Conversations for Change

Family Rights and Inclusion for families affected by substance use in East Lothian

A Resource for Families and Professionals
A systems change project 2019 - 2020

circle
Supporting families in Scotland

MELD
Promoting Recovery from Drug and Alcohol Misuse

A huge thank you...

- to all the families and their loved ones who have shared their time, experiences and views;
- to our volunteer, Sian Taylor, for working so hard putting the survey together and compiling all the results;
- to the partners and funders – Circle, Mid and East Lothian Drugs (MELD), Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP), East Lothian Children's Services, East Lothian Health and Social Care Partnership, Corra Foundation and the Scottish Government, who have invested time, money and a vision for systems change.

Who is this resource for?

- Families affected by a loved one's substance use who want to know their rights to accessing services and support.
- Professionals and services to consider what changes could be made in their practice, to further help families affected by substance use by identifying and actively promoting their rights and access to the services they need.

This resource sets out to give space to the words of families and to the views of services and become the conduit to a conversation that, in the future, will be taken forward to make the changes that need to happen on local and strategic levels to help more families in East Lothian.

We acknowledge that what is written in the following pages reflects a snapshot in time between September 2019 and September 2020, and it is in the process of collating these stories, reports and service information that there has, indeed, been a raising of awareness that individuals' needs are best met by taking a family rights and inclusive approach.

An accessible version of the booklet can be found online at: **circle.scot/family-rights-and-inclusion**.

Conversations for Change

Words shared by families with lived experience, contributions by peer support workers and professionals, reflecting the challenging and ever-changing journey of living with the effects of a loved one's substance use and how East Lothian services can best support and care for those families.

Contents

Presented by Lisa McLaughlan, *Peer Support Worker*, MELD
and Katie Alexander, *Family Inclusion Coordinator*, Circle
Illustrations by Iain G Holden

Foreword

Joe Fitzpatrick, *Minister for Public Health, Sport and Wellbeing,* Scottish Government

"We recognise and welcome the findings in this report and I would like to give my thanks to Circle and MELD and the families involved in undertaking this test of change. I note that many of its conclusions reflect the thinking of the whole family approach/family inclusive practice work already underway through our Rights, Respect and Recovery Strategy.

"Specifically, our Rights, Respect and Recovery Strategy sets out that supporting a better response to those harmed by alcohol and drugs is one of the hardest and most complex challenges we face as a country. The harms are real and will persist alongside the often inspiring stories of lives saved. It ought to be the work of all of us, together, to improve our response – recognising: the rights of people, their families and their communities; the need to treat people with respect; and that all individuals will be supported on their own, unique, recovery."

"Scottish Government are currently working with partners to develop approaches which:

- 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;
- 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 (Getting it right for every child);
- involve children, parents and other family members in the planning, development and delivery of services at local, regional and national level."

Family Rights and Inclusion

Introduction

> "To make the promise a reality, an equally radical new approach to design and implementation is required. Scotland must now come together to collectively make the changes that children, families and the workforce need."
>
> Independent Care Review, Fiona Duncan, *CEO,* Corra Foundation 2020

With funding gratefully received from Scottish Government through Corra Foundation, we set out to follow a 'plan, do, study, act' cycle over the course of one year to gain an understanding of families' experiences of three service systems (Recovery Orientated Systems of Care (ROSC), Children and Families and GIRFEC) and professionals' views on family inclusive practice. Circle and MELD felt we had a strength being co-located in both adult recovery and children and families' services in East Lothian.

In partnership we were able to view the same or similar agendas through the distinct lens of each service, getting a slight sense of what families feel when several agencies are involved, with different but interlocking agendas. It is safe to say if we were to do this again, we would start with just two service systems and build in a third, however we have included many professionals in this pack to give a broad perspective on family inclusive practice.

Firstly we brought all the partners together to agree the plan, create a partnership agreement outlining our values and aims and clarify what each partner could bring to the table:

- Family members' views and needs are better represented and met in service delivery responses (i.e. ROSC, Children and Families and GIRFEC);
- Staff involved in key processes (ROSC, Children and Families and GIRFEC) better understand when, where and how to identify and meet family members' needs;
- Services show increased willingness to embrace more family-inclusive working.

Change is possible

"What change is needed? Why is change needed? What might be the (unintended) consequence of this change?" 'Systems change', Lankelly Chase 2015

This project set out to gather both families' and services' views about **family inclusive practice, whole family approaches and family rights** in the context of substance use, providing an opportunity for services to reflect on their current family inclusive practice and identify where there's good practice or areas requiring development and systems change. In seeking answers, we asked the following questions:

- **What are the barriers and challenges that face families affected by substance use in East Lothian?**
- **What are the solutions that those families need from their community and the services that support them?**

Our questions were met with an openness, honesty and humility that allowed us to air some of the big fears both families and professionals face. We were, after all, talking about systems change. We were humbled by the commitment of the professionals to make this happen, particularly when unbeknown to us, a pandemic was around the corner! Meeting quarterly, each agency described how they would like the respective service systems to change, what got in the way and how we could achieve our collective aims. 'Act' became 'study' for a while, when we could not leave the house to get into our services, communities and family spaces, so we adapted in the face of adversity, but we did it! We hope this inspires others to do the same.

Part of the project plan had been to hold a participation and information sharing event in the Starfish Recovery Café. This would have enabled families with lived experience and services to talk directly with each other about changes that need to happen. However, in this extraordinary year where COVID-19 has affected everyone's lives so profoundly, it became impossible to either hold the event or facilitate those discussions between families and services.

Family resilience has become the utmost of importance as families became the default support for many. The pandemic has shed light on the preventable economic and health inequalities faced by 'loved ones' and their families. This has been an unavoidable catalyst for change, where 'shielding' became the norm and 'social distancing' buzz words, and services have had to change and innovate to reach the most 'vulnerable' and there has been an amazing collective effort. This pandemic has shown how quickly society can adapt when asked to and how cooperative global and local communities can be in response to a crisis.

Systems can change even when there is resistance to that change.

Angela Gentile, *Project Manager*, Circle East Lothian
Katie Alexander, *Family Inclusion Coordinator*, Circle East Lothian
Lisa McLaughlan, *Peer Support Worker*, MELD

Lived and learned experience

Finding a common understanding and shared values

By beginning to address some big questions and by listening to both lived and learned experiences we can begin to consider the current systems that shape those experiences.

Right from the start, both Lisa and Katie realised that they had a lot more in common than initially obvious. Conversations grew out of a mutual curiosity and trying to find a shared 'co-production' approach to this project. Lisa comes from a nursing background and is a mother and grandmother and has had an addiction problem, and Katie trained in art therapy, with many years of children and families experience and grew up with alcoholic parents.

By sharing their stories with each other, Lisa and Katie found a commonality and recognised the importance of the notion that lived and learned experience are not mutually exclusive to having a compassionate understanding of everyone's complex life stories.

Lisa

"Recovery means different things to different people, some people become completely abstinent from all substances while others can manage their substance of choice. I had to become abstinent because I found that once I started to take something I couldn't stop. This went for drugs *and* alcohol. I would love to be able to just have a couple of drinks but judging on past experiences that will probably never happen. As Albert Einstein said "the definition of insanity is doing the same thing over and over again but expecting different results".

I think my problems began when I was a young teenager after a really bad experience. This completely changed the way I felt about myself and my outlook on life. For a while I was suicidal and started to self-harm. For a long time I never saw myself as having a problem, in fact, fast forward 25 years and I was still using different substances on and off. I managed to hold down a job, had a home and looked after my kids. I was on 'legal highs' and when they got banned I found I couldn't function normally, certainly couldn't work, hardly get out of my bed.

My mental health was probably the worst it had ever been, I was scared to leave the house. I looked for new substances; street valleys, Xanax and heroin became my new best friends. The kind of best friend you don't really want. Even though I thought I felt ok on these, well I had no anxiety or depression, my life went to shit. Lost my job, kids didn't speak to me and nearly killed myself. After reaching my lowest point I decided to stop and accepted help.

I found peer support to be a great help to me, finding out that other people had felt the same way as I did, made the same bad choices and had decided that enough was enough. Learning coping strategies from peers to live a life without substances was invaluable."

Katie

"I grew up in the highlands of Scotland, in an isolated part of the country with no siblings, travelling nearly 30 miles to school every day. Both my parents were alcoholics, but in particular my mother was chronically ill.

I learned from an early age that it was best not to say anything to anyone, keep a brave face, separating private and public life. I suffered all the stigma, loneliness and isolation brought by secrecy and shame.

Currently there are an estimated 51,000 children living with a parent with alcohol problems in Scotland.* The impact on these children's lives can be devastating as I know from having suffered from low self-esteem, eating disorders and fluctuating depression for all of my life.

One of the worst consequences for me has been a feeling of rage and injustice that has influenced all sorts of choices in my life, some of which I have tried to put to good use.

I have gone on to work with children and families many of whom have lived with parental addictions and poor mental health and believe strongly in children's rights, the right to be heard and opinions being valued."

*gov.scot/publications/scottish-health-survey-2017-volume-1-main-report

We have attempted to reflect the conversation between lived experience and learned experience, recognising that sometimes these 'positions' are not so very different, but it is the systems that people live and work in that can affect attitudes and approaches.

Lisa and Katie, August 2020

Rights, Respect and Recovery

"For the first time, we have a rights-based strategy which places families affected by alcohol and drugs at its heart. This includes families having the right to health and a life free from the harms of alcohol and drugs; the right to be treated with dignity and respect; and the right to support in their own right." (Scottish Families Affected by Alcohol and Drugs, 2018)

In November 2018 the Scottish Government published **'Rights, Respect and Recovery'**, Scotland's national alcohol and drug strategy. This introduced transformational rights for families affected by alcohol and drugs: **gov.scot/publications/rights-respect-recovery**.

The strategy also defined their meaning of family in the context of substance use in a 21st century Scotland, "The 'definition' of family means anyone who is affected by a loved one's alcohol or drug use, including family members, partners, carers, friends, neighbours, work colleagues or concerned significant others" ('Rights, Respect and Recovery', Chapter 6, 2018).

What is Family Inclusive Practice in the context of substance use?

Scott Clements, *Head of Programmes*, Scottish Families Affected by Alcohol and Drugs

Practitioners in alcohol and drug services are increasingly being asked to include families in their clients' treatment. The Quality Principles: Standard Expectations of Care and Support in Drug and Alcohol Services states 'Services should be family inclusive as part of their practice', and new commitments in Rights, Respect and Recovery states 'Ensure family members … where appropriate, will be included in their loved ones' treatment and support'.

From an alcohol and drug service perspective family inclusive practice can be defined as the involvement of significant members of an individual's social context in assessment and care planning. The overall purpose of inclusive practice is better, more sustained outcomes for both the individual and members of their social environment which are often their family.

Family inclusive practice values families, recognises families have needs in their own right, and seeks to include families in the scope of the work even though the main focus of the intervention may be an individual within a family.

Why is it important?

No individual exists within a vacuum. The term 'family' can mean different things to different people, e.g. partner, parents, close friends. Regardless of the definition, family members can be heavily influenced and affected by the actions of each other, both positively and negatively. Family inclusive practice recognises the importance of family and significant others and promotes and facilitates their involvement in treatment and care plans.

Family resilience

Angela Gentile, *Project Manager*, Circle East Lothian

Family resilience is defined as having two characteristics: (1) the family's ability to maintain established patterns of functioning after being challenged and confronted by risk factors (elasticity), and (2) the family's ability to recover quicker from a trauma or a stressful event causing or requiring changes in organisation of the family (buoyancy). (Kalil, 2003).

If the starting point for the families we support is a myriad of economic, social and health inequalities, then we need to create the foundations of equality (participation and advocacy) and the context for change (safety and compassion) before or at the very least at the same time we consider family functioning, recovery and wellbeing. Our vision is for families to have the access to the resources to which they are entitled, to the family support to which they are entitled and to build on their strengths, skills and assets to find solutions to the complex set of challenges faced (within the family and outwith the family). We wish this for every family, but here we are talking about families supporting a loved one with substance use.

In order for patterns of functioning to be healthy and sustainable in the face of 'risk factors', 'trauma' or 'stressful events', our way into working alongside families should not be to focus on a perceived 'deficit' or 'risk'. Highlighting these again and again upon entry into a service system is unhelpful. We share a commitment to preventing 'risk' or 'distress' emerging and try to halt their intergenerational progression. Relationships and the words we use, as well as the processes we create, hugely influence this*. We need to stay with families while patterns of family functioning change and while life is re-organised, where rights and resources are accessed and foster hope in the face of adversity.

'Family clearly remains most people's source of support when things go wrong.' (Parks and Roberts, 2002, p203, cited in Morris et al, 2008, p15)

'A whole family approach needs to be truly 'ecological'; that is parents' and children's difficulties are more often a function of exclusion rather than a cause.' (Morris et al, 2008)

*see **corra.scot/connectionsarekey/** and **celcis.org/knowledge-bank/search-bank/blog/2018/11/i-couldnt-bring-myself-write-acronym-lac/**

My family, my rights

A rights-based approach, Scottish Families Affected by Alcohol and Drugs (Scottish Families)

Scott Clements, *Head of Programmes*

In Scotland our human rights are protected by the Human Rights Act 1998. There are 16 basic rights protected by the Act, which are outlined further in the back of this pack. Human rights are the basic rights and freedoms that belong to every human being regardless of where they are from or how they choose to live their lives.

These rights cannot be taken away from a person, although they can sometimes be restricted – for example if a person breaks the law, or in the interests of national security. The COVID-19 crisis is also a good example of this.

These basic rights are based on shared values like dignity, fairness, equality, respect and independence and are defined and protected by law.

The Rights, Respect and Recovery Strategy states it is about how we best support people taking a human rights-based, public health approach to ensure we are delivering the best possible care, treatment and responses for individuals and communities. This includes service planning, development, delivery and legislation.

The strategy further acknowledges the need to ensure people have access to independent advocacy services to support this, empowering people to know and claim their rights and increasing the ability and accountability of individuals and institutions who are responsible for respecting, protecting and fulfilling rights. This means giving people greater opportunities to participate in shaping the decisions that impact on their human rights. It also means increasing the ability of those with responsibility for fulfilling rights to recognise and know how to respect those rights, and make sure they are held to account.

