles - Standard Expectations of Care and Support in Drug and Alcohol Services.
[10] Scottish Government (2014) The Children and Young Persons (Scotland) Act

D. The Carers (Scotland) Act (2016)[11]

- The Carers (Scotland) Act 2016 became law on the 1st April 2018.
- The Act extends and enhances the rights of carers in Scotland to help improve their health and wellbeing, so that they can continue to care, if they so wish, and have a life alongside caring.
- The Act requires local authorities to have a local information and advice service for carers.
- Services must provide information and advice about a number of things relevant to carers, including the carers' rights.
- All local authorities and health boards have a responsibility to listen to the views of carers in the strategic planning of carer services. Carer representatives and carer organisations may do this on someone's behalf.
- The definition of a carer and associated rights are set out in the Carers Charter.[12] These include:
  - The right to be involved in services
  - The responsible local authority must offer a care support plan to anyone who identifies as carer.
  - The right to be involved in the hospital discharge process - either planned or unscheduled admission.
  - Involvement in the hospital discharge must happen whether or not the person moves from hospital to their normal home, including further treatment or rehab.
  - *'Each health board must ensure that, before a cared-for person is discharged from hospital, it involves you in the discharge of the cared-for person.'*

E. Alcohol Framework 2018: Preventing Harm - next steps on changing our relationship with alcohol (2018)[13]

- This new Framework was launched by the Scottish Government on 20 November 2018, updating their previous document 'Changing Scotland's Relationship with Alcohol: A Framework for Action' (2009).
- The Framework outlines a number of measures to reduce consumption and minimise alcohol-related harm arising in the first place. It is an accompanying document to 'Rights, Respect and Recovery' (see below) which covers both alcohol and drugs.
- There is an overarching commitment to putting the voices of children and young people at the heart of developing preventative measures on alcohol.
- The remaining commitments focus on reducing consumption through affordability and availability measures; marketing and advertising; education, awareness-raising and behaviour change; prevention, diagnosis and support around Foetal Alcohol Spectrum Disorder; positive alternatives and preventing alcohol-related violence and crime.
- Specific measures include the ongoing evaluation of Minimum Unit Pricing; work around licensing; lobbying the UK Government to act on exposure to alcohol marketing on television before the 9pm watershed and in cinemas; considering mandatory restrictions on alcohol marketing and labelling; revising and improving the programme of substance use education in schools; and promoting the UK Chief Medical Officer's lower-risk drinking guidelines (in what subsequently became the Count 14 campaign, www.count14.scot).

[11] Scottish Government (2016) The Carers (Scotland) Act 2016
[12] Scottish Government (2018) The Carers' Charter: Your rights as an adult carer or young carer in Scotland
[13] Scottish Government (2018) Alcohol Framework 2018: Preventing Harm

F. Rights, Respect and Recovery – Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths (2018)[14]

The Scottish Government's new national alcohol and drug strategy – Rights, Respect, Recovery – was launched in November 2018. This replaces the previous Road to Recovery strategy (2008), and extends what was previously a drugs strategy to an integrated drug and alcohol strategy for the first time.

Rights, Respect and Recovery introduces what we have described as *"transformational rights"* for families.[15] 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.

Rights, Respect and Recovery

Vision

Scotland is a country where "we live long, healthy and active lives regardless of where we come from" and 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;
- are fully supported within communities to find their own type of recovery.

There is a commitment to involving families in the planning, development and delivery of services locally, regionally and nationally, and there is a significant focus on supporting and growing Whole Family Approaches and Family Inclusive Services.

[14] 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

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

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

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. So there is much to do to make Rights, Respect and Recovery look and feel real to families on the ground. This project is therefore well-timed to inform North Lanarkshire's delivery of the family-related commitments in the new national strategy.

PART TWO: METHODOLOGY

2.1 REACH AND FOCUS

Our scoping study design includes engagement with three groupings within North Lanarkshire:

1. Family
2. Community
3. Workforce

We recognise these are not discrete groups and there are always significant overlaps. For example the workforce includes many individuals with personal lived experience as family members affected by addiction, and both of these groups are part of the wider community. Indeed in this research, this crossover was evident between the groups.

Due to the current COVID-19 outbreak, the project to date has been carried out virtually, using phone, email and video conferencing (via Zoom and MS Teams). For this commission, we did not include any community events or informal fieldwork visits (e.g. to recovery cafes, local family support groups) which would normally be routine within a scoping project.

At time of writing, the workforce development survey and sessions have to be scheduled – we have been waiting to see whether in-person, socially distanced training sessions are feasible. If not we can deliver these virtually in due course.

This scoping study takes a strengths-based and solutions-focused approach. This is in contrast to a traditional needs assessment model which tends to focus on 'What is broken?' and 'What needs fixed?' and often assumes that the answers lie in formal services. The Scottish Families approach enables us to work with families and wide range of other local stakeholders to identify and capitalise the many assets and opportunities across North Lanarkshire.

The scoping study used a framework of three central questions:

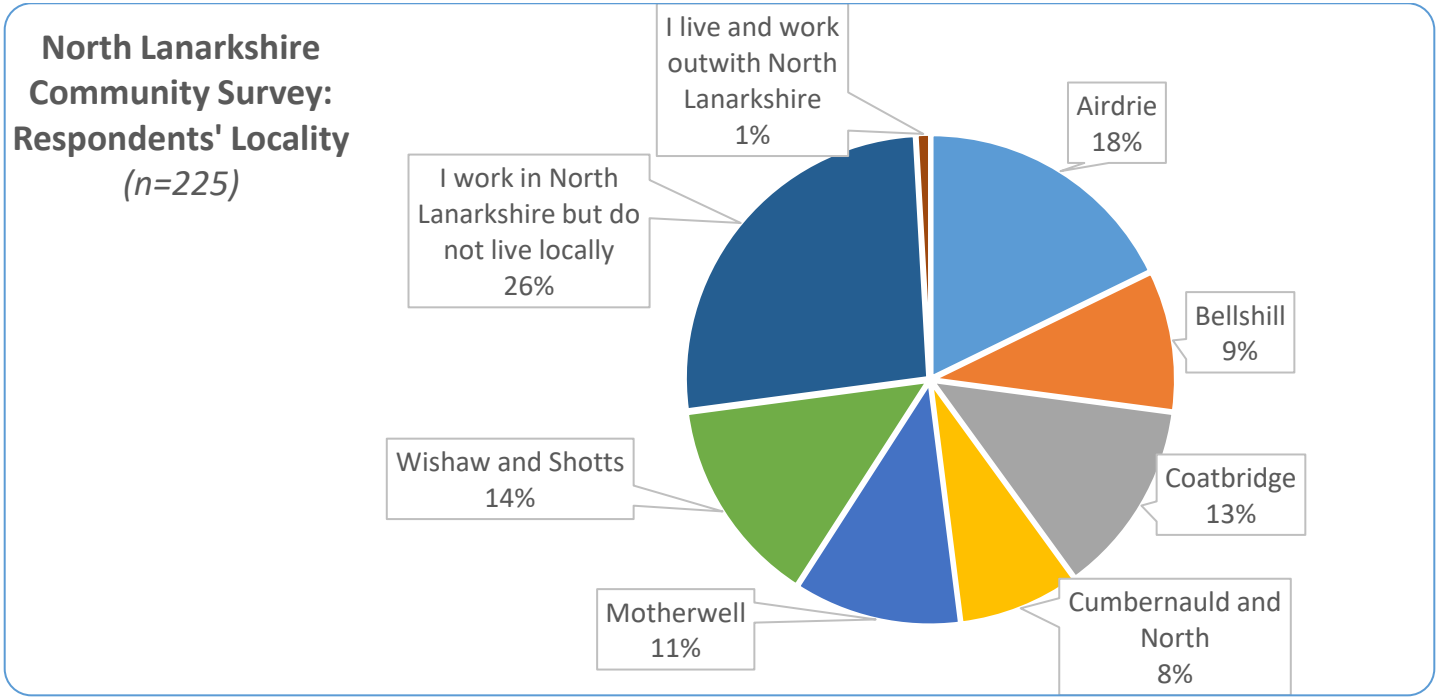
- Where are we now? (Current situation)
- Where do we want to be? (Evidence-based proposals)
- How are we going to get there? (Recommendations)

We used a mixed methods approach combining desk research, online survey and one-to-one interviews, with the workforce development sessions to follow.

An online sharing/ consensus discussion will be held once the draft report is completed, to discuss and test out our findings and recommendations with stakeholders. This will inform the final report.

2.2 METHOD AND RESPONSE

Method	Rationale and Focus	Update at 4 September 2020
Online **community** survey	This Whole Population survey (i.e. open to anyone living or working in North Lanarkshire) explored community attitudes to addiction and families; awareness of local support; individual experiences (including identifying lived experience as a family member and opportunity to self-select for a follow up interview). In our experience this Whole Population approach is a more effective method of identifying and engaging with family members than a family-specific survey.	• Online survey including 20 questions ran from 23 July to 31 August. • We publicised this via direct emails to our contacts and supporters, and social media posts (incl. boosted posts). • **226 responses** were received. • Note that this is a **very strong response** (our previous community surveys have had 80-100 participants). • Responses were received from across the area (see graph)



Method *(contd …)*	Rationale and Focus	Update at 4 September 2020
One to one interviews with **practitioners and community links**	These qualitative interviews focused on individuals working within and outwith alcohol and drugs services, and those coming across families in their role. This included statutory, third sector and community-based supports. These interviews took 45 minutes to an hour, and explored issues facing local families in their experience; identifying local groups/ services who may be in contact with families; service experiences and attitudes; views on 'what works' in terms of family support and recovery (including difference between localities); and improvements they would like to see around family support and involvement. Note also that participants were not asked for their experiences as *representatives* of their respective organisations, but rather as people working (and often living) in North Lanarkshire.	• Interviews were held with **13 participants** from 10 organisations: — Equal Say — Carers Together — Phoenix Futures — Recovery Development Team — YMCA — ADP — Addiction Recovery Team — Voluntary Action North Lanarkshire — Love and Light — Barnardos. As noted earlier, 'families' and 'practitioners/community links' are not discrete groups, and there are overlaps between them. However participants have only been counted in one group.
One to one interviews with **family members**	As noted earlier, members affected by others' substance use are a largely hidden population. The ADP and partners were asked to help identify family members for interview. We are really grateful to those who linked us with family members, and to all those who agreed to be interviewed. These interviews took 45 minutes to an hour, and explored personal experiences of family support (informal and formal) and involvement with services, including pathways to support and any barriers experienced; views on what works in terms of family support and recovery (including differences between localities); and improvements they would like to see.	• Interviews were held with **7 family members** via contacts at Phoenix Futures, Al-Anon and Families Anonymous. • Note as above that a number of practitioners also discussed their experiences as family members, but have not been double counted. • A further **30 individuals** who took part in the online community survey offered to take part in a further research interview and left contact details. Three of these individuals were already picked up in the overall interview schedule of 20 interviewees. The remaining 27 will be contacted shortly to arrange an interview (this will be a shorter format than the other main one-to-one interviews).

