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Adult Family Members Affected by a Relative's Substance Misuse:

A UK-wide survey of services for adult family members

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Organisations represented on the Project Advisory Group included:

- Adfam
- Scottish Families Affected by Drugs (SFAD)
- Action on Addiction
- SPODA, Derbyshire
- Families, Partners and Friends Service, CASA, Islington
- The Princess Royal Trust for Carers
- DrugScope
- Centre for Drug Misuse Research, University of Glasgow
- Scottish Government
- Welsh Assembly Government
- National Treatment Agency for Substance Misuse
- DHSSPS, Northern Ireland

1. Introduction

This report presents the findings from a survey that formed part of the second phase of the UKDPC commissioned programme of work concerning the adult family members and carers of people with drug problems. The first phase of the study sought to estimate the number of adults affected by a relative's drug use, the cost of the harms they experience and the value of the support they provide. It also reviewed the evidence concerning both how family members themselves can be supported and how they may be more effectively involved in the treatment of their drug using relative.[1]

The second phase of the programme was designed to investigate the nature and extent of current provision of services to the adult family members of illegal drug misusers. The aim of this component of the project was to conduct a survey across the United Kingdom, covering England, Scotland, Wales and Northern Ireland, in order to provide an overview of service provision to the adult family members of people with drug problems. The findings from this survey complement and inform another part of this project, namely the in-depth qualitative study of services to families in a number of areas of England and Scotland. A further element of this work was a review of the policy and guidance concerning services for this group. The reports of both these other components are available at: http://www.ukdpc.org.uk/publications.shtml#Families_report.

[1] The findings from this first phase the project have been published in:
UKDPC (2009) *Supporting the Supporters: families of drug misusers.* London: UK Drug Policy Commission; and
Copello, Templeton and Powell (2009) *Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses*. London: UK Drug Policy Commission (both are available at: http://www.ukdpc.org.uk/publications.shtml#Families_report)

2. Method

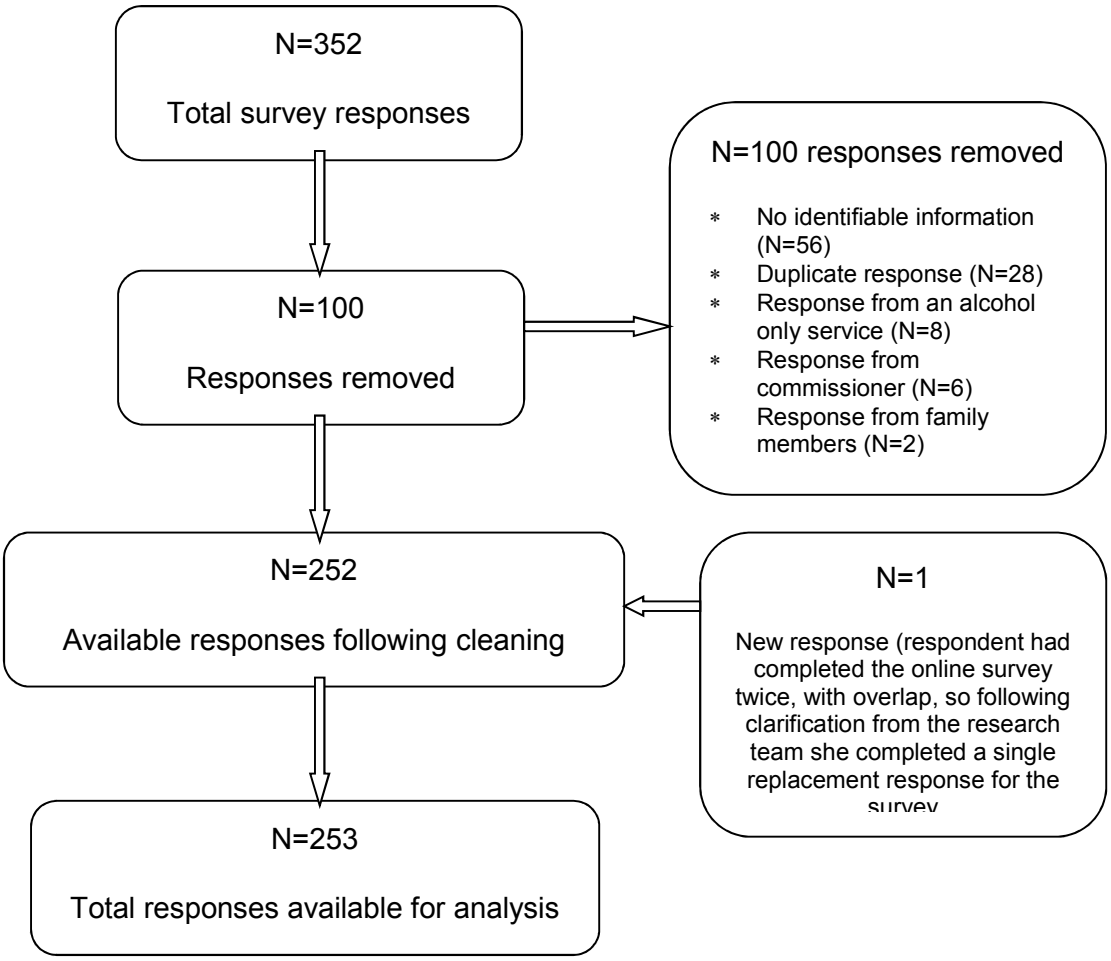
The primary method for this part of the project was an online survey[2]. A questionnaire was developed by the Research Team in consultation with the UKDPC (with additional expert input from other members of the UK Alcohol, Drugs and the Family Research Group), and was piloted with two services known to the Research Team. The survey tool was designed and tested in February-March 2011 and the survey ran until July 2011, with a reminder circulated in June 2011. A copy of the survey questionnaire is shown in Appendix 1. In the absence of any comprehensive listing of services for family members, the survey was advertised and distributed across the UK through a range of channels; by e-mail but also other forms of communication such as newsletters. Thus, the project was advertised or circulated through:

* DS Daily
* Adfam
* SFAD (Scottish Families Affected by Drugs)
* Scottish Drugs Forum
* Princess Royal Trust for Carers
* Professional networks of the UKDPC and the Research Team
* By members of the Project Advisory Group and their networks.

Responses were collated and exported to Excel where the dataset was checked and cleaned. This process was managed by one member of the Research Team, with regular communication and discussion with the rest of the team. Cleaning involved two main tasks. First, the dataset was checked for duplicate responses (which were removed) as well as other responses which needed to be removed from the dataset for a range of reasons described below in more detail in Figure 1. Figure 1 summarises the number of respondents to the survey and the responses which were removed from the dataset. In a small number of cases the original respondent(s) were contacted to ask for clarification about their entries before a final decision about inclusion or removal from the dataset was taken.

[2] Using SurveyMonkey.

Figure 1: Survey respondents



Second, the free text responses to five of the questions (Questions 1, 5, 6, 9 and 10) were reviewed. In some cases the free text responses were recoded to one of the original question options (in some cases the interpretation of some of the question options was expanded to clarify what could be coded within each question), while in other cases a number of new codes were developed and free text responses were recoded accordingly. Table 1 summarises the main changes to question coding which were made at this stage. Following this process a small number of free text responses remained in the 'other response' category for that question, and these are discussed separately as appropriate in the remaining sections of this report.

Once the cleaning process had been completed the dataset was exported to SPSS for analysis. The analysis which is presented here focuses on descriptive statistics. This was the first survey to our knowledge of services for adult family members conducted across the United Kingdom. As there is no complete listing of such services to provide a sampling frame it is not possible to be certain of the representativeness of the data provided and the resulting findings. The findings presented should therefore be interpreted cautiously.

Table 1: Changes to question codes with data cleaning

Question	Changes to coding
Question 1	2 new codes added
Question 5	Clarification of what could be included with some of the existing codes. 11 new codes added
Question 6	Clarification of what could be included with some of the existing codes. 10 new codes added
Question 9	Clarification of what could be included with the 3 existing codes. 3 new codes added
Question 10	3 new codes added

There were strengths and limitations to this survey. Strengths included the fact that the survey covered the whole of the United Kingdom, and was the first such survey of its kind. Limitations included the sampling caveats mentioned above and the fact that, in order to encourage response, the survey had to be kept brief and was intended to provide only an overview of service provision to this group of people. Considering the survey findings alongside the in-depth qualitative component of the project allowed for a greater understanding of the meaning of the survey responses.

