

07.08.20 Professionals' Survey Section

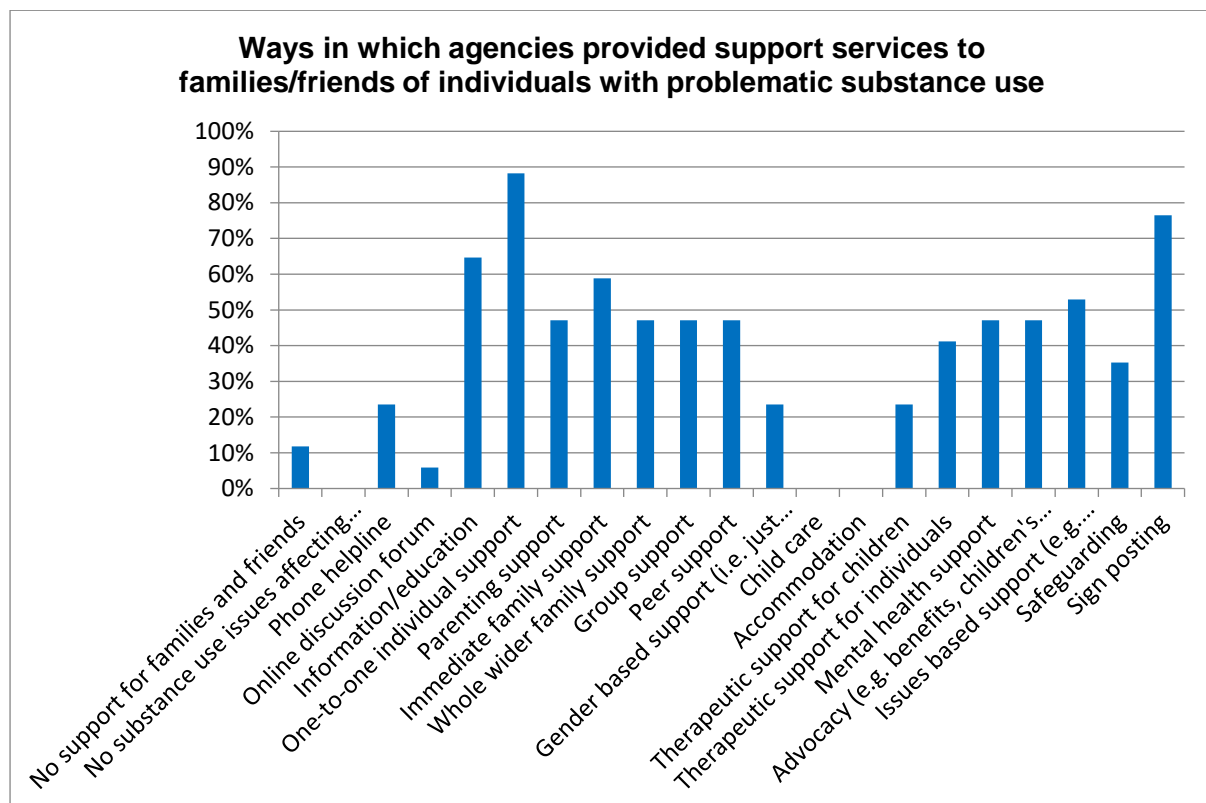
Introduction

We sought to consult with professionals across service systems and 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 'in-boxes' 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.**

Range of Services

The majority of services, **72%**, supplied long term support (6+ months) to their users, with 11% offering medium term (3-6 months) and a further 11% offering short term (0-3 months) support. The largest proportion, **89%**, offered their service across the whole local authority. 17% of responses were from universal services and 39% from targeted, with 11% identifying as specialist - community and a further 11% identifying as specialist - residential. Of all responses, **50%** identified their services as voluntary. In terms of intensity, 35% offered weekly support, 6% of services offered daily contact, 6% offered ad hoc support and a further **53%** identified that their support changed according to need.

As a multiple-choice question, **56%** of respondents indicated that they offer support to relatives of individuals, the same amount, 56%, offer support to children, 39% offer support to friends, 22% offer support to work colleagues of the individual and **50%** offer support to local community members. 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.