Scottish Families continues to work alongside families and others to ensure that these strategy commitments are delivered, and that families' new rights look and feel real on the ground. In November 2019 we launched our My Family, My Rights programme which highlights advocacy for family members and services.*

To date, much remains to change on the ground for families in terms of many accessing their right to support in their own right and being actively included in their loved ones' treatment and care planning where appropriate. To ensure families' rights are real, access to advocacy for families is key to ensure these rights are achieved.

The Scottish Independent Advocacy Alliance (SIAA) provides information on advocacy at siaa.org.uk/us

*sfad.org.uk/my-family-my-rights-programme

Listening to families

A solution-focussed, strengths-based approach

Setting out to talk with and actively listen to families and services and explore what the CHALLENGES, BARRIERS and SOLUTIONS for families accessing support and services' abilities to meet their needs in East Lothian. Our role was not to comment or have opinion on what people say, but to give space to those words and opinions.

Their stories and the case studies will, of course, reflect personal opinion and it's important to acknowledge all sorts of feelings, including feelings of defence, that might arise from hearing these opinions and comments. And it is also vital to remember that these stories reflect a person's distress in response to a crisis, which is both human and societal. Services are working hard to alleviate this distress and keep people safe in these crises, but the system itself may restrict or limit their ability to do this. This is not about blame, the focus here is on solutions and what conditions can enable change.

On this journey we met some absolutely fantastic individuals, families, community workers, peer support workers and volunteers, who really care about recovery, their community and want to see systemic change: people who deserve the dignity, fairness, equality, respect and compassion that are, hopefully, reflected in the following pages. These conversations were held ethically, where individuals were listened to and signposted to further support and, where appropriate, advocacy. We tried to ensure that people we spoke to, have ongoing networks of support both informal and formal.

On the following pages are a selection of some of the experiences told to us by families...

Lived and Learned Experience: Part One

Recovery, the lived experience and peer support

Struggles by Jamie – *performed at the Dunbar Recovery Event in January 2020*

All alone and in despair, the creaking walls and echoing stairs.

Hands were shaking and my heart starts to sink, locked in this dungeon desperate for a drink!

As the empty bottles all lay on the floor, the days would go past and the pile became more.

I was trapped, helpless and afraid, never looked after myself and bed was never made.

I had to force feed myself just to survive, my body was weak and very deprived!

I would sit in wallow at how this all started, I looked at my past and why everyone departed!

I would sit and blame everyone else but me, sending spiteful messages so that everyone could see.

My health just got worse and i was going to die, liver disease and internal bleeding. My addiction had became a lie!

I tried and I tried but failure was the norm... it all came so sudden and swept me away with the storm.

From cheating to lying my life was a mess... no wonder I was alone and sitting depressed.

Case after case I would appear up at court... my life became folly, I was ready to abort!

I became very isolated and every day was a struggle, all that I needed was someone to cuddle!

I was given the chance to go into leap... I got to 21 days sober but my mind was too weak.

I left in a hurry with no time to think... the first thing I did was pick up a drink!

Although I was dying and trapped in this shell, I had no control... The demons inside wanted hell!

Another full year I wasted away, I knew that my liver would be the one that would pay!

But after that year of pain and regret, they accepted me back for that I will never forget.

I did the 3 months and graduated with honour, I knew I had made it and was no longer a gonner!

After I left it all became clear, this is my life now.. no more living in such fear!

As I sit here all happy and proud, I can't help but think of all those people these chances had been disallowed!

3 years down the line and ive never been so relieved... i almost lost my life, through my selfishness and greed!

My story is so simple, its wasnt upbringing or abuse... i just loved to party, which turned to constant substance misuse!

Karen and lucy are my heroes, they never gave up trying... i had given up, and accepted i was dying!

4.2 on my liver test came as a huge surprise... thats some drop from 1300, my addiction fed me lies!

After all this time, theres one thing ive discovered... ive done it all my own way, and now I'm fully recovered.

Addiction begins with a choice as many others do, but once it grips a hold... there's no easy way of getting through!

I'll leave this on a quote thats been meaningful to me...

'never give up hope, will power is the key'

Working together and the value of having shared aims

> “Recovery for me is an active process – in fact I would call myself a ‘recoverist’ i.e. a recovery activist.
>
> I really believe in community resilience and that the answer to some of our most pressing problems lies in the margins of society.
>
> If we can really listen, really hear the voices of those with lived experience we are in with a shot at making things better. I and millions like me are living proof that change is possible.”
>
> Michaela Jones, *National Lived Experience Officer*, Scottish Recovery Network (2018)

Michaela has written an article, ‘The Rights Based Approach’, which can be read in full at circle.scot/family-rights-and-inclusion.

Lived experience and peer support

> "I found peer support to be vital in my recovery journey, seeing people who used to use a lot of drugs and alcohol that didn't anymore - seeing them happy and successful. I wanted that too!"
>
> Lisa McLaughlan, *Peer Support Worker*, MELD

Most of the participants spoken to, valued peer support and wished that there were more people in that role. Peer support/lived experience breaks down barriers, challenges discrimination, motivates and gives people hope. Seeing someone who used to use drugs/alcohol, now working and who has come out the other side can bring about change.

MELD's Peer Support Service

Laura Grant, *Senior Peer Support Worker*, MELD

MELD provide and promote peer support and recovery services to people recovering from use of alcohol and drugs. The Peer Support Workers are based in the Esk Centre and GP Surgeries. Please check the website for the most up to date information: **meld-drugs.org.uk**.

> "I think the people of East Lothian, looking to get into recovery from any substance, need and want a safe space to be able to be open and honest without the worry of being judged. Re-connecting with like-minded people who have been through similar circumstances sharing their own experiences and coping strategies that work well for them, adding structure and routine, helping to support each other and gaining mutual respect.
>
> I think this is how the Starfish Recovery Café works so well, it is run by staff and volunteers in various stages of their recovery but further on in their recovery to have gained valuable skills and experiences that can be passed on to others. Being able to share those experiences with different people, offering that safe space to come and socialise. There are also weekly SMART, Acupuncture and Mindfulness sessions for those needing a bit more specific support. Now that East Lothian has a team of four new Peer Support Workers, with their help I would like to see the café moving to more than one day per week and eventually spreading across each town in East Lothian.
>
> WATCH THIS SPACE..."

Support for families at MELD

Linda Bernard, *Family Support,* MELD

The MELD Open Service provides support to adults living in East Lothian concerned about someone else's drug or alcohol use. You can self-refer or be referred by someone else to the service.

The Open Service has a range of supports available, including one-to-one appointments, group work and telephone and email support. We can also offer information about treatment pathways for anyone you are supporting as well as providing drug education and information. There are also opportunities to be involved in a loved one's treatment plan where appropriate.

MELD are aware that self-care plays a vital role in your emotional wellbeing and recovery and the Open Service will also provide support in key areas such as boundary setting and coping strategies.

Using a whole family approach, we engage in partnership working and can signpost onto other agencies if other needs are identified. This can include support services available for children within the family unit. We can also signpost for support around key areas such as finance or benefit issues.

In response to the pandemic, the Open Service has had to adapt by offering support through digital platforms such as Zoom. Telephone and email support is also still available depending on an individual's contact preference.

We are currently offering free weekly mindfulness sessions as well as promoting and distributing Naloxone to anyone who may be supporting someone at risk of, or likely to witness, an opioid-related overdose.

> "We have used MELD for family support and advice – as we know well how the person's substance abuse can and does affect the whole family.
>
> The parent of an addict can feel helpless, embarrassed, feel they are to blame and don't know where to turn to.
>
> Support from MELD can really make them feel they are not alone and giving them hope and much needed coping strategies. Their whole family work is a much needed service as a support to keep the family together."
>
> Gill Last, *Support Manager,* The Ridge

Peer Support Groups for families and friends

Sandra Holmes, *community activist*, mother and grandmother in Midlothian

Sandra spoke about the amount of phone calls for family support which had increased dramatically since 'lockdown'. "Families are desperate and distraught due to the lack of support". Sandra even mentioned that people were saying they felt suicidal.

According to Sandra, family (peer) support is when like-minded people get together to find a path to recovery and that families had a parallel path to recovery alongside their loved one who misuses substances. Sandra mentioned that family support enabled her to better support her daughter which in turn led her daughter into recovery. Sandra's daughter is now one year free from substance use and Sandra is proud of what her daughter has achieved.

Sandra spoke about the lived experience going way beyond what a professional can do. She said this was the case for people with substance misuse problems and is the same for their families. "Family support works and it helped me to understand the recovery process."

Sandra started and runs the Midlothian Family Support Group which is open to people from all areas. Sandra has spoken about how many families from East Lothian get in touch with her as they struggle to find a local support group in their area. She still attends the Lothians and Edinburgh Abstinence Programme (LEAP) Family Support Group (on Zoom at the moment) to support herself and her own family.

Sandra spoke about how helpful CRAFT (**sfad.org.uk/content/uploads/2019/03/Little-Book-of-CRAFT-Web-Version.pdf**) is for families. When families are trained in CRAFT their loved one is more likely to start the recovery process.

Family support allows families to live their lives and not put their lives on hold. She said families can't imagine going on holiday, walking the West Highland Way or anything like that because of the stress caused by substance use. Family support gives them the tools to start living again. It teaches families how to live with substance use in the family and live their lives. Family support allows people to share their experiences and stops them from feeling alone. She said families become obsessed with trying to save their loved one. Sandra says that families can't save their loved one, but they can love and support them. Family support can give families hope.

Sandra is an advocate for change and also works closely with Scottish Families Affected by Alcohol and Drugs. You can see Sandra's story on their website: **sfad.org.uk/catching-up-with-behindthenumbers-with-new-video-and-findings-report** and here's a link to Sandra's Family Support Group: **sfad.org.uk/service/midlothian-family-support-group**.

Family stories

Andy and Jeanette's story

'*It started four years ago*'; Andy found out that his eldest son and his partner were taking drugs. Andy was in shock, he had been working away and his son got in touch "in a crisis". It seemed out of the blue and out of character. His son and his partner have two young children together and his partner has an older teenage son from a previous partner, who had died when the boy was a baby. When Andy and his wife discovered the couple's drug problems they knew they had to tell someone, so as to protect the children, but it felt like a betrayal of his son. Soon after this, the situation reached another crisis and the Head Teacher at the children's school reported her concerns to the social work department as a case of child protection. Andy describes the Head Teacher involving them in the whole process and being very supportive and very professional.

In hindsight, Andy thought that he and Jeanette should have spoken to his son and partner earlier and threaten them with the police or social work, but Andy described how difficult that is when it is your own child. Andy described blaming himself for not doing more: 'we chose to protect the family unit'.

The children stayed with Andy and Jeanette often anyway, so when they came to stay, as a result of the child protection proceedings, they were happy to be there. Both the school and the social worker were involved and Andy describes a very good relationship with the school. Andy reflected on his understanding of the role of the social workers in the past when he thought of them more like the police. He said that he sees this differently now and understands that they are about working with families. Andy described his experience with 'social work' as initially good, as the social worker allocated was to-the-point, with clear instructions; they were very reassuring and said that Andy and Jeanette shouldn't blame themselves. Andy was more critical of recent social work support however as he was feels that his family were not made fully aware of the processes with his son and his partner.

Children are the focus of the care but Andy felt 'privately tortured' about whether he and Jeanette had done the wrong thing but are now able to forgive themselves. Andy said that, 'since this happened I have been so emotional' and 'seeing your son like this, it is difficult not to be judgemental'. Andy said he thought that the 'system stinks' – they have had the children living with them for approximately two and a half years and there

still hasn't been an assessment completed for them as kinship carers. 'It should be a lot faster'; he understands that there are limited resources, but he feels that this is not fair on the children.

Andy thought that some of the challenges and barriers to receiving help were: not wanting to betray the family; feeling like he is being left to make decisions when things go wrong or change; not having specific support, feeling as though 'we're on our own'; and that there is nobody around to come and advise them. Andy understands that the social worker is for the children, but he asks, 'who is there for them, to support them and answer questions?' Andy described the system as 'very slow' e.g. applying for section 11 Children Scotland Act 1995 regarding parental responsibilities and rights.

Andy thought it would be better if he and Jeanette had their own family support and the legal system was quicker. Andy said that it would help if he had a specific name and number that he could call (not just the duty social work system) and a clear contingency plan when things do go wrong or when making sure there is support in place over the holidays and weekends.

Julie's story

Julie is a kinship carer who looks after her four year old grandson. Her daughter went to stay in another local authority when she was a teenager. Julie didn't know her daughter had a substance use problem until she received a phone call from a family friend to say that her daughter was unwell. Julie didn't know where to go for help at that point. When her daughter was pregnant she was admitted to hospital after taking an overdose. Julie says that her daughter had poor mental health before she went on drugs and was seriously bullied at school.

Julie wished that her daughter and her partner had received more support from the other local authority to keep their son and felt that 'social work' judged her daughter before she was even given a chance.

Julie applied to be a kinship carer but felt the process took too long. Her grandson was in care from birth until he was seven months old and she felt this was detrimental to both her own and her grandson's mental health. Julie has never seen the kinship care team from the other local authority social work team. She was given a contact number in case she needed help; however she has never called them and would have liked to have met up and have been given a name to contact.

Julie spoke about feeling abandoned and being left to fend for herself and she would have liked to have been pointed in the right direction for available services. Julie wished she could have been given more guidance from the local authority on how her grandson has been affected by being in care so that she would know what to expect. She worries about the possible effects from everything as her grandson gets older and would like to know what to look out for.

Julie spoke about feeling ashamed about her daughter's drugs use and worried what people would think. She also said that she had blamed herself for it and wondered where she had gone wrong.

Julie's daughter has now been 'clean' for 45 days after attending a recovery service, although Julie worries that she will lapse again. Julie supports her daughter the best she can.

Julie describes there being few services where she stays and has to sometimes take two buses. She had received some support from a health visitor who would come to her house every 8-10 weeks.