Another point to be borne in mind when considering the survey findings is that it was a self-completion survey and, although efforts were made to test the questions in advance there will always be differences in interpretation of both the questions and the response categories presented. This can lead to apparent inconsistencies in some responses. As it was not possible to go back to respondents for clarification, we have simply reported the answers given rather than making assumptions about what people may or may not have intended.

3. Survey Findings

Overall, there were 253 valid responses to the survey. Of these, 61 respondents (24%) said that they worked in a service that worked solely with adult family members of substance misusers. The geographical spread of the respondents across the United Kingdom is discussed first, before other findings from the survey are presented.

GEOGRAPHICAL PROFILE OF RESPONDENTS

Figure 2 shows how many responses were received from each of the four UK countries, while Figure 3 breaks down the results for England to show how many responses were received from each of the nine regions. To set these findings in some context, Figure 3 also shows the size of the adult population in each region and the number of people in treatment in 2010/11. Similarly, Table 2 compares the number of responses for each country, with four other indices: the adult population, an estimate of the number of affected adult family members in the general population, an estimate of the number of affected adult family members of drug users in treatment (both taken from the report from the first phase of the UKDPC project – Copello et al, 2009) and finally the number of adult drug misusers in treatment.

Figure 2: Distribution of survey responses across the UK

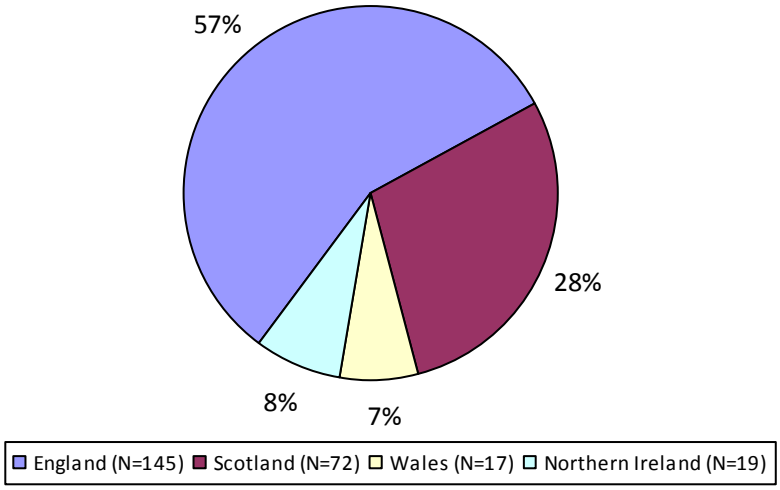
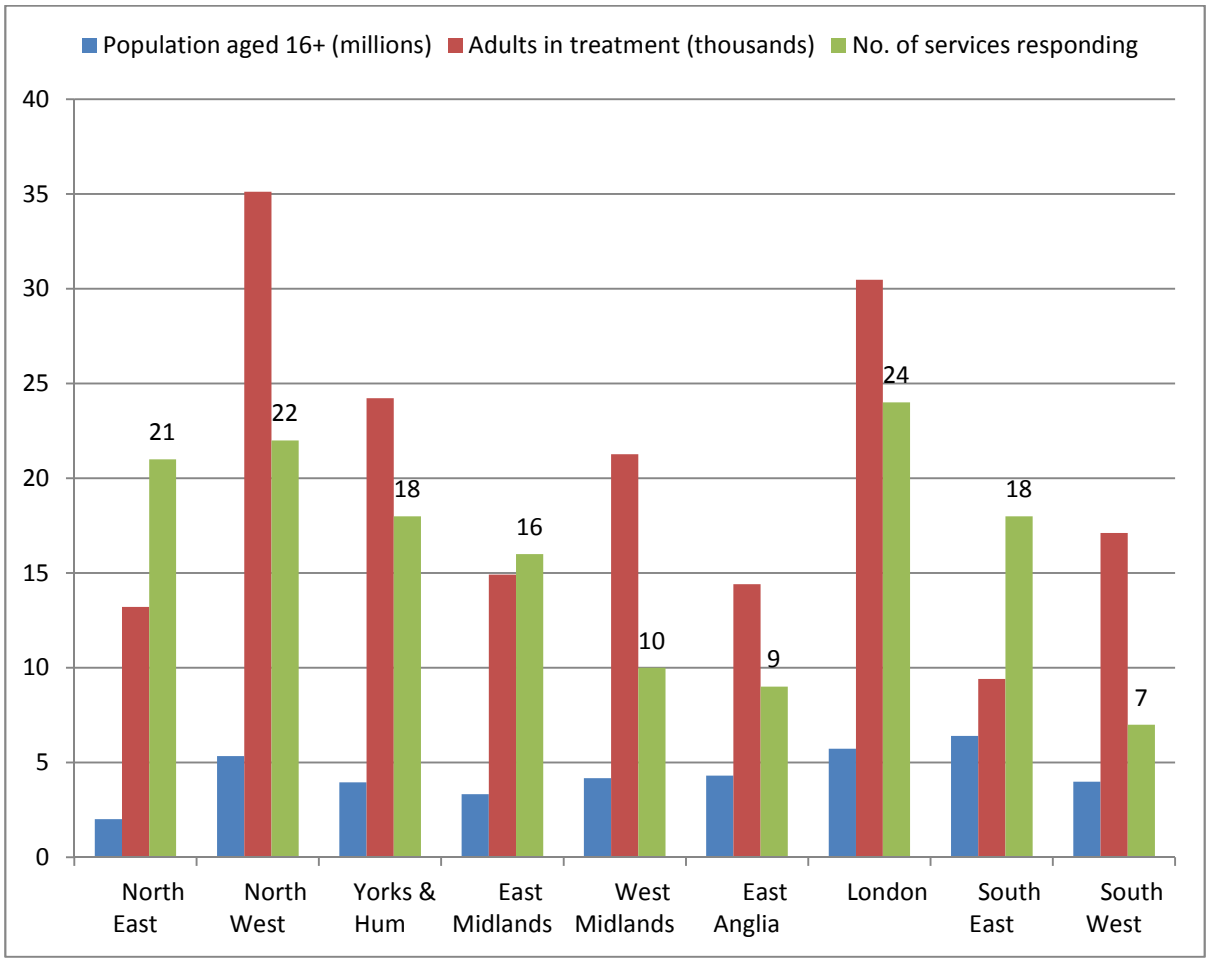


Figure 3: Survey responses, adult population and drug users in treatment for each on the English regions



From Figures 2 and 3 and from Table 2 opposite, the following points are highlighted:

- Over 50% of the responses came from England. Scotland made a significant contribution to the survey with over 25% of responses, while there were approximately 7% of responses from each of Wales and Northern Ireland.
- There was a wide range in the number of responses from the nine English regions. Of the 145 responses from England the largest proportion of the overall sample for England came from the Greater London region (16% of the responses from England), followed by responses from the North West and the North East. There were lower numbers of responses from the East Midlands, East Anglia and South West England.
- Figure 3 shows that there is no apparent relationship between the number of responses received from a region and either the size of the adult population in the area or the number of adult drug misusers in treatment. Although the two regions with the largest number of responses were also the two with the largest numbers of drug users in treatment and among the largest in adult population size, beyond this there was no very clear relationship apparent. If need should be expected to be in some way related to numbers in treatment then there is perhaps a lower response than might be expected in the South West, East Anglia and the West Midlands, with better response in East

Midlands and the North East. However, it is not clear if this is due to a better response from services in those regions or does in fact reflect better provision in those areas.

