

## Introduction

### Background and Definitions

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

*"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 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 Drugs)

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, Recovery, 2018).

In this survey we will also use the term 'individual' or 'loved one', this refers to the individual or loved one whose substance use family members are affected by.

### Who should complete this survey?

This survey needs to be completed by ONE person in your agency or team within an agency as this will identify the prevalence of children, families and friends affected by substance use who are in contact with your service(s).

### Data Protection

Please do not reference any individual names or identifiers when carrying out the survey.

By taking part in this survey, you are agreeing for us to use this information for future reports, presentations and publications. We will not attribute information directly to your job title or service unless you give us permission to do this. By completing the questions on collaboration you agree to the way your data will be collected and processed and that this data will be stored (in anonymous form, with no links to you personally) for 2 years. Circle record data in accordance with Data Protection policies and regulations, so that it can be used for future research and learning.

**1. Are you happy for us to use any quotes/information from this survey in a final report and other publications? (Please click below)**

- |  |   |
|--|---|
| <input type="radio"/> Yes, use my quotes and attribute them to my job title or service   | <input type="radio"/> Yes, use my quotes but keep them anonymous, but only use them in the final report no other publications |
| <input type="radio"/> Yes, use my quotes but keep them anonymous   | <input type="radio"/> No, don't use my quotes   |
| <input type="radio"/> Yes, use my quotes and attribute them to my job title or service, but only in the final report no other publications |   |

## Section 1: About your agency

2. What agency do you work for?

3. What is your position within this agency?

4. What is the geographical area that your service agency is available to? (select all that apply, there is room for further comment at the end of the survey)

- East Lothian wide
- Dunbar
- Elphinstone
- Haddington
- Musselburgh
- Pencaitland
- Port Seton/Cockenzie
- Prestonpans
- North Berwick
- Tranent
- Wallyford

5. What type of service are you? (select all that apply, there is room for further comment at the end of the survey)

- Universal (e.g. GP, Schools)
- Specialist - Residential (e.g. detox unit)
- Targeted (e.g. family support, peer support)
- Statutory
- Specialist - Community (e.g. Tier 3 recovery service)
- Voluntary

6. Who are your core services available to? (select all that apply, there is room for further comment at the end of the survey)

- Relatives of individual
- Work colleagues of individual
- Friends of individual
- Local community members
- Children of individual

7. How many people, families, cases does your agency currently work with?

- |                             |                               |
|-----------------------------|-------------------------------|
| <input type="radio"/> 1-5   | <input type="radio"/> 51-100  |
| <input type="radio"/> 6-10  | <input type="radio"/> 101-250 |
| <input type="radio"/> 11-25 | <input type="radio"/> 251-500 |
| <input type="radio"/> 26-50 | <input type="radio"/> 500+    |

8. How do you reach the individuals/family members who use your services? (select all that apply, there is room for further comment at the end of the survey)

- |  |  |
|--|--|
| <input type="checkbox"/> Outreach into family homes    | <input type="checkbox"/> Telephone consultations |
| <input type="checkbox"/> Outreach in local communities | <input type="checkbox"/> 24-hour service         |
| <input type="checkbox"/> Drop in                       | <input type="checkbox"/> Flexible working        |
| <input type="checkbox"/> Clinic based appointments     |  |

9. How long is the support you offer?

- Short term (0-3 months)
- Medium term (3-6 months)
- Long term (6+ months)

10. How intensive is the support you offer?

- |                                       |   |
|---------------------------------------|---|
| <input type="radio"/> Daily contact   | <input type="radio"/> Ad hoc contact                    |
| <input type="radio"/> Weekly contact  | <input type="radio"/> Support changes according to need |
| <input type="radio"/> Monthly contact |   |

11. Does your agency participate locally with any other agencies, networks, groups, meetings or events that help you to develop family inclusive practice?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Yes                 | <input type="checkbox"/> Mental health services | <input type="checkbox"/> Public Protection |
| <input type="checkbox"/> Children's services | <input type="checkbox"/> Third sector services  | <input type="checkbox"/> Education         |
| <input type="checkbox"/> Recovery services   | <input type="checkbox"/> Community groups       | <input type="checkbox"/> No                |

12. In which ways does your agency provide support services to families/friends of individuals with problematic substance use? (select all that apply, there is room for further comment at the end of the survey)

- |   |  |
|---|--|
| <input type="checkbox"/> No support for families and friends                      | <input type="checkbox"/> Gender based support (i.e. just male/just female) |
| <input type="checkbox"/> No substance use issues affecting individual or families | <input type="checkbox"/> Child care  |
| <input type="checkbox"/> Phone helpline   | <input type="checkbox"/> Accommodation                                     |
| <input type="checkbox"/> Online discussion forum                                  | <input type="checkbox"/> Therapeutic support for children                  |
| <input type="checkbox"/> Information/education                                    | <input type="checkbox"/> Therapeutic support for individuals               |
| <input type="checkbox"/> One-to-one individual support                            | <input type="checkbox"/> Mental health support                             |
| <input type="checkbox"/> Parenting support  | <input type="checkbox"/> Advocacy (e.g. benefits, children's processes)    |
| <input type="checkbox"/> Immediate family support                                 | <input type="checkbox"/> Issues based support (e.g. bereavement, divorce)  |
| <input type="checkbox"/> Whole wider family support                               | <input type="checkbox"/> Safeguarding                                      |
| <input type="checkbox"/> Group support  | <input type="checkbox"/> Sign posting                                      |
| <input type="checkbox"/> Peer support   |  |