COVID-19 has affected her family as her daughter now has to receive support over the phone from the recovery service and she hopes this still helps her daughter as she was attending face-to-face appointments and doing well. COVID-19 has also affected her family as her grandson's nursery has closed. She spoke about not having time to have a break.

Julie spoke about how she had mental health difficulties and problems with her back and is on enhanced mobility and care.

(Julie was given the number for a family support group and given details of Scottish Families Affected by Alcohol and Drugs).

Children and Families Services

David Fenwick, *Team Leader*, East Lothian Children's Services, East Lothian Council

I will start by saying that family is key to everything we do in East Lothian Children's Services; this means the family members who are struggling with various aspects of their lives, as well as the wider family members who want to help. We are however Children's Services and as a result our priority always needs to be the children, it is written within legislation. However, we know that family members are the experts in their own families and there is a clear focus in East Lothian, from the top down, to recognise and utilise this expertise and support within the family.

Working effectively with families is a vital element of the many approaches we use. Examples of such include Signs of Safety, a strengths-based, family centred model; Safe and Together, a model of working with families where there is domestic violence and Family Group Decision Making meetings, which is a way to support families to come up with their own effective plans. We also have a strong focus on the role of kinship carers whenever a child is deemed to be at risk; an example of this is that we recognise family should always be our first consideration when seeking support for, or care of, a child.

With all that in mind, we recognise that our practice can always be improved and that we don't always have the resources we would like when considering support for families in crisis. Support for kinship carers is something we have recognised is vital and there are attempts to increase this support going forward. However, this support has not always been consistent, for example, when a worker leaves it can result in a gap due to a new worker starting afresh, meaning families need to rebuild relationships leading to them feeling let down. We fully understand the feelings of frustration and most workers, in my experience, can share those frustrations, however we also accept our role as the face of the service and that we must own that responsibility.

For almost 15 years now, East Lothian Council have employed two full time social workers, funded through MELDAP, to work with families where children are affected by problem substance use. These workers, and the expertise they bring, means that families can engage with professionals who have a sound knowledge of addiction and the impact on children, as well as the wider family. We also recognise that all workers require training on the impact of substance use in order to effectively work with families, as this area can be a challenge for workers who are not confident in dealing with the effects of substance use.

The focus on training remains an ongoing process to ensure we can provide a high level of support and make the right decisions for children.

Prior to my current role as Team Leader, I worked with many families who stepped forward to help. Very often, but not exclusively, they were grandparents who have already been through the role of parenting young children and all the work that entails, and I have only ever had the utmost respect for them for making this decision. It is difficult for families and they require support to be able to do it. The process can often be long and stressful, particularly the legal system of which we can have limited control. We would always hope that social workers can be supportive, knowledgeable and skilled in their role, but as I said above, we know there are ways we can improve. The environment we work in is one of trauma, stress and upheaval for families and understandably most families want to get to a point where they no longer need to have us there, but they know they often don't have a choice, which can be difficult and as a result, confrontation can arise. As a department we continuously strive to improve our practice and support children and their families in the best way possible, while also meeting our statutory obligations and responsibilities.

Living with the effects of trauma

Linda's story

Linda spoke about her challenges in getting support services. Describing herself as suffering from a 'complex post-traumatic stress disorder (PTSD)', Linda said that she had received 1:1 cognitive behavioural therapy (CBT)/counselling for about three years. Then this had changed to group support instead and she spoke about finding it difficult to be in this group, so she stopped attending. Linda asked her doctor if she could get more 1:1 counselling again but the doctor did not know where to refer her due to the lack of availability of counselling services in East Lothian. Linda said that she is currently not receiving counselling and she does not want to take medication. She believes that she would benefit from a different type of counselling as she still feels that her past life in care affects her. Linda has also been diagnosed with Obsessive Compulsive Disorder (OCD) and says that she feels that her mental health and her past experiences have affected her kids. Linda wants to change her life but feels stuck, as there is no counselling available for her.

Linda said that she was a baby when she 'went into care' and described her family as her best friend who she met in care when she was a young teenager. Linda spoke about being abused when she was 'in care'. Linda shared that she used to drink a lot when she was younger and got herself into trouble and that this resulted in her spending time in prison and described how she now deals with her past by 'dissociating' herself from what has happened.

Linda decided to change her life when her children had to go into foster care and were not kept together. However, Linda described feeling stigmatised and discriminated against by the social work department and said that she does not trust them and will not work with them. Linda said that she no longer has a substance use issue herself.

Linda spoke of a recent difficult situation where her ex-partner had claimed that he had been staying with her and that he had reported that he'd been looking after the kids to the Substance Misuse Service (SMS) in another local authority. This information was relayed back to the SW department and her 8-year-old son was questioned by a teacher while he was attending school at the school hub (during the COVID-19 pandemic) as Linda is a Key Worker. Linda described being angry that her son had been questioned by a teacher without her prior knowledge. However, a social worker contacted Linda and explained that child protection procedures had changed

due to the pandemic and that they weren't taking the issue any further. Linda feels very judged and discriminated against because of her past.

Linda spoke about her daughter being in foster care and that she had been told (by the social worker) that her daughter did not want to see her anymore. When she has bumped into her daughter by chance though, Linda described her daughter as "so happy to see me and was all over me". Linda said that it has been written in a report that she does not want her (daughter) back. Her daughter has now been working with a third sector agency and has told the worker that she wants to live with her mum. Linda feels that her daughter just tells the social worker what she thinks they want to hear and tells them she is happy being in care. The third agency worker told Linda that the daughter was under the impression that her family did not want her, when in fact they do. Linda said that she was willing to work on her relationship with her daughter so that her daughter could eventually move back in with her.

Linda is unhappy with the care given by her daughter's foster parents, further complicated by her daughter accusing them of abuse. Her daughter is now staying with a family member. Linda wonders why her daughter couldn't have stayed with this member of the family in the first place and not with foster parents. Linda felt that the social work department were slow to act on the accusation and it took them three weeks to do anything. Linda is concerned that her daughter had started drinking alcohol while in their care.

Linda says that her other daughter is abusing drugs and that she is worried about her too; she said she thinks that her daughter craves love from her father which she did not get and that her daughter may be on the autistic spectrum.

Linda stressed that she needs more help as her childhood experiences still affect her today. She is more than willing to get more counselling if it was available for her. Linda describes finding her role at work therapeutic as she is helping others. Linda is very aware that because of her criminal record she may well be excluded from certain jobs.

The importance of relationships

and understanding the effects of trauma

Penny Rackett, *Educational Psychologist*, East Lothian

The Adverse Childhood Experiences (ACEs) study is at heart, a risk assessment, which tells us that the greater the number of early childhood traumas, which have impacted on a person, the more likely they are to experience chronic physical and mental health difficulties later on in life. It encourages the question "What happened to this person?" when thinking about coping strategies such as substance use and disassociation. So the ACEs framework tells professionals to intervene early to prevent ACEs and to be curious, empathetic and compassionate with adults who have lived through them. However, the study also highlights that having at least one supportive relationship makes a significant difference in lessening the impact of trauma.

How could professionals help someone to develop supportive relationships in the here and now? Is there a role for an independent befriender and advocate in these situations who can be by someone's side in a way that is difficult for professionals because of different aspects to their role?

ACEs cannot be looked at without a trauma informed approach, which tells us about the impact of trauma on the brain, and what a person might need. Ongoing stress and trauma without protection changes the brain's architecture. This means a person often lives in a constant state of fear, with the fight, flight or freeze (disassociation) response easily activated. Which in turn means it is much harder to access the parts of the brain that deal with emotional attachment, language and reason; it also significantly affects memory and organisation skills. Therefore, the kind of help someone needs who has experienced significant trauma includes: anticipating that someone will be afraid, communicating in a gentle way (soft voice, smiling) and acknowledging feelings; giving the person choices so that they feel some sense of control (e.g. How would you like me to communicate with you, by text, telephone or visiting you?); writing down information, with visuals too; repeating information and checking understanding; not overwhelming someone with too much information, too many demands at once or too many people. Some helpful reference points are: Dan Siegel's explanation of how we all 'flip our lid' when very stressed, and in order to help someone in this state we need to become a 'limbic whisperer' to help the brain calm down; the Nurture Principle, All Behaviour Is Communication, asking us to look at the meaning of what someone does, not the action; and Dan Hughes' phrase 'Name it to Tame it', meaning that verbalising emotions helps us be more in control of them. In addition, research into PTSD suggests the best way to support someone is to support the relationships of those around them.

Both ACEs and trauma informed practice have to be rooted in Attachment Theory. Rather than thinking about the attachment style, it is perhaps more helpful to think about which Internal Working Model someone has built up in their childhood as a result of their experiences with their caregivers: do they expect everyone to let them down, feel not seen, not heard, and being given up on? These are powerful internal voices that cannot be overridden through rational argument. The pain of living with them often leads to substance use.

Giving someone the experience of a secure attachment relationship, based on the three key elements: being sensitively attuned, giving them the right amount of help for them, and mentalising (i.e. helping them to verbalise their thoughts and feelings and giving an attuned response), is something anyone can and should do, it is not a specialist role.

Complex PTSD is sometimes viewed as resulting from insecure or disorganised attachment (due to trauma), which means that secure attachment is also a way to support someone.

An example of a specific intervention which supports attachment relationships is Video Interaction Guidance (VIG). It is a collaborative approach based on the values of respect, empathy and trust, where the objectives of the work are decided together with the client.

A film is taken of 'better than usual' everyday interaction between parent and child and clips are chosen where the client is attuned to their child and is successfully achieving their goals. These clips are looked at in a 'shared review' where two main things happen: the client receives the experience of a secure attachment relationship from the guider, and together they explore what goes on when the relationship with their child works well and what implications that has.

One challenge when working with adults who have experienced complex trauma but also have children, is that the children cannot wait too long and need to be protected themselves. Therefore, any intervention that focuses on enhancing the relationship between a parent and their child has a double benefit.

Calum was a 5-year-old boy referred to a psychologist because his behaviour was aggressive in school and he also had difficulties with speech and language. The psychologist was told that Calum's mum, Rebecca, was a substance user and Calum was 'on and off' the child protection register. So instead of focusing on just the child, the psychologist offered VIG. This took place at school, Rebecca's choice as a safe space, and instead of three sessions over the course of six weeks, five sessions took place over the course of a year; it happened at the pace that Rebecca could manage. The films were of Rebecca and Calum playing a game of Calum's choice. Sometimes Rebecca brought a friend to the shared review. She was helped to see the moments in which she was attuned to Calum and the impact that had on him.

Her joy at seeing that she could be a competent parent, how much Calum loved her and how much change happened as a result, was a moving experience for everyone. The outcomes of the intervention were that Calum no longer expressed himself through his behaviour at school, but could say what he needed and felt; he was much happier and more settled; there was no social work involvement; and Rebecca was able to make better choices for herself in life, which included distancing herself from harmful relationships, moving house to a different area and being on top of substance use. This shows how supporting an attachment relationship was of huge benefit to the mother as well as her son – it enabled them both to live better.

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(these books have been written with children in mind but much is applicable to distressed adults too):

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Stigma and shame

Anna Ross, LLB (Hons) Dip LP, MSc, PhD

Anna is a mother and partner affected by family substance use. In addition she is a drug policy specialist, with a PhD in participation in drug policy in Scotland, and a Teaching Fellow at the University of Edinburgh.

I am writing this in the role of a family member affected by substance use, and a specialist in drug policy. (Some) individuals who use drugs may not consider their drug use problematic or want to access treatment in its current form. Men and women in East Lothian use a lot of different drugs, but cocaine in particular has seen an increase and is used 'recreationally' by a large number of people. Sometimes this recreational drug use (whether it is cocaine, heroin, cannabis etc.) becomes problematic, and at that stage the individuals and/or family and friends will start to look for services to help out.

When an individual or family/friend seeks out help, much of the literature and advice surrounding drug use situates it within a harm paradigm, meaning that only those who consider their drug use harmful will identify with the messages. In a similar vein, when approaching GPs or services about drug use there is an assumption that the individual wants to stop and enter an opioid substitution therapy (OST) or similar programme. These programmes have stringent requirements, and things like urine tests, waiting lists (that can be as long as eight weeks), sanctions for missing appointments, and other behaviours and bureaucratic issues that ultimately result in the individual feeling shame about their drug use, prevent people from accessing services, or not fully engaging with the service. A major barrier is stigma and shame. For example, a middle-aged farm worker who has lived and worked in the area for many years, who takes cocaine at the weekend, but the past six months has been increasing his intake to the point he is spending all his money, and having emotional issues, will be unlikely to approach his local GP for fear of his drug use being exposed or commented on.

The focus on treatment, and specifically OST, means that other effective tools such as proper psychotherapy are not easily available, especially in some semi-rural areas. There needs to be an increase in NHS funded therapy, that can be accessed for a range of problems, and are not explicitly linked to drug services.

People experience spells of problematic drug use throughout their life, and often a spell is brought on by some incident (family breakup, loss of a job, increased hours at work, or not realising the impact of increased use, etc.). Many people do not identify with the term problematic drug user, and therefore will not approach GPs or other services until the 'problem' has become extreme. Family therapy, couple counselling, and individual therapy, easily accessible and affordable, would help many families and individuals address behaviour before or during problematic use. Focussing on creating emotionally and financially stable environments is one of the best ways to mitigate 'problematic' drug use.

East Lothian Substance Misuse Service (ELSMS)

Caroline Downie, *Primary Care Substance Misuse Nurse (PCSMN)*, ELSMS

The role of a Primary Care Substance Misuse Nurse (PCSMN) is to support General Practitioners' surgeries to support patients with drug and alcohol issues. This arrangement enables patients to access treatment locally and without the need to attend specialist secondary care services. Where possible, patients are seen one week before their medication is due, to enable time to address any issues which arise.

Challenges: Challenges do exist in terms of integration and inclusivity, e.g. difficulty in accessing routine GP appointments as a result of the current systems that are in place. In addition to this, patients report issues of getting through on the phones and the length of time they are on hold. These issues are beginning to be addressed as the role of the PCSMN evolves. At the time of writing, GP appointments are triaged over the phone on the day with planned appointments with the PCSMN.