Online **workforce survey**	This will explore Family and Carer Inclusive Practice across the addictions and wider workforce, focusing on those who will attend the planned workforce development sessions. This will cover Confidence, Attitudes and Implementation, assessing levels of knowledge and skills and workers' overall approach to involving families. The findings will be used to shape the workforce development sessions below.	• To be scheduled prior to workforce development sessions.
Workforce development sessions	This will include: • 2 half-day workforce development sessions on Family Inclusive Practice • 2 half-day workforce development sessions on Bereavement. (*Note earlier comments on COVID-19 arrangements).*	• To be scheduled

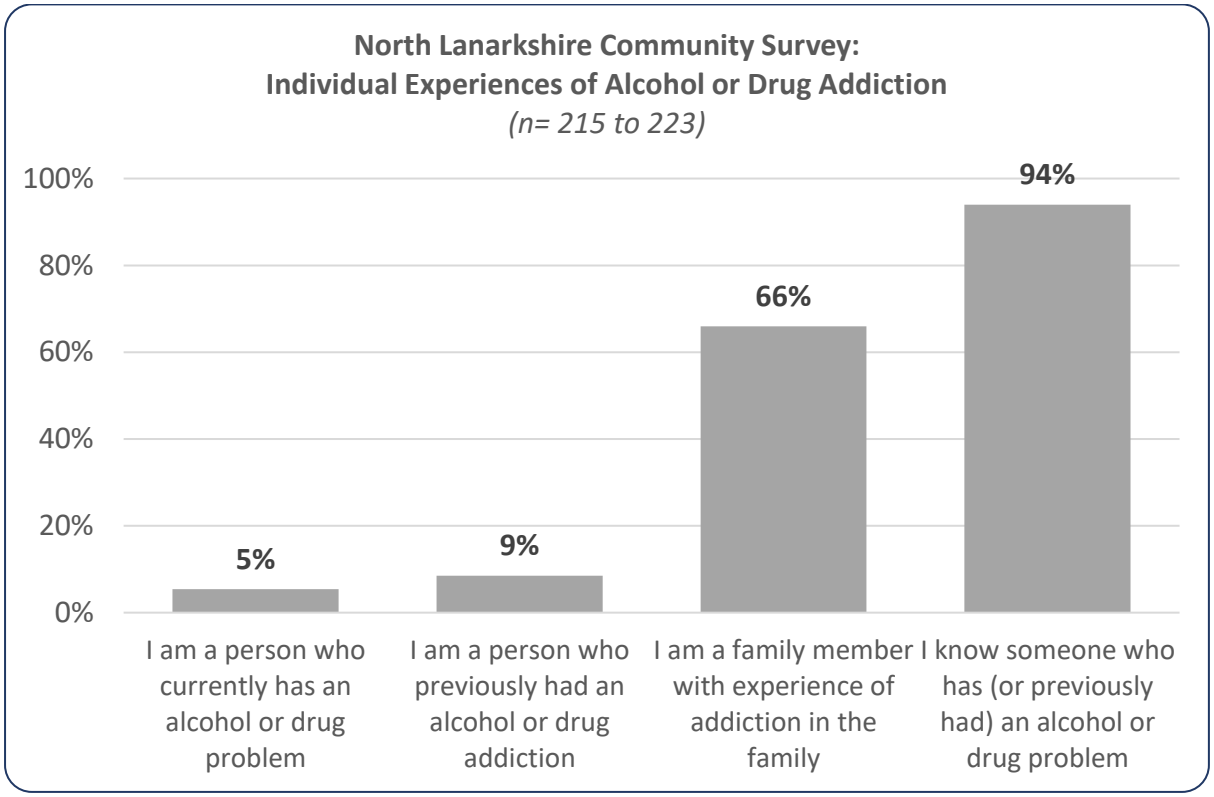
PART THREE: FINDINGS

3.1 WHO IS AFFECTED BY SUBSTANCE USE IN NORTH LANARKSHIRE?

This was not a prevalence study, as our primary aim was not to measure the levels of substance use in North Lanarkshire, nor the types of substances causing concern. However our community survey did ask about **individual experiences of alcohol or drug addiction**.

The responses are outlined in the chart below, showing just 6% of respondents didn't know anyone who has (or had) a substance use problem, leaving 94% who did. And two thirds (66%) of respondents identified personally as a family member affected. So compared to the Adfam/ YouGov (2019) survey rate of '1 in 3' adults affected, the North Lanarkshire survey identified '2 in 3' affected. In North Lanarkshire a further 14% (1 in 7 people) described themselves as either currently (5%) or previously (9%) having an alcohol or drug problem.

As this was a self-selecting sample (i.e. people voluntarily chose to complete the online survey), you would expect a higher than average prevalence of individual experience compared to the general population – as those personally affected are more interested or engaged in the topic.

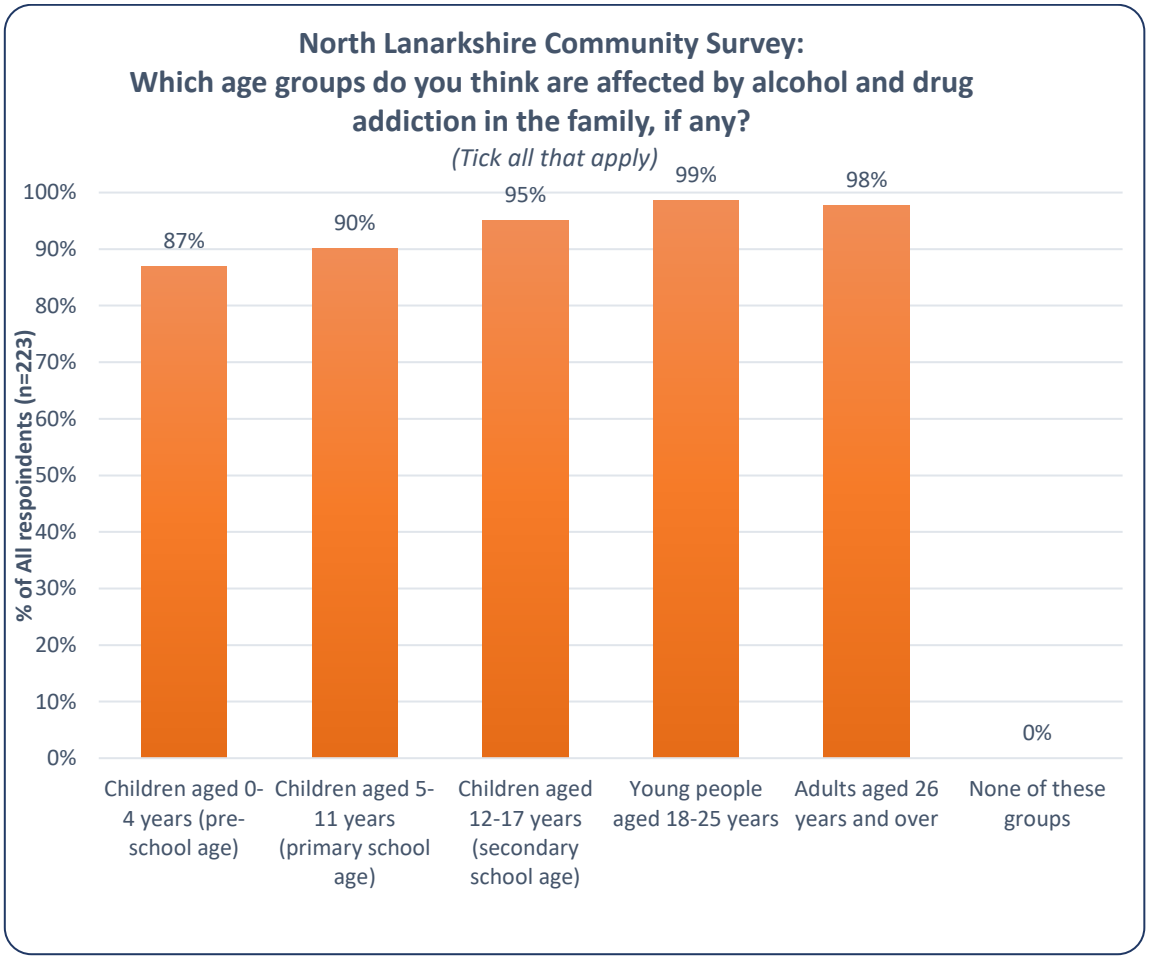


Interestingly, and as shown on the table below, these rates are almost identical to those identified in our South Lanarkshire Community Survey in 2019 (where 93% knew someone; 68% described themselves as family members). There was also a similar rate of 'knowing someone' in the Borders (92%) but all the other prevalence rates were lower in the Borders and Dumfries and Galloway – both much more rural and sparsely populated areas.

Scottish Families Community Surveys 2018-20	I am a family member with experience of addiction in the family (%)	I know someone who has (or previously had) an alcohol or drug problem (%)
Dumfries & Galloway (2018)	32%	79%
Scottish Borders (2019)	51%	92%
South Lanarkshire (2019)	68%	93%
North Lanarkshire (2020)	***66%***	***94%***

We also asked North Lanarkshire respondents **which age groups** they thought were affected by addiction in the family. Most policy focus – and resource investment – across Scotland has been focused on a sub-set of family members, namely Children Affected by Parental Substance Use (CAPSM). This shifted at national level within Rights, Respect and Recovery (2018) which recognised that "*The whole family needs support"*, however wider family service development and resource investment have been slower to follow nationally and locally. Even 'Whole Family' support often focuses on children and their parents who are using substances or in recovery, rather than including wider family members.

Very positively, North Lanarkshire respondents clearly saw ALL age groups as affected, as shown in the graph below. In fact they described young people (18-25 years) and adults (aged 26+ years) as the most affected groups, and pre-school children as the least affected. So whilst in most areas, services and resources are focused on younger children and not on adults, this suggests that local communities have a good understanding of addiction harming all age groups, and that the development of further support for young people and adults locally would receive a good level of community support.



3.2 BEING A FAMILY MEMBER IN *NORTH LANARKSHIRE*

As noted earlier, a recent UK survey found that 1 in 3 adults reported being harmed by the alcohol or drug use of someone they know,[16] and at Scottish Families we know that each year we are contacted by families from every single one of Scotland's 32 local authority areas.[17] So we know there is nothing unique to North Lanarkshire about having local family members who are concerned about someone else's substance use. But we were interested to find out whether there is anything different for local families about how that is experienced – are there any **particular issues for families in North Lanarkshire**?

Many participants felt "*I think it's the same issues"* locally and elsewhere, and there was *"not really"* any difference:

> *"I would probably say North Lanarkshire is as bad as Glasgow, as bad as Edinburgh, as bad as Aberdeen. It just seems to be this cult, if you want to call it that, as far as I can see. I think the authorities are turning a blind eye to it. I think they know."*

> *"I think alcoholism and drug addiction in families is, I mean I've been to different countries and went to meetings, and the feelings and everything that people talk about are exactly the same, it's got nothing to do with where somebody lives. In my opinion the effects of alcohol and drugs on families is emotionally the same."*

However others felt we need to keep a focus on each family's **unique situation** and not assume they share the same needs:

> *"I would say every single family's a wee bit different in themselves, like how it affects them, how quickly they put boundaries in."*

As well as extremely high levels of ***"multigenerational poverty"* and deprivation**, North Lanarkshire was seen as sharing many of the same characteristics as other *"post-industrial, hard drinking, hard culture"* areas, affected by intergenerational joblessness and a lack of hope.

Yet despite its size as Scotland's 4th largest local authority area and its high levels of need, North Lanarkshire's profile, level of resources, and access to services are not felt to match this. Its needs are seen as relatively invisible, *"like Glasgow but it doesn't get the headlines".* In this context, austerity has hit even harder, with people feeling the area hasn't been able to attract the investment or support services seen elsewhere.

While it was felt that local families affected by substance use would face the same **stigma** as in any other area of Scotland, the whole area was seen as being stigmatised by others:

> *"Nationally, probably globally, North Lanarkshire has got a kind of stigma around the use of especially alcohol. We talk about the 'capital of Buckfast' within Britain, especially Scotland, Coatbridge is seen as the 'Buckfast capital'. I think the headline-grabbing scenario is very much focused on North Lanarkshire because of the historical deprivation and the historical industrial basin that went from the steelworks to the mines. Historically North Lanarkshire has got a kind of bias towards, 'You know that's that place everybody drinks too much and everybody takes too much drugs."*

[16] https://adfam.org.uk/files/one-in-three.pdf

[17] https://www.sfad.org.uk/content/uploads/2020/06/Impact-Report-2019-2020.pdf

Varied perceptions of **community activity and cohesion** were described in the interviews, and we return to this in the later section about community assets. There was agreement that North Lanarkshire has strong individual community identities, but less consensus as to how connected these communities are, and how readily people will move between them to access support and services (as well as between North and South Lanarkshire). Unsurprisingly this was also related to dependence on public transport, and is perhaps less an issue for those with access to a car. For example one person in Shotts was described as needing to catch three buses to be able to access support in Coatbridge (so in this case virtual support is a great alternative).

Some participants described *"a strong sense of community in North Lanarkshire"*, with *"close knit"* communities full of *"kindness and goodness"* (well demonstrated by the recent COVID response). However others felt there was *"not a lot"* going on in their community, particularly for families and young people, and that there were many who remained excluded from this wider community life and opportunities to volunteer and get involved.

In terms of **alcohol and drug trends**, participants reported significant local concerns and rising trends around alcohol and cocaine, yet treatment services are still viewed (including by families and those seeking support) as largely opiate-based, so not 'for them':

> *"We keep talking about that, are we delivering a service, or giving a service that's in need. It's an opiate-based service built on the historical 15 years, 20 years history of drug-taking. And people keep saying, 'Well, it's good that we've got an opiate-based services and we're talking about naloxone and around drug deaths'. But cocaine is really the biggest thing that's really being used in North Lanarkshire."*

> *"I think we're missing the focus from a national point of view that alcohol is just a bigger killer than drug deaths, but drug deaths seem to get the headline exposure."*

Note that this scoping study has not measured prevalence of different substance harms, but rather people's perceptions of local trends and concerns.