Table 2: Context of survey responses

	Adult population (16+ years)[1] N (%)	Estimate of number of affected adult FMs N (%)	Estimate of number of adult FMs of people in treatment[2] N (%)	Number of adult drug misusers in treatment[3]	Number of survey responses[4]	
					Services for FMs only (N=61)	All other services (N=191)
England	39,237,250 (84%)	1,207,754 (84%)	129,408 (92%)	204,473 (91%)	43 (70%)	102 (53%)
Scotland	4,089,946 (9%)	134,338 (9%)	6,564 (5%)	8,029 (4%)	9 (15%)	62 (32%)
Northern Ireland	1,287,211 (3%)	31,636 (2%)	1,165 (1%)	1123 (0.5%)	6 (10%)	16 (8%)
Wales	2,315,930 (5%)	70,046 (5%)	3,456 (2%)	11,260 (5%)	3 (5%)	11 (6%)

:

[1] Adult population data for England and Wales taken from https://www.nomisweb.co.uk/home/census2001.asp (accessed 3rd January 2012); for Scotland taken from Scotland's Census Results Online (www.scrol.gov.uk), accessed 3rd January 2012; for Northern Ireland taken from Northern Ireland Statistics and Research Agency, Key Statistics Tables from Census 2001 (www.nisranew.nisra.gov.uk), accessed 3rd January 2012.
[2] Estimates taken from Copello et al. (2009) *op cit.*. Estimates are only available by country.
[3] Data for England taken from NTA (http://www.nta.nhs.uk/facts.aspx), accessed 3rd January 2012. Regional figures taken from NDTMS.net and relate to total numbers in effective treatment (all drugs, over 18 years of age) September 2010 to August 2011. Note that this source includes a region 'South Central' which was not a category in the survey and so is not recorded in Table 2. Data for Scotland taken from Drug Misuse Statistics Scotland 2010 (http://www.drugmisuse.isdscotland.org/publications/10dmss/10dmssb.htm, accessed 3rd January 2012. Figure relates to illegal drugs used by those aged 15 and over. Data for Northern Ireland taken from DHSSPS Census of Drug and Alcohol Treatment March 2010 (http://www.dhsspsni.gov.uk/stats-drug-alcohol, accessed 3rd January 2012). Figure relates to drugs only and to those aged 18 and over. Data for Wales taken from Welsh Assembly Government Substance Misuse Statistics 2010-2011, accessed 3rd January 2012). Figure relates to referrals by age (15 and over) and by main substance drugs (excludes referrals closed for non-attendance before assessment or treatment).

- Table 2 shows that the proportion of responses from Scotland, in particular, and to a lesser extent Northern Ireland, is higher than might be expected and that from England is lower. However, again it is not clear if this is due to a better response from services in those countries or to better provision.
- Respondents from England made up a greater proportion of services that worked solely with family members (70%) than they did of other services, of which they made up only 33% of respondents. The reverse was true for Scotland - respondents from Scotland made up 15% of services that worked solely with family members but almost a third (32%) of other services.
- Of the 61 responses from services which said that they worked solely with family members, 43 came from England, covering eight of the nine regions. There were eight responses each from the North East and Yorkshire & Humberside; six from the South East; five each from the North West, the West Midlands and the East Midlands; and three each from Greater London and the South West. There were no responses from services which worked solely with adult family members in East Anglia (data not shown).

PROFILE OF SERVICES

In the following sections of the report the main findings which are presented focus on the UK as a whole. Key similarities and differences across the four UK countries are highlighted in each section. Another important focus of the findings which are presented here is to consider both the full sample of respondents whilst also considering more specifically the 61 respondents who worked solely with adult family members, to see if they differ in any way from the rest of the services. As the findings are presented and discussed, similarities and differences between services which work solely with the adult family members of drug misusers and other services will be considered.

All respondents were asked a number of questions about their service (Table 3). Nearly three quarters (70%) were from non-statutory services. This increased to 90% of the services who worked solely with family members. Just over a third of respondents (38%) delivered their service in partnership with one or more other service(s). This proportion was roughly the same for services that worked solely with family members and other services. (Table A2.2 in Appendix 2).

The majority of respondents (just under 90%) supported clients and families who were affected by both drug and alcohol problems. Just over half of respondents (58%) reported that they supported adult family members as part of a service for substance misusers, while a quarter (24%) said that they were a service specifically for adult family members of drug or alcohol users. Another 10% were part of a generic carers service and the remaining 8% covered a range of other services, such as those which also incorporated work with children or were in the criminal justice sector. A slightly higher proportion of responding services worked jointly with family members alongside drug misusers (59%) than worked solely with family members (41%).

These findings were further investigated for comparisons across the countries within the UK, and the following points emerged (see Table A2.1 in Appendix 2):

- Approximately half of the respondents from England (43%) and Northern Ireland (53%) said that they delivered their services in partnership.
- In England and Northern Ireland roughly three quarters of respondents were from non-statutory services, compared with less than two thirds in each of Scotland and Wales. Respondents from social services made up a significant proportion of respondents from Scotland (14% of the sample from that country) or Wales (18%), while nearly a fifth of responses from England (17%) came from NHS services.
- Approximately a third of respondents from England (30%) and Wales (35%) were from services solely for adult family members of drug misusers, whereas in Scotland (13%) and Northern Ireland (16%) the proportion of this type of services was lower. Two thirds of respondents from Scotland were from services which supported adult family members as part of services to substance misusers, while just under a fifth of respondents from Northern Ireland (21%) supported family members as part of generic carers services.

Table 3: Characteristics of the services that responded to the survey

Characteristic	(N, %)
What is the status of your service? (N=253)	
Voluntary/non-statutory	*176, 70%*
NHS	*37, 15%*
Social services	*16, 6%*
Partnership (statutory, voluntary or mixed)	*9, 4%*
Other local/national government	*8, 3%*
Private or other	*7, 3%*
Do you provide services as part of a partnership agreement? (N=252)	
Yes	*96, 38%*
No	*156, 62%*
What type of service do you provide? (N=252)	
Part of service for substance misusers	*146, 58%*
Service solely for adult family members	*61, 24%*
Part of generic carers service	*26, 10%*
Part of wider service for families (usually including children)	*8, 3%*
Other (includes response from a commissioner) or other generic service	*11, 4%*
Do you work with drugs or drugs and alcohol? (N=252)	
Drugs and alcohol	*225, 89%*
Drugs only	*27, 11%*
Who does your service provide help for? (N=253)	
Families alongside drug users	*149, 59%*
Adult family members only	*104, 41%*

- Respondents from England and Wales were split more or less equally in terms of whether their work was conducted with family members on their own or whether they worked with family members alongside the drug misusers, while respondents from Northern Ireland and Scotland were predominantly (84% and 71% respectively) supporting family members alongside drug misusers.

KEY POINTS – GENERAL CHARACTERISTICS OF SERVICES

- Nearly three quarters (70%) of services that responded were non-statutory services.
- Over half (58%) of respondents supported adult family members as part of a service for substance misusers, this increased to two thirds (66%) in Scotland.
- A quarter (61, 24%) of respondents, mainly non-statutory services, said that they worked solely with adult family members. Roughly a third of responses from each of Wales and England were from such services that supported family members only.
- Just over a third of respondents (38%) stated that they delivered their service in partnership with one or more other service(s), and this was more common in Northern Ireland and England.
- In England and Wales respondents were roughly as likely to work with adult family members alone as with family members alongside drug misusers. In Northern Ireland and Scotland respondents were much more likely to work with family members alongside drug misusers.

SIZE OF THE SERVICE AND WORKLOAD

The respondents were asked how many staff, including volunteers, worked at their service (this question was asked to all respondents - see Appendix 2, Tables A2.3 and A2.4). Six respondents from across the UK said that they did not know how many members of staff were at their service. For the remainder their services varied in size although over half (N=142, 56%) said that they had less than ten members of staff. A further fifth of respondents (N=57, 23%) worked in services with 10-19 members of staff and another fifth (N=48, 19%) came from services with 20 or more members of staff. These findings were roughly the same across the UK, although nearly 40% of respondents from Northern Ireland came from services with 20 or more members of staff.

When the services that work solely with family members are considered, it can be seen that these services were more likely to be smaller (see Appendix 2, Table A2.4). Nearly three quarters of this group (N=45, 73%) worked in services with up to nine members of staff, compared with half (50%) of other services. Another nine respondents (15%) came from services with 10-14 members of staff. The remaining seven respondents (12%) came from services with 15 or more members of staff, compared with nearly a third (30%) of other services.

