



State of the Sector 2019

Drug and Alcohol Family Support

CONTENTS

| | |
|---|----|
| About Adfam..... | 3 |
| Acknowledgements..... | 3 |
| Introduction and Policy context..... | 4 |
| Methodology..... | 7 |
| Findings..... | 9 |
| Funding..... | 10 |
| i) Funding sources..... | 10 |
| ii) Funding trends..... | 10 |
| iii) Impact on service provision..... | 11 |
| iv) Impact on staffing..... | 12 |
| v) Staff training and development..... | 16 |
| Changes to the service landscape..... | 17 |
| i) Commissioning priorities..... | 17 |
| ii) What services are being delivered?..... | 18 |
| iii) Small organisations are missing out..... | 20 |
| Changing client need..... | 23 |
| Relationship with other organisations..... | 24 |
| Looking to the Future..... | 27 |
| Appendix: Respondents by region, type and sector..... | 29 |

About Adfam

Adfam is the only national charity improving life for families and friends affected by the drug, alcohol or gambling habits of a loved one. We do this by:

- empowering families and friends affected by drugs, alcohol or gambling to get the support they need.
- building the confidence, capacity and capability of frontline practitioners to provide effective services.
- influencing decision-makers to understand the needs of thousands of people coping with the effects of a family member or friend mis-using alcohol or drugs, or gambling.

During 2019, we have supported and worked with over 1,000 family members affected by drug or alcohol use; over 900 practitioners who support those families; and 300 strategic partners to affect positive structural change. We want anyone affected by someone else's drug or alcohol use to have the chance to benefit from healthy relationships, be part of a loving and supportive family and enjoy mental and physical wellbeing.

Acknowledgements

We would like to thank the practitioners and service managers who took the time to participate in the State of the Family Support Sector 2019 online survey. This questionnaire was thorough, requiring respondents to provide sometimes detailed and potentially sensitive information. We hope and believe that this report is an accurate reflection of their views and opinions.

Introduction and Policy Context

Introduction and Policy Context

Almost one in three adults in Great Britain have been negatively affected by the substance use of someone they know, and one in ten describe themselves as currently affected.¹ The impacts of this can be severe, and include mental ill-health, violence and abuse, relationship difficulties, financial strain, and stigma.² Providing support to families has been shown to improve the chances that their loved one will enter, and remain in, treatment. But equally important is the right to support for themselves. Adfam's State of the Sector Family Support Survey aims to shine a light on current circumstances and practice. This gives valuable insight into current trends, developments, strengths and challenges facing those working to support these often-neglected family members.

Adfam surveyed 117 practitioners and managers working in family support services in England between December 2018 and February 2019. We sought to explore a range of themes including commissioning, funding, family needs, partnership working, and service delivery.

In our 2016 State of the Sector report,³ it was clear that many services were facing significant funding cuts. More recent evidence suggests that this has continued, with drug treatment services (some of which include integrated family support services) experiencing a 27% reduction in funding over three years.⁴

Simultaneously, however, there has been greater recognition of the impacts of substance use on families. The Government's 2017 Drug Strategy recognised the importance of family support both for an individual's recovery and for the benefit of the families themselves, and recommended that local and community-based initiatives should involve support for families wherever possible.⁵ This was also acknowledged in the House of Commons Health and Social Care Select Committee's 2019 drugs policy report,⁶ thanks in part to Adfam's oral evidence given in July 2019.⁷ In 2018 the Department of Health and Social Care and the Department for Work and Pensions committed £4.5m in joint funding to provide children of

¹ Adfam/YouGov (2019)

² Adfam/YouGov (2019)

³ Adfam (2016)

⁴ House of Commons Health and Social Care Committee (2019)

⁵ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628148/Drug_strategy_2017.PDF

⁶ <https://publications.parliament.uk/pa/cm201919/cmselect/cmhealth/143/143.pdf>

⁷ <https://www.parliamentlive.tv/Event/Index/48d8d9ca-5831-40a3-a6c6-5d0240d5f54b>

alcohol dependent parents with more rapid access to support and advice, delivered on a local level according to need.⁸

The picture is a mixed one, and this report provides a further snapshot and insight into the current state of the family and substance misuse support sector in 2019.

⁸ <https://www.gov.uk/government/news/innovation-fund-open-to-help-children-of-dependent-drinkers>

Methodology

Methodology

This online survey was promoted on Adfam's website, in publications and on social media between December 2018 and February 2019, and was open to all those who work in family support services in England. The surveys used convenience sampling and were thus open to sample-bias: respondents were self-selecting, and need only to have been aware of the surveys and had the time and desire to complete them. The survey does not, therefore, purport to be representative of the family support sector as a whole.

The survey was anonymous although respondents could choose to leave their name and contact details if they wished.

One hundred and seventeen respondents completed this survey, of which 37% were managers of a service and 63% worked within a service in another role.