The **predominance of cocaine** issues within family support (which is reflected nationally in Scottish Families Helpline trends) also reflects how quickly family members come forward. The financial implications of cocaine addiction mean *"families come forward faster"*, which is welcome in some respects (i.e. they are not waiting for years before reaching out for support), but they are invariably already in crisis with mounting debts and loss of employment, housing and so on commonplace. By the time they reach support, families have often already taken life-changing financial actions such as using up savings and pensions, or re-mortgaging the family home:

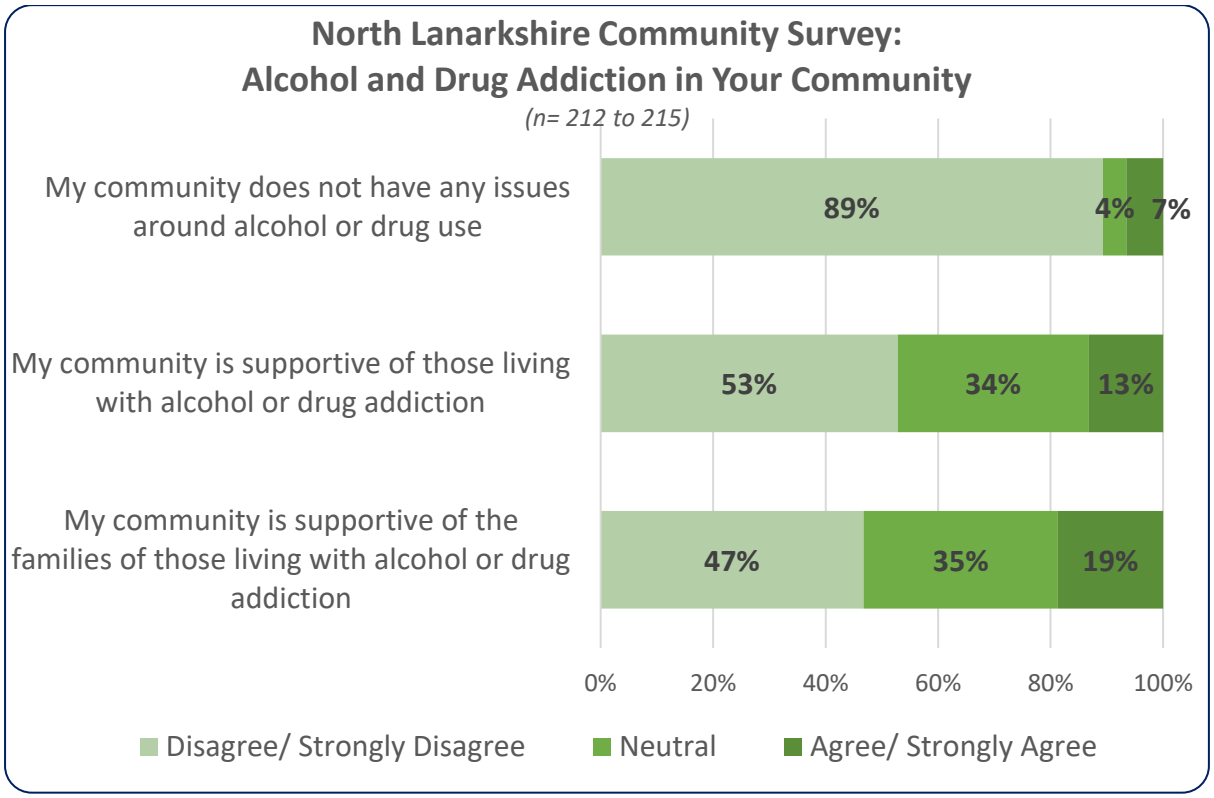
> *"I would say at the moment my family group mostly consists of cocaine users' parents. And the financial aspect of that is massive. I'm not really sure how unique that is to North Lanarkshire, but I know at the moment the family members accessing support are very much more focused on the cocaine side of things. It's very rarely heroin, its occasional street valium use, but mostly I think it affects the family members with cocaine quicker because of cost. … It used to be more if I had family members in it was more the alcohol side of things, it was the behaviours of that. But I'd say … in the last year and a half the group went from being mostly alcohol to mostly cocaine. And it was the money that families were spending on it and it was the devastation it was bringing."*

Regardless of the substances involved, it was reported that alcohol and drug issues have been identified as a priority for action in each of North Lanarkshire's locality profiles. This reflects comments by participants who felt drugs in particular were *"rife"* and *"easy to get"* in their community.

Similarly the vast majority of community survey respondents (89%, or approximately 9 in 10 people) felt **their community had an issue with alcohol or drug use**, with just 7% believing this not to be the case.

However **levels of support** across communities were significantly below this level of prevalence, with just over 13% feeling their community was supportive of those living with drug or alcohol addiction, rising to 19% who felt their community was supportive of families affected. For both of these statements, just over a third did not express a view (remaining neutral) but even taking this into account this indicates:

- Very high levels of substance-related issues for communities (89%)
- Very low community support for people living with addiction (13%), or for their families (19%).



3.3 WHERE ARE FAMILIES GOING FOR SUPPORT?

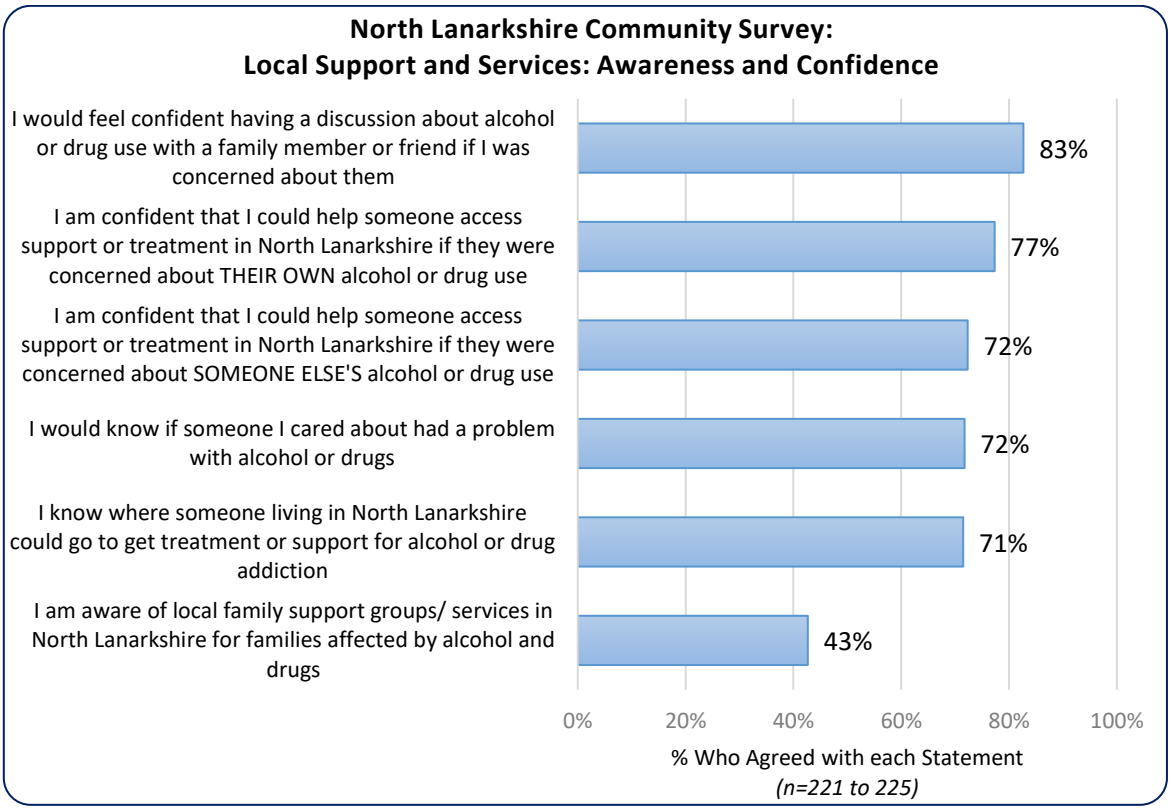
"I think some of them aren't accessing support, either through embarrassment or not reaching out, or the support is not there and they don't know where to go."

As shown in the chart below, our community survey found very high levels of confidence (83%) amongst respondents around **having a discussion** around alcohol or drug use with anyone they were concerned about. A slightly lower but still comfortable majority (77%) said they were confident helping someone concerned about their own substance use to **access support or treatment locally**. And again a lower but still healthy majority (72%) agreed with the statement: *"I am confident that I could help someone access support or treatment in North Lanarkshire if they were concerned about SOMEONE ELSE'S alcohol or drug use."*

However a considerably lower percentage (43%) felt *"I am **aware of local family support groups/ services** in North Lanarkshire for families affected by alcohol and drugs"*. This suggests that in theory most people feel confident to help a family member access support, however in reality most are not aware of any available options.

The 96 survey respondents who said they were aware of family support groups/ services (i.e. the 43%) were asked to write in the names of any local family support groups/ services. This helps to test out how much people are actually aware of what is available for families on the ground. 63 respondents (28%) did write in an answer, however just 39 (17%) listed examples of actual family support. The remainder either wrote in general comments (e.g. *"far too many to mention"*) or listed services which don't offer family support.

So in summary 72% of the community survey respondents felt confident to signpost family members for support, but only 17% could actually name local family support groups or services.



This trend was reflected in the interviews to a degree, with participants asked where they thought families affected by others' substance use **were actually going for support locally**. A number of people said *"I don't think that they are"*, *"I don't think people know it's there"*, *"They are not going anywhere"* and "*I think they're a bit lost."* Some others were unsure and simply hazarded a guess (*"Social work?", "Helplines?"*, *"Maybe the doctor?", "Kinship carer group?"*).

For example those who mentioned families going to GPs for support were largely unsure if this was actually the case, or whether a GP would be able to help. Indeed from those who had reached out to GPs there was a mixed experience, from *"very helpful"* to being told *"he [son] needed to help himself"* alongside no offer of support for the family member herself:

> *"All they do is sit and listen to you. They don't say, 'There's a family support group' … When you go to the doctors, there's all these things about all these illnesses, but there's nothing there for families."*

Some had found GP surgeries were not keen to publicise family support provision, and this also reflects Scottish Families' experience in some areas, where GP surgeries will only advertise NHS-branded services.

Even amongst those accessing support themselves, they were unsure where <u>other</u> families might be going for support, as *"I don't know other families"*, *"I'm the only one who's experienced this"*, and this was *"the only support I know about"*. This left families feeling very isolated, as the only one affected:

> *"In my circle of friends, that's been unfortunate. Most of my friends have – inverted commas – 'Perfect Families'."*

> *"You don't tend to talk about it with your social friends – but everybody does know."*

Amongst interview participants who felt more confident about available support, they <u>thought</u> families were going to:

- Families Anonymous (which no longer has a meeting in North Lanarkshire but which is very active in South Lanarkshire as well as Glasgow);
- Al-Anon (which has numerous local meetings *"though not much of a presence"* according to some. i.e. there are meetings but with a fairly low profile);
- Love and Light
- Chris' House in Wishaw (primarily focused on mental health crisis support including for families)
- Drug and Alcohol Services
- Churches.

Our own mapping identified the following **<u>actual</u> provision for families affected by alcohol and drugs** in North Lanarkshire:

Organisation	Overview
Phoenix Futures	• Commissioned to support families in their own right as part of wider recovery service (whether or not loved one accessing PF service) • One to one support (regular caseload: 20 family members) • Family Support Group (regular attendance pre-COVID: 10 family members; group based in Coatbridge, currently online) • One to one and group work uses evidence-based Community Reinforcement and Family Training (CRAFT) approach • Family members can also access Cognitive Behaviour Therapy (CBT)
Al-Anon	• Mutual aid, 12-step fellowship offering peer-led support for families affected by alcohol use • Al-Anon website shows 9 local groups meeting in North Lanarkshire
Families Anonymous	• Mutual aid, 12-step fellowship offering peer-led support for families affected by drug use • North Lanarkshire group no longer meeting however groups are available in Glasgow and South Lanarkshire
Barnardo's Axis Service	• Works with young people 12-26 years impacted by alcohol and drugs (including own use and others' use) • Axis Connect service additionally works with parents to support their young people
YMCA Bellshill	• Supports vulnerable children, young people and families • Previously ran Strengthening Families programme
Love and Light	• Peer-led recovery organisation focusing on alcohol, drug and mental health issues • Offers a range of whole family and community activities and events, including community café and residentials
Carers Together	• Universal carers organisation – works with carers affected by others' substance use, although no specific provision for families affected
Lanarkshire Carers Centre	• Universal carers organisation – works with carers affected by others' substance use, although no specific provision for families affected

Other provision was noted by participants as supporting families affected by substance use, but we have not confirmed that these offers specific support to families in this situation:

- Chris's House, Wishaw (mental health crisis support and suicide prevention)
- FAMS, Motherwell (peer-led support for family and friends affected by mental health, murder and suicide).