Currently, as reception areas are closed due to COVID-19, those who do not have access to a telephone or sufficient credit are unable to attend the surgery to request appointments. This can result in a delay in patients having their health needs addressed. Patients have spoken of their concern in having to explain to reception staff what their problems are, particularly if this is in relation to their substance misuse. In addition to this, there is a lack of continuity of care in that patients often see a different GP each time they attend the surgery which impacts upon their attendance, relationship building and motivation to address issues.

Solutions: The PCSMN can provide support in addressing physical and mental health issues, adding urgent issues to the duty list on a patient's behalf and requesting routine appointments. Patients are given their next appointment by the PCSMN at the end of the consultation so that they can avoid having to contact the surgery and make an appointment. Some surgeries do send a text reminder prior to the appointment and the PCSMN would also text those patients who struggle to keep track of appointments. As well as this, the PCSMN has a work mobile number which allows patients to contact them without having to go through the GP telephone system; this improves patient access and means that issues can be addressed sooner. Most current appointments are made by phone and this has been helpful for those patients with children as there has been more flexibility and has resulted in less missed appointments.

PCSMNs have an allocated GP in some of the surgeries they work in and meetings are held regularly to discuss patients and develop plans for addressing their health concerns. However, not all surgeries have an allocated GP and not all allocated GPs will see patients for a health review although this would be ideal. An allocated GP would see these patients to review their health concerns, which would mean there is a continuity of care. The intention is to roll this model out to all practices. As the role of the PCSMN develops and the number of PCSMNs increases, they will become more involved in supporting inclusivity within general practice for people (and their families) affected by substance use.

Shannen Cosgrove, *Substance Misuse Nurse,* ELSMS

My role as a nurse within ELSMS is to assess individuals and then support them into medical treatment, with each person being allocated a key worker who will support them during their recovery. Nursing staff also offer anxiety management, decider skills (**thedecider.org.uk**) and support with practical issues. People are seen on a regular basis by their key worker for a review, structured work or just a 'catch up'.

ELSMS does and can include family and carers in most parts of the assessment process, with permission from the individual themselves. In an assessment a person is asked about who supports them, which in turn then enables a discussion about support for family and friends. Commonly, families or carers will attend initial assessments where options for treatment and supports are explained to both the individual and their family or carer.

Barriers to family inclusive practice: People must give consent and sign an agreement for any information about their care to be shared with those partners and carers who may want to be involved in their loved one's recovery journey. However, one of the largest barriers to supporting a family or carer is that consent is either not given or that consent is given and then withdrawn. Most key workers will speak to families who contact them with their concerns and will offer general support and advice. However, an individual's information cannot be shared and their confidentiality must be maintained, so this can make working relationships with families very complex.

Challenges: A challenge lies in dual diagnosis. A large majority of service users have a mental health diagnosis as well as substance use. Some mental health support is offered through ELSMS, although most of our work is specifically in relation to substance use. Families or carers will often call a key worker requesting support for their loved one's mental health as they don't know who to contact or where to turn for support and this can often leave them contacting many different services to find the support required.

Solutions: In order to provide more person-centred care, services within East Lothian could benefit from a closer working relationship, with a more effective referral process so that people would receive support from a team of professionals which, in turn, would benefit both the individual and their family's experiences of services. People would receive a more holistic approach to their care and families would be included in their loved one's support, as it is often family members who can provide a unique insight in to how their loved one is coping or struggling.

By having Recovery Orientated Systems of Care services (ELSMS, MELD) and family services (Circle, Child and Adolescent Mental Health Services (CAMHS)) based in The Esk Centre in Musselburgh, as well as providing 'drop-ins' and recovery groups, we have certainly made steps in the right direction towards family inclusive practice and partnership working.

Access to Industry

Claire Grehan, *Advocacy Worker,* Access to Industry

"The aim of my job is to help empower people to deal with issues that may affect them being able to concentrate on their recovery".

Access to Industry works with individuals to support them into education and employment. We believe that our work delivers real transformative change, assisting individuals to overcome personal difficulties that impact on their relationships with family and friends and their prospects for their future. We do this through programmes and courses that provide one-to-one support, group-work, tutored classes and work experience. Our aim is to facilitate access to further and higher education, training and employment. Our programmes and courses develop essential core skills such as communication, ICT (Information and Communications Technology) and problem solving. We offer individual support that aims to alleviate wider personal barriers.

Access to Industry have several projects based in East Lothian:

The Advocacy Project works with people and their families in addiction and in recovery from addiction, providing help with issues relating to benefits, debt, families, employment, NHS complaints and housing. This can include support with benefit forms, writing letters, making phone calls and attending appointments.

East Lothian Offenders Employability Service offers assistance to people who have had involvement with the criminal justice system looking to return to the workforce, education or training.

MELDAP Recovery College works with people who are in stable recovery and looking to move into education, training and employment or build a recovery routine, working in partnership with Edinburgh College so that our classes can be SQA certified and our students gain qualifications. We offer 'Introduction to Wellbeing and Personal Effectiveness' groups on a rolling basis which are SQA Certified too and run two SMART recovery groups each week in East Lothian.

Shine is a national mentoring service for women who offend. It is delivered in prison prior to release or in the community if a person is serving a Community Payback Order (CPO).

"I know I will never see my grandchildren again if I drink again".

Access to Industry are very aware of how important the support of family and friends are in someone achieving their aims. When someone in recovery gets their family back, they have worked really hard for this to happen.

Community and the power of people who care to help others

Dunbar Recovery Live Event

Earlier in this section there is a poem by Jamie who, in January 2020, performed at a recovery event where people and workers shared recovery stories through music, art, poetry and the spoken word. This event had been organised by The Ridge in Dunbar, where the extraordinary Gill Last and her colleague, Amanda Doig work.

From the start both Gill and Amanda supported our quest to hear from people with a lived experience of substance use, who are passionate about families affected by a loved one's substance use and are adamant about social inclusion and human dignity and rights. They were keen from the outset that people who are often overlooked in society, should have their voices heard. Everyone we came across spoke highly of The Ridge and the immense support Gill and Amanda provide for people was described by one man as "above and beyond".

> "We were wanting to show there is life after addiction and for people to see how it could and does happen to anyone in our lives. We wanted to celebrate life on the other side of addiction and how all is not lost, it is never too late and for people to have understanding, hopefully looking at people with addictions in a different way to their pre-conceptions. We had tears, laughter, pride, cheers and new friends and contacts made."
>
> Gill Last, *Support Manager,* The Ridge

The Ridge

Gill Last, *Support Manager,* The Ridge

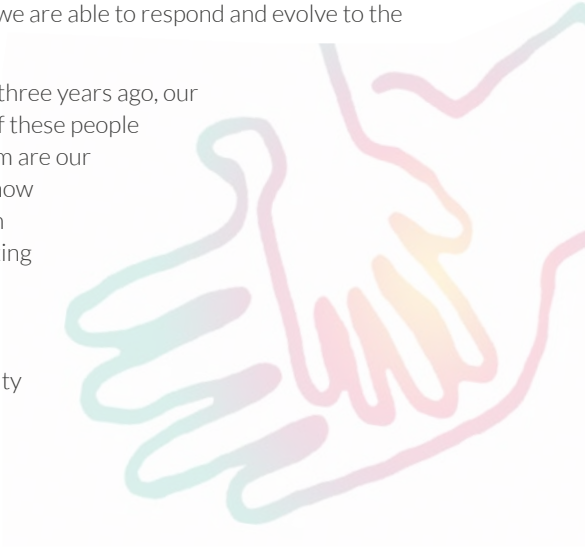
The Ridge is a social enterprise set up to support the people of Dunbar with various issues they might face. Often services are in Edinburgh or at the far end of East Lothian, making it difficult for many people to access the support they need due to Dunbar's locality and the cost of transport.

The Ridge has grown in capacity due to the emerging needs of people in Dunbar and has adapted and evolved to meet those needs. We have built up strong community connections and liaise with a range of agencies across East Lothian, where we can refer clients on to.

MELD work with us locally and have put staff and volunteers through their training courses, e.g. Naloxone training. Recently, MELD encouraged some of their clients to join some of our groups or volunteer in our garden projects. The Ridge has some beautiful community gardens that we refer people into and where they can take part in a therapeutic gardening group, make friends and feel part of the wider community. We have held 'Writing for Recovery' groups, photography clubs, and yoga groups, to name just a few. We can offer families the opportunity to join any of our groups or use any of our available rooms and spaces. We offer free family friendly meals on a Monday night in our café at the Bleachingfield Centre and we have a larder in a small unit there as well, which is replenished daily from food donations from the Co-op and Asda and others. Every Friday, our volunteers' supplies of fresh nutritious soup fill our freezer so that we can give food to those who need it. This is a lovely group where people make friends, chat and learn cooking skills. Every Christmas, there is a festive lunch in conjunction with the Foodbank and Rotary Club; again this has a fantastic atmosphere where people can relax, chat and make friends and connections.

The Ridge Support Team offer employability training, including helping with job searches, CVs and getting 'work ready'. We support people affected by homelessness, housing problems and benefit needs: filling in forms; helping with health assessments; and checking that people are claiming all the benefits they are entitled to. We can refer people to our local Basics Foodbank and East Lothian Foodbank. In addition to this we liaise and speak on behalf of clients should they want us to, speak to Medical Practitioners, and we have now received funding to employ Counsellors, which is proving a much needed service. The counselling service started in early 2020 and has had to adapt through the current pandemic as a phone service; again we are able to respond and evolve to the ever-changing needs of our community.

Since starting this support service just over three years ago, our client base has grown massively and many of these people are affected by substance use, some of whom are our more vulnerable and lonely clients. We are now recruiting volunteers who are going through befriending training to go some way to meeting some of the needs of these more isolated people, many of whom have become estranged from their families. The Ridge can hopefully become part of their community 'family', where people really care for their welfare, respect who they are and value their contribution to the community.



Lived and Learned Experience: Part Two

Findings

Katie Alexander, *Family Inclusion Coordinator*, Circle
Lisa McLaughlan, *Peer Support Worker*, MELD

In this section we are presenting some of the main findings from 11 family questionnaires that were used in addition to our wider conversations with families and from a survey of 25 services in East Lothian. As said before, these findings are a snapshot of a specific time from September 2019 until June 2020, which includes the months before and during the Coronavirus pandemic. We asked questions and sought opinions from both families and services following the main themes of the barriers and challenges that families face in receiving family inclusive support, but also the barriers and challenges that services have in delivering those supports. In addition to this, of course, we asked what both families and services thought might be some solutions to providing better family (and other) support.

Family Questionnaires

The questionnaires were created and co-produced alongside family members affected by substance use, peer support workers and professionals.

The findings, opinions and quotes should be read in the context of distress and the expression of this distress. Families were offered the opportunity to express their opinions, anger and disappointment and for some services this will, at times, be uncomfortable to hear. But it is necessary to listen to those with lived experience as their lives are their reality and it is essential to stay mindful of how this systemic distress and trauma permeates the whole family. Self-recrimination and self-blame are shown to be pervasive amongst families, although people identified peer support (and other targeted support) as going some way to alleviating this.

The value of sharing an experience with someone who has had a similarly distressing experience is seen very positively and most people we met stated that this would be one of the best ways to meet a family's needs. For example, in the case study 'Andy and Jeannette's story' on page 17, the grandparents seem to blame themselves and seek out peers for support, rather than professionals. By hearing and listening to what is being said, changes can happen both personally and systemically for families and for service provision.

In this sample of family members' views, the critical feedback of services is often directed towards the universal health and social services such as Children and Families services and the Substance Misuse Service. Again, this can be read in the context of how societies, communities and individuals' psychological processes deal with distress, for example attributing blame to powerful external forces, globalising and polarising views. It is also essential to acknowledge the inherent bias, prejudice and discrimination that can be institutionally ingrained into our wider society and large and small organisations. It is worth saying again, that it is vital not to dismiss or diminish an individual's or family's lived experience for it is from the expression and exploration of these experiences that change in society comes.

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"Social workers need to get in touch with the real world."

"People are terrified (that) their children will be taken off them."

"SMS are not listening, unprofessional and judgemental."

"People are needing to be able to access information to learn that addiction can happen to anyone."

"Not enough psychological support."

"More contact with a substance misuse worker, (an) appointment is once a month."

"Services are only good if you have a problem between 9 and 5, Monday to Friday."

"Long waiting lists for prescriptions, eight weeks is too long."

Discrimination, stigma and shame

> “It was great when (we) were on holiday, no one knew us and chatted to us like we were normal.”

> “Woe betide the first person that says to me you’re an alkie because I would take offence. I’ve never faced it directly. Everybody talks about everyone else (and) I’m as guilty as anyone. I’ve been in a group and said, Aye, see them.”

We spoke to families and individuals where there was the pervasive feelings of shame and the stigma of either having a substance use and addiction problem or being related to someone who has these challenges. People described feeling discriminated against or judged by their family, their community and by society in general. A woman said she felt disrespected by her peers, who use different substances (from her), within her community and she felt her children were treated differently at school. One young man at a homeless hostel described having “house shame” as a child and not wanting friends to see his home. Another young person spoke about “not being like my mum or dad” and wanting to do things differently in their life and have a steady home and job.

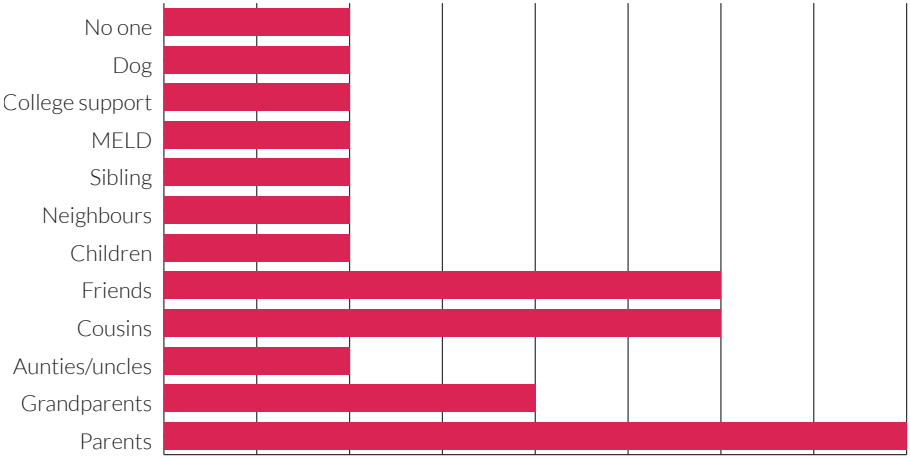
What barriers have you experienced in being part of the community?