The survey included both quantitative and qualitative approaches, and generated a large amount of comments and narrative content. Illustrative verbatim quotes have been used throughout the report. We believe that the words of practitioners can provide some of the most powerful insights into the current climate for family support services, helping to convey a fuller and deeper picture than statistics alone. The opinions expressed throughout are those of the respondents, and do not necessarily reflect Adfam's views.

Whilst Adfam recognises the methodological limitations of the research, we believe that it nevertheless provides a valuable snapshot into the current state of the substance use family support sector, that will be of interest to policy-makers, commissioners and those working on the front line.

Findings

Findings

Funding

i) Funding Sources

As in previous years, the majority of funding in the sector is reported to come from Local Authority Public Health grants and via subcontracts with drug and alcohol services. Clinical Commissioning Groups and Trust and Foundation grants also provide some funding to the sector.

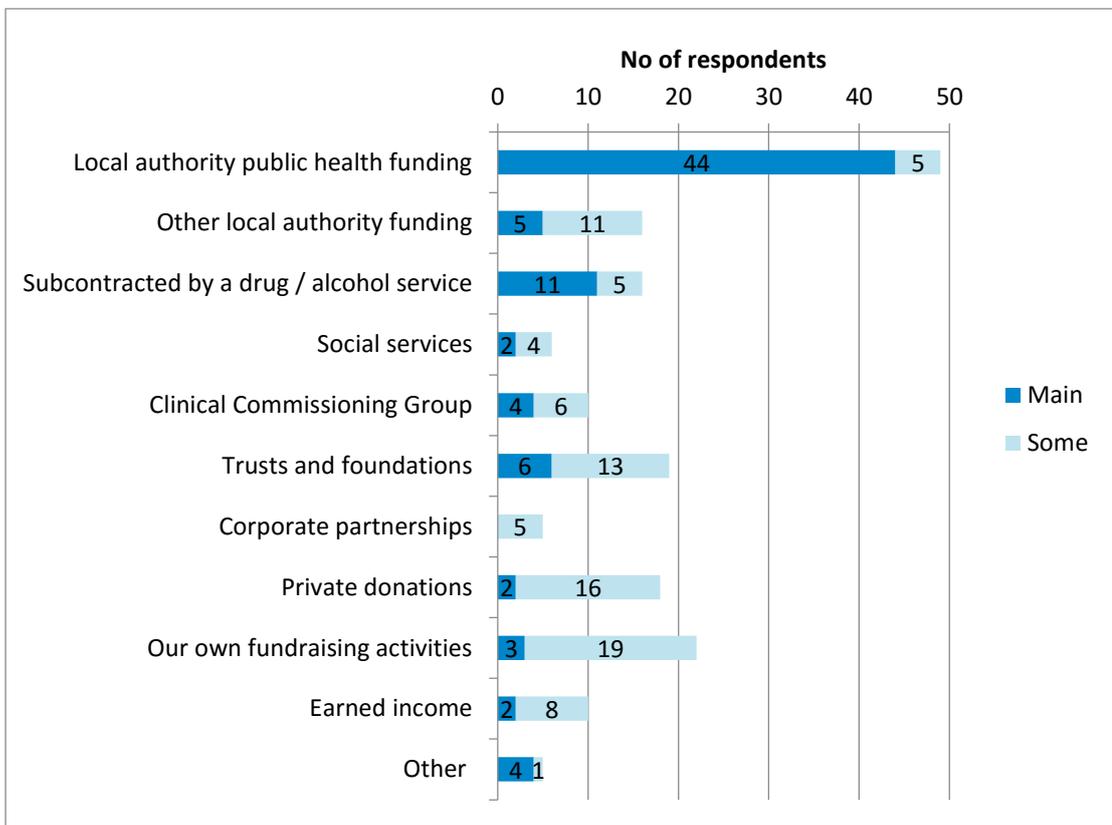


Figure 1: Funding sources

i) Funding Trends

Almost half of respondents reported a decrease in funding and just 11% reported an increase, with 33% reporting no change. Services report increased need but reduced resources, suggesting that the funding challenges evident in our 2016 survey continue.