The Meridian project in Coatbridge was also mentioned by families as previously providing support. This alcohol and drug support and counselling project was run by Liber8 and is now closed.

Scottish Families' national services (Helpline, one to one Telehealth support and Bereavement Support Service) are also all available to North Lanarkshire families.

A strong theme in North Lanarkshire conversations, which we have not seen so prominently in other Scottish discussions, is the role of the **churches and faith communities**. This was seen as largely positive, for example wider community use of church facilities for meetings and events (low cost, community-based, no stigma), a good place to access families and advertise to them. Churches were

felt to *"know their communities"*, and *"Historically it's always been the first point for families to get support."*

However some family members felt their faith or church had not been a support to them in this situation, or that they didn't feel able to reach out, and they had in fact disconnected themselves from this potential source of community support. This flags an opportunity to raise awareness amongst church leaders and faith communities of how best to support families affected by others' substance use. This would increase families' confidence to reach out, and would also help ensure any church response is well-informed and helps connect families in with other local support.

No-one mentioned being supported or signposted to family support by **schools**, and this is an area to consider. The focus on schools is often around alcohol and drug education for children and young people, however they are also a key location to access parents who may be concerned about their child's or a partner's substance use.

This whole section reflects a **broader challenge** for the family support which is available in North Lanarkshire – *"I don't think people know it's there"* and *"Family members have had to look for information themselves".* So although "*There's a group of people who will naturally search for it"*, there are others for whom literacy levels and lack of online access or phone credit will get in the way of this. In addition if families feel the person won't get better, they see little point in seeking support in their own right – indeed most don't even know that is an option.

Notably no-one described North Lanarkshire as having enough – or too much – support for families. More often it was described as *"a major gap across the board"*, and *"there's a lack – we could do so much more."* Participants felt *"families fall off the radar constantly"* and that services and funding are *"very sparse for families", "there's not enough, there's barely anything for families"*. This was particularly the case for those families who are not in touch with statutory services, and where there are no child protection concerns:

> *"There is a judgemental belief that it's families who are in poverty who are more likely to be affected. And I have to say more and more we're finding we're working with young people from affluent families. … It's kids who have got everything materially. … A lot of families aren't known to services."*

There was seen to be an overall lack of provision, choice, or whole family or holistic approaches, and examples were shared of poor or risky advice to families.

3.4 WHAT HAPPENS WHEN FAMILIES REACH OUT?

Even when families have managed to access support in their own right – be that in North Lanarkshire or elsewhere in Scotland – we know that they have often found this by chance, through some convoluted route, or at a point of crisis or emergency (when of course options become more limited).

We would like everyone in Scotland to feel confident that they would know what to say and do if someone they knew – whether that was in a work, personal or community context – expressed concern about a loved one's alcohol or drug use.

Often when asked this question ('*If you became aware of another family who was concerned about a loved one's alcohol or drug use, what would you do?*'), respondents leap into suggesting support for the individual using the substances (even though it is the family member who is seeking help), and typically less often they will think about the family member in their own right.

Interestingly in our interviews in North Lanarkshire, only a quarter of respondents focused primarily on the individual using the substances, and the rest focused immediately on the family member. This is very positive, although it may also represent the high proportion of interview participants (including practitioners and community links) who had personal experience as family members.

They suggested a wide range of places where they would **refer or signpost families**, including family support groups, social work services, Al Anon, Families Anonymous, Phoenix Futures, Carers Centre, GP, Scottish Families, Love and Light, Barnardo's, FAMS, YMCA. We know that most of these groups and services do support families, which is very positive. Other respondents said they would encourage them *"to sit down and talk"* to their loved one, or they would do a fuller assessment of the family's support needs themselves.

Overall **families' pathways to support** were not straightforward, and this reflects our wider national experience at Scottish Families and the findings of our other local scoping studies. As one family member noted, *"It was 10 years before I went for help. It's the stigma that you've failed as a parent",* and this is a typical experience. Workers recognise *"We have all these access points"* to families but there are many missed opportunities to reach and engage them.

This echoes Holleran's recent qualitative research (2020[18]) exploring family support in Scotland, which found an average of 11 years before family members affected by substance use accessed support (with a range from 3 to 20 years amongst participants).

For those who had reached family support in North Lanarkshire, this had predominantly come from their loved one accessing treatment/recovery support (particularly through Phoenix Futures – although also other services), or via word of mouth through their own personal networks, largely from others already accessing support.

Phoenix are particularly proactive in reaching out to families when their loved one is using their service, saying *"We can help you as well"* or *"What about you?"* One woman had been told by her son, *"Mum, there's a group for you as well!"* However it was noted that COVID contingency arrangements mean this *"opportunistic"* route to families (for Phoenix and other treatment/ recovery services) has disappeared, with face-to-face appointments (where family members would come along to support

[18] John Holleran (2020) *'Constantly just holding it up and together'* Exploring family support in relation to problem substance use in Scotland: A qualitative study of the experiences of adult family members, Unpublished Dissertation: UWS MSc Contemporary Drug and Alcohol Studies

their loved one) having been replaced by virtual one-to-one contact with the individual service user, leaving families now *"off the radar"*. Whilst Phoenix support any family member in North Lanarkshire – not just where their loved one is in treatment – this is obviously a harder group to reach.

Pathways to formal family support in this North Lanarkshire scoping study included:

- Their loved one passing on details about family support from their own alcohol/drug service (particularly the case for Phoenix Futures)
- Talking to friends or acquaintances in the same situation who were already engaging in family support;
- National helplines, including Scottish Families, Talk to Frank and Breathing Space;
- Workplace counselling
- Self-referral (very uncommon):

> *"I decided that I would need to get some kind of help to keep me strong. Because I could see that I was keeping caving in, and bringing him [son] back, and nothing that I was doing was ever changing anything anyway! So I just didn't think what I was doing was the right thing. So I self-referred myself to Phoenix, I just phoned up the number."*

Others just relied on informal support such as friends or wider family, or had received more general support (not specific to alcohol, and drugs) through crisis services or universal services.

Whilst **family and friends** can be a key support for many people in respect of many of life's challenges, there is a different dynamic when there is substance use involved. Family members talked about having *"to hide some stuff from my family"*, or feeling they didn't want to bother them (*"they are very supportive but they have their own issues"*):

> *"I was trying to keep it away from him [partner] as I knew he couldn't cope at all."*

When one mum had spoken to her friends about her concerns for her daughter, *"they just said their daughter wouldn't be like that, so that was the end of the conversation."* Another noticed that her friends would ask after her daughter (who was well) but not her son (who was unwell due to substance use). So for her, *"It was more the things that people <u>didn't</u> say."* Others found they could open up more to friends than family:

> *"It's mainly been friends to be honest. Family you can only say too much to. Friends just listen and pass you chocolate and ice cream and things!"*

Substance use had caused division in many families, including between parents and between siblings, with the wider family no longer interested or supportive, so *"I'm all she's got"*:

> *"When I was first involved with my son's addiction, my family said 'Get rid of him!' People don't realise it is an illness, they are human beings."*

This suggests that even where one family member is receiving intensive support, there is a need for some form of engagement (even just information materials) for wider family members, so that they can also access the same learning about addiction, recovery and evidence-based family approaches (such as CRAFT) so they can at least support (or not actively undermine) the key family member in their efforts.

These dynamics are also important in addressing **stigma around families**. We may often think about this as coming from the media or from the wider community, but most stigma is experienced by those closest to you – friends, family, workplace, school and so on, as well as those in 'helping' professions:

> *"I think there's … assumptions made quite often, by even professional workers, 'It's their own fault!' People looking after folk with disabilities or learning difficulties or acquired brain injuries or Parkinson's or dementia, people can look sympathetically towards that and pull out all the stops to try and get support. But when it comes to alcohol and drugs it's more or less a blame culture. … It's your own fault, this hasn't been given to you, you've done it yourself."*

One respondent told of raising concerns with social work services about an adult who she had come across in a professional capacity. She had to chase for a response, which was only forthcoming once the service learned she was a practitioner, <u>not</u> a family member:

> *"When I said that, I felt like her whole tone changed, and I got a call and I'm not kidding, I was writing up my notes within three minutes from the social worker! … That's quite frustrating. I'm angry and I'm disappointed. What if I was a family member phoning, would I have been any less important? I wouldn't like to think there's that culture where family members are often dismissed and that is my impression."*

This level of stigma – both real and perceived – means that those families who DO reach support are just *"the tip of the iceberg"*, with most continuing on out of sight and unsupported.

3.5 FAMILY STORIES AND EXPERIENCES OF SUPPORT

> *"It's that non-judgemental kind of support, people are not there to tell you what to do, but facts about what your options are. … I suppose for me as well that emotional connection that you have with that person who has an addiction, and how you deal with all those feelings – you absolutely hate the life that you're living but you love the person that's creating all this havoc in your life. So how do you deal with those emotions? That was a huge thing for me, I couldn't make sense of it for a long time."*

Family members talked powerfully about **their own family's experiences** of alcohol and drug-related harm, including their experiences of support.

It is important to remember that ALL the family member interviewees were accessing family support, as that was our main 'recruitment' route for the interviews. (As noted earlier, a number of practitioners also disclosed they were family members, and were more likely to be *"not supported at all"*). In reality our family member interviewees should be seen as a minority of all family members affected in North Lanarkshire, when you compare the prevalence figures (in our community survey and other national sources) with the numbers actually accessing family support. However their experiences prior to linking in with family support should be seen as fairly typical and reflective of the larger population of families affected.

Family members who were interviewed included parents, partners, adult children and siblings, and the substances used were mainly cocaine (a high proportion), alcohol and cannabis, with very little profile for benzodiazapines, heroin or other drugs.

Families' stories are **complex** and at times convoluted, describing what happened from the start of their loved one's addiction through either a steadily worsening scenario, or a rollercoaster journey of substance harm, recovery and for some relapse. These stories often covered many years, although in recalling the chain of events, family members talked about past events and incidents as if they happened the week before, evidencing how powerful these memories remained. There were often many individuals involved – the person using the substances, perhaps their partner or children, their friends and social network, as well as those around the family member telling the story, such as a partner, other children (now adults), siblings and work colleagues.

Embedded in these stories were:

- the breakdown of marriages and other family relationships;
- family conflict, and for some abuse and violence;
- the deterioration of the family member's own emotional, mental and physical health alongside that of their loved one;
- financial stress, debt and exploitation (particularly in cases of cocaine addiction);
- difficulties at work relating to stress and absence levels;
- unexpectedly having to care for dependents such as grandchildren;
- a sense no-one could or would understand or be able to help;
- bereavement and loss;
- engagement with criminality, including their loved one dealing drugs or dealers coming to their house;
- involvement with police, courts and other authorities.

All in all, this was an exhausting and all-consuming experience for family members:

"I was trapped inside myself. I was so frightened the whole time. I had a lot of anger. I couldn't trust anybody. My head was like a washing machine. … I just shut down from everyone. I was numb. I felt there was nobody really in my life who understood. … So many issues come from living in this environment. All the secrets, the shame, I was riddled with it."

Family members were eager to talk about others in their family too, particularly parents who would proudly talk about the achievements of their other adult children, as if to explain (not that we would ever need to hear this) that they had had successes as parents. It was clear that many continued to feel judged and stigmatised by others in relation to their parenting.

Family members described a number of ways that **family support helped** them. Talking with skilled family practitioners was *"very calming and reassuring"*. Families described joining a family support group as *"the best thing I ever did",* a step which *"changed my life"*. Through their group, they found a shared experiences with other family members for the first time who were *"all the same – they all wanted the best life"* for their loved ones:

"My initial reaction was I really didn't want to do it, I wasn't going. Then I said well I'll go and see what it's all about. The first meeting was a wee bit, how can I say it, not so much overwhelming, but … actually hearing other people's problems made you want to tell them why you were there. … Just hearing the stories, 'That sounds like my son!' … I'm actually missing the meetings [during lockdown], you get a good wee bit of banter."

Families talked about gaining understanding of their own role, including what is and is not within their power to influence, and the ability to *"say anything at all"* in a safe and neutral space – often for the first time. Learning from other families about what worked/ didn't work for them was *"a lightbulb moment"*. Learning new strategies for positive communication was particularly effective as *"I learned to speak to him, I didn't shout, I didn't bawl", "I've learned to control my anger, not to get so angry with him".*

A number of family members described the approach of **CRAFT (Community Reinforcement and Family Training)**, as delivered by Phoenix Futures in both their one to one and group support for family members. CRAFT is an evidence-based structured programme for families affected by substance use which aims to:

- Improve the emotional, physical and relational functioning of family members.
- Reduce the loved one's substance use.
- Encourage and support the loved one into treatment.