The 11 respondents were invited to select multiple answers.

Isolation and loneliness

> “Haven’t seen my family for 20 years.”

Who gives you support amongst your family and friends and community?



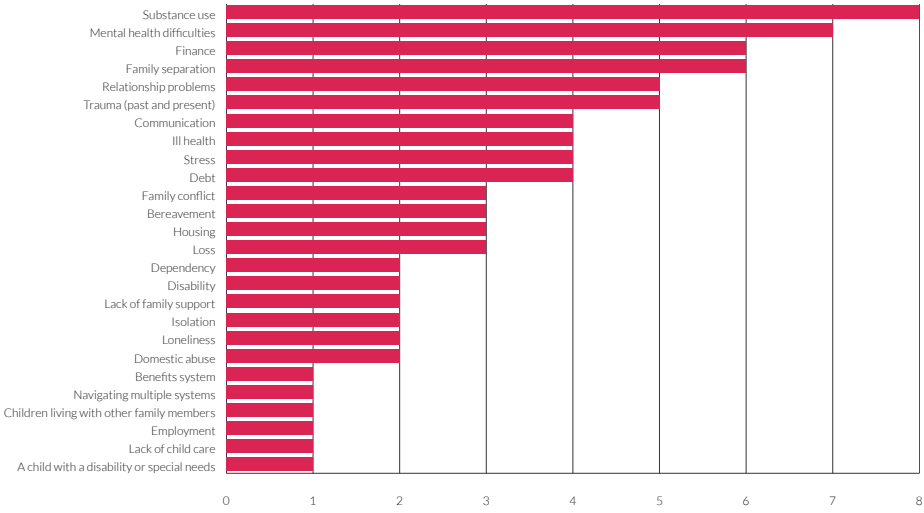
The 11 respondents were invited to select multiple answers.

Poverty and Inequality

> “To begin with I did need the food, I was in bad shape financially. I still only use their (the local foodbank) services once in a blue moon, but it also gave a bit of structure in life. Gave me something to do before I went to a SMART meeting, (I'd) pop in and get my soup and I'd have a wee chat.”

> “I did steal money from my brother's business many years ago. It took a long time to reconcile and I know that it has been more strained on my sister because she's the eldest of three of us and she took on the sort of mother role. And…em…she's much more open about things, my brother is not great at talking about health things, he'll talk about football all day long. It's put a bit of a strain on her.”

What challenges do you face as a family?

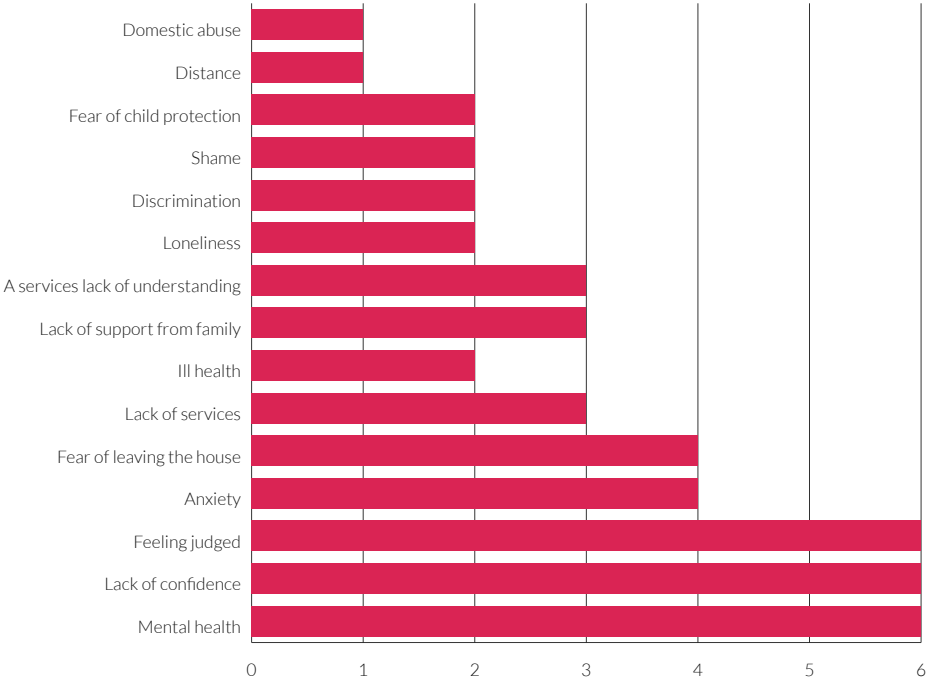


The 11 respondents were invited to select multiple answers.

Mental health

> “I no longer get embarrassed to say (that) I suffer from an addiction (and) I have mental health problems. A year and a bit ago I couldn’t even use those terms, I’d just start crying. But because I’ve had support from various professionals, other groups and family and friends, it has become easier. It’s still hard.”

In your experience, what have been your biggest challenges and barriers to accessing services?

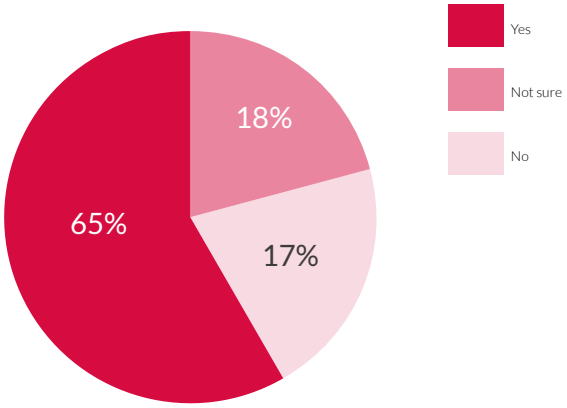


The 11 respondents were invited to select multiple answers.

Rights awareness and access to services

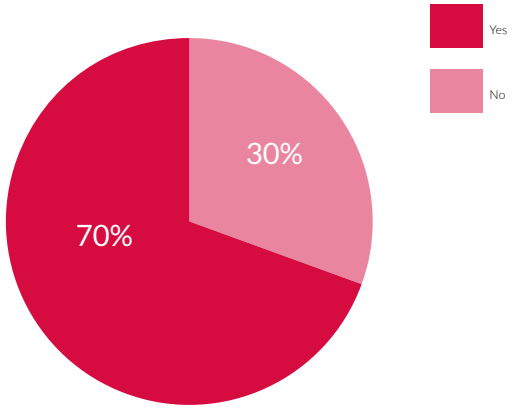
> “Are family and friends aware that they are entitled to support? I think it’s the friends and families that don’t realise they’ve got this. I have hinted very heavily, especially my brother, if ever you want to talk to someone about this you can speak to them. My sister would be the type of person that would do it off her own back, but no I think a lot of family and friends don’t realise this.”

Are you aware that children, families and friends can access support from services in *their* own right?



Solutions

Do you think that you would benefit from further support?



> So yeah, local availability and flexibility and face to face, always knowing that there's someone you can hit on speed dial when I'm really struggling. You can have the most loving family and friends, but sometimes you just want to speak to someone else, because you get a different perspective on things, you know. Even then, you might feel a bit embarrassed. It's good to know there's another person out there listening, who's genuinely concerned.

> So really top of my list of wants would be phone support, even if it was just for 10 minutes. In that 10 minutes (I) could let it out of (my) system. Remember sometimes people need to get it out of their system, a good moan, a bit of a greet. They feel better afterwards.

> More peer support.

> Available 24/7, 365 days a year.

> Helpful support comes from people who have experienced the issues concerned.

> Get more complete family members.

> To attend groups together to work as one complete unit.

> More things for couples and families to go to.

> To be able to take (my) dog to services when (I'm) having a bad day.

Professionals' Survey

Angela Gentile, *Project Manager*, Circle and Sian Taylor, *Volunteer*, Circle

We sought to consult with professionals across service systems, in both statutory and voluntary roles, to identify views and themes around the challenges, barriers and solutions in relation to family inclusive practice. We are grateful to our volunteer Sian who developed a questionnaire based on these key areas identified by families, national definitions and with consideration given to consent and confidentiality. During the month of June 2020, we sent this out to 50 professionals across East Lothian. This was in the middle of 'lockdown' (when many 'inboxes' were very full) and we were highly appreciative that in the middle of a pandemic 26 services returned this, a return rate of 52%.

Please feel able to use and adapt this questionnaire to survey your family inclusive practice. This template can be found on Circle's website: **circle.scot/family-rights-and-inclusion**.

Length and intensity of support

The vast majority of respondents advised us that they are providing support across the local authority (89%) and for longer than 6 months (72%), with a smaller proportion offering short term interventions of between 0 months and 6 months (22%).

Services were asked how they identify their support and the following results were returned;

- 17% are universal services, 39% targeted, 11% identifying as specialist – community, and a further 11% identifying as specialist – residential.
- 50% identified their services as voluntary.

In terms of intensity of support, 35% offered weekly contact, 6% daily contact, 6% ad hoc support and a further 53% identified that their support changed according to need.

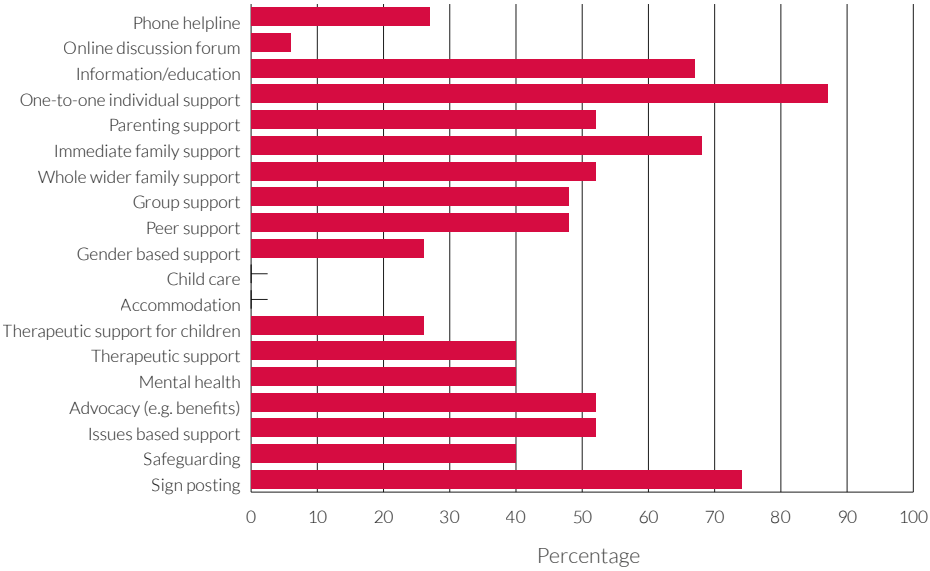
Recipients of support

Services were asked, as a multiple-choice question, who they offered and provided support to. A majority advised that they support relatives of individuals (56%) and children (56%), while friends (39%), work colleagues (22%) and local community members (50%) are also identified as in receipt of offers of support.

What type of support is offered?

As can be seen below, the range of services that agencies provided were quite varied, with many supplying a number of different services at the same time.

Ways in which agencies provided support services to families



Respondents were invited to select multiple answers.

One-to-one support is the predominant form of service delivery, with signposting and the provision of information and education also being prevalent. Group work and peer support is evident, as is support to immediate and wider family.

It was hugely positive to identify such a wide variety of support as it suggests that agencies are quite flexible with the means in which they support families, depending on their needs (which other data regarding how aid was given also highlighted). However, some types of support are noted to be less prevalent than others, for example child care and accommodation, although it is likely that this is also shaped by gaps in the range of respondents. We did not receive a response from housing or CAMHS due to changes in personnel and this could, for example, explain the low numbers for therapeutic support for children.

What can we learn from these questionnaires?

Possibilities for future developments should be considered here, for example, the role of online discussion forums is not a service that is used widely, however it could be explored as a way to combat social isolation, which is a significant challenge faced by many families. An awareness of which families may need support to access the internet is important. Larger services, such as the NSPCC, have seen success with this approach through their secure platform used by children and young people where peer support is promoted (and monitored) and this approach could be utilised for other, hard to reach groups.

The importance of child care and/or offering a child and family friendly environment cannot be overstated, as without this many family members will not have access to services. Child care is more difficult to secure where individuals and families feel isolated, where family relationships have broken down and where finances are constrained. Some families remain unaware of their rights in relation to this.

Gender based support is also an area that could be developed further (24%), for example women in recovery and men in services aimed at children, parenting and family wellbeing.

Location of support/service

We were heartened to find that the majority of respondents (64%), offered outreach into family homes and communities, while telephone consultations (82%), clinic-based appointments (29%) and 'drop ins' (53%) are also well used. Only one service indicated that they offer 24-hour support. Of all respondents, just over half (52%) indicated that they are flexible in their response.

A major strength identified is that 89% of respondents participate locally with other agencies to develop family inclusive practice, e.g. children's services, recovery services, mental health services, third sector, community groups, public protection and education. No one worked in isolation.

Types of substances impacting on individuals and families

A number of substances were identified to have a high prevalence and impact on individuals and their families. A breakdown of this is noted below;

- Alcohol 100%
- Cannabis 94%
- Crack/cocaine 82%
- Benzodiazepine 76%
- Tobacco 76%
- Poly drug use 76%
- Heroin 70%
- Amphetamines 59%
- Solvents 30%

Barriers and Challenges

We asked professionals to identify what the barriers are for families and they identified, amongst other things, a lack of resources, accessibility and families' lack of awareness of their rights. Please see the chart below for further details.