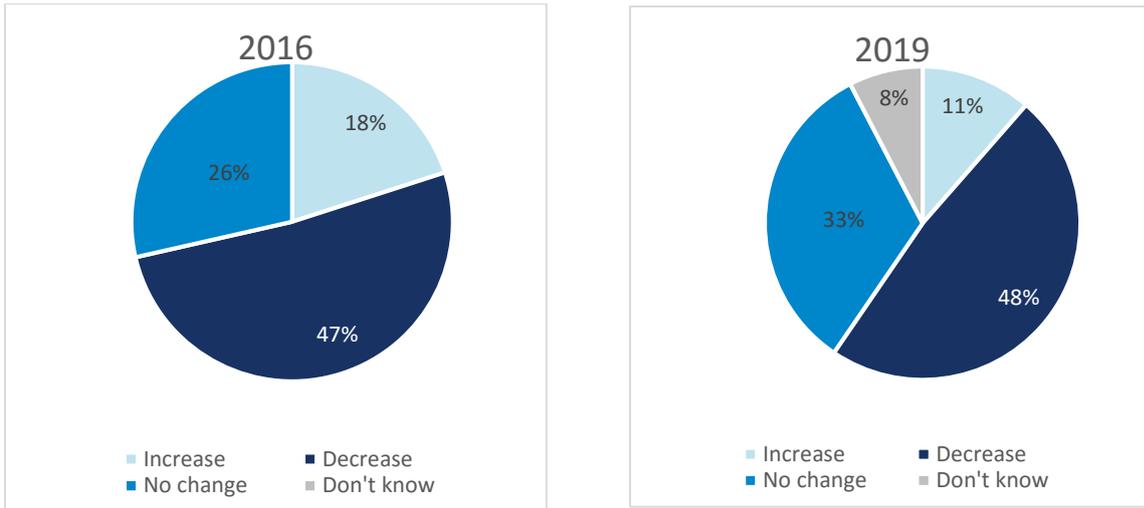


Figure 2: Perceived trends in funding in 2016 vs 2019

ii) Impact on service provision

Funding reductions mean that some family support services have ceased to exist altogether, whilst others are under increased pressure or have become stripped back, with notable gaps in provision. Where there has been no change in funding, respondents reported that inflation, coupled with the increasing needs of clients, has led to a decrease in funding in real terms.



Fewer services around and those that are, are stretched.

Survey respondent, FSoS 2019



We are not currently in receipt of any additional funding to cover work with family and friends other than that described above (i.e. Family members invited to participate in face to face work with service users). We do offer support groups for family and friends but this is not reflected in funding.

Survey respondent, FSoS 201



We no longer deliver our dedicated Family Support Service which ran for over 1years. This area was considered out of scope 3 years ago despite evidence of need and positive outcome based on data. We have been unable to secure funding to re-establish this service since then.

Survey respondent, FSoS 2019

Some respondents reported that they are expected by commissioners and policy makers to run family support despite having no budget for it:



We were funded through the LA in full Supporting Families Programme for two years. They have now stopped all funding for external providers yet still make referrals through the early help hubs. We suffered a loss of 18k to our core services as a result.

Survey respondent, FSoS 2019

iii) Impact on staffing

Unsurprisingly, reduced and insecure funding has reportedly led to a reduction in staff numbers, as well as high turnover rates. This unstable funding environment leads to concerns about job security. There has also been a reported increase in the use of volunteers, with services employing an average of 9-10 volunteers compared to 7-8 in 2016.



The funding within the organisation was for three substance misuse (SMU) workers, then it went to two and now I am the only one left. One specialist SMU worker for young people across the whole borough!

Survey respondent, FSoS 2019



Our budget was cut by half. The family service felt the brunt of this, meaning we now only have two full-time family workers for the entire city

Survey respondent, FSoS 2019



[The] new contract was cut and we lost 18 staff members across the service.

Survey respondent, FSoS 2019

As shown by Figure 3 (below) , around 80% of respondents reported increased workloads as a result of these pressures, which is a large proportion- slightly more than the 74% reporting an increase in 2016.