CRAFT uses a functional behavioural approach to help families recognise that, whilst they may not be able to control their loved ones behaviour and substance use, they are able to make changes to their own behaviour and reactions within the family. CRAFT teaches family members new insight and new techniques such as positive communication, boundary setting, consequences and self-care. This in turn, changes the family dynamics and can result in increased motivation for their loved one to enter treatment.

Other family support programmes (such as 5 Step, Smart Family and Friends, and 12-Step for families) use similar approaches, with all being solution-focused models which focus on the family member in their own right, *"It's about the family, not the person who has got the addiction"*. And importantly across all of these approaches *"It works if you work at it"*, requiring learning, reflection and active change by family members themselves. CRAFT and these other approaches are markedly different

than friendship groups where people share their experiences but effect no change, listening support or non-directive counselling.

So although in some ways it seems like a modest intervention, such evidence-based family support was described as *"a godsend", "a lifeline"*, or *"I don't know where I would be without it"*:

The **main benefits of family support identified by family members** are listed here, alongside illustrative quotes.

Connection and friendship	*"I met other people I felt I could speak to. … I learned from people that were sharing, I listened. … You never seem to lose these friends!"* *"They know exactly what you've went through and say, 'Oh well, that happened to me', do you know what I mean? It relaxes you right away. You think oh well, I'm not alone. Even the wee groups that I go to, at first I thought oh god, I'm going to be the only one sitting here, but it's amazing just how many people are in the same boat as yourself."* *"The reason I didn't want to go to the family group was because I didn't want to sit there and actually have to believe that I'm a family member that's in the middle of all of this. But in actual fact it was the best thing that I ever did. And it's been going to the family group and realising that all the people in that group are just exactly the same as me. We're just parents that love our children and want a better life for them."*
Compassion and acceptance	*"I wasn't really thinking about how my mum felt. … As you get better you start to have compassion. I started to have compassion for my mum. I was able to see how my mum must have felt. I was able to see the role that I played in the home. I was living my life just blaming them [parents]. It was a process. I think it works at Al-Anon as you get to see it from everyone's perspective, the other people in my family."* *"I learned I was an enabler, I learned more about myself and how I operate. The way I interacted with my son wasn't healthy. I realised it wasn't all him. The relationship was dire at times. I wanted to be his mum and to have a relationship, but I couldn't accept this was his life. I had to move the goalposts and accept him for who he was."*
Setting (and maintaining) boundaries	*"He knows now that I'm not going to put up with his crap! I've just made it clear to him. And this is all through Phoenix. 'You need to take a stand. You need to let him know what you are not going to put up with. You have to tell him look, enough is enough.' Which I would never ever have done. I was at the point where I was going to sell my house, move away from my family. I love them to bits but I was at the stage where I was like, 'I can't take any more'."*
Positive communication and conflict resolution	*"Simple things like don't just support her. Talk and explain things…. Try and keep calm."* *"Screaming and shouting doesn't help. You scream and shout at them until you are blue in the face. You get yourself all uptight, your blood pressure must be through the roof. I've picked up a good few things."*

Self-care and focusing on your own needs	*"Over the years I learned to work with the addiction, I learned to make my distance. With people who are in addiction, I mean your phone never stops ringing, you're by the phone, you're away looking for them. I learned to stop all those things."* *"I leave that meeting and I feel good, I really do feel good. I like going and I like everything about it. When I leave it, you know I leave happy. I'm not saying every day is a big rosy garden because it certainly is not. But I know how to deal with it now, and that makes all the difference."*
Financial advice and support	*"Until all this happened, we hadn't had any experience at all with drugs. … Until this happened to my son, I wouldn't have known any place [to help]. … Talking to other people, other parents and people like partners has helped open our eyes. We had no idea what we could do. He owned drug dealers, payday loans, loans, in all maybe 30, 40 thousand pounds. … I don't know what we would have done."* *"Money as well, I don't give him what I was giving him. He must owe me thousands and thousands of pounds. I've stopped all that as well. If he's needing anything I'll take him food up or a packet of baccy."*

Recovery by their loved one is not always a straightforward process for families, even though this may have been their main wish for many years. For example one family member described how – as a young adult – she had been angry when her mum finally engaged with fellowship meetings as *"she was going to get better, leaving us behind"*. She felt there was little acknowledgement of past events on the rest of the family, so she *"tried to sabotage her recovery"* by reminding her of this. She echoed many family members' constant concerns about relapse at any time, as *"You live in total fear all the time"*. So *"It is not that black and white – the journey just goes on":*

> *"They are not going to be transformed. They are still the same people. There's that high expectation that they are going to be the perfect parent. Now I can understand they need to put themselves first."*

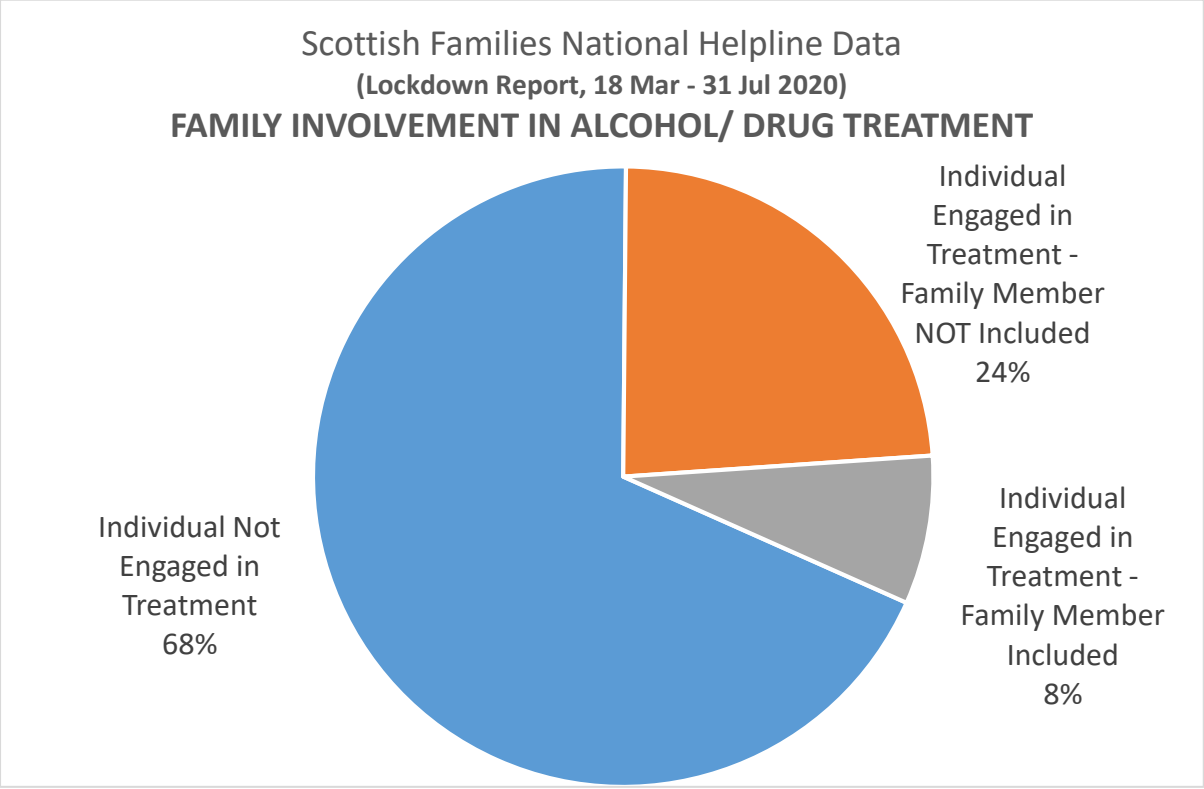
3.6 FAMILY INVOLVEMENT IN CARE AND TREATMENT

We asked family members whether they had been involved in their loved one's care or treatment in any way.

Despite **family inclusive practice** being a core commitment in the national 'Rights, Respect and Recovery' strategy (2018) and embedded in the Quality Principles for drug and alcohol services (2014), inclusion in their loved one's treatment and care was not a strong theme for the families we spoke with *("Never, never!", "I was never invited along to any appointments that he had"*). Indeed there had been mixed experiences where this had been suggested or attempted.

This reflects a wider issue nationally that carers of people using alcohol and drugs continue to be excluded from their loved one's treatment and care planning in a manner which would never happen with carers of people with other long term, chronic conditions (and indeed in a way which is contrary to Scottish carers' legislation and policy, beyond commitments around alcohol and drugs services).

At national level, Scottish Families' latest Helpline report (covering the lockdown period mid-March to end July 2020) reports that of all those concerned about a loved one, in almost 7 in 10 cases the person was not in any form of treatment for their substance use. Amongst the remainder, just 1 in 4 of these were included in their loved ones treatment, and 3 in 4 were not (8% compared to 24% of the overall total), as shown on the chart below.



In North Lanarkshire, one family member talked about repeatedly engaging with GPs with her son over many years. They were *"not helpful"*, until they finally met a younger doctor *"on the same wavelength"* who *"got the ball rolling"*. He is now engaging with services. Another said they *"weren't massively involved"* by their son's service but *"if we asked questions they did let us know how he was getting on."* Another parent talked about frequent phone contact with mental health nurses, although

this was also focused (for both parties) in trying to track down her son as much as any proactive inclusion in care planning. So **a mixed picture**, as these quotes suggest:

> *"When my son had times when he had to attend the hospital, Monklands Hospital were marvellous, absolutely marvellous. I could never ever say they weren't helpful. … They didn't treat his illness any different from any other illness."*

> *The doctor sent him to counselling … The first time he went there to be assessed, I went with him, so that was alright. The second time I went with him, and the counsellor very kindly put it over and said 'You know, it would actually be better if you're not here'. And I went right OK, you don't need to make it any clearer. So it's alright for the addict, but families, no."*

> *"He [son] asked me once to come into his GP, and the GP said 'With all due respect, he is an adult and really the day for his mum sitting beside him has passed!' It was very patronising and I was put out, and I wasn't allowed to be there. You know that kind of still sticks in my throat, because there's nobody knows my son better than me, and all I would want to do would be only ever to be a support to him. Anyway, I was excluded from that."*

One parent talked very positively about her engagement in her adult child's preliminary appointments with an addictions nurse. Their conversations helped her (and her child) understand more about the type of drug being used; the difference between physical and psychological addiction; the pattern of feelings people would experience taking this drug; and the impact on sleep and other behaviours. There was plenty of opportunity to ask questions, and "*He was actually quite thorough in explaining everything to me".*

In contrast another family member talked about taking her son to a psychologist's appointment following a six month wait. He did not want to attend and so she drove him there while he *"cursed at me all the way*". When they reached the appointment:

> *"He went in and ranted and raved at the psychologist about the terrible mother that he had! And she said, 'Well you know, I think you might need to cut your mum out of your life while you are working with me.' So that's what he did. He came out and said that he had been advised to cut off all ties with me. So that was quite heart-breaking for me – that was six weeks. … All that did was reinforce to me that I was a bad mother and a failure, and the guilt was horrendous."*

It is painful for family members to be told their loved one does not want them involved in their treatment in any way – or for services to make this decision. Not knowing what is going on can increase their stress and anxiety, not least as *"The trust is gone"* already, and they may benefit from an objective source (the service) to back up what their loved one is telling them about their progress:

> *"All services, <u>ALL</u> services, unless he actually says to them 'You can tell my mum what I've said, you can include her, and you can discuss what I've told you.' The only one that ever did that was Phoenix. The rest don't want to know you, they're not interested in what I'm going through. … They're only interested in that person that has the habit, not you."*