Again, in a multiple-choice question, we found that 88% of services offer individual one-to-one support, 76% helped to signpost family members, 65% offered information and educational support to families. In terms of who in the family, 47% identified parenting support, 59% of respondents offered family support to the immediate family, while **47% identified support offered to the whole family**. The same proportion offered group (47%) and peer support (47%). It was hugely positive to identify such a wide variety of support as it suggests that agencies are quite flexible in the means in which they supported families, depending on their needs (which other data regarding how aid was given also showed as well). However, **some types of support were found to be less prevalent than others:**

- Childcare (0%)
- Accommodation (0%)
- Online discussion forums (6%)
- Therapeutic support for children (24%)
- Phone helpline (24%)
- Gender based support (24%)

It is likely that this is shaped by gaps in the range of respondents, for example, we did not receive a response from housing or CAMHS (Child and Adolescent Mental Health Services) due to changes in personnel and this information could be supplemented. Possibilities for future developments should be considered here however, for example **the role of online discussion forums could be explored** as the levels of online/internet use are becoming increasingly part of people's day-to-day lives and social isolation a significant challenge faced by families. E.g. NSPCC have a secure platform used by children and young people for a range of difficulties where peer support is promoted (and monitored).

The importance of childcare and/or offering a child and family friendly environment cannot be overstated, as without this many family members will not have access to services. Childcare is more difficult to secure where individuals and families feel isolated, where family relationships have broken down and where finances constrained. Some families remain unaware of their rights in relation to this. We were heartened to find that the majority of respondents, **64%, offered outreach into family homes and communities**. While 29% offer clinic-based appointments, 53% also offer a 'drop in'. The majority of services, 82%, offer telephone consultations. Only one service indicated that they offer 24-hour support. Of all respondents, 52% indicated that they are flexible in their response. **Gender based support** could also be developed, for example women in recovery and men in services aimed at children, parenting and family wellbeing.

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.

100% of respondents indicated that alcohol affected the individuals and their family, while **94% identified cannabis** as affecting individuals and families. A relatively high proportion, 82%, felt crack/cocaine affected their client group, followed by 76% respectively for benzodiazepines, tobacco and poly drug use. Of all respondents, 70% identified heroin use and 59% amphetamines use, as the next most common. The least prevalent was solvents, but this was still a worrying 30% of individuals and their families. We 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.

Barriers and Challenges

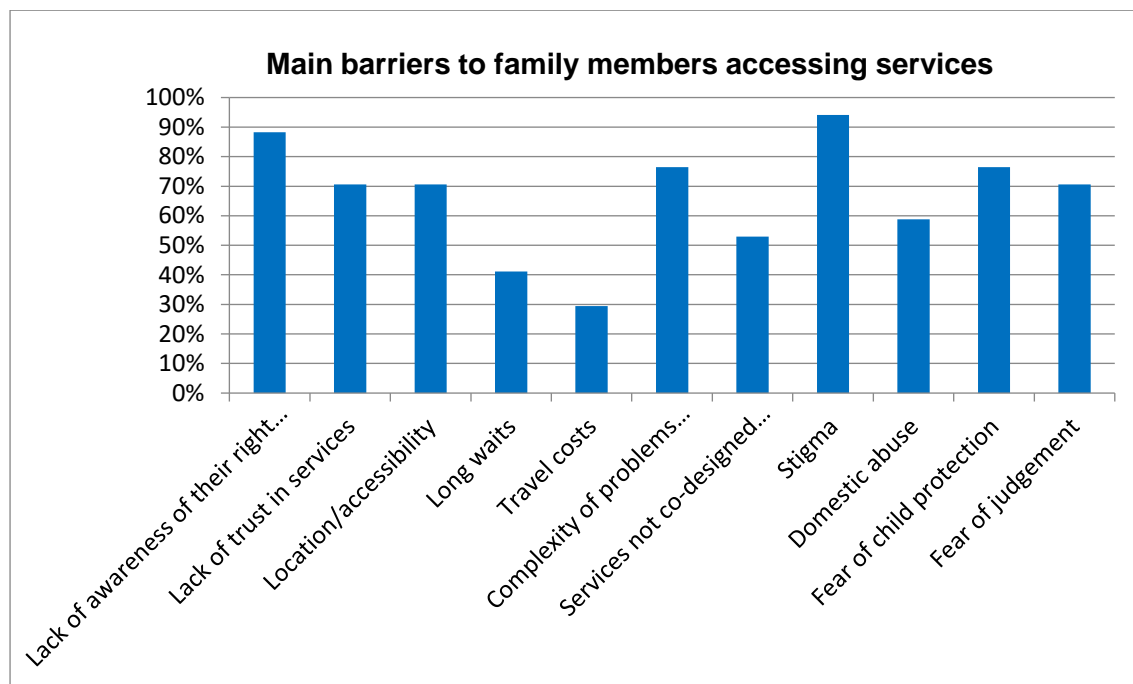
Some of the main barriers identified by professionals who completed the survey were: resources, accessibility and **families' lack of awareness of their rights**.