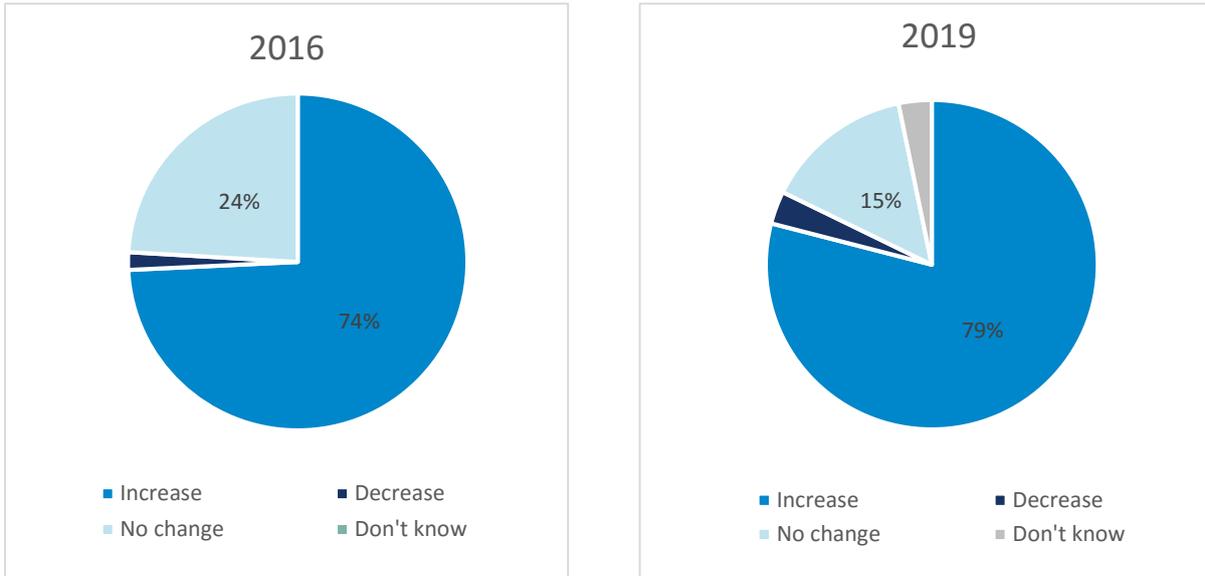


Figure 3: Changes in workload in 2016 vs 2019

Many respondents, frontline staff in particular, reported feeling overwhelmed with the increase. Some felt that increased workloads were manageable, but this tended to apply to those in managerial roles.



As with everyone in public health related services the level of responsibility I currently hold are far greater than in previous years. Risks do not decrease in line with reductions in funding, and many of the children and young people we work with are amongst the most vulnerable, and the most neglected children within the city.

Survey respondent, FSoS 2019



All funding for our service has decreased with every year of our contract. This means that staff are often over-stretched, carry higher caseloads and are expected to carry out the same quality of work.

Survey respondent, FSoS 2019



My own tasks have changed and now include some that were not my remit before last year and more of those that were, however the role is still manageable. Front line staff inform me that their caseloads have increased.

Survey respondent, FSoS 2019

Where services are reporting decreases in workload, they most commonly attribute this to investment in additional staff, or successful fundraising efforts:



Managing two young carer projects has attracted a lot of fundraising money and the young people themselves have driven this forward. In addition, we have Children in Need funding specifically for this area of work.

Survey respondent, FSoS 2019

iv) Staff training and development

While 60% of respondents considered training and supervision provision to be sufficient, there were a large number of comments about the lack of budget for specialist family support training and the lack of available time to attend.



Additional support/training for supervisors would be useful. Training varies and can be 'ad hoc'. Funding for the training team has diminished and as such the internal training offer has been revised and reduced. External funding for training is generally treatment service budget dependent and varies from service to service but has greatly reduced everywhere.

Survey respondent, FSoS 2019

“



Time is a factor. We provide Family Support in addition to core duties in a drug and alcohol service for problem drug and alcohol users. Although we have regular supervision, there is rarely time to attend Continued Professional Development events.

Survey respondent, FSoS 2019

Organisations are resourceful in accessing what is available to them, within service limitations.



We access the local authority training portal for free plus have many years of local relationships built and have access to health, social care and school training as required.

Survey respondent, FSoS 2019



Considering our limited funds, we are constantly looking for free or reduced costs funding opportunities or training in exchange for training delivered by our staff.

Survey respondent, FSoS 2019

Changes to service landscape

v) Commissioning priorities

Most services are reportedly commissioned by the local authority. Whilst over 50% of respondents have some contact with local commissioning teams, Health and Wellbeing Boards, Clinical Commissioning Groups, Police and Crime Commissioners, Public Health and local MPs/Councillors, and some reported a close working relationship, many respondents are not clear on the priorities of their commissioners.



I have no idea, as I am being told different things by the director of the company to what the commissioners have previously told me!

Survey respondent, FSoS 2019



Ambiguous. Whilst emphasising the need to meet the needs of families there is little additional support.

Survey respondent, FSoS 2019

Respondents reported that where commissioners do recognise the need for supporting families of substance users, they lacked awareness of the specialist nature of family support work. The focus is often narrow, with support targeted at children/ young people, and families being seen as ‘recovery capital’ of clients rather than deserving of support services in their own right.



It seems that the commissioners would like all families to access main line services, they seem to have overlooked the more specialised services provided by the smaller 3rd sector organisations.

Survey respondent, FSoS 2019



It appears to be working with children/young people. Little or no focus on adult family members or working with the entire family.

Survey respondent, FSoS 2019



They perceive family members as 'relatives of clients', rather than as clients in their own right.

Survey respondent, FSoS 2019

Some respondents perceive that commissioning teams have good intentions but are restricted by funding limitations and that this has increased barriers for families in accessing services. Families are said to have to go through stricter assessments and meet higher thresholds to be eligible to receive support.



In my experience, our local commissioners are passionate and committed advocates of services for children and young people affected by another's substance misuse. However, the vast cuts in public health funding has had a detrimental impact upon their capacity to commission fully funded and resourced services, leading to a constant drive to do more with less, to the detriment of client facing delivery.

Survey respondent, FSoS 2019

vi) What services are being delivered?

Figure 4 (below) illustrates the types of services on offer within the organisations participating in the survey.