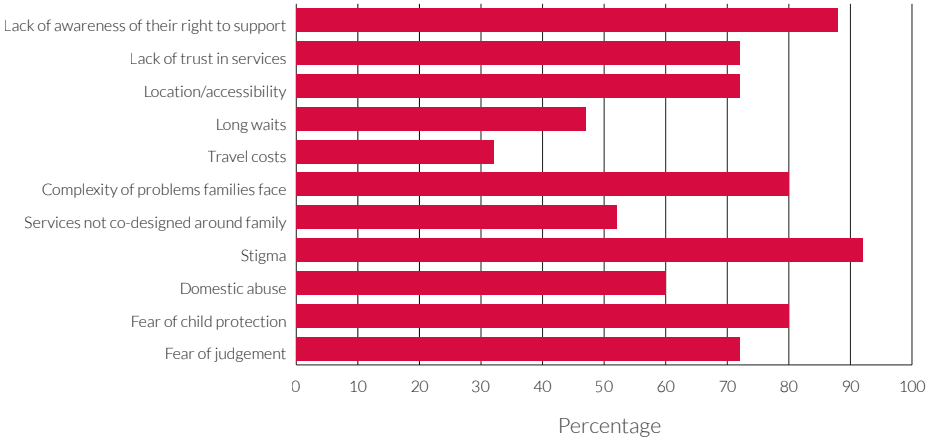
We also asked respondents how many people, who are involved in supporting a loved one, are in contact with recovery services. A third of respondents informed us that between 50% and 100% of their client group were **not** in contact with recovery services, suggesting referral routes and protocols could be better developed for these agencies.

When asked about lack of funding, the majority of participants (65%) indicated that they believed it was having a negative effect on the quality and type of service their agency provides.

"We have a small presence in East Lothian due to lack of funding. We recognise the need for preventative services in this area but are unable to increase capacity. We have expressed an interest in partnership work (with another service), recognising families need support with emotional wellbeing, however funding once again prevents these opportunities to develop."

Sustaining or increasing expenditure on both national and local support and services for families is important. The investment should be targeted and evaluated systematically to improve the evidence base and ensure value for money.

Main barriers to family members accessing services



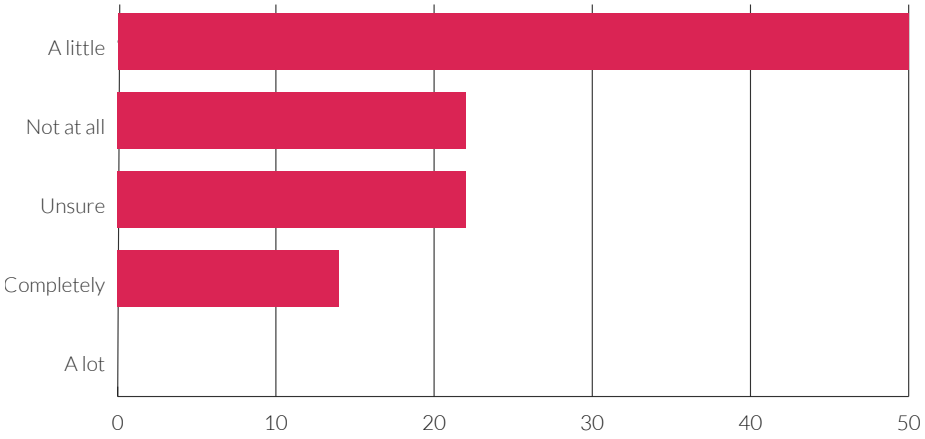
Respondents were invited to select multiple answers.

Stigma was seen as the most common barrier for family members followed by families' lack of awareness of their right to support. This was closely followed by fear of child protection and the complexity of the problems the families face.

The number of people with a right to support is potentially vast and in many cases those people are hidden. Families/carers of a loved one are not a homogeneous group and the extent and nature of the impact on them will vary, as will their inherent needs. Importantly trust in services was felt to be lacking (71%), along with location of services and their accessibility presenting as an issue (71%). Waiting lists (41%) and travel costs (29%) were also seen as inhibitory factors by respondents, albeit to a lesser extent. Given that some of these barriers are very personal, family members ought to be involved in co-producing responses; our sense from examples of peer support is that this builds trust and leads to more effective solutions.

An understanding of family rights was felt to be an issue for both family members and professionals. The response of the participants about whether or not they themselves had a good understanding and knowledge of family inclusive practice was an area to address. Just under a third (29%) felt that they had a good understanding of family inclusive practice, while 18% felt they did not and almost all (94%) indicated that they would benefit from having more information. Many also cited the need for training (41%), participation tools (35%) and practice tools (29%). It is our view that training and workforce development (ideally on a multi-agency basis to meet whole family needs) is required to equip staff in services to reach and respond better to the rights and needs of family members.

The extent that service staff thought family members understood their entitlement to support in their own right



With this in mind local commissioners and service planners could ensure that the full range of support and therapeutic interventions are provided, or are in some way accessible in each area, involving families in co-producing solutions. This could build on existing positive developments, such as the provision of bus passes for individuals to access recovery services, with this ideally being extended to family members. It is also important that the increased focus on families within specialist services is not seen as a substitute for self-help or peer support groups, which may be the first (and perhaps only) source of help for families looking for support.

To conclude, almost half (47%) of the services felt that family inclusive practice was 'a lot' of a priority in their service, 29% felt it was 'a little' priority, while 65% of all services felt there was 'room for improvement'. This could be used as a baseline for further work and self-evaluation. We commend our partners' honesty, reflection and their focus on solutions.

The complete results of both the family questionnaire and the professional survey can be read in full at: **circle.scot/family-rights-and-inclusion**.

Children, Young People and Families: Whole Family Approaches

In this section we are showcasing just a very few of the services available to children, young people and their families affected by substance use in East Lothian. It has been a challenge of this project, given the time restraints and the working restrictions brought by COVID-19, to reflect the work of universal children and young people's services, e.g. Early Years Services, Child and Adolescent Mental Health Services, schools and colleges. In part this is due to the sheer volume of professionals involved in delivering these services, changes in personnel and processes, the sudden emphasis on the NHS to respond to COVID-19 and the sudden closure of schools, with hubs for the 'vulnerable' offering support in their absence, as well as online classroom resources.

We also did not have the opportunity to meet more adult services in East Lothian, either universal or targeted; hopefully this can be redressed in the future. We are left wondering whether it will be these (adult) services, as a result of their own ecological and systemic development and culture, which will have to make the biggest changes to their practice to becoming family inclusive?

Notwithstanding all of this, our small 'test of change' project has highlighted that we would strongly encourage a 'lead' to be identified in each universal service that will commit to family inclusive practice and a whole family agenda. This would build on the participation of and the engagement with family members (through existing or newly developed co-production approaches) and increase awareness-raising through training and learning platforms to inform practice, particularly in the context of revised guidance in GIRFEC (**gov.scot/policies/girfec**). GIRFEC is evolving and national guidance will reference families affected by parental substance use and the importance of an ecological approach and working with whole families.

So, we are left with some unanswered questions such as: What is the interface and connection between universal and targeted adult and children and young people's services? How do services work together to ensure that children and young people, friends and family who are affected by family substance use are identified and get the help and support they need using whole family approaches? What information, training and skills does the workforce require to raise awareness of family rights and develop family inclusive practice and processes?

In East Lothian there are many voluntary and charitable agencies and services supporting children, young people and families including: First Step, Home Start, Women's Aid, East Lothian Young Carers, People Know How, Blue Triangle, MYPAS and The Bridges to name a few. Volunteer Centre East Lothian (formally known as STRIVE) acts as the East Lothian third sector interface for these organisations.

Getting it right for every family

Angela Gentile, *Project Manager*, Circle East Lothian

On the first page of 'Getting Our Priorities Right – Updated Guidance for All Agencies and Practitioners Working with Children, Young People and Families Affected by Problematic Alcohol and or Drug Use' (2013), the authors identify that:

"All child and adult services should focus on a 'whole family' approach when assessing need and aiming to achieve overall recovery."

The document goes on to highlight the following issues that require attention with this approach: coordination, communication, protocols, effectively engaging with men, follow-up and peer support, differing timescales involved, and regular contact between adult and child services for contingency plans. All these issues are centred on securing children's wellbeing as a unifying aim.

The guidance as it stands still has great merit in outlining all the roles of the multitude of professionals in a whole family's and in each family member's life. There have, however, been some significant policy area changes and a welcomed movement towards hearing and understanding the living and lived experience of the people involved, as well as incorporating the process of co-production, that now require to be integrated into the guidance. Therefore, the current guidance needs to be updated in the following areas:

Rights, Respect and Recovery
gov.scot/publications/rights-respect-recovery

The Promise
carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

Refreshed GIRFEC guidance
gov.scot/policies/girfec

Updated National Child Protection Guidelines
gov.scot/publications/national-guidance-child-protection-scotland

Safe and Together
iriss.org.uk/resources/esss-outlines/safe-and-together-approach

Every Child Every Chance
gov.scot/publications/child-chance-tackling-child-poverty-delivery-plan-2018-22

Incorporation of UNCRC
gov.scot/policies/human-rights/childrens-rights

Whole family approaches

For each family member it is important to see the whole person, their psychological, emotional, physical, social and intellectual development, as well as the context of their relationships, family systems, wider ecology and the power differentials within these. Future guidance could perhaps focus on family rights, family inclusion , family support and whole family approaches. There should be a focus on the wellbeing of individual family members and their own independent needs and goals, as well as considering those in the family that are interdependent e.g. parent and child. Additionally, the whole family together as a group should be taken into consideration (e.g. family functioning and also their ecology in this context). The latter includes the systems, both informal and formal, within which families exist, function and adapt to life. We as family members and professionals contribute to and create some of those systems. To what extent do we co-create these?

Effective change

It is clear from our conversations with families and professionals alike, that hope, positivity, solutions and strengths that redress power imbalances and inequalities, as well as considering the uniqueness of each family's strengths and set of challenges, are inherent aspects of effective change. Of equal importance is adopting family-friendly language, processes and trusting, respectful relationships that blend rather than divide service systems and structures to promote much needed change. Families should be able to 'reach in' to support rather than be 'referred to' that support.

Commissioners, planners, practitioners and family members can perhaps all agree a set of assumptions: we all live in families, we all face stressors as part of our ecology and families are usually a first port of call for support for all of us. Where families are under strain (in the same way families living with chronic health conditions or have additional caring responsibilities are) we have a responsibility to include and respond to the whole family's wellbeing.

Can we define what this looks like? How do family members, professionals and peers know when a family's wellbeing has improved? Does statute need to change to include this principle? If we were to wake up tomorrow and our families were resilient, what systems and support would they have in place?

Families affected by substance use

For families affected by substance use, the 'reaching in' is more complex due to all the reasons given in this collection of experiences. There is fear, stigma, shame, judgement, distress and mistrust, all of which occur in cycles within and across systems. Think 'vicious' and 'virtuous' as two sides of one concept. Nationally, a set of principles is being developed which is a cohesive start and many of the same organisations who are around the table are the organisations who devised the first set of guidance. Importantly the living and lived experience is beginning to be incorporated into this set of principles in a more comprehensive way. Every professional or peer (adult, child), third sector, universal, targeted, community, family or clinic-based service, should co-produce alongside family members and 'think family'.* Solutions lie in individuals, families, communities and society; these are many and varied and, as such, are harder to quantify and measure. Themes for our families certainly exist, e.g. stigma, poverty and inequality, although some are harder to hear than others and there is room for both service systems and policy makers to evolve in response to this.

*iriss.org.uk/resources/tools/co-production-project-planner

East Lothian Champions Board

Chloe Scott, *Participation Assistant* and Lisa Shine, *Service and Practice Development Team*, East Lothian Children and Families Service

> "The champions board is a platform for care experienced young people to use their voice and help shape the policies and procedures that affect their lives. Every young person that has come along to a champs' session has said that it's like another family and it's amazing to have other people that just get their experiences because they have all been through the same system. I first joined the champions board as a young person in 2016 and instantly felt at ease and everyone was so welcoming.
>
> The champions board has given young people the chance over the years to work with them and in 2019 I became one of the participation assistants for the champs' board. This was a whole new experience for me as my employment experience had mostly been working with the elderly and individuals living with disabilities and although I loved those jobs, the skills I have gained from this job will stick with me forever.

I have been given the opportunity to facilitate training sessions to corporate parents, sit on the corporate parenting board and most of all witnessed the young people in East Lothian make positive changes to ensure every young person is heard and given the best opportunities. This board is so important because young people get the chance to meet other young people, develop positive relationships with different professionals and use their experience to inform others about what works and what does not.

The best thing though is seeing each young person gain confidence, succeed and being their amazing selves. We make change, we laugh, we cry, we support one another, we are a family.”

The National Care Review, ‘The Promise’, is based on the premise that the United Nations Convention on the Rights of the Child (UNCRC) will be fully and directly incorporated into Scots law to provide a framework around which all systems and services must operate. The Care Review makes a promise that children and young people must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved properly listening and responding to what children want and need.

carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf

Champions Boards have been set up across Scotland as a way of ensuring that the voices of children and young people are listened to and respected. The aim is to put young people in the driving seat, where their views, opinions and aspirations are at the centre, building on the capacity of young people to influence change. Champions Boards aim to help children and young people to develop confidence in their abilities and potential, giving them the platform to flourish and grow. Through Champions Boards, care experienced young people can influence improvements in the services and support available to them. It is an opportunity for young people to articulate the challenges that being in care can bring and how these challenges can be faced and overcome with the right support.

The East Lothian Champions Board was set up in 2016 to provide a platform for young people to talk directly to local authority staff, elected members and service providers to ensure that decisions which affect their lives are informed by their own lived experiences.

eastlothian.gov.uk/info/210579/fostering_adoption_and_looked-after_children/12276/looked_after_children_and_young_people/4

Domestic abuse and coercive and controlling behaviour

Veronica Campanile, *Violence Against Women and Girls Coordinator*,
East Lothian and Midlothian Public Protection Office

Many families are living with domestic abuse where a person causes harm to their partner or ex-partner. Here in Scotland and across the world, the person abusing is most often a man and the survivor of the abuse is usually a woman.[1] It is important to say that domestic abuse is never acceptable and that it has a major impact on the children and other people close to them.