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.

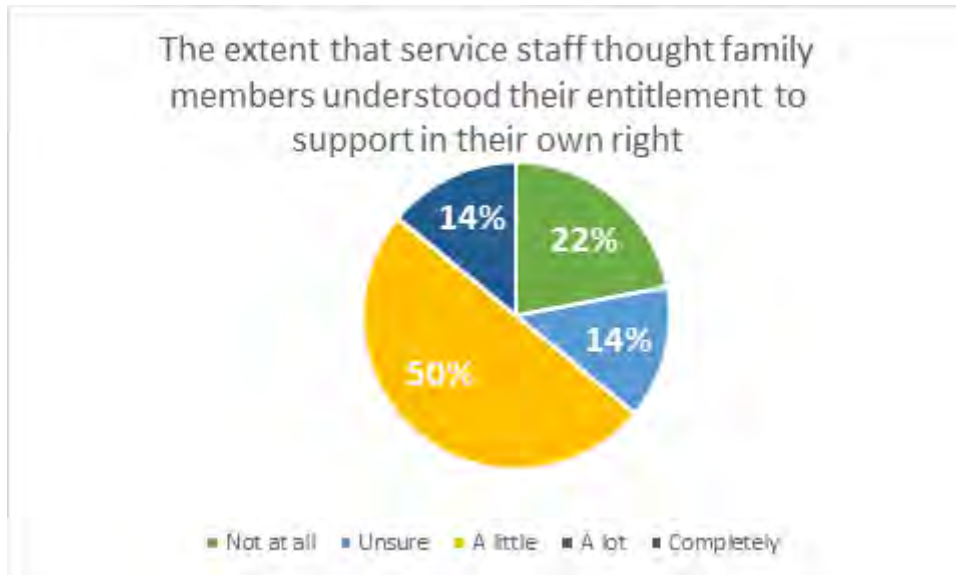
The main barriers to family members accessing services were thought to include the following:



Stigma, 94%, was seen as the most common barrier for family members followed by **families' lack of awareness of their right to support at 88%**. This was closely followed by **fear of child protection, 76%**, and **the complexity of the problems the families face, 76%**. 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 and travel costs were seen as inhibitory factors to a lesser extent by 41% and 29% of respondents respectively. 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 will build trust and lead 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**; 18% felt they did not. 94% indicated that they would benefit more from more information, 41% more training, 35% more participation tools and 29% of participants would like more practice tools. 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.



With the above in mind, local commissioners and service planners could ensure the full range of support and therapeutic interventions are provided or in some way accessible in each area, involving families in co-producing solutions. This could build on existing positive developments like the provision of bus passes for individuals to access recovery services, e.g. could these be extended to family members? It is 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, 47% of 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.

Solutions

Several positive suggestions for improvement were ascertained from a range of the participants and we believe these should be strongly considered as future options:

“we would like to see more family peer support as family members have a different conversation once they are aware the support includes lived experience”

“want wider professionals to understand the impact on the whole family, the children, the grandparents and to help family members to understand their right to support”

“increasing awareness, and for practitioners to feel confident in providing or signposting with help to engage into supports (including peer support) for the whole family”

“we would like to reach families earlier and also ensure family members can tell their stories (should they choose to) without fear of judgement, shame and stigma”

“develop an ecological model, that identifies the impact of wider stressors like poverty on ‘distress’ in families to be acknowledged”

“carer support around mental health, cycles of recovery, change and practical help is crucial. Selfcare and empowerment support is often needed for carers, especially if their loved one has substance misuse issues”

As mentioned previously, information, training, participation and practice tools should be developed as part of a package of evolving ‘solutions’. We have offered in earlier sections examples of family inclusive practice, and in subsequent sections how family members can be helped to participate. We also know that through this process, we have raised awareness of family rights and the need to further develop family inclusive practice. We recognise the work of our colleagues nationally e.g. Corra Foundation’s “Connections are Key”, Scottish Families Affected by Alcohol and Drugs’ campaigns and “Family Recovery Initiative Fund”. We can recommend this survey as one of a few starting points identified in this pack. We thank all our colleagues who took part in this at a time when families and professionals alike were challenged; this showed tremendous solidarity!