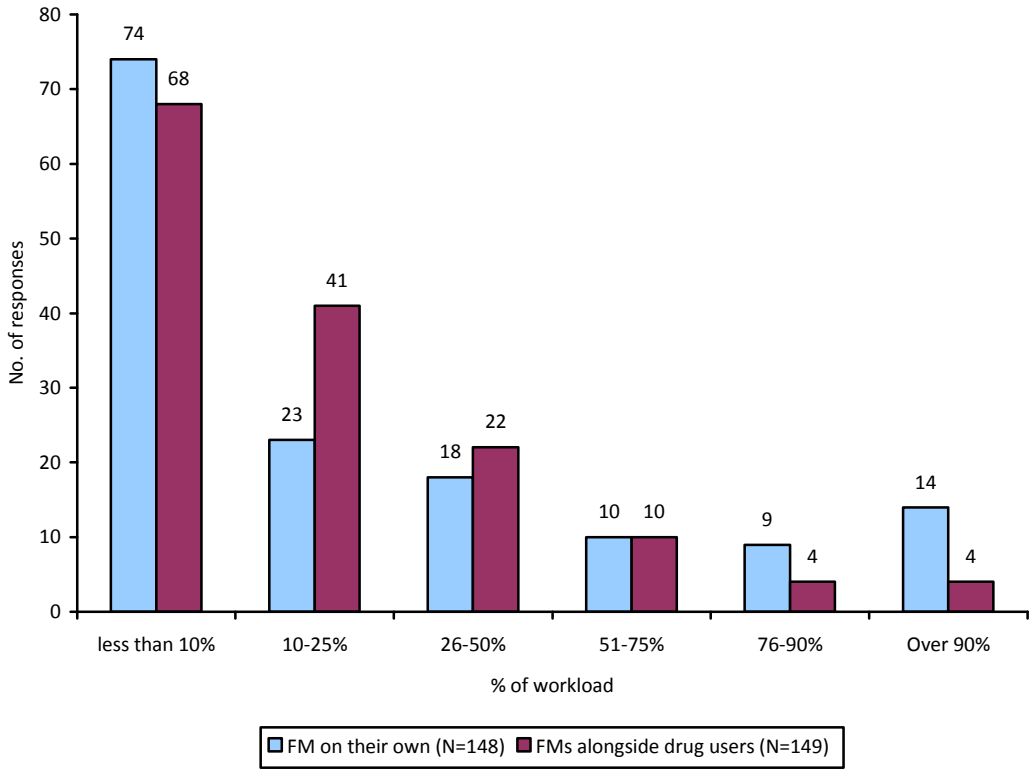
Respondents who said that they provided services to family members alongside drug misusers at question 3 were asked two additional questions: '*what proportion of the total workload of the service involved working with family members on their own'*, and similarly '*what proportion of the total workload involved working with family members alongside drug users'* (these two questions were not asked to respondents who had said at question 3 that

their service only supported family members/carers in their own right on the assumption that these services must spend all of their time undertaking this work) (see Figure 4 and Appendix 2, Table A2.4).

When asked about work with family members on their own, and work with family members alongside drug users, approximately 50% of respondents said that each form of work was less than 10% of their service's workload. In only a small number of cases did work with family members take up a high proportion (over three quarters) of the service's workload. This might be the case for a service for family members that has been set up within a substance misuse treatment service, they may see themselves as a service solely for family members but might still do some work with family members alongside their relative in treatment when appropriate.

There appeared to be some variation in responses with respect to workload across the UK, although it should be noted that the number of services being considered in Wales in particular is small. While around half of respondents to these questions from Scotland (58%), Northern Ireland (50%) and England (42%) reported that working solely with family members took up less than 10% of their workload, this increased to 70% of the respondents from Wales. Nearly a third of respondents from Northern Ireland (31%) said that working solely with family members took up between 26-50% of their services workload, while about a fifth of respondents from England (22%) said that working with family members alone took up over 75% of their workload. (Table A2.3)

Figure 4: Proportion of workload with family members



In terms of working with adult family members alongside drug users, there was more variation. Respondents from Scotland (55%), England (44%), Northern Ireland (38%) and Wales (20%) indicated some variation at the lower end of the scale in terms of this work taking up less than 10% of the overall workload. In Wales 60% of respondents said that this work took up between 10-25% of the workload. (Table A2.3)

Table 4 considers whether the status of the service was related to the type and size of the service or to the proportion of the workload that was spent working with family members on their own and with family members alongside drug misusers (as stated the last two questions were asked of a sub-sample of the respondents only).

Overall, responses from NHS and social services were more likely to be from services that supported family members as part of a service for drug users. In comparison, a third of responses from non-statutory services said that they worked solely with family members. In terms of the size of the service, over half of responses from non-statutory services (59%), social services (57%) and 'other' services (55%) came from services with less than 10 members of staff. On the other hand, over a third (40%) of responses from NHS services said that they had 15 or more members of staff.

As mentioned previously, respondents from services that worked with family members alongside drug users (N=149) were asked how much of their workload was spent working with family members alone, and how much alongside the drug user. Respondents from non-statutory services tended to report spending a higher proportion of their time working with family members alone. A fifth of this group (22%) of respondents said this took up over 75% of their workload, compared with less than 10% of NHS, social services or other respondents. At the other end of the scale, just over half (54%) of respondents from non-statutory services said they spent up to 25% of their time working with family members alone compared with over 80% of NHS services (81%), social services (84%) and other services (83%). There was less difference between the different groups of services in the reported proportion of workload spent working with family members and drug users together. Among non-statutory services, nearly three quarters (70%) said that they spent up to 25% of their time working with family members alongside drug users. This compared to over three quarters of NHS services (78%), social services (85%), and nearly three quarters of other services (73%).

Table 4: More detail about the services (N, %)

	Non-statutory	NHS	Social Services	Other[2]
Questions asked to the whole sample (N=253)				
Type of service				
Part of generic carers service	*21, 12%*	*1, 3%*	*-----*	*4, 17%*
Part of service for substance misusers	*89, 51%*	*32, 87%*	*12, 75%*	*13, 57%*
Service solely for adult family members	*55, 31%*	*2, 5%*	*1, 6%*	*3, 13%*
Part of wider service for families or part of other generic service	*11, 6%*	*2, 5%*	*3, 19%*	*3, 13%*
Size of service				
Less than 5	*55, 31%*	*8, 22%*	*6, 38%*	*10, 42%*
5-9	*49, 28%*	*8, 22%*	*3, 19%*	*3, 13%*
10-14	*32, 18%*	*6, 16%*	*2, 13%*	*2, 8%*
15-19	*12, 7%*	*2, 5%*	*1, 6%*	*----*
20 or more	*26, 15%*	*13, 35%*	*3, 19%*	*6, 25%*
don't know	*2, 1%*	*-----*	*1, 6%*	*3, 13%*
Questions asked only to those who worked with family members & drug users (N=148-149)				
Work with family members alone				
Less than 10%	*34, 40%*	*18, 56%*	*9, 69%*	*13, 77%*
10-25%	*12, 14%*	*8, 25%*	*12, 15%*	*1, 6%*
25-50%	*15, 17%*	*1, 3%*	*----*	*2, 12%*
51-75%	*6, 7%*	*3, 9%*	*1, 8%*	*----*
76-90%	*8, 9%*	*1, 3%*	*----*	*----*
Over 90%	*11, 13%*	*1, 3%*	*1, 8%*	*1, 6%*
Work with family members & drug users				
Less than 10%	*38, 44%*	*15, 47%*	*5, 39%*	*10, 56%*
10-25%	*22, 26%*	*10, 31%*	*6, 46%*	*3, 17%*
25-50%	*15, 17%*	*3, 9%*	*2, 15%*	*2, 11%*
51-75%	*7, 8%*	*2, 6%*	*----*	*1, 6%*
76-90%	*2, 2%*	*1, 3%*	*----*	*1, 6%*
Over 90%	*2, 2%*	*1, 3%*	*----*	*1, 6%*

[2] This category combined 'private', 'statutory partnerships', 'mixed partnerships' and 'other local/national government' services as well as a small number of other responses

KEY POINTS – SIZE OF SERVICE AND WORKLOAD

- Respondents from non-statutory services were the most likely to report that they provided services specifically for adult family members of people with drug problems
- NHS and Social services were the most likely to report that they provided services to family members as part of a service for substance misusers.
- Over half (N=142, 56%) of all respondents said that their services had less than ten members of staff. This increased to nearly three quarters (N=45, 73%) for respondents from services who worked solely with adult family members. Non-statutory and social services tended to be smaller while 40% of NHS services had 15 or more members of staff.
- Approximately half of services who worked with family members as part of a service for drug users said that working with family members on their own was less than 10% of their workload. This proportion was similar across the UK, apart from Wales where 70% of respondents said that working with family members was up to 10% of their workload.
- Respondents from non-statutory services tended to spend more time working with family members alone; a fifth of this group said this took up over 75% of their workload compared with less than 10% of other services.
- In terms of working with family members alongside drug users, nearly three quarters (70%) of respondents from non-statutory services said that they spent up to 25% doing this work. This compared to over three quarters of NHS services (78%), social services (85%), and nearly three quarters of other services (73%).

TYPE OF SUPPORT OFFERED TO FAMILY MEMBERS

All respondents were asked about the interventions that they offered, both when they worked with adult family members on their own, and when they worked jointly with family members and drug users (Tables 5 and 6).