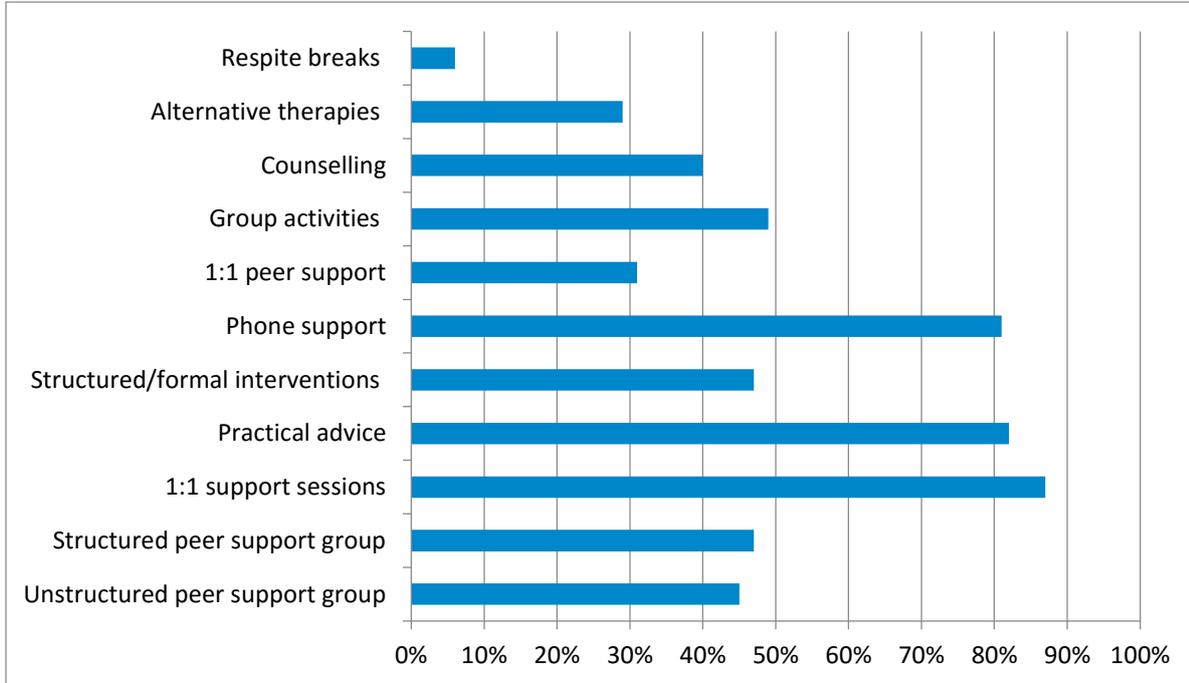


Figure 4: Types of services on offer

The most common types of support are one to one support sessions (86%), practical advice (81%) and phone support (80%), whilst almost half of services offer group activities, structured/formal interventions, and structured and / or unstructured peer support groups. Forty percent of services offer counselling and almost 30% are able to offer alternative therapies and one to one peer support.

The wide range of services often provided within a single service is notable. It was clear that this is most common in smaller dedicated family support services, which typically offer more than 5 different types of service provision. Those providing family support within an integrated service context typically provide a narrower range of support. 5-Step and CRAFT structured interventions are delivered by 43% and 30% of services respectively. SMART Family and Friends is also provided by 14%, and Triple P by 13%.