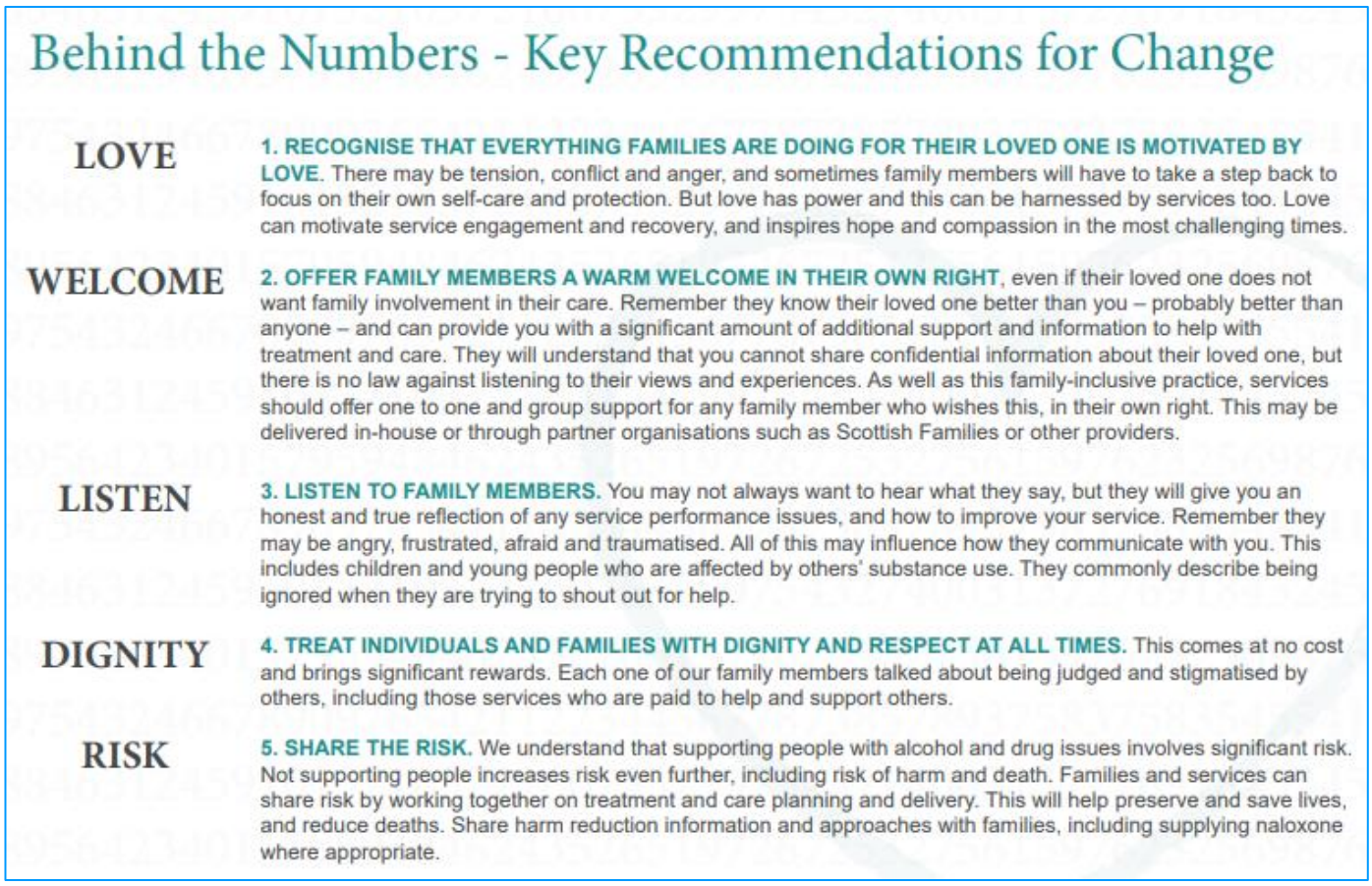
Scottish Families would encourage all services to **include families in their care planning**. This does not require any sharing of personal, sensitive information by services <u>out to</u> families (where the individual has declined family involvement), but services can still offer families the opportunity to feed

information into the care planning process – an extremely valuable (and free) addition to inform professional decisions and actions:

> *"The professionals, they do a great job, I'm not saying that they don't. But I think what happens sometimes with the professionals is … sometimes we [*families*] can see through that person with the addiction. … Sometimes the person with the addiction can use the counsellors for selfish reasons."*

In addition services should take the time to **explain to families what their service offers** more generally, and why they would take certain actions in care planning and delivery, so they understand what to expect, and can better support their loved one's engagement. This is particularly important where harm reduction approaches are being followed, which can be difficult for families to understand without explaining the benefits of this approach. Services can also engage with families around generic drug and alcohol information, including the effects of different substances, signs of overdose and how to respond, and the science of addiction and recovery (including relapse).

Our **#BehindTheNumbers** campaign (2019-20) provided a platform for family members to tell their own stories of trying to keep their loved ones alive, including the challenges of trying to engage with treatment and care services. Families' Key Recommendations for Change from this work (primarily aimed at services) included recognising that families' actions are motivated by love, and that individuals, families and services can share risks through working together – rather than risks being held by one party only.



Scottish Families (2020) 'The Story of Behind the Numbers' www.sfad.org.uk/behind-the-numbers

3.7 GETTING THE MESSAGE OUT TO FAMILIES

> *"That's the big thing that could change all our lives, if we found out how to communicate a hundred percent with a hundred percent of the people, we'd have better services – we'd better be able to change things very, very rapidly."*

The respondents gave many, varied suggestions as to how best to get the message out to families in North Lanarkshire that it is fine to ask for help, that support is available and how to access this. Everyone recognised *"it needs to be more visible"*. Word of mouth and social media were by far the most commonly recommended, alongside many other suggestions:

- Word of mouth (seen as most influential – particularly from other family members).
- Social media, in particular Facebook:

  > *"Social media is key – Facebook works really well. A leaflet drop doesn't seem to make any difference."*
  > *"Social media is a good friend in this age."*
  > *"Social media's the big one - it's a long time since we did leaflets!"*

- Health practitioners, including GPs, social prescribers/ community connectors, health visitors and hospitals, including posters and leaflets and direct signposting/ referrals to family support.
- Community groups (e.g. women's groups, church groups) and more informal community and neighbourhood associations – all key places for word of mouth:

  > *"Where people come together … so the fitba bus, the lunch club at the church. … They're the places to explore as a community-based worker to find the connections – one person talking to another person talking to another person."*

- Community venues such as libraries, credit unions, drop-in centres and *"any public place"* – including availability of information materials (leaflets/ posters).
- Schools, including information materials, talks and ongoing programmes (for teachers, parents and pupils).
- Recovery communities, including people in recovery linking in their families.
- Drug and alcohol services (statutory and third sector services), including reaching family members through service users and directly approaching and signposting family members:

  > *"It needs to be ingrained in all the services, not just left to communities."*

- Workplaces, including tapping into the two largest local employers North Lanarkshire Council and NHS Lanarkshire:

  > *"So already for a start you've got a big audience there if you can put out positive messages. … We have got a captured audience there."*

- Carers services.
- Awareness-raising campaigns (e.g. Al-Anon's Untold Story campaign).
- Local newspapers, although this has some challenges:

  > *"Only a certain cohort of people read that and it's usually to find out who's dead, the obituary column!*"
  > *"We have overcome the stigma in the local press about positive messages about mental health, but we haven't overcame it about positive messages about addiction."*

- TV advertising (mentioned by one person).

However all of these suggestions miss a key point, which was very powerfully articulated by one of the family members interviewed. We were discussing a family she knew where their situation was worsening, as addiction took hold, as well as her own experience of family addiction during childhood. She gave some really helpful insight into how we are actually mis-communicating all the time, as **substance harm has become so normalised in families** that they would not realise that family support services are anything to do with them (no matter what platform you use for to communicate):

> *"There's the families you <u>don't</u> hear about. I thought about why it's unseen and why they're not asking for help now. I would say there's a few things. We lived in a lot of secrecy, like an automatic assumption in my family that we just all knew that was a secret, and we did live with a lot of secrets. … They children in a sense, they don't know. Their mum only drinks, what's the big deal? Everybody normalises it. Mine's was always normalised, my childhood. What I would say is the drink and the drugs was normal in a sense, as long as everything was quiet and there was no bother, no trouble. … It's a wee bit like there's a big fight in your house, and everybody's screaming and shouting and the door goes, and you answer the door and go, 'Hi-i!' But then you shut the door back again and you start screaming again. Like there isn't a problem!*
>
> *How do you reach the person who is trying to protect everybody else? How do you reach the person who's trying to hide it? How do you reach the person who knows they've got loads of problems in their family, but doesn't think for a minute it's got anything to do with booze? That's just something we do, that's just how we cope. Our problems are nothing to do with alcohol, that's the solution to their problem!*
>
> *So <u>that's</u> the problem, it's letting them know, it's raising awareness that that's wrong to live like that, you don't need to live like that. It's alright to say these services are available if you're living like this, but you have to start with letting them know, highlighting, 'If you live like this [*explains examples*], you don't have to live like this! … Here's where you can get help. … You're highlighting what's really happening in people's homes, then they can look at it and go, 'That is wrong!'*
>
> *If you're reaching out to the family members who are suffering, they don't know what they are suffering with. They know they are miserable, they know they have anxiety. … They don't realise the trauma is linked to alcohol."*

Others also talked about this ***"hidden population"* of families**, emphasising those *"who are known to services get services. … For me, it's about accessing the services you wouldn't really think about."* This requires some thought to identify where else families affected by substance use are appearing, which are not badged in any way around alcohol or drugs. Examples would include:

- Services where people access financial advice and support including traditional financial services (banks, building societies, credit unions) and advice agencies (citizens advice, welfare rights, money matters services). These sources are particularly relevant for families affected by cocaine use, where financial issues tend to spiral very quickly and severely.
- Churches and faith communities.
- Schools
- Workplaces.

These discussions show that communication platforms and content are both equally important (i.e. you can use a strong platform but fail to reach families through what you say, or create a perfect message but then no-one sees or hears it).

Voices of lived experience were seen as particularly influential in reaching families. This is picked up again in the next section:

> *"I think 'Lived Experience' has got to be the most powerful two words you can give anybody that's struggling. … They've done it, they've been there, they know how it works. No offence to people that have gone and got themselves educated into jobs, but it's just not the same. Somebody that's lived it … is totally different than someone who has graduated, it's a different thing. … Lived experience I think has got to be the most important thing."*

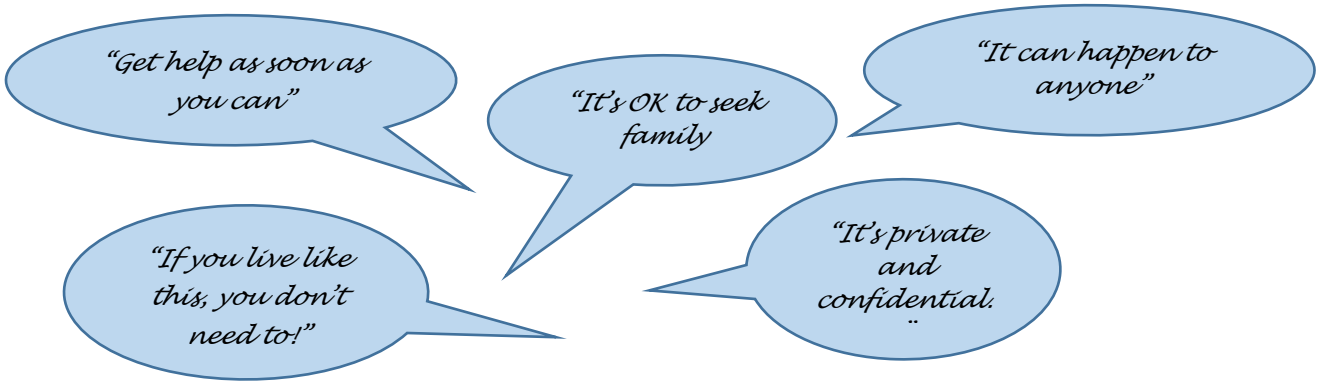
Simple messaging and *"visualisation"* were also recommended, acknowledging all of the barriers which get in the way for families:

> *"I would say for some family members there's perhaps a fear, it's a barrier to accessing family support, because they feel that they're going to get their loved one into trouble, that is maybe caught up. Or they think, 'I'm dealing with it myself, I don't need any help.' … There's maybe some kind of stigma around it, or shame. A lot of people do try and keep things close, don't they, in their families?"*

Respondents recommended that our messaging should:

- ✓ Challenge stigma as *"shame gets in the way"*;
- ✓ Recognise families (particularly parents and within that especially mothers) feel considerable guilt;
- ✓ Encourage families not to wait to reach out (as *"I sometimes wonder if my own life could have been different"*); and
- ✓ Emphasise that <u>anyone</u> can be affected.

For example, suggested **messages to families from families** included:



Finally here, there is a need for **wider community conversations** about substance use, so wider than families directly affected. This is more about *engagement* than *communication*, that is a two-way, ongoing and challenging engagement process in communities, not just passive or one-way information-sharing or awareness-raising:

> *"Visually being out there, being proactive within the communities and basically telling people the truth – 'Here's what we're faced with. It's your responsibility just as much as my responsibility to be active in it. What's your part? I'll tell you what my part is.' … These are the kind of conversations that people need to have."*

3.8 WHAT SHOULD LOCAL FAMILY SUPPORT LOOK LIKE?

Moving away from what is actually in place for families just now, we asked interview participants what they thought support for families should look like in North Lanarkshire, including what they would like to see, and how it should look and feel.