Support and interventions offered to family members on their own

Table 5 shows the support which respondents said they provided to adult family members on their own (respondents could give multiple options as well as free text responses). In order to aid interpretation, the responses were coded under higher order categories that are illustrated in Table 5. It can be seen that the majority of services offered basic information and signposting to family members. This was followed by other forms of support, a category that included a range of services; some more specific to dealing with crises, some with

advocacy and mentoring and some with specific family member groups e.g. grandparents. Crisis support and advocacy were the most common interventions within this category, being offered by about half of respondents. Counselling was delivered by over half of the services and bereavement support by over a quarter, the latter perhaps reflecting the growing recognition of this as a specific area where attention and support are needed. Lower implementation of more structured interventions to help family members in their own right was reported. Co-dependency or 12-step based support were offered by approximately a quarter of services whilst named, evidence-based interventions such as the 5-Step Method, PACT (Parent and Carers Training Programme) and CRAFT (Community Reinforcement and Family Training) were delivered to a much lower extent. The 5-Step Method was delivered by 9% of the sample whilst the additional interventions within this category were delivered by 1% or less.

In addition, we explored the interventions offered to family members in their own right between the two types of services, namely those for family members only and those that worked with family members alongside drug users. The results can be seen in Appendix 2, Table A2.6. It is of note from this table that, perhaps unsurprisingly, most of these forms of help and support were offered to a larger extent in family member focused services. This difference is less marked for more general support including information and signposting (97% in family specific services vs. 92% in user services) but more marked in relation to Group support (85% vs. 49%); other general support 88% vs. 62 %); counselling (69% vs. 47%), complementary therapies (10% vs. 1%); respite (8% vs. 1%) as well as structured interventions (41% vs. 30%). The overall pattern of named evidence based interventions being offered to a markedly lesser extent than more general support is also apparent here in all types of services.

Support and interventions offered to family members and users together

Table 6 summarises the support which respondents said was available when they were working with adult family members alongside their drug using relative (respondents could give multiple options as well as free text responses). Again, for this section we grouped responses into higher order categories. Here it appears that information and signposting does not frequently occur with family members and drug users together. Broadly, what we found were reports of more structured interventions when you consider them together as a category. Family therapy was reported by just over a quarter of the respondents. There appears to be low implementation and offer of a range of named, evidence-based interventions, although SBNT (Social Behaviour and Network Therapy) and BCT (Behavioural Couples Therapy) were mentioned by a number of services. Group work was then reported by under a third of the sample although it was unclear exactly what this involved e.g. self help, facilitated support, psycho-education. Relationship counselling was on offer less frequently (15%). There was a low frequency of ways of working jointly ranging from mediation, to parenting support and coaching It is of interest that some of the more generic forms of support e.g. advice, information, other joint forms of support tend to be delivered frequently to family members on their own but not very often jointly to family members and drug users.

Table 5: Support to family members on their own

Form of support or intervention *	Response (N, %)
Information and signposting (includes helpline, website, info provided through education & training, housing support, legal support, referral for carer assessment, health support & advice, relapse advice and information)	**237, 94%**
Group Support (includes peer support)	**148, 59%**
Other General Support	**179, 71%**
Crisis support	133, 53%
Advocacy support	117, 46%
Individual mentoring	70, 28%
Support to grandparents and kinship carers	3, 1%
Social events, activities and trips	7, 3%
General support (includes support to parents, family group conferencing, self-help, and non-specified family sessions/support)	18, 7%
Counselling	**137, 54%**
Counselling	122, 48%
Bereavement support/counselling	74, 29%
Structured Intervention for Family Members	**77, 30%**
Co-dependency based interventions	55, 22%
5-Step Method	23, 9%
12-step support	18, 7%
PACT	1, 0%
Family therapy	1, 0%
CRAFT	3, 1%
Complementary or alternative therapies	**11, 4%**
Respite	**8, 3%**
Intensive support (i.e. Residential support)	**2, 1%**
Overdose prevention or naloxone training	**2, 1%**
Carers assessment	**2, 1%**

Table 6: Support to family members together with their drug-using relative

Form of support or intervention	Response (N,%)
Information, education, advice, signposting, and general support	**18, 7%**
Group work	**75, 30%**
Structured interventions	**118, 47%**
Family therapy	68, 27%
Social Behaviour & Network Therapy (SBNT)	45, 18%
Behaviour Couples Therapy/other couples therapies	36, 14%
Psychological interventions	10, 4%
Brief interventions and counselling	9, 4%
Relationship counselling	**37, 15%**
Intensive whole family approaches	**3, 1%**
Other joint working support	**14, 6%**
Mediation and advocacy support	5, 2%
Care planning and care conferences	2, 1%
Parenting programmes and support	1, 0%
Play therapy and coaching	1, 0%
Co-working with partner services	1, 0%
Joint meetings between users and families	5, 2%

Mode of delivery of services

Table 7 indicates the main methods which the services employed to offer their services to family members (all respondents were asked this question and respondents could tick more than one option). The main way in which services were delivered was face-to-face (encompassing individual or group work in a range of settings) or via telephone.

Table 7: Mode of delivery of services to family members

Mode of delivery	Usage (N, %)
Face-to-face (eg home visits, community based work, groups & residential work)	247, 98%
Telephone (includes help-lines)	217, 86%
Internet and other technologies (includes websites, e-mail and social networking approaches such as Facebook)	87, 34%
Written materials and post (educational materials, newsletters)	17, 7%

KEY POINTS: TYPE OF SUPPORT OFFERED

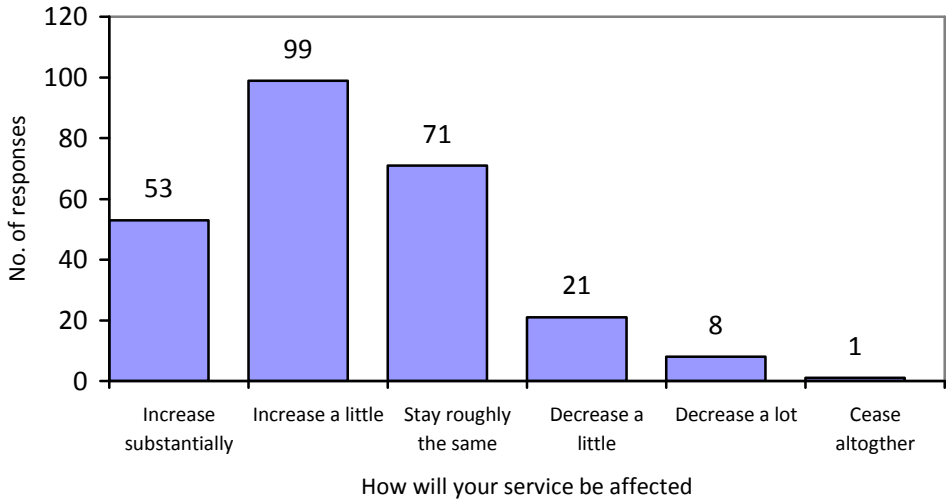
- Most services reported offering information and signposting to family members in their own right
- Group support is reported to be offered in nearly 60% of services for family members with other forms of general support including advocacy, crisis support and mentoring delivered to a lesser degree
- There is low delivery of named evidence based interventions both to family members on their own or as part of joint working with family members and drug users
- Working jointly with drug users and family members usually involves more structured interventions such as family, couple or social therapies although frequency is still relatively low. There is little implementation of Behavioural Couples Therapy
- Most forms of help and support were offered to a larger extent in family member focused services when compared to those services working with family members and users together

PERCEPTIONS CONCERNING FUTURE PROVISION

All respondents were asked how they felt the level of service they could provide to adult family member/carers might be change over the next 12 months (Figure 5). On the whole, respondents were optimistic that their services to adult family members would continue to develop, with over half of respondents (N=152, 60%) thinking that these services would increase substantially or a little, while a further quarter (N=71, 28%) thought these services would stay roughly the same. A small number of respondents thought that these services would decrease or cease altogether.

The respondents who worked solely with family members were also optimistic about future provision. The majority of this group (N=41, 67%) said that they felt services to family members would increase substantially or a little in the next 12 months, while another fifth (N=13, 21%) said that they thought things would stay roughly the same, and the remaining seven respondents (12%) thought that services to family members would decrease or cease in that time.

Figure 5: Expectations concerning future development of services



These views on the future were explored for their relationship to three other variables, namely, country, the status of the service, and the service provided to adult family members (Tables 8 and 9).