## Section Two: More About The People Who Use The Services You Provide

13. Which substances are affecting the individuals and/or family members? (select all that apply, there is room for further comment at the end of the survey)

- |   |  |
|---|--|
| <input type="checkbox"/> Alcohol        | <input type="checkbox"/> New Psychoactive Substances |
| <input type="checkbox"/> Cocaine/Crack  | <input type="checkbox"/> Benzodiazepines             |
| <input type="checkbox"/> Heroin         | <input type="checkbox"/> Inhalants / solvents        |
| <input type="checkbox"/> Amphetamine    | <input type="checkbox"/> Poly drug use               |
| <input type="checkbox"/> MDMA / Ecstasy | <input type="checkbox"/> Tobacco                     |
| <input type="checkbox"/> Cannabis       |  |

14. How many of your cases are involved in supporting a loved one who **ARE NOT** in contact with recovery services?

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> 5%  | <input type="radio"/> 50%  |
| <input type="radio"/> 10% | <input type="radio"/> 75%  |
| <input type="radio"/> 15% | <input type="radio"/> 100% |
| <input type="radio"/> 25% |                            |

15. How many of your cases are involved in supporting a loved one who **ARE** in contact with recovery services?

- |                           |                            |
|---------------------------|----------------------------|
| <input type="radio"/> 5%  | <input type="radio"/> 50%  |
| <input type="radio"/> 10% | <input type="radio"/> 75%  |
| <input type="radio"/> 15% | <input type="radio"/> 100% |
| <input type="radio"/> 25% |                            |

16. Which of the following do you find are the **most common** ways family members are affected by a loved one's problem substance use? (select all that apply, there is room for further comment at the end of the survey)

- |   |  |
|---|--|
| <input type="checkbox"/> Stigma               | <input type="checkbox"/> Physical health issues              |
| <input type="checkbox"/> Isolation            | <input type="checkbox"/> Children's development              |
| <input type="checkbox"/> Stress and anxiety   | <input type="checkbox"/> Drug related death                  |
| <input type="checkbox"/> Trauma               | <input type="checkbox"/> Loss and bereavement                |
| <input type="checkbox"/> Relationship strains | <input type="checkbox"/> Criminal justice system/involvement |
| <input type="checkbox"/> Financial impacts    | <input type="checkbox"/> Homelessness                        |
| <input type="checkbox"/> Welfare benefits     | <input type="checkbox"/> Domestic abuse                      |
| <input type="checkbox"/> Poverty              | <input type="checkbox"/> Violence                            |
| <input type="checkbox"/> Mental health issues | <input type="checkbox"/> Child care                          |

17. What do you think are the main barriers to family members accessing services? (select all that apply, there is room for further comment at the end of the survey)

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of awareness of their right to support | <input type="checkbox"/> Services not co-designed around family challenges |
| <input type="checkbox"/> Lack of trust in services                   | <input type="checkbox"/> Stigma  |
| <input type="checkbox"/> Location/accessibility                      | <input type="checkbox"/> Domestic abuse                                    |
| <input type="checkbox"/> Long waits                                  | <input type="checkbox"/> Fear of child protection                          |
| <input type="checkbox"/> Travel costs                                | <input type="checkbox"/> Fear of judgement                                 |
| <input type="checkbox"/> Complexity of problems families face        |  |

## Section Four: Workers Within This Service Provider

18. Thinking about your work at this agency, please could you answer the following statements. I support families to...

	Answer
Improve mental health	<input type="text"/>
Improve physical health	<input type="text"/>
Access health related appointments	<input type="text"/>
Reduce harm from 'loved one's' drug or alcohol use	<input type="text"/>
Treat family member's with dignity and respect	<input type="text"/>
Access support at the right time	<input type="text"/>
Where appropriate include family member's in a 'loved one's' recovery journey	<input type="text"/>
Access whole family support	<input type="text"/>
Encourage family member's to be involved in planning, development or services	<input type="text"/>
Encourage family member's to be involved in delivery of services	<input type="text"/>

19. To what extent do you think family members understand their entitlement to support in their own right?

- Not at all                       A lot
- Unsure                               Completely
- A little

20. Do you feel you have a good understanding and knowledge of other services and family inclusive practices? (if not do you think this would benefit from more training on the topic at hand?)

- Yes                                       Benefit from more training
- No     Benefit from more practice tools
- Benefit from more information       Benefit from more participation tools

## Section Four: Family Inclusive Practice, Barriers, Challenges and Solutions

21. To what extent is family inclusive practice around substance use a priority in your service?

- Not at all  A lot
- Unsure  Completely
- A little

22. Do you think there are any gaps, or room for improvement with the service(s) that your agency provides? (Please tell us in the box at the end of the survey)

- Yes
- No

23. Do you think that a lack of funding and resources has had an effect on the quality and type of service(s) that your agency provides?

- Yes
- No

24. Do you find it challenging to encourage family member's to recognise their own needs as a priority over those of the loved ones they are supporting?  
(if so, what have you done to try and get over this obstacle? Please tell us at the end of the survey)

- Yes
- No

25. Can you identify any ways family inclusive practice has been developed recently? (if so, please tell us about this)

- Yes
- No





**If you would like to leave further comments on any of the topics raised in this survey please feel free to detail them in the box bellow.**

26. Further comments