Most people think of domestic abuse as physical violence, but it is more often a series of behaviours that can make family members feel unsafe, disconnected from others, fearful and traumatised. Name-calling, financial control, interfering with relationships, undermining another's parenting, monitoring calls and texts, controlling others' movements and what they wear are common behaviours. This pattern of behaviour is known as "coercive control"; it is recognised in the Domestic Abuse (Scotland) Act 2018.

Many families impacted by the behaviour of a perpetrator of domestic abuse have multiple, complex, intersecting issues, where substance abuse and mental health are prominent.

Barriers and challenges for families

- Domestic abuse is often hidden – people who abuse act differently in public
- Survivors cannot always recognise that they are experiencing domestic abuse
- Understanding that domestic abuse is not a 'temper' or 'anger-management' issue. Controlling behaviour often happens when the person is not angry, it is a choice
- Controlling behaviour may include withholding access to specialist services or medication, or forcing someone to take non-prescribed medication or illicit substances
- Services concerned with children and families' wellbeing may default to working with mum and may not identify dad as equally responsible in terms of parenting
- Survivors may in turn appear to services as chaotic, non-engaging, with visibly deteriorating mental health, no access to money, etc.
- Survivors may also receive variable responses among family, friends and services
- Abusers, or perpetrators, often do not recognise that their behaviour is also a parenting choice and the impact this has on children's wellbeing and family life

[1] Safe & Together Institute, How to be an ally to a loved one experiencing domestic violence, page 5.

Family inclusive practice using an intersections framework

Domestic abuse-informed family inclusive practice examines how domestic abuse, substance and mental health issues interact. It should connect how the abuser's behaviour causes and exacerbates the problems of other family members. When we use this 'intersections framework' we are better able to understand the complexity (that has previously made effective interventions challenging). The intersections framework provides critical information that will support our ability to:

- accurately assess, describe and document the complexity of the perpetrator's impact on child and family functioning;
- assess the survivor's strengths in the context of the intersections and the survivor's added barriers to recovery and support;
- partner with the survivor to support the children's safety and wellbeing;
- make domestic violence-informed case decisions and plan effective interventions.

East Lothian Council and partners are working together to embed the Safe and Together model into our work with children and families so that it is domestic abuse-informed[2]. The model has three principles:

1. Keep children Safe and Together with the non–abusing parent
2. Partner with the non-abusing parent as a default position
3. Intervene with the perpetrating parent to reduce risk and harm to the child

Each of these principles have implications for addressing families with intersections:

- Domestic violence perpetrators who have substance abuse and/or mental health issues are likely to have increased negative impact on the children's safety, trauma, stability and nurturance.
- Partnering with adult survivors who have substance abuse and/or mental health issues is more complex, and still necessary.
- Interventions with the perpetrator must address how their mental health and/or substance abuse issues intersect with their violence and control.
- Services promoting children and families' wellbeing should have an equal standard of parenting for fathers and find ways of supporting them to develop healthy and safe ways of parenting.

[2] Currently, more than half of Scotland's Local Authorities are embedding this approach.

References

Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls 2018, Scottish Government and CoSLA. This aims to create a Scotland where all individuals are equally safe and respected and where women and girls live free from abuse and attitudes which help perpetuate it.

Domestic Abuse (Scotland) Act, 2018. The Scottish Parliament.

The Safe and Together model. This child-centred model derives its name from the concept that children are best served when we can work toward keeping them safe and together with the non-offending parent (the adult domestic violence survivor). It provides a framework for partnering with domestic violence survivors and intervening with domestic violence perpetrators in order to enhance the safety and wellbeing of children.

How to be an ally to a loved one experiencing domestic violence, 2020, Safe & Together Institute.

First Step

Community Early Years Nursery, Musselburgh

Elena Hodge, *Family Support Worker*

At First Step we work with families on an outreach basis delivering family support. Families can receive support in the community, their homes and also by accessing support at the First Step building (such as groups and counselling).

For example, Sarah is a young mum living in the area with two small children (1 and 4 years) and has an extensive history of substance use (heroin) and social work involvement. Sarah's ex-partner was also using substances and has a history of violence, which he is currently imprisoned for.

Barriers and Challenges for the service user:

- Sarah initially struggled to build relationships with staff at the project and would often shout at staff and was mistrustful of their intentions. She would storm out of the building before a conversation could be concluded and staff wondered whether this was reflective of her childhood in the care system and her mistrust of professionals.
- Home life was chaotic for the family and this could make it difficult for Sarah to remember appointments or having to be places at certain times.
- As Sarah was quite often pre-occupied with worries and concerns (mostly financial) she would find it difficult to engage with professionals offering support.

Barriers and Challenges for the service:

- Lack of consistent and long-term funding continues to be the main barrier to the service in continuing to provide supports to families. This can cause a high turnover in staff and means that it can be difficult to make realistic long-term plans for services and their delivery.

Solutions:

- Working jointly with other professionals gives consistency to families and is less confusing for families when seeking support.
- Showing warmth, empathy and consistency (a trauma-informed approach) in all interactions helps to build up a relationship of trust for service users.
- Engaging with service users at all points of service delivery – putting them at the heart of the support they are receiving.

Circle - East Lothian Projects

Supporting families affected by parental addiction

Families Affected by Substance Use Service

Bob Bell and Claire Boyd, *Family Outreach Workers*

Circle works with the whole family on a voluntary basis in family homes, schools and community venues, providing practical, emotional, relationship based, connecting and advocacy support. We seek to see the whole person (thoughts, feelings, and behaviour) in the context of their self-defined 'family' and believe that families are experts on their own situations and have many strengths and assets to achieve solutions to problems. We build trust with family members to identify their unique set of challenges and help to facilitate solutions. This can include addressing wider health, social and economic inequalities that the families face, as well as layers of trauma, poor mental health and the impact this has on the relationships within and outwith the family.

Circle is acutely aware of the stigma and isolation that families often face and we seek to work at their pace and with openness, honesty, compassion, respect and solidarity (an ethic of care) which is met with trust. Family Outreach Workers are reliable and flexible in their approach and we are often recognised for 'going the extra mile'. Families appreciate our positivity and the hope we can help create, using a strengths-based way of working. Gaining trust takes time and a huge leap of faith on the family members' part, particularly where they have had a difficult experience of services before. They are often surprised to hear we can work with the whole family, we can come to them and we will be around for as long as they need.

Our service supports the whole family in different ways: parents - supporting parents in their recovery from substance use; support in attending appointments and meetings with other services and professionals; parenting support, e.g. establishing good routines and boundaries, accessing local activities for parents and children in the community; emotional support and simply being there to listen and not judge. Circle uses the Parents Under Pressure (PuP) Programme (Sharon Dawe 2018, PuP **pupprogram.net.au**). This is a resource that helps parents regulate their emotions, manage stress and be there for their children as much as they can.

Circle also provides one-to-one support for children to help them understand changes within their family, listen to their views and help them to express these views within the family or with professionals; also to help them understand their parents' recovery journey and their own needs within this. We use creative approaches and resources to help children express their emotions, build their confidence, identify their strengths and learn to cope with difficulties.

There is an example of a conversation between a young person and a Family Outreach Worker on the Circle website: **circle.scot/family-rights-and-inclusion**.

We support other family members involved in a child's care and support children to return to their parents' care after a time away. Grandparents often face challenges around communication within the family, clarifying roles and responsibilities and accessing resources (**kinship.scot/about-mentor**).

We also work with several agencies to advocate and broker support for the whole family; this can include universal services (GPs, schools, health visitors, welfare benefits) and targeted services (recovery, mental health, legal). We help to advocate and ensure family members have their views heard in different settings and forums including child planning processes, understanding their rights and preparing for meetings.

Circle Pregnancy Project
Larraine Rettie, *Family Outreach Worker*

Circle's East Lothian Pregnancy Project delivers a voluntary early intervention service for vulnerable women, who are experiencing substance use through pregnancy and up to one year postnatal. The aim of the project is to support the whole family, improve outcomes for pregnant women and their babies, delivering a strengths-based, solution-focused approach to their own individual needs.

Children 1st

Family Decision Making

Shaun Thomas, *Family Decision Making Worker*

Billy and Jean are retired. Their son has struggled with addiction for 15 years. Billy and Jean have informally looked after their son's children, who are aged seven and nine, for large parts of their young lives. A Children 1st worker supported the family to hold a Family Meeting, involving family and close friends to make a plan to keep the children safe. The plan agreed that if Billy and Jean's son became unable to care for the children, the couple would take care of them.

After a serious incident in the house, the children's social worker felt they were not safe at home and the children moved to their grandparents until it was safe for them to return to their father. Another Children 1st worker supported Billy and Jean through a Kinship Care Assessment and helped them to manage formal meetings such as Looked After Child review meetings, Core Groups and a Children's Hearing. The worker involved Billy, Jean and the children in a support group and other events with other kinship carers and children. They helped Billy and Jean access financial advice and support and ensured the couple were receiving all the financial help they were entitled to. Children 1st worked with the family to make a safe plan for the children's family time with their dad and to plan their eventual return home.

Children 1st's approach recognises that the often chaotic nature of drug use makes it difficult for parents to manage statutory meetings and formal processes. We design the support from where families start from and, as much as possible, work at the family's pace. We recognise the strengths of families and their right to be fully involved in decisions made about their children. At Children 1st we believe that supporting families is all about making relationships, listening to what families want and need, helping them recognise their own strengths and resources to get the best for their children.

East Lothian Young Carers

Wendy Pate, *Senior Young Carers Development Worker*

Mark is 13 years old, is a young carer and lives in a small East Lothian town with his mum and two siblings. Mark's older sibling has additional support needs and his mum has mental health issues and smokes cannabis. Mark has not been in full time education for over 18 months and other than the weekly engagement he has with East Lothian Young Carers (ELYC) and his support worker he rarely leaves the house. Mark described unsuccessful involvement with Child and Adolescent Mental Health Service (CAMHS) and Get Going (**nhslothian.scot/getgoing**) in the past.

Mark enjoys his time with ELYC: transport is provided and he goes to the ELYC clubroom with the Young Carers Worker, where he cooks. His confidence has grown along with his cooking skills, as he chooses ever more complex recipes. There is no pressure, it's a relaxed few hours where he can lose himself in something he enjoys doing.

Barriers: Mark's family have had social work involvement over the years and now engages with them on a voluntary basis. The family need more intervention and support to ensure Mark receives an education and this is not forthcoming. There needs to be more partnership working in general so that there is an inclusive, cohesive approach to supporting Mark and his family. Families say to us that they feel that as soon as things improve for them then supports are withdrawn and this can leave them floundering on their own.

Solutions: ELYC family support is not time limited and we can offer ongoing support tailored to each family. Crucially we provide transport for both parents and young carers, enabling them to attend the groups that we run. Living in rural East Lothian means accessing support in Musselburgh is not possible unless transport is provided. Work needs to be done to overcome the transport barrier, giving every family the opportunity to access all services.

The current health crisis has also produced challenges as face-to-face support cannot be replicated by video link. The rapport you strike up with a family by regularly meeting them is invaluable. As for Mark, the support continues and he's still cooking. We keep up via email and I buy and drop off the ingredients and we both go and cook the recipe of his choice and share photos. This gives him focus and he feels good about himself.

Midlothian Young People's Advice Service (MYPAS)

East Lothian Young People's Drug and Alcohol Support

Steph Nicolson and Séamus Kealey, *East Lothian Project Workers*

MYPAS Project Workers provide friendly, confidential and non-judgemental drug and alcohol supports for young people (aged 12 to 19) in East Lothian. We offer: one-to-one support for young people worried about their drug and/or alcohol use; group work programmes that can be run in schools or youth centres; training for staff working with young people who want to increase their knowledge about young people's drug and alcohol use; harm reduction messages and approaches; and information and advice for families worried about the drug and alcohol use of a teenage relative Confidentiality is important, and the support focuses on the young person, often without the knowledge of other family members. However, we do invite discussion about other family members during our initial assessment.

Barriers and challenges that young people face? Young people who worry about their own substance use can find it difficult to approach an adult for support, even if it's someone they trust, like a parent or a teacher. They may fear getting into trouble or worry about what might happen if they open up to someone. They may worry about confidentiality and whether what they talk about could be shared with other professionals or family members. In addition to this, if problematic alcohol or cannabis use is 'normalised' by another family member, a young person may not perceive their own use as being problematic. This, in turn, can affect their perception of their own support needs, e.g. not being ready to talk about difficult topics, or feeling they don't need to make changes.

Solutions: MYPAS' Drugs and Alcohol service is a relatively new service in East Lothian and there are many ways in which we'd like to develop our services including: increasing opportunities to offer advice to families worried about a teenage relative's substance use; encouraging parents and carers to discuss our service with young people; continuing to work in close partnership with agencies like Circle and Childrens Services; to offer support to families via the 'SMART Family & Friends Programme' – F&F (MYPAS Drug and Alcohol staff are trained F&F facilitators); explore offering a Family Counselling service, which has previously been successful in Midlothian; and to encourage more young people and their families to participate in our annual Bluebell Trail Runs (1K, 5K and 10K).

Bridges Project

Simen Jordsmyr Holm, *Fundraiser*

Bridges Project works with vulnerable, disengaged, isolated and disadvantaged young people aged 12 to 25 years old in East Lothian to help them manage the transition from adolescence to young adulthood and life beyond school. Several of our clients are affected by family substance use and the effects this has on their lives are many and severe.

Barriers and challenges: One of the main effects we see is that it can make the young people feel resentful towards their parents as they experience that there is money for drugs at home but not for essentials like rent, food and bills. Many young people are often afraid or embarrassed to invite anyone over or afraid that they will be taken into care and separated from their family if anyone finds out about the substance use. Others start thinking that substance use is the norm or are pressurised by older siblings, who are regular users, into joining them in taking drugs. As well as this, several young people develop mental health issues and some turn to substance use themselves as a coping mechanism. The constant disruptions and arguments at home that often accompany substance use have also prevented young people from moving on to positive destinations. Another effect substance use has had on the young people that access Bridges Project's services is that it has created a lack of trust in adults. Young people whose parents are substance users might not have an adult role model to look up to.