Table 8: The future - views across the UK (N, %)

	England (N=145)	**Scotland (N=72)**	**Wales (N=17)**	**Northern Ireland (N=19)**	**UK (N=253)**
Increase substantially	*35, 24%*	*11, 15%*	*2, 12%*	*5, 26%*	*53, 21%*
Increase a little	*59, 41%*	*27, 28%*	*6, 35%*	*7, 37%*	*99, 39%*
Stay roughly the same	*28, 19%*	*29, 40%*	*8, 47%*	*6, 32%*	*71, 28%*
Decrease a little	*15, 10%*	*4, 6%*	*1, 6%*	*1, 5%*	*21, 8%*
Decrease a lot	*7, 5%*	*1, 1%*	----	----	*8, 3%*
Cease altogether	*1, 1%*	----	----	----	*1, 1%*

Table 8 suggests that nearly two thirds of respondents in both England (65%) and Northern Ireland (63%) thought that services to adult family members would increase in the next 12 months, compared to less than half of respondents in each of Wales (47%) and Scotland (43%). In addition, nearly half of respondents in Wales (47%) and Scotland (40%) thought that services would stay roughly the same. At the other end of the scale, 16% of respondents in England thought that their services would decrease a little or a lot or cease altogether in the next year.

Table 9: The future – views by type of service and service provided (N, %)

	Non-statutory (N=176)	NHS (N=37)	Social Services (N=16)	Other (N=24)	Total (N=253)
Increase substantially	*40, 23%*	*4, 11%*	*1, 6%*	*8, 33%*	*53, 21%*
Increase a little	*69, 39%*	*18, 49%*	*5, 31%*	*7, 29%*	*99, 39%*
Stay roughly the same	*46, 26%*	*9, 24%*	*8, 50%*	*8, 33%*	*71, 28%*
Decrease a little	*17, 10%*	*2, 5%*	*2, 13%*	----	*21, 8%*
Decrease a lot	*3, 2%*	*4, 11%*	----	*1, 4%*	*8, 3%*
Cease altogether	*1, 1%*	----	----	----	*1, 1%*
	Part of generic carer services (N=26)	**Part of service for misusers (N=146)**	**Service for family members (N=61)**	**Other (N=19)**	**Total (N=252)**
Increase substantially	*6, 23%*	*23, 16%*	*19, 31%*	*5, 26%*	*53, 21%*
Increase a little	*8, 31%*	*64, 44%*	*22, 36%*	*5, 26%*	*99, 39%*
Stay roughly the same	*8, 31%*	*41, 28%*	*13, 21%*	*8, 42%*	*70, 28%*
Decrease a little	*4, 15%*	*11, 8%*	*5, 8%*	*1, 5%*	*21, 8%*
Decrease a lot	----	*6, 4%*	*2, 3%*	----	*8, 3%*
Cease altogether	----	*1, 1%*	----	----	*1, 1%*

Nearly two thirds of both non-statutory (62%) and NHS services (60%) responded that their services to adult family members would increase in the next 12 months, although 10% of each group of respondents thought that such services would decrease, either a little or a lot in that time. On the other hand, half of the respondents from social services thought that services to adult family members would stay roughly the same.

Respondents from generic carers services (54%), services for drug misusers (60%) and those that worked with adult family members (67%) all had similar views on the future of their services to family members, with half to two thirds of each group feeling that such services would increase in the next 12 months. The views of these groups were also similar as to whether services would stay the same or decrease in the next year.

KEY POINTS

- Over half of respondents (N=152, 60%) thought that their services to adult family members would increase substantially or a little in the next 12 months, while a further quarter (N=71, 28%) thought these services would stay roughly the same.
- Nearly two thirds of respondents in both England (65%) and Northern Ireland (63%) thought that services to adult family members would increase in the next 12 months, compared to less than half of respondents in each of Wales (47%) and Scotland (43%). However, 16% of respondents in England thought that services would decrease or cease altogether in the next year.
- Nearly two thirds of non-statutory (62%) and NHS services (60%) responded that their services to adult family members would increase in the next 12 months, although over 10% of each group thought that their services would decrease in that time. On the other hand, half of the respondents from social services thought that their services to adult family members would stay roughly the same.
- Responses from different types of services showed quite similar views on the future of their services to family members, with half to two thirds of each group feeling that such services would increase in the next 12 months. Those from services to family members were the most optimistic; with two thirds (67%) responding that they thought their services would increase in the next 12 months.

4. Discussion

Key points have been summarised at the end of each section throughout this report. This section pulls these findings together and suggests some of the main implications arising from them.

Overall, 253 responses to the survey were analysed, all of which reported undertaking some work with adult family members of drug misusers. This is an encouraging finding and this survey, the first of its kind in the UK, is an important baseline of provision across the UK, in order to identify further work to be done to meet the significant needs of this often neglected group of people. However, as this is the first survey of its kind, and in the absence of any comprehensive national inventory of service responses, it is hard to establish with certainty the extent to which the findings fully reflect the amount and nature of work which is being conducted. Hence, the findings must be interpreted with caution and generalisation from these results should be guarded.

Proportionally, there was a higher than would be expected response rate from Scotland, and to a lesser extent from Wales and Northern Ireland, than from England. Moreover, there was some variation in response across England. To some extent, the in-depth study identified that work with families was somewhat more prevalent than the survey results would suggest. However, while the survey had a clear focus on support for **adult** family members, many of the interviewees who participated in the in-depth study discussed a range of other provision that involved families - usually focusing on children and supporting parents. It is likely therefore that, together, the survey and the in-depth work have built up a reasonably accurate picture of work with adult family members across the UK. This issue also reflects some of the lack of clarity that is present in terms of perception of different family member groups and differing needs (e.g. children of drug using parents; adult family members of drug users).

Most of the services that provided specific support to adult family members on their own were non-statutory services. Over half of respondents supported adult family members as part of a service for substance misusers. In England and Wales respondents were roughly as likely to work with adult family members alone as with family members alongside drug misusers, whereas in Northern Ireland and Scotland respondents were much more likely to work with family members alongside drug misusers although in the latter two countries the number of respondents was low.

Over half of respondents worked in services with less than ten members of staff. The smaller services were more likely to be working solely with adult family members, and to be from non-statutory and social services. Responses from NHS and social services on the other hand were more likely to be from services that supported family members as part of a service for drug users. However, for services across the UK who worked with family members as part of a service for drug users, this work (either with family members on their own or alongside drug users) took up low levels of the overall service workload. Where

more work with family members was undertaken, it tended to be from non-statutory services.

A third of services across the UK said that they worked in partnership. This is encouraging and may have implications in terms of efforts to encourage greater levels of partnership working at a local level between a range of services. However, it was unclear what the arrangements for these partnerships were and whether there were robust protocols guiding this work.

While services indicated that they offer a range of services to adult family members, either on their own or alongside the drug misuser, there were low levels of the usage of named, evidence-based interventions. The majority of respondents offered general support to family members, such as information, signposting, group support and counselling, whereas there was less mention of more specific support. There was some evidence that services, albeit relatively small numbers considered the needs of specific groups of family members, or the specific needs that these groups can have. Examples included supporting bereaved family members, offering overdose (naloxone) training or providing support to grandparents and kinship carers.

In terms of funding, a lower numbers of respondents than might have been expected indicated that they felt services to families will decrease or cease in the next 12 month. Generally, respondents from generic carer services, services to drug misusers, and services that work with family members, as well as respondents from both non-statutory and NHS services, held similar views about the future of their services.

One conclusion that can be put forward from this work, when previous work undertaken by the UKDPC is taken in to account, is that the level of service provision across the UK for adult family members, is unlikely to reflect prevalence or need at a local level. The previous UKDPC study on prevalence[3] estimated that, across the United Kingdom, there are over 140,000 adult family members of drug users who are in treatment, and nearly 1.5 million adult family members of drug users in the general population. While the results from the present survey are encouraging, it seems that there is still much to be done for services to offer a response that is more commensurate with need, bearing in mind the very large numbers of family members who it is believed are affected by their relative's drug problem and hence might benefit from support and intervention.

Furthermore, the findings from the survey, which seem to be confirmed by the in-depth qualitative study, suggest that it is more often the case that support to adult family members in any one area is focused on one or a small number of services (or parts of services), rather than there being a comprehensive range of options available (as is usually the case for drug misusers). It is unlikely that such a level of provision can reach the

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[3] Copello, Templeton & Powell (2009) *Adult family members and carers of dependent drug users: prevalence, social cost, resource savings and treatment responses*. London: UK Drug Policy Commission (available at: http://www.ukdpc.org.uk/publications.shtml#Families_report)

numbers of family members who may need support, nor can it offer variety in what is available.

In addition, there appears to be a general lack of clarity from the survey findings about what respondents meant by work with adult family members, and working with family members on their own/in their own right, and how these concepts were being interpreted.