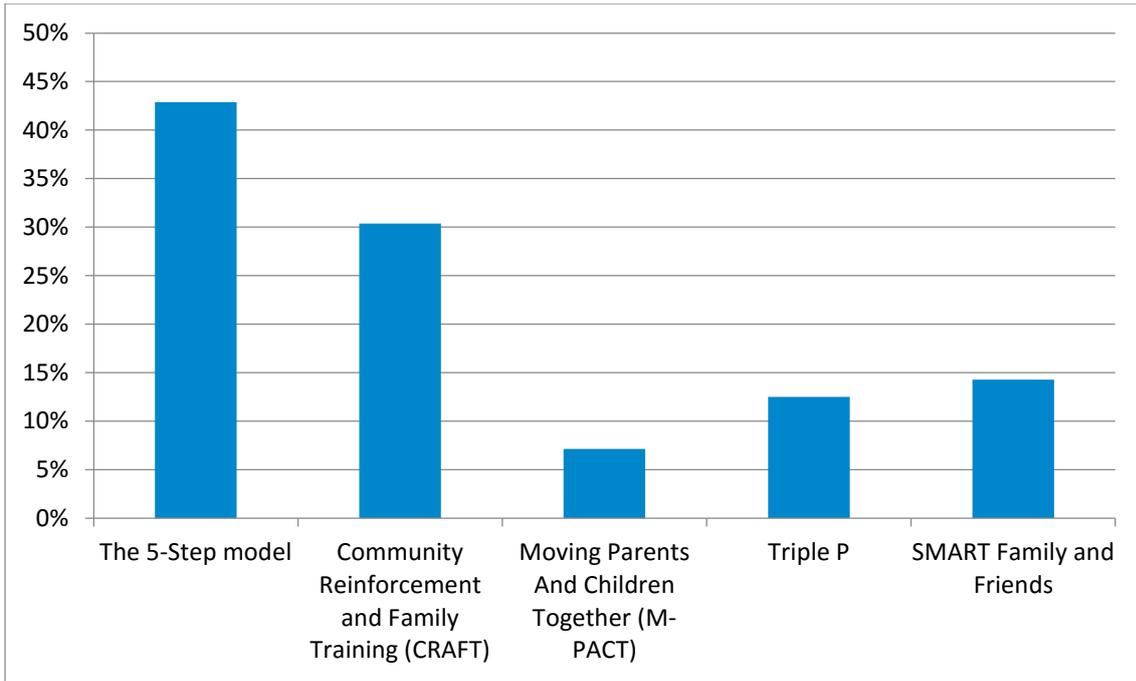


Figure 5: Interventions delivered by service

vii) Small organisations missing out

Local authorities are reported to be commissioning larger contracts which incorporate family support along with other contracted work, such as drug and alcohol treatment. This de facto excludes smaller charities who are more specialist and not in a position to deliver contracts of such size and breadth. Smaller services are therefore finding it more difficult to win contracted family work. Respondents from dedicated services feel that funding has often been re-allocated based on service size rather than performance outcomes, and that this has resulted in dedicated family services missing out on contracts.



Local authorities are going for big contracts which exclude smaller charities which reach the hard to reach.

Survey respondent, FSoS 2019



The changes here are the same as in other regions and locations. Less money, higher expectations and larger organisations taking the bulk of any funding available. This means that charitable activities take a back seat and seem to be over looked despite evidence to prove that the service provided is often of a higher quality that can be provided by the statutory agencies.

Survey respondent, FSoS 2019

Echoing the findings of our 2016 report, many respondents highlighted a growth in joint service commissioning where family services are increasingly part of a single contract with treatment and other services, as shown by Figure 6 below. This has resulted in the loss of a number of dedicated family support services. These developments are not generally welcomed, but seen as a result of austerity and shrinking budgets.

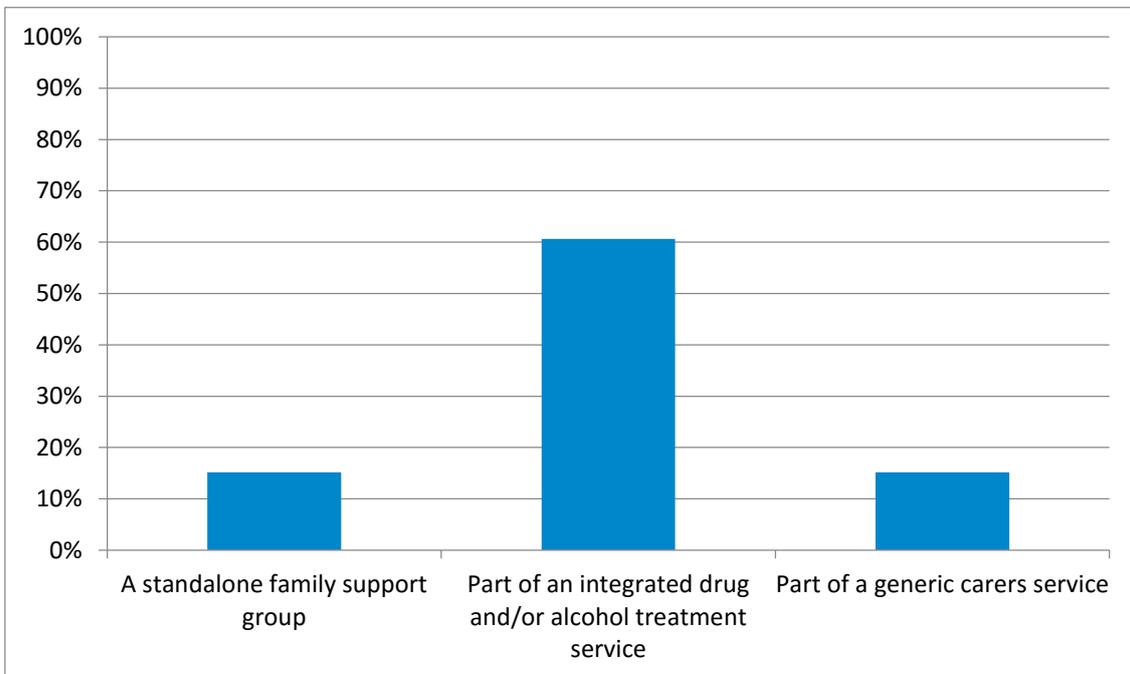


Figure 6: Structure of family support services



Expectation is that some family support will be provided by Drug/Alcohol services but this does not appear to be very successful in terms of family feedback which suggests that it is unstructured and based on the needs of the person they care for and is focused entirely on their recovery.

