

**State of the Sector:
Drug and alcohol family support
Executive summary**



Introduction

The past few years have seen a huge amount of change in our field. We've seen the drug and alcohol treatment system fragment and reform, shaped by dramatically reduced budgets and a localism agenda pushing more power to the local level. We've seen a Care Act come into force in 2015 which created new rules and regulations for both carers and the loved ones they care for – and placed a new duty on local authorities to take a proactive approach to identify those in need of support. We've seen a year on year reduction in government grant funding of the voluntary sector¹. We've seen significant changes to the way family support services are commissioned and funded. And we've seen changes in the way people use drugs and alcohol – and the consequent harms they, and their families, experience.

In some ways the recognition of the necessity of support for families affected by substance use has never been greater. Some component of family support is routinely stated in commissioning specifications for providers. In other ways support for families is under threat; some community support groups which have been running for years have closed doors due to lack of funding or been absorbed into much larger organisations providing treatment for substance users, sometimes as part of a wider health and wellbeing remit.

We wanted to hear from the sector about what's really going on. So we have run two surveys over the past two years to find this out. In Autumn last year we captured the experiences of managers of family support services via an online survey and spoke in detail to service managers and a Chief Executive to examine the state of the family support sector. The year before we ran a similar survey. This report provides an overview of the findings from both surveys; you can read more about the methodologies towards the end of this overview.

Key findings

1. Commissioning

- Roughly half of respondents reported having seen changes in the way their service is commissioned.
- Comments indicated a range of positive and negative impacts: a greater emphasis on partnership working, a new 'family focus' and greater recognition of the value of family support on the one hand, but shorter contract lengths, a demand for more for less and a burdensome focus on outcomes on the other.
- Around a third of respondents stated that larger organisations were being commissioned over smaller ones and generic services over specialist ones.
- A trend towards shorter commissioning cycles was revealed.

“There seems to be a trend in decommissioning small, local organisations with significant local knowledge and reputation, in favour of large organisations that usually haven't worked in the area – no attempt to subcontract specialist family support.”

¹ Explored by NCVO at <https://data.ncvo.org.uk/a/almanac15/government/>

2. Funding

- Half of services reported a decrease in funding; a quarter an increase.
- A third of respondents said the impact of cuts has led to the loss of staff or prevented the delivery of key functions.
- Local authority public health budgets were reported as the main source of funding with 'other' local authority funding second.

"The funding has been sporadic and uncertain from year to year, so the future of the project is always at risk."

3. Staff and volunteers

- 90% of respondents reported an increase in workloads.
- Interviews with senior staff painted a picture of a stretched workforce, and volunteers filling gaps left by paid staff.
- Despite uncertainties around the future of services and their sustainability, staff morale was said to be strong in many services.
- Most felt they had access to adequate support structures and sufficient professional development opportunities.

"We're under-resourced, but what we do have is amazing volunteers – we couldn't manage without them. We have two part-time workers who are stretched across the whole county, and they couldn't do it without the support of the volunteers. There are about 840 families...staff morale is pretty good, actually."

4. Client support needs and services

- The majority of respondents continue to offer one-to-one support to family members, with groups and practical advice and support also commonly provided.
- Over half of respondents provide structured interventions for family members, and two-thirds deliver joint interventions with the substance user and family or friends.
- Novel psychoactive substances, alcohol, mental health and financial/benefit advice were cited as key factors driving change in need amongst families. The breadth and complexity of the needs of families were also recognised.

"Certainly more alcohol/legal highs/prescribed medication over the last few years but increasingly the trend we see is families that have multiple and complex needs due to a host of societal factors. Poverty (including fuel and food), domestic and financial abuse, dual diagnosis."

5. Knowing who to access

- Around 60% of respondents reported having adequate opportunities to build and sustain relationships with local decision-makers and stakeholders.
- Barriers identified included a lack of capacity, and a lack of commitment to family support by local commissioners and decision-makers.

"Relationships exist within the drug and alcohol commissioning team and we know who to speak to, but it is difficult to develop other relationships, for example within the CCG, or to know what other possible funding streams could be worth pursuing."

6. Looking to the future

- Many respondents hoped family support services would remain a priority in a climate of financial uncertainty and stressed that families need to be supported in their own right, independently of the substance user.
- Whilst services powerfully articulated the changes they face, many respondents provided positive evidence that services are responding to challenges innovatively and proactively, exploring opportunities to adapt to a rapidly evolving environment and develop the provision of family support.

“I think the potential for families to become an active part in the recovery journey for substance users is hugely untapped. Not only can we provide support for families in their own right, but we can also support them in supporting their loved one. Rather than excluding them from treatment we should bring them in.”

7. Methodology

This report draws its findings from several components:

- An online survey in Autumn 2015, promoted to managers of family support services: 141 respondents (Family State of the Sector – FSoS)
- An online survey in 2014/15, promoted to managers of family support services: 164 respondents (Health Check – HC)
- Interviews with three service managers of family support services, chosen from FSoS survey respondents to represent a mix of locations, types of support and sectors
- Interview with Paul Urmston, Chief Executive of ESH Works Ltd, a voluntary sector service provider for those using drugs and alcohol and those affected in Warwickshire

The limitations of the research are recognised. The surveys used convenience sampling and were thus open to sample-bias, and this can lead to over-representation and under-representation from particular groups.

HC respondents were asked to base their responses on their experiences since 2010, whilst in the FSoS survey, respondents were asked to consider only their experiences in the year prior (i.e. since 2014). Respondents were not required to answer every question; sample sizes for each question will therefore differ.

The opinions expressed throughout are those of the respondents and do not necessarily reflect Adfam’s views.

To read about our findings in more depth, please see the full report on the Adfam website².

² www.adfam.org.uk/cms/docs/State_of_the_Sector_-_Drug_and_alcohol_family_support_-_Full_report.pdf