Interestingly, there was **no single idea, or even a shortlist**, around what support for families should look like in North Lanarkshire, moving forward. This suggests some more development work and conversations would be helpful.

Some general comments made included the *"need for innovation"*, and the importance of involving family members themselves in more fully scoping proposals. Some felt "*We need to strengthen what we have"* as well as responding to gaps in provision. Others made more value-based comments, such as ensuring a non-judgemental approach, addressing stigma towards families, and following an asset-based/ strengths-based model as *"Families do work!"*

The following **six broad development ideas** were proposed by participants. These are expanded upon below and were:

- ✓ Developing drop-in centres/ community hubs/ cafes
- ✓ Expanding existing family support provision
- ✓ Ensuring a "like for like" offer for families as for those in treatment/ recovery
- ✓ Work with schools, young people and parents
- ✓ Multi-agency and multi-disciplinary approaches
- ✓ A Recovery Charter for the Community

1. Developing drop-in centres/ community hubs/ cafes

Suggestions under this heading ranged from *"a central base for all of the groups"* to a number of drop-in centres/ cafes *"in every town and village"* or *"across North Lanarkshire"*. Others felt limited resources would be best placed in the *"most accessible"* towns, as covering all localities would be *"a waste of resources"*. Edinburgh's former Serenity Café and The Beacons in South Lanarkshire were both mentioned by participants as models worth exploring here. A "*high street, shopfront"* model was supported as close to transport links and other services, as well as encouraging walk-ins and helping to regenerate town centres, although a central but *"tucked away"* location may be more discrete:

> *"I'd have a wee community hub for people to go to, right in the town, that's what I would have. I think that would be great, in the local town, the community, so that people could go in and talk to people and have that service. … Like the health centre, it should be like an actual hub for drugs and alcohol."*

> *"There would be drop-in centres in every town and every village, where … if a family member is struggling with drugs or alcohol, there's this drop-in centre, a drop-in café, where you know there's workers there, there's volunteers there, and you can talk openly about it. And then the more people talk openly about it, the easier it will be to talk to family, friends, neighbours, and work colleagues."*

2. Expanding existing family support provision

As noted earlier, <u>nobody</u> felt there was currently enough family support within North Lanarkshire. Participants suggested both more family support groups/services, and more family support workers

within existing provision. They noted a more limited investment in adult family provision compared to levels of investment for people using alcohol/ drugs or in recovery, and the disparity in options offered. For example there is only a 1.0 FTE post at Phoenix Futures providing dedicated family support (with staff also having other duties), and other provision such as Al-Anon and Love and Light are both self-funding (i.e. not commissioned by the ADP).

Ideally multiple family support workers could be placed across services, including North Lanarkshire Recovery Development Team, treatment and support services and wider universal locations (such as financial and advice services, schools and large employers).

The importance of using solutions-focused family support models such as CRAFT and SMART was emphasised:

> *"We need to try to move away from that traditional family support group model. … There is a place for that, but people have to be able to move beyond that and look at some kind of recovery for themselves, and ensure the impact has been addressed in order to let them to live their lives without always feeling that sense of guilt and remorse that they're not doing the right thing for their loved ones. We all know every addiction is a family illness and it impacts across the whole family."*

The accredited Strengthening Families programme, which works with parents and their children in parallel and together over an eight week period, had previously been available (at the YMCA Bellshill) and was very well regarded by partners. There was strong support for restarting this (indeed many were unclear what had happened to this programme and why it had stopped). It was described as *"an excellent programme – it allows kids to be kids, and parents to take some responsibility",* and allows families to move forward with their lives.

Other whole family/ wider family developments were also suggested such as family group therapy, and approaches similar to CEDAR (the programme which works with parents and children affected by domestic abuse). All of these are strengths-based, whole family approaches which were strongly supported:

> *"Let the families have some power back as well. … You know we need to get the whole family in, we need to get families used to being together again, and talking about things. … We just need to help them heal. … It does take investment and you need to think outside the box, because we need to work with people's skills, we need to work with their assets. … What skills have they got, what can they bring, what can we utilise, how can we empower them? What can we do to make that family work? Because families DO work, families DO work."*

3. Ensuring a "like for like" offer for families as for those in treatment/ recovery

As noted above, there is very little investment in adult family support in comparison to the amount of funding invested in direct alcohol/ drug treatment, support and recovery. This is reflected in the limited options for family members (e.g. a short programme of one to one support or ongoing group support) compared to the very comprehensive programme and timetable of options for people in formal treatment and care, and community-based recovery support.

Some families may not wish to engage (or to only engage) in intensive one to one support or a 'sharing' type group setting, however they would be interested in opportunities focused on sport and leisure,

learning and training, well-being and self-care, and arts and culture. A family recovery café was also suggested here:

> *"They're there to support you, yes, but there's nowhere you can go and relax with one other and you're not talking about your son or your daughter."*

So as well as structured support, families are also seeking more informal, positive opportunities to connect and relax together in a safe space, and critically "*You're actually giving people a choice, and you're helping people to address the impact and to find solutions."* This social opportunity is just as important for families as others, as this participant explains:

> *"A wee bit more get-the-gither, do you know what I mean? Like this [*family support*] is one night a week. Whereas when it came up to Christmas and things like that, I felt oh well maybe we will have a wee night, you know the parents, the families of the addicts. There was wee parties and things for them, and I just felt "Meh, we are here every week and there's nothing here for us!' Like a wee celebration, a wee night out. … Even a wee bowling trip or a wee meal. I'm not asking them to pay for it."*

4. Work with schools, young people and parents

This scoping project was focused on support for adult family members, rather than children and young people. However schools (including work with parents and young people) and wider work with young people were mentioned by a number of participants as a key way to reach families:

> *"Having been brought up in a family with alcohol problems, … education was a great place of safety, and it was also a great place of levelling. It didn't matter what was going on in your home life, if you were in school, and you were able to engage with school, and you had good teachers, that was a real security thing there. … I think we have a lot of children coming in, and you know they have got the worries of the world, … but schools are a much more nurturing environment now than when I was at school – and I benefitted still."*

Schools are also a great place to reach parents – many of whom may be concerned about their young people but there is no obvious way for them to reach out. Families are particularly off this radar where there are no pupil performance or attendance issues involved, or alternatively by the time these have become issues the relationship with the school becomes more complex and potentially conflictual. Much focus around schools is on alcohol/ drugs education for young people, however parents are also keen to learn more about harm reduction, risk and how to talk to their teenagers about substance use.

Self-directed group development projects for young people (similar to youth enterprise schemes) and ensuring equal access to community-based activities for young people were also suggested as offering learning and diversionary options (which also helps parents), including ensuring young people have access to the transport, appropriate clothing and equipment they need (as well as the cost of fees in some cases).

5. Multi-agency and multi-disciplinary approaches

Although it was felt that a fully formalised plan for families (such as with Girfec) was not required for adult family members, there was support for a similar multi-agency approach, or even *"a dedicated multi-disciplinary team, because I don't think one organisation can do it all. Because everybody's got their remits, everybody's got their specialities."* This team's membership was suggested as including

specialists in mental health, legal (to support families who *"can be embroiled in something which is frightening to them and they're scared to go anywhere because of the consequences")*, health, community, youth work, group work, and one to one support.

More strategic partnerships were also strongly supported (linking back to the earlier proposal to establish a Family Support Development Group, or similar) to ensure a more streamlined approach for those seeking support:

> *"We're open to doing anything with anybody that's for the greater good of the community. We have sporadic interaction with various groups, but there's no linked unity with anybody. I think everybody's got an individual agenda. Unless we're left out of something and there's maybe something going on I don't know about! … This is probably to the detriment of the person that they're trying to reach, because everybody will be trying to reach them with different goals, and there's all different belief systems in there as well. So that causes confusion."*

6. A Recovery Charter for the Community

A final proposal was a suggestion to build on *existing* community assets, and to develop a *"Recovery Charter"* including recognised charter marks. This could start in the public and community sector, and then be expanded across private businesses (such as cafes and shops). Any venue showing the charter mark would have easy-to-access information about recovery support, such as a directory of available options. This taps into existing community networks and strengths:

> *"Communities really know where their families are that are struggling, and communities really know where individuals are struggling, and they need to know where to refer them to get the help earlier, or to start having the conversation."*

This proposal also provides an opportunity to develop a greater community awareness of alcohol and drug issues, including the impact on families, and how communities can respond.

3.9 EXPERTS BY EXPERIENCE – FAMILY VOICES AND EXPERIENCES

> *"We would need to ask people first, we'd need to go to the roots and just ask people. I think it would work beautifully. I think we would just need to get the right person at the right time, you know to run with the gauntlet, because it's so important that voices are heard and real life experiences are heard."*

We spoke with interview participants about North Lanarkshire ADP's intention to bring family voices and experiences more directly into their work to influence policy and practice. We asked what role they felt family members could or should play, and how might this work in practice; what family members could bring to the ADP's work, and whether family members would actually be interested in getting involved.

There was universal support for this, and it was seen as closely aligned with the ADP's commitments to evidence-based practice and the **involvement of lived experience** in all of their work. People felt this goal had real potential, *"people would be interested, it would work*", *"family members would definitely want to get involved",* and families would *"be up for supporting the ADP with whatever they needed"*. Indeed some families had previously written up testimonials about the positive impact of existing family support, to make a case for ongoing investment. It was recognised family members can be very effective "a*gitators for change"*, and that families saying *"this worked for me"* acts as good evidence for improvement. In terms of learning to date and other models, there is an opportunity to build on the existing North Lanarkshire engagement infrastructure (e.g. local and topic-based forums, strategic representation arrangements).

It was felt family involvement could **help professionals understand the damage** caused by substance use to the wider family, beyond the focus on the individual using substances or their children, as well as how substance use can have a different impact on different members of the same family (*"I think they need to see more what it can do to a family, it can destroy a family, it really can.").*

This engagement could help shift services from saying 'This is what you need' to family members saying 'No, this is what I need!' and remind decision-makers and commissioners that *"real people"* should be at the heart of this work:

> *"We need a family member representative. … We need that in some way so that we've got people giving us real scrutiny. A lot of ADP stuff can be real 'pat on the back' stuff from statutory services, it doesn't feel like you're answerable to real people."*

> *"We need to get back to being inclusive. I think sometimes we can forget about those people who are more marginalised. … We all have a responsibility to try and reach, to put the hand out and say 'We are interested to listen to what you have to say'."*

Some family members felt they would also benefit from meeting with professionals, suggesting this works as a two-way, mutually beneficial process to increase awareness and understanding for everyone involved. Families would also gain a better understanding of issues around resources and that *"everything can't change overnight, but with your support we can make it happen."*

Some **practical suggestions** for involving family voices and experiences are listed here. These are worth some further exploration and discussion.

Family Voices and Experiences - how might this work in practice? Some suggestions …

Carry out a '100 Families Project' to engage with 100 families, analyse and act on the findings	Support family members to write their own ADP annual report
Hold an Open Day/ Conference for family members	Invite family members to join the ADP – for individual meetings and as full members/ representatives
Seek written testimonials, letters and messages from family members	Develop an ADP Families Sub-group or Families Reference Group
Ask organisations working with families to gather and share families' experiences, which protects their identity/ anonymity	Go out as ADP members to meet local family support groups to discuss issues/ideas/ improvements, so engage in their own space.

We asked families if they would **feel comfortable** taking part in these proposals themselves, as it is a huge ask for anyone to share their personal and private life, particularly where this has been very chaotic, traumatic and harmful. We are also very conscious that any family member talking about their experience inevitably 'outs' their loved one as well, so there are broader issues around privacy and confidentiality than an individual in recovery talking about their own journey:

> *"Quite often you will have different people coming wanting to know people's stories, and kind of using them in a way, and not in a positive way. You got to be mindful about protecting your families from that. But on the flipside I think you need to get that lived experience from families as well – what would help them? What support is missing? If they'd had X, Y and Z at a certain time would that have benefitted, depending on the stage of their recovery as well. … So I do think we need to hear the voices of families, but how we do that is difficult, you need to be really sensitive."*

Some family members anticipated *"feeling more comfortable"* to talk in their own group, rather than standing up in front of an audience, as they know each other and could bounce ideas around. Others said they *"wouldn't have a problem going to speak"*, while were conflicted:

> *"I couldn't speak in public. I could write down my experiences, but I couldn't get up in front of a full class or anything like that. But then again I don't know! I've came to the end of my rope sometimes and I'm desperate to talk and … I want to go into the high schools and I want to work with the police. … I'm getting that passionate about it."*

However participants also had some words of warning, which should act as **Tips and Hints** for future developments:

- ✓ Avoid meetings which are focused on the needs of services/professionals and full of jargon.
- ✓ Be honest about the level of participation/ engagement involved, the purpose of this, and how much influence families will have.
- ✓ Remember that some ADP partners will also be affected family members too, either as children or currently.
- ✓ Confidentiality and anonymity must be protected.
- ✓ Don't assume family members are available during the day or have a lot of free time – many have employment, caring or community responsibilities.