Survey respondent, FSoS 2019

Whilst the findings indicate increasing contract lengths (34% reported contract lengths of five years or longer), many respondents still raised concerns over the instability of services due to short-term contracts and unsustainable funding sources.



We live under constant threat of being retendered. We lack resources and this has an impact on Family Work.

Survey respondent, FSoS 2019

Changing client need

One of the most notable results is the number of respondents indicating an increase in the presenting needs and challenges of clients that they work with.

The biggest increases in client need are in relation to dual diagnosis, financial challenges and complex needs in general. In addition, family members of someone with a substance use problem are themselves turning to problematic drink or drug use, and risks to children and domestic abuse are also said to have increased significantly.

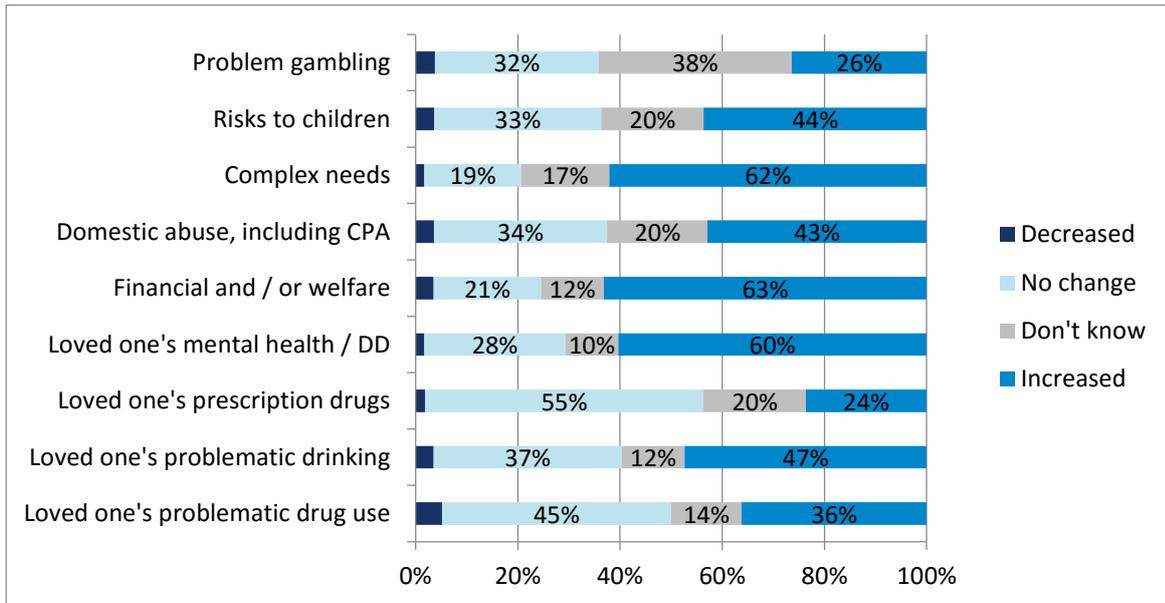


Figure 7: Perceived change in the needs of family work in 2019

Relationships with other family support services

Eighty-five percent report positive relationships with other family support services, highlighting regular meetings, joint services and collaboration. However, general funding cuts across services and the associated increase in workload means that competition between services is higher, and time for relationship building limited.



We accept referrals from the local drug treatment agencies. We provide a regular drop-in and local community service. The Family Support Worker can be asked to attend Multi-Agency Safeguarding Hubs, and Multi-Agency Public Protection Arrangements meetings. The local Domestic Violence team engage with us when appropriate.

Survey respondent, FSoS 2019



We work with local agencies for referrals and understand the importance of partnership working although this does not happen with the local council.

Survey respondent, FSoS 2019



Some services have become very protective about how they spend their funding which prevents partnering. Ironic, as we are all in the service of helping families and carers.

Survey respondent, FSoS 2019

This was not reported across the board, however, and some services have seen an improvement in partnership relationships.



Yes, they are much improved than historically with regular contact and willingness to communicate.

Survey respondent, FSoS 2019

Looking to the future



Looking to the future

As we enter 2020, we are inspired by the many voices in the sector who share Adfam's passion that every family member affected by a loved one's substance use should have the support they need, when they need it. We are humbled by the dedication and commitment shown by support workers and service managers across the country as they strive to provide the best possible service in a challenging socio-political and economic climate, with continued cuts to services and growing need.

We are concerned by consistent reports, echoed in this survey, of this increasing need. This is accompanied by increased complexity of presentation, with a multitude of challenges alongside substance use in the family, including mental health, housing issues, debt and financial strain, problem gambling, imprisonment, county lines and domestic abuse in many forms. We are concerned about the impact on those working with families and, of course, on the families themselves. Many family support providers live with an almost-constant threat that funding will be withdrawn, leaving clients without support they desperately need, and workers without a job. The impact of operating in such a climate over the long term cannot be over-estimated. Workers are doing often difficult and taxing work, requiring specialist skills and emotional resilience. Keeping well when you are working daily with the often chaotic and traumatised results of a substance misusing relative is no small task at the best of times.