Solutions (in the context of family inclusive practices): To help young people overcome the barriers and challenges that they experience as a result of family substance use, Bridges recognise the importance of family inclusive practices. Once a trusting relationship is formed between Support Worker and a young person, we find that someone may well talk about any difficulties they are having at home and alongside them we would look at what additional support can be put in place for them and their families. Relationships with the families occur quite naturally through our bespoke support and we are often in direct contact with family members to offer them advice or explain what work is taking place with a young person. In some circumstances, we refer them on to additional relevant services and have meetings where they, their family and representatives from our partner agencies meet up to look at what support can be provided.

In the future, we might be able to be even more flexible and offer more remote support for those who are unable to come into our office. We would also like to see a greater all-round understanding of young people dealing with trauma, their stress responses and how best to support them. In addition, more mental health awareness and support for young people, such as the new counselling services within schools, would be highly beneficial. Having Family Systemic Therapy would also help these young people massively.

Looking to the Future

Families need to feel that they have a voice

John Thayers, *Recovery and Quality Improvement Officer,* MELDAP

In normal circumstances, and in normal times, family life is demanding. As well as the support and care provided by parents, additional human capital and support derived from a network that includes the wider family, friends and community is also required. For some families this essential social capital is all too often missing or greatly diminished. For some parents there are the additional stresses associated with poverty or uncertain employment, anxiety, health inequalities and the use of alcohol and drugs in ways which cause harm to self and others. When these factors coalesce around the family the demands of being a parent can for some seem overwhelming.

When and how we engage with families where the children are in need or at risk is crucial to the long-term health and wellbeing of both parents and their children. The question of when is perhaps the easiest to address. Support should be available at the earliest opportunity to prevent further harm and to reduce the levels of risk to children. However, our ambition for children has to be greater than simply to reduce risk. It should also be to help children thrive whenever possible within their own family setting. How we support families, as well as the type of support provided, needs to be part of an active partnership between families and services. Families need to feel that they have a voice and will be listened to; treated with respect and dignity. These values need to be a basic requirement for all staff in services working with families. The notion of a strengths-based approach is well understood. Too often the discussion of support for families centres around the what we do, whereas what families actually tell us is that how we engage is the more critical factor. At the heart of family rights is the idea of respectful, supportive relationships where the starting point (similar to adults in recovery) is as follows: What strengths does the family have? How can we build on these? What type of support do they say they need? Who is best placed to provide it?

MELDAP clearly has a role to play in supporting families affected in some way by alcohol and drug use. In East Lothian it is estimated that there are some 1800 children living with a parent with some level of problematic alcohol use and some 400 children living with a parent with some form of problematic drug use. For many of these families, because of the illicit nature of their drug use, there is the additional challenge of the stigma and discrimination experienced by people who use drugs, women in particular. Services have to recognise these barriers and the resulting behaviours which can be challenging and in turn lead to increased isolation, creating an ethos where the children are discouraged from sharing information or talking about family life with others. Circle and its staff have

an important role to play in engaging and supporting these families. To use a quotation from its website, 'We engage with families who face exclusion due to social injustice, poverty and health inequalities'.

In 2019 MELDAP invested some £240,000 in services to support children, young people and families affected in some way by alcohol and drugs. In its Delivery Plan 2020-23 it sets out its priorities which include:

- focus on early intervention to ensure children living with parents who experience problematic substance use are safe and supported;
- develop 'whole family' approaches, including adopting the 5-step method to existing and newly commissioned family services;
- strengthen the role of peer support for parents and carers within family services.

MELDAP is committed to working with partners such as Circle who share its vision of how best to support some of our most excluded families.

It is everyone's responsibility to be family inclusive

Dave Gasparini, *Manager*, MELD

"Systems change does not happen on its own, it requires the support and encouragement of everyone involved to develop and embed it within everyday practice."

At the beginning of this project, we asked whether family members' views and needs could be better represented and met in service delivery responses? Do staff involved in key processes, better understand when, where and how to identify and meet family members' needs? And do services show increased willingness to embrace more family-inclusive working? This project has gone a long way to answering those questions. I believe that it is everyone's responsibility to ensure that the necessary changes are made in everyday practice and that these changes are incorporated into our strategic planning to ensure these changes are sustained. Adult treatment services will need to include the examination of current processes and resources used within the care and treatment of our service users from initial engagement and assessment to ongoing care and discharge. For this to be achieved it will require the vision of family inclusive practices and family rights to be shared with all adult treatment providers and related services and to call upon their dedication and professionalism. We are all aware that it is the relationships we build with our client group throughout their time in service which supports them to move forward, from our initial engagement to assisting them to achieve goals within their recovery.

I am confident that the recommendations made as a result of the findings from this project can be implemented during these challenging times.

Fostering an understanding of family rights and inclusion

Angela Gentile, *Project Manager*, Circle East Lothian

When we set about this 'test of change project' we had the experience of working across service systems to bring support to loved ones and their families. There were clear strengths: co-location, positive working relationships and an understanding of different ways of working, e.g. co-working, drop ins and outreach to reach 'loved ones' and their families who may not have engaged with traditional models. We also knew we could be more family inclusive and that we could learn from each other's services and practice. For example, MELD as provider and MELDAP as a partnership promote peer-based support, whilst at Circle there was a strength in terms of participation. Experience of peer support was limited so we built this into the 'test of change'.

Partners also shared that there are perhaps cultures in existence that are barriers to change, for example, social work being used as a tool with which to threaten families in communities. As well as this, there are some national issues that we can not heavily influence, for instance issues around the 'named person' service and information sharing. These are all linked to how families are conceptualised and viewed. We have worked within this context and the COVID-19 pandemic to seek family members' views and involve staff in developing family inclusive processes and practice. It has been important to talk about all of this openly and with a solution-focused lens.

This project set out with ambitious aims and we know that we have, in some way, achieved all of these. Perhaps some not to the extent we would have wished. We hope this 'awareness raising' resource touches on each of the aims, identifying resources and practice that is family inclusive as well as acknowledging barriers, challenges and solutions from both families' and professionals' perspectives.

We have discovered we need to foster an understanding of family rights and inclusion, develop more opportunities for co-production and manage change within and across services systems, locating our responses alongside families and in communities. As Joe Fitzpatrick, Minister for Public Health, Sport and Wellbeing, has outlined in the Foreword, The Scottish Government "recognise and welcome the findings in this report." "It ought to be the work of all of us, together, to improve our response – recognising: the rights of people, their families and their communities; the need to treat people with respect; and that all individuals will be supported on their own, unique, recovery."

Lastly, we would like to share some of our key points of learning from our journey and the common findings and themes that have been raised by families and services.

Key points and learning for sharing with others embarking on systems change

- Recruiting and supporting staff with lived experience.
- Values clarification, e.g. strengths-based, family rights and inclusion, solution-focused.
- Defining 'family' in the widest terms and the importance of 'loved ones'.
- Ensuring a strong partnership agreement with committed members who have an open mind set.
- Placing families at the heart of change and facilitating live 'conversations'.
- Mapping levels of support and family inclusive practice.
- Developing tools alongside family members to support the work: family leaflet; survey for families; survey for professionals; template for conversations; consent forms; database for contacts and data protection commitments.
- Regularly revisiting the original 'test of change' questions.
- Enlisting the added capacity of a volunteer with a specific skillset and interests.
- Involving wider partners as it became clear family inclusive practice is reflected in a variety of ways.
- Acknowledging short comings, e.g. we have not reflected all universal services offered.
- Identifying specific workforce development, practice tools and participation structures.
- Documenting meetings, groups as part of evidence.
- Sharing results and raising awareness along the way.

Themes from this 'test of change' from both families and professionals

- We need to increase awareness of families' rights to health, free from harms caused by substance use and to support in their own right.
- We have to agree ways to co-produce solutions across service systems alongside families.
- Partners should have a guiding set of values, principles and assumptions to underpin family rights, family inclusive practice and whole family approaches.
- Families should be able to 'reach in' not be 'referred to' support in a timely and accessible manner.
- Values came up again and again: dignity; respect; fairness; non-judgemental support; solidarity; going the extra mile and never giving up. This needs to be factored into workforce development and commissioning.
- Stigma and feelings of shame affecting the whole family arise throughout these narratives, as well as how powerlessness is played out – in and between – informal and formal systems.

- Families turn to their family first and in the absence of family then community groups help tackle social isolation.
- Trauma, adverse childhood experiences and the importance of trusted attachment and trauma-informed relationships, supported by service structures and workforce development, are highlighted. Just under half of professionals want more training.
- We already have some tools available to us: Signs of Safety, Parents Under Pressure, Video Interaction Guidance, Craft. Around a third of professionals would like more.
- We have frameworks that seek to work with the whole family in the context of domestic abuse, e.g. Safe and Together, The Caledonian System.
- There is a gender element to the supports on offer and positive discrimination should be adopted, e.g. fathers' workers and women's drop-in groups.
- We can learn from the Independent Care Review, the local Champions Board and from existing peer support to really value the living and lived experience. This way of working can act as a significant catalyst for change.
- Professionals want more information on family rights and inclusive practice.
- Co-location is helpful for the provision of holistic support and professionals are working hard to transcend traditional silo based models and to work collaboratively.
- We offer a range of flexible services that change according to need, but families have vocalised they would like to see more 'family peer support'.
- Professionals felt trust in services was a prominent issue. In the same vein families need support to be able to access services e.g. bus passes, child care, 'speed dial' phone support.
- There are many ways to connect with families: food, music, poetry, art, tea, a smile and being able to bring along pets. And the importance of places in the community to connect: Starfish Recovery Café, The Ridge.
- We must always ask the questions – What are the rights of family members? What are the views and needs within this family, individually, interpersonally and in terms of family functioning? What is getting in the way of support in the family system, the service system and the wider ecology? How can we help this family become more resilient and importantly stick with them through crisis? What resources and advocacy might they need?

Finally, we would like to say thank you to the families and services in east Lothian who have contributed to this test of change project. As a result we have been able to identify the barriers, challenges and solutions for families in accessing their family rights and inclusion in our respective service systems.

Thank you
Angela, Lisa and Katie

"Together and united, we are unstoppable." Greta Thunberg, August 2020

Useful Links and Resources

Community Mental Health and Wellbeing Supports and Services Framework	static1.squarespace.com/static/5ea9a919ba4a91150fc6f126/t/5f59f874df9d6b27bf04da1b/1599731831455/CYPMHW+Programme+Board+-+CommunityCYP+Mental+Health+and+Wellbeing+Programme+Board+-+Mental+Health+and+Wellbeing+Supports+and+Services+Framework+-+2020.pdf
Community Health and Social Care Integrated Services	hscscotland.scot/resources
Connections are Key	corra.scot/connectionsarekey
CRAFT (Community Reinforcement and Recovery Training)	sfad.org.uk/content/uploads/2019/03/Little-Book-of-CRAFT-Web-Version.pdf
Drug & Alcohol Policy	audit-scotland.gov.uk/uploads/docs/report/2019/briefing_190521_drugs_alcohol.pdf publichealthreform.scot/media/1577/a-scotland-where-we-reduce-the-use-of-and-harm-from-alcohol-tobacco-and-other-drugs.pdf gov.scot/publications/getting-priorities-right/ drugdeathstaskforce.scot/about-the-taskforce/tackling-stigma/
East Lothian Council Social Care and Health	eastlothian.gov.uk/info/210578/children_and_families
Everyone Has a Story	corra.scot/everyone-has-a-story-project
Family Recovery Initiative Fund	sfad.org.uk/communities/fund-for-families
Five Step Method	afinetwork.info/5-step-method

Midlothian and East Lothian Drugs and Alcohol Partnership (MELDAP) directory	meldap.co.uk/data/uploads/service-directory-webview-september-2016-v2.2.pdf
Monitoring and Evaluation of Rights Respect and Recovery	healthscotland.scot/news/2020/march/monitoring-and-evaluation-of-rights-respect-and-recovery
Moving Beyond 'People First Language'	sdf.org.uk/wp-content/uploads/2020/10/moving-beyond-people-first-language.pdf
NHS Substance Misuse Service (East Lothian SMS)	services.nhslothian.scot/gatewaytorecoveryclinics/pages/default.aspx
Rights, Respect and Recovery (2018)	gov.scot/publications/rights-respect-recovery/
Sandra's Family Support	sfad.org.uk/service/midlothian-family-support-group
Scottish Drugs Forum (SDF)	sdf.org.uk
Scottish Recovery Consortium (SRC)	scottishrecoveryconsortium.org
Scottish Families Affected by Alcohol and Drugs directory	sfad.org.uk/service-directory
The Scottish Independent Advocacy Alliance (SIAA)	siaa.org.uk/us
Systems Change	lankellychase.org.uk/resources/publications/systemschange-a-guide-to-what-it-is-and-how-to-do-it/ fsg.org/blog/systems-change-noun-and-verb
Whole System Approach	publichealthreform.scot/whole-system-approach/whole-system-approach-overview publichealthreform.scot/media/1520/phob-enabling-the-whole-system-to-deliver-the-public-health-priorities-paper-22.pdf

Partners and Funders

Circle

Improving the lives of children by strengthening families.

MELD

Providing locally accessible, confidential and non-judgemental services to promote recovery and reduce substance misuse-related harm to individuals, families and the wider community across Midlothian and East Lothian.

MELDAP

MELDAP's primary aim is to co-ordinate the design, commissioning and delivery of alcohol and drug services across East Lothian and Midlothian, to ensure that these services are needs led, recovery focused, based on evidence of what makes a difference and are delivered in an effective, efficient way.

East Lothian Children's Services

Aim to work in partnership with children and their families to ensure they are safe, nurtured and able to reach their full potential.

East Lothian Health and Social Care Partnership

Conversations for Change

What are the barriers and challenges that families affected by substance use face in East Lothian? And what are the solutions that those families need from their community and the services that support them?

> "We have attempted to reflect the conversations between lived experience and learned experience, recognising that sometimes these 'positions' are not so very different, but it is the systems that people live and work in that can affect attitudes and approaches."

Lisa McLaughlan, *Peer Support Worker,* MELD
Katie Alexander, *Family Inclusion Coordinator,* Circle