In terms of what is on offer, evidence-based interventions were not mentioned very often. However, there was some indication that some services were alert to the needs of specific groups of family members, such as kinship carers, family members who are bereaved or who need to support to manage a relative's overdose. It was evident when provision was compared between services solely for family members and those working with family members alongside the drug user, that the availability of help for family members was significantly greater in family focused services. This is even more marked, when we consider that most of the services working with family members alongside drug users reported to spend less that 10% of the service workload with family members.

There are other implications which could be drawn from the survey findings. For example, the findings suggest that there is some level of work which involves bringing family members and drug users together in range of ways (this includes couples and relationship work, family therapy and named interventions such as Social Behaviour and Network Therapy). However, there is no indication of how much of this work is done or what are the specific arrangements for training and supervision. Furthermore, the extent to which services that work in these ways adhere to safe practice frameworks and consider issues such as undertaking risk assessment before such work takes place and have available robust service policies (e.g. domestic abuse; safeguarding) remains uncertain.

In conclusion, this, the first UK wide survey of services to adult family members of adult drug users, suggests that there is significant work being done to support this group. However, the findings also suggests that there is much more to be done to increase the level of support which is offered and cover the full range of varied needs. Finally, the findings from the qualitative interview project, which has been part of this work, offers further insights in to the successes and challenges, for commissioners and service providers, of supporting family members.

Appendix 1: Survey questionnaire

Supporting the Supporters: mapping services for adult family members of people with drug problems

This is the second stage of a project looking at the help available to ADULT FAMILY MEMBERS* affected by a relative's drug problem, which is funded by the Pilgrim Trust, Scottish Families Affected by Drugs and Adfam. The aim of this phase is to map the extent and nature of current provision of support for this group to identify gaps and highlight good practice. We want to look at all types of provision throughout the UK.

If you are a service that provides support to adult family members and/or carers of people with drug problems, whether to the families/carers only or alongside or as part of treatment provision to their drug-using relative, we would be very grateful if you would complete this short questionnaire. It should not take more than about 10 minutes.

As we want to map provision we would like a separate questionnaire completed for each local service so if you are a service provider with services in a number of different localities we would be grateful if this could be sent to the managers of each service.

If you have any queries about the survey or who should complete it please contact Professor Alex Copello at a.g.copello@bham.ac.uk. Many

thanks for your help.

* We use the term 'family members and carers' throughout to denote people who are family members of someone with a drug problem or, in some cases, people who are not part of the family but who are very close and concerned about someone with a drug problem and provide support and care to them on a consistent basis.

1. Do you provide services for adult family members/carers of drug users:

- ☐ as part of a generic carers service (supporting people caring for individual's with a variety of conditions)?
- ☐ as part of a service for substance users?
- ☐ as a service solely targeted at adult family members of substance users?
- ☐ Other (please specify) _____

2. Is your service for family members/carers of people who have problems with:

- ☐ Drugs only
- ☐ Drugs and alcohol
- ☐ Alcohol only (→ Exit questionnaire)

3. Who does your service provide help for? Is it:

- ☐ only for the adult family members/carers affected by a relative's drug use

(→Go to Q5)

4. Approximately what proportion of the service workload involves:

(Note: asked only of services who provide help alongside services for the drug using relative)

	Less than 10%	10-25%	26-50%	51-75%	76%-90%	Over 90%
Seeing family members/carers on their own (whether or not the drug-using relative is involved with your service)?	☐	☐	☐	☐	☐	☐
Seeing family members/carers alongside their drug-using relative?	☐	☐	☐	☐	☐	☐

5. What types of support or interventions do you provide for family members/carers? (Tick all that apply)

- ☐ Information provision & signposting
- ☐ Advocacy support
- ☐ Individual mentoring service
- ☐ Counselling
- ☐ Bereavement support/counselling
- ☐ Other (please specify)
- ☐ 5-step intervention
- ☐ Co-dependence based interventions
- ☐ 12-step interventions
- ☐ Groups (including peer support)
- ☐ Crisis support

6. What interventions do you use when you work with drug users and family members/carers together? (Tick all that apply)

- ☐ Does not apply (family/carers service only)
- ☐ Behavioural Couple Therapy
- ☐ Group work
- ☐ Other (please specify)
- ☐ Relationship Counselling
- ☐ Family Therapy
- ☐ Social Behaviour and Network Therapy

7. Do you provide adult family member/carer services as part of a partnership arrangement?

- ☐ Yes
- ☐ No (→ Go to Q9)

8. Please provide the name(s) of the partner organisation(s).

9. What methods do you use to provide your services.
(Tick all that apply)

- Face-to-face
- Telephone
- Internet
- Other (please specify)

10. Is your service:

- NHS
- Voluntary/Non-statutory
- Private
- Social Services
- Other (please specify)

11. Thinking about the services that you currently provide for adult family members/carers. Do you think that over the next 12 months the level of services that you are able to provide will:
(If you are unsure can you please make a 'best guess')

- Increase substantially
- Increase a little
- Stay roughly the same
- Decrease a little
- Decrease a lot
- Cease altogether

12. How many staff (including volunteers) work in the service. (Please give your answer in full-time equivalents)

- Less than 5
- 5 to 9
- 10 to 14
- 15 to 19
- 20 or more
- Don't know

13. In what part of the United Kingdom is your service located?

- Scotland
- Wales
- Northern Ireland
- North East England
- North West England
- Yorkshire & Humberside
- West Midlands
- East Midlands
- East Anglia
- Greater London
- South East England
- South West England

14. For services in Scotland only: Are you happy for us to pass the details of your service, eg address and other contact information, to Scottish Families Affected by Drugs (SFAD) so that they can keep you informed of relevant activities?

- Yes
- No

15. Asked of all: Would you be willing to help with a more in-depth survey conducted in the future?
(Please note that we will not be contacting everyone who ticks 'Yes' and you will be at liberty to change your mind if we do contact you).

- Yes
- No

16. Are there are any aspects of your work with family members that you would like to highlight as a model of good practice/innovation? If so, please tell us about them here or alternatively if you prefer to contact us directly with information and documents describing your work please e-mail us at: a.g.copello@bham.ac.uk or send them to:

Professor Alex Copello
School of Psychology
The University of Birmingham
Edgbaston
B15 2TT

17. Please could you provide the address of your service and the name of the person completing this form. This will help us map the service provision across the country. We will not use this to contact you for further information unless you granted permission at question 15. (Please ensure you give us your postcode)

Contact name:
Service name:
Address 1:
Address 2:
City/Town:
County
Postal Code:
Email Address:
Phone Number:

Very many thanks for your help with this survey.

If you want any more information about the research preogramme more generally please contact Nicola Singleton at nsingleton@ukdpc.org.uk or phone 020 7812 3794.
The findings of the first phase of the study, which investigated the number of adults in the UK affected by a relative's drug problems, the impact this had on their lives and the ways in which they could be supported were published in 2009.
The report from that study can be found at: http://www.ukdpc.org.uk/publications.shtml#Families_report .

Appendix 2: Data Tables

Table A2.1: Service profile of respondents by country

Characteristic	Response (N, %)				
	United Kingdom	**England**	**Scotland**	**Wales**	**Northern Ireland**
What is the status of your service?	(N=253)	(N=145)	(N=72)	(N=17)	(N=19)
Voluntary/non-statutory	*176, 70%*	*108, 75%*	*43, 60%*	*11, 65%*	*14, 74%*
NHS	*37, 15%*	*24, 17%*	*10, 14%*	*1, 6%*	*2, 11%*
Social services	*16, 6%*	*2, 1%*	*10, 14%*	*3, 18%*	*1, 5%*
Partnership (statutory, voluntary or mixed)	*9, 4%*	*5, 4%*	*3, 4%*	----	*1, 5%*
Other local/national government	*8, 3%*	*2, 1%*	*5, 7%*	*1, 6%*	----
Private or other	*7, 3%*	*4, 3%*	*1, 1%*	*1, 6%*	*1, 5%*
Do you provide services in partnership?	(N=252)	(N=145)	(N=71)	(N=17)	(N=19)
Yes	*96, 38%*	*61, 42%*	*22, 31%*	*3, 18%*	*10, 53%*
No	*156, 62%*	*84, 58%*	*49, 69%*	*14, 82%*	*9, 47%*
What type of service do you provide?	(N=252)	(N=145)	(N=71)	(N=17)	(N=19)
Part of service for substance misuse	*146, 58%*	*80, 55%*	*47, 66%*	*9, 53%*	*10, 53%*
Service solely for adult family members	*61, 24%*	*43, 30%*	*9, 13%*	*6, 35%*	*3, 16%*
Part of generic carers service	*26, 10%*	*15, 10%*	*6, 9%*	*1, 6%*	*4, 21%*
Part of wider service for families (usually including children)	*8, 3%*	*4, 3%*	*3, 4%*	----	*1, 5%*
Other or other generic service	*11, 4%*	*3,2%*	*6, 8%*	*1, 6%*	----
Do you work with drugs or drugs and alcohol?	(N=252)	(N=145)	(N=71)	(N=17)	(N=19)
Drugs and alcohol	*225, 89%*	*131, 90%*	*61, 86%*	*14, 82%*	*19, 100%*
Drugs only	*27, 11%*	*14, 10%*	*10, 14%*	*3, 18%*	----
Who does your service provide help for?	(N=253)	(N=145)	(N=72)	(N=17)	(N=19)
Families alongside drug users	*149, 59%*	*72, 50%*	*51, 71%*	*10, 59%*	*16, 84%*
Adult family members only	*104, 41%*	*73, 50%*	*21, 29%*	*7, 41%*	*3, 16%*