- ✓ *"It has to be right for the person, it can't be tokenistic."*
- ✓ Consider locality-based family engagement first, building up to North Lanarkshire level.

It was widely acknowledged that engaging families is *"not easy"* or quick if it is to be meaningful, and *"you need to plug away with a bit of time",* with *"a lot of preparation*" and let *"trust build up"*. Families also need time and space to *"offload"* (particularly in the early stages), including about negative experiences of treatment and support services, and we shouldn't assume we know what families want:

> *"We have to be able to support people, and not throw them under the bus and involve them in strategic partnerships which are full of jargon and are very business-oriented. ... It has to be meaningful. It's about that whole ladder of participation – are you engaging folk, are you informing folk, are you telling folk, or are you actually working with them in order to co-produce things, in order to develop in partnership? It's not about being tokenistic but equally it's not about putting people where they feel uncomfortable and out of place, but they feel able to participate and engage and their voices are heard."*

3.10 HOW DO WE TAKE THIS FORWARD?

A number of participants recalled the value of the previous children and families group within the Lanarkshire-wide ADP, and suggested that a **Family Support Development Group** (or similar) be established to bring interested parties (including families) together to consider all options and drive forward practical changes and improvements. It was felt this development work would also increase the visibility of family support, and enable partners to fully scope out what is and isn't available just now (as even amongst those working in this field, there was often patchy or out of date awareness of what is currently available).

One participant suggested this group could be allocated a *"collective pot of money"* to bring people together around a shared resource, and to agree how this should be invested, similar to the Early Years Collaborative and other approaches.

> *"From what I see there is nobody here taking the reins. We're small, our resources are small. We're bursting at the seams with what we are trying to do with our resources. … if an organisation like you guys came in from a family perspective, good work could be done, taking the reins, being the driving force."*

We asked about local strengths and assets we could build on, and any barriers and challenges which might get in the way, in taking people's ideas forward. Unlike in some areas, in North Lanarkshire many employees also live locally, which brings a different kind of engagement and strong local connections. We asked people to think about their own local communities in particular when identifying strengths and assets.

In our experience, asking Scottish people to identify the strengths and assets we can build on can be a tricky question – this does not seem to come naturally, and often barriers and challenges seem easier to identify. For example in asking, *"What would you say are the good things about your local community?"* one answer was *"The road out of it!!"*[laughs], or as someone else commented (after a long silence), *"Strengths?! That's got me thinking!"* Here is a summary of their assessment, which provides a useful basis to move forward, and to be alert to what may get in the way.

Strengths and Assets	Barriers and Challenges
Leadership (including ADP and more general practice development) Innovative and creative services Person-centred practice Embedded evidence-based practice e.g. CRAFT Ability to stretch limited resources Strong community identity Long-standing family networks (people stay local) Community spirit Active and committed communities Good community response to adversity (e.g. COVID) Large network of community venues/ facilities	Lack of leadership/ drive around family support More focus on individuals using substances than families Negative attitudes/ stigma around addiction Normalisation of substance use so families don't recognise they need support Slow response of statutory services to newer trends (e.g. cocaine/ cannabis) Paternalistic public services Attitudes can be parochial Significant levels of poverty and deprivation Under-resourced compared to levels of need Lack of funding and lack of continuity in funding so services come and go frequently Good transport links (for some) and willingness to travel between localities People keep themselves to themselves Lack of community hubs in some areas

This scoping study was carried out over the summer of 2020 during the COVID outbreak when there was no face-to-face family support, with all support offered over the phone or online (across various virtual platforms). So also asked about **virtual support** (which has become a standard approach during COVID lockdown), and their thoughts on how far this become a core part of provision in the future.

There were very mixed views as to how this was working.

Some felt lockdown provided a *"definite opportunity for virtual support"* which may have been slower to develop otherwise, and that their service would continue to offer virtual options after lockdown. Some families had been able to access virtual support otherwise based in outwith North Lanarkshire, such as My Support Day's online groups (at the South Lanarkshire Beacon's) and Scottish Families' online wellbeing programme (national).

For practitioners, some reported families finding this format easier, for example for whole family activities where everyone could join in online (e.g. cooking, creative or exercise sessions or more informal chats), and family members being able to mute their own conversations at home during meetings. Being able to see everyone in a family at once also gave practitioners some useful insights into family interaction, although others noted that face-to-face visual cues were missed, and it was harder to develop rapport with families. The Recovery Development Team (who only came into post a month before lockdown) had found their engagement rates had in fact *increased* through virtual contact, and it was easier to maintain ongoing engagement with people and connect with other communities elsewhere.

There were varied views on whether virtual support was preferable for families. Some felt *"communication has been brilliant in lockdown … we're all in contact all the time"*, and family members were more relaxed in their own home so they could to *"let their guard down a wee bit"* and open up. However some preferred not to engage in this way at all as *"it's not my cup of tea"*. Indeed one family support group had seen attendance drop by 60-80% when they moved to online meetings, and a number of people noted the challenge of *"no privacy at home"* so they *"can't talk freely or disclose anything"*:

> *"The main issue that I'm finding is that a lots of the clients that I work with, they live with the person that's using, so even accessing the telephone support is really difficult. … So one of my families was logging on in the shed to join a group. If someone came in they were feeling very self-conscious. … For the family members, that's the main barrier at the moment in accessing services."*

Some organisations had been able to provide families with digital equipment, data and support to help them engage, but this was not universal:

> *"It's been mixed. Yes the organisations adapted really well to offering that virtual support, but the thing for families was not all of them had digital equipment or they were trying to use their phone or they didn't have enough data. So it's been a huge issue, and I'm sure that's not just unique to North Lanarkshire. Education were providing as many devices as they could, but they could only provide one per household. So if you had more than one child it was difficult. Then your vulnerable families, quite often there was no devices at all in the house."*

Overall there was recognition that some form of digital engagement is likely to continue after lockdown, even amongst those who felt strongly *"For me, what works best is face to face, one to one"*:

> *"I think people will now demand a different way of working through a virtual process which will help us to engage people better – more people, and more of the right people – because it gives them a better timescale, their capacity also goes up because they don't need to travel to a centre. But obviously having that face to face, there's nothing that can overcome that. We still need that as a big part of our service, but we need to definitely mix."*

In terms of **COVID more generally**, there was agreement that this has been extremely challenging for local families affected by substance use, and that *"every stage of it has new hurdles"*. This included the additional pressures (and costs) of having children at home when schools and childcare were closed, including the lack of a quiet, dedicated space and a lack of resources/materials for school work to be completed.

It was noted that COVID has also brought anxieties for staff and volunteers working with families, including increased child protection concerns and increased awareness of substance use within households (for example amongst those involved with community COVID responses such as delivering food parcels and prescriptions).

PART FOUR: CONCLUSION AND RECOMMENDATIONS

Concluding Comments

This scoping study was commissioned by North Lanarkshire Alcohol and Drug Partnership (ADP) to inform its developing Strategy and respond to the family commitments in the national Rights, Respect and Recovery alcohol and drug strategy.

The main focus of this study was support for adult family members (age 16+ years) who are affected by a loved one's alcohol or drug use, rather than support for children. At time of writing, 246 people had participated in this study, across an online community survey (226 respondents across all six localities) and in-depth qualitative interviews (20 participants, including family members, practitioners and those who were both). Further workforce engagement and development is planned.

This study has provided powerful insight into the experiences of local families affected by substance use, as well as those who come across family members through their work and community roles. This includes those who took part in the community survey and our qualitative interviews. As always, hearing directly from family members, practitioners and community members has been an absolute privilege, and we hope we have done justice to the depth of their experiences (good and bad) and their recommendations for change and improvement.

Participants in this scoping study have painted a picture of North Lanarkshire as an area defined by strong community identity, community spirit and family networks, but without an adequate share of resources to address multi-generational poverty and deprivation, and the substance harms and other issues that accompany this.

However they have also clearly highlighted that families right across North Lanarkshire's communities and social groupings are impacted by substance use, particularly given rising concerns around cocaine, and ongoing alcohol issues.

For example our community survey found 94% of survey respondents said they knew someone who has (or had) an alcohol or drug problem, and 66% identified as a family member with experience of addiction in the family. A further 14% described themselves as either currently (5%) or previously (9%) having an alcohol or drug problem. The survey also found the vast majority of respondents felt all age groups (from 0-4 year olds to adults) were affected by addiction in the family.

Current service provision (for people using substances and for family members) and attitudes do not reflect this broad experience, and many assumptions are still made about the 'type' of person using substances and the 'type' of family they come from. This feeds into the ongoing stigma, shame and secrecy of addiction, which prevents many family members from coming forward until a point of absolute crisis, or from coming forward at all.

The area-wide resource gap is reflected in the level of dedicated support for family members – particularly adult family members – affected by substance use. The support in place is of good quality, and it is very positive to see evidence-based approaches in practice, such as Community Reinforcement and Family Training (CRAFT) and 12-Step. Families spoke very powerfully about the impact of this support, and the positive impact this has had on their own life, and their family relationships.

However current family support is relatively small scale and there is limited visibility, choice and range of support. There was a call for a *"like for like"* offer for families and for people using substances (across treatment, care and recovery support options).

There were some good examples of family inclusive practice by treatment and care services. However there were also many concerning stories about families being shunned and actively excluded, in breach of national policy commitments and quality principles. Further workforce development is planned as part of our engagement with North Lanarkshire ADP, which is welcome.

Churches and faith communities, schools, workplaces and financial/ advice services were all identified as community touchpoints where families can be reached, however we need to ensure that this community response is confident and well informed, and that people can actually connect families in with good quality local support options.

Interestingly there was no single idea, or even a shortlist of ideas, about what support for families should look like in North Lanarkshire. Six broad development ideas were proposed: Developing drop-in centres/ community hubs/ cafes; Expanding existing family support provision; Ensuring a "like for like" offer for families as for those in treatment/ recovery; Work with schools, young people and parents; Multi-agency and multi-disciplinary approaches; and A Recovery Charter for the Community.

A lack of leadership and drive around the families agenda was highlighted, and the establishment of a Family Support Development Group (or similar) was proposed, bringing together interested parties (including families) to develop and deliver change and improvement. This will build on existing strong partnership working and the commitment to engaging with people with lived experience.

There was strong support for family voices and experiences more directly influencing the ADP's agenda and decision-making processes, with a number of practical suggestions proposed to achieve this.

The title of this report is 'Hidden in Plain Sight' and this reflects our conclusions. There are thousands of affected family members in North Lanarkshire, but very few reaching support, or on the radar of services. This requires a concerted programme of action, and families should be at the heart of this.

Our Recommendations

We recommend that the ADP establishes a **Family Support Development Group** (or similar) as suggested to lead and drive forward changes and improvements. This should include all interested parties, including family members. Scottish Families is happy to support this work as part of our existing engagement with the ADP.

This group should start by considering the findings of this scoping study in detail and agreeing a programme of work based on the following priorities:

1. Increasing the **visibility** of family support provision, to encourage greater and earlier engagement by family members, and to identify clear pathways to support for families themselves and for those signposting and referring families. Messaging must also reach families who do not recognise the connection between substance use and the harm they are experiencing (see Section 3.7).

2. Continuing to support **existing family support** provision, including championing evidence-based approaches such as CRAFT and 12-Step.

3. Securing additional investment to **expand family support** to ensure a 'like for like' offer as for individuals using substances. This should include consideration of the six broad development ideas in this report (see Section 3.8) and be mindful of findings around virtual support (see pp49-50).

4. Developing the alcohol, drugs and wider workforce, including next steps following on from the planned **family inclusive practice** and bereavement training. This should focus on meeting the commitments in Rights, Respect and Recovery and Quality Principle 8: Family-inclusive practice.

5. Raising **community awareness** of alcohol and drug issues, the impact on families and pathways to support. This will help tackle stigma and increase connections to support. This work should start with community touchpoints such as schools, workplaces, churches/faith communities and financial/ advice services.

6. Agreeing practical measures to involve **family voices and experiences** in the ADP's work, as experts by experience. This should include consideration of the suggestions in this report (p46).

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Please note our national office is currently closed due to COVID-19 and all staff are working from home.