For families too, the stress, distress and trauma can be debilitating, without the additional strain of limited service provision or waits for support. There is ample evidence of the benefits of early intervention⁹, and clear data that allowing difficulties to persist or escalate only leads to more entrenched difficulties and poorer outcomes for all concerned. There is an urgent need to invest for the sake of the long-term mental health, wellbeing and functioning of families and communities. Growing up in a family where substances are used problematically is enough of a challenge, without the additional risks created by a lack of support to mitigate the impacts. That is why Adfam's manifesto, 'One In Three', lays out five

9 Copello, A., & Orford, J. (2002). Addiction and the family: is it time for services to take notice of the evidence?

ambitious asks including making funding available for dedicated family support services in every local authority, improving support for family members caring for children affected by substance use, helping children's social care services to identify children affected by parental substance use, starting a national conversation to improve public understanding, and launching an inquiry into the relationship between substance misuse and wider familial and community challenges.

The respondents to the state of the sector survey show resilience and hope for change, despite the challenging landscape in which they work. Ultimately our work is about people. People supporting people, in some of the most challenging circumstances that life presents. Adfam is proud to represent this sector and the families it strives to support, and we are encouraged to be part of such a passionate and committed workforce of professionals as we seek to improve the support for families affected by substance use together.

Appendix: Respondents by region, type and sector

Region

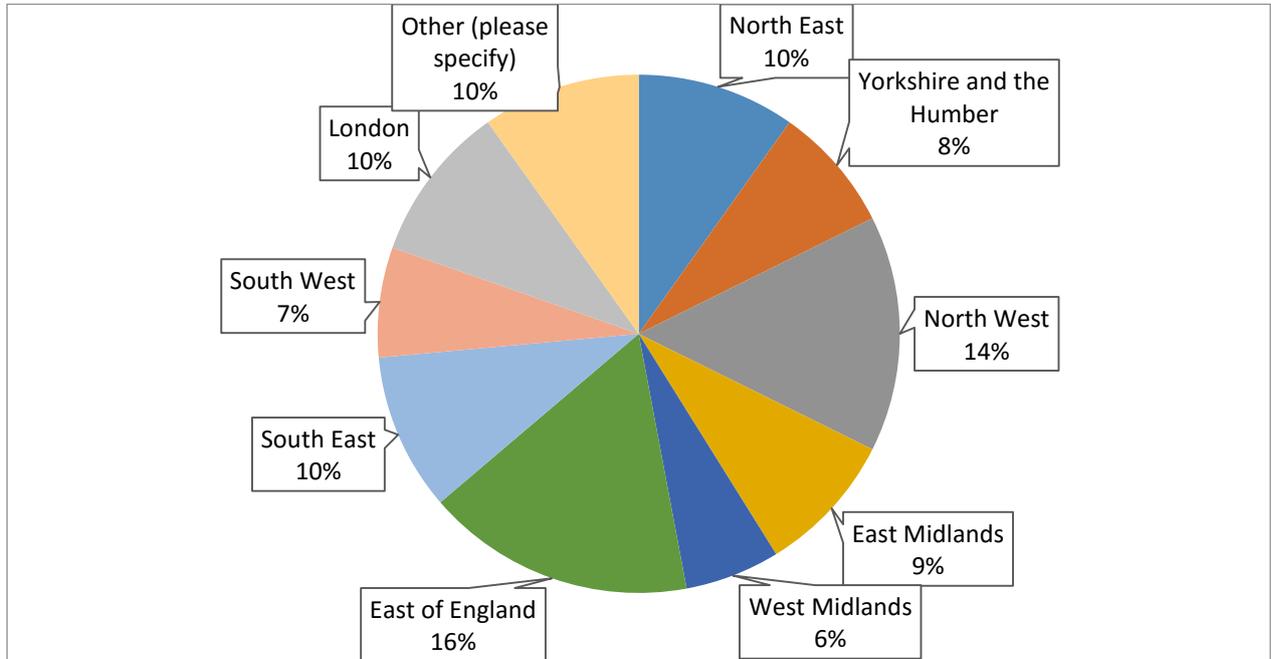


Figure 8: Respondents by region

Figure 8 shows the distribution of respondents by English regions. The most heavily represented regions were East England (16%), followed by the North West (14%). The least represented regions were Yorkshire and the Humber (8%) and West Midlands (6%).

Type of Service

The majority of survey respondents (66%) worked in a service which was part of an integrated drug or/and alcohol treatment service. Half of the remaining participants (17%) worked in a service which was part of a generic carers service while the other half (17%) worked in a standalone service.

Eighty-six percent of respondents work in the voluntary sector; 8% in an NHS service and 6% in a private sector service. Thirty-seven percent are in management positions.