Table A2.2: Service profile of respondents by type of service

Characteristic	Response (N, %)			
	Family members only	**Family members alongside drug users**	**Other services**	**All services**
What is the status of your service?	(N=61)	(N=146)	(N=45)	(N=252)
Voluntary/non-statutory	*55, 91%*	*89, 61%*	*32, 71%*	*176, 70%*
NHS	*2, 3%*	*32, 22%*	*3, 7%*	*37, 15%*
Social services	*1, 2%*	*12, 8%*	*3, 7%*	*16, 6%*
Partnership (statutory, voluntary or mixed)	*1, 2%*	*8, 5%*	----	*9, 4%*
Other local/national government	----	*2, 1%*	*6, 13%*	*8, 3%*
Private or other	*2, 3%*	*3, 2%*	*1, 2%*	*6, 2%*
Do you provide services in partnership?	(N=61)	(N=146)	(N=45)	(N=252)
Yes	*22, 36%*	*52, 36%*	*22, 49%*	*96, 38%*
No	*39, 64%*	*94, 64%*	*23, 51%*	*156, 62%*
In what part of the UK is your service located?	(N=61)	(N=146)	(N=45)	(N=252)
England	*43, 70%*	*80, 55%*	*22, 49%*	*145, 58%*
Scotland	*9, 15%*	*47, 32%*	*15, 33%*	*71, 28%*
Wales	*6, 10%*	*9, 6%*	*2, 4%*	*17, 7%*
Northern Ireland	*3, 5%*	*10, 7%*	*6, 13%*	*19, 8%*
Do you work with drugs or drugs and alcohol?	(N=61)	(N=146)	(N=45)	(N=252)
Drugs and alcohol	*54, 88%*	*131, 90%*	*40, 89%*	*225, 89%*
Drugs only	*7, 12%*	*15, 10%*	*5, 11%*	*27, 11%*
Who does your service provide help for?	(N=61)	(N=146)	(N=45)	(N=252)
Families alongside drug users	*11, 18%*	*113, 77%*	*24, 53%*	*148, 59%*
Adult family members only	*50, 82%*	*33, 23%*	*21, 47%*	*104, 41%*

Table A2.3: Size and workload of services by country

Characteristic		Response (N, %)			
	United Kingdom	England	Scotland	Wales	Northern Ireland
How many staff including volunteers are in the service?	(N=253)	(N=145)	(N=72)	(N=17)	(N=19)
Less than 5	*79, 31%*	*54, 37%*	*18, 25%*	*5, 29%*	*2, 11%*
5-9	*63, 25%*	*34, 23%*	*19, 26%*	*4, 24%*	*6, 32%*
10-14	*42, 17%*	*24, 17%*	*14, 19%*	*2, 12%*	*2, 11%*
15-19	*15, 6%*	*6, 4%*	*6, 8%*	*1, 6%*	*2, 11%*
20 or more	*48, 19%*	*25, 17%*	*13, 18%*	*4, 24%*	*6, 32%*
Don't know	*6, 2%*	*2, 1%*	*2, 3%*	*1, 6%*	*1, 5%*
What proportion of workload involves FMs on their own*	(N=148)	(N=72)	(N=50)	(N=10)	(N=16)
Less than 10%	*74, 50%*	*30, 42%*	*29, 58%*	*7, 70%*	*8, 50%*
10-25%	*23, 16%*	*12, 17%*	*8, 16%*	*2, 20%*	*1, 6%*
26-50%	*18, 19%*	*7, 10%*	*6, 12%*	*----*	*5, 31%*
51-75%	*10, 7%*	*7, 10%*	*2, 4%*	*1, 10%*	*----*
76-90%	*9, 6%*	*7, 10%*	*1, 2%*	*----*	*1, 6%*
Over 90%	*14, 9%*	*9, 13%*	*4, 8%*	*----*	*1, 6%*
What proportion of workload involves FMs alongside drug users*	(N=149)	(N=72)	(N=51)	(N=10)	(N=16)
Less than 10%	*68, 46%*	*32, 44%*	*28, 55%*	*2, 20%*	*6, 38%*
10-25%	*41, 28%*	*21, 29%*	*11, 22%*	*6, 60%*	*3, 19%*
26-50%	*22, 15%*	*8, 11%*	*9, 18%*	*1, 10%*	*4, 25%*
51-75%	*10, 7%*	*7, 10%*	*1, 2%*	*----*	*2, 13%*
76-90%	*4, 3%*	*3, 4%*	*----*	*----*	*1, 6%*
Over 90%	*4, 3%*	*1, 1%*	*2, 4%*	*1, 10%*	*----*

* These questions were only asked of people who said at q3 that they worked with family members alongside their drug using relatives. The other services, who did not answer this question can be expected in most cases to spend 100% of their time working with family members on their own.

Table A2.4: Size and workload of services by type of service

Characteristic	Response (N, %)			
	Family members only	**Family members alongside drug users**	**Other services**	**All services**
How many staff including volunteers are in the service?	(N=61)	(N=146)	(N=45)	(N=252)
Less than 5	*30, 49%*	*37, 25%*	*11, 24%*	*79, 31%*
5-9	*15, 25%*	*31, 21%*	*17, 38%*	*63, 25%*
10-14	*9, 15%*	*29, 20%*	*4, 9%*	*42, 17%*
15-19	*3, 5%*	*10, 7%*	*2, 4%*	*15, 6%*
20 or more	*3, 5%*	*38, 26%*	*7, 16%*	*48, 19%*
Don't know	*1, 2%*	*1, 1%*	*4, 9%*	*6, 2%*
What proportion of workload involves FMs on their own*	(N=11)	(N=113)	(N=24)	(N=148)
Less than 10%	*1, 9%*	*62, 59%*	*11, 46%*	*74, 29%*
10-25%	*---*	*23, 20%*	*---*	*23, 9%*
26-50%	*3, 27%*	*9, 8%*	*6, 25%*	*18, 7%*
51-75%	*4, 36%*	*5, 4%*	*1, 4%*	*10, 4%*
76-90%	*---*	*5, 4%*	*4, 17%*	*9, 4%*
Over 90%	*3, 27%*	*9, 8%*	*2, 8%*	*14, 6%*
What proportion of workload involves FMs alongside drug users*	(N=11)	(N=113)	(N=24)	(N=148)
Less than 10%	*3, 27%*	*53, 47%*	*11, 46%*	*67, 45%*
10-25%	*2, 18%*	*36, 32%*	*3, 12%*	*41, 16%*
26-50%	*3, 27%*	*14, 12%*	*5, 21%*	*22, 9%*
51-75%	*3, 27%*	*6, 5%*	*1, 4%*	*10, 4%*
76-90%	*----*	*2, 2%*	*2, 8%*	*4, 2%*
Over 90%	*----*	*2, 2%*	*2, 8%*	*4, 2%*

* These questions were only asked of people who said at q3 that they worked with family members alongside their drug using relatives. The other services, who did not answer this question, can be expected in most cases to spend 100% of their time working with family members on their own.

Table A2.5 Interventions offered to family members on their own by country

Form of support or intervention *	England	Scotland	Wales	Northern Ireland
	Response (N, %)			
Information and signposting (includes helpline, website, info provided through education & training, housing support, legal support, referral for carer assessment, health support & advice, relapse advice and information)	**138, 95%**	**67, 93%**	**14, 82%**	**18, 95%**
Group Support (includes peer support)	**97, 67%**	**31, 43%**	**7, 41%**	**13, 68%**
Other General Support	**108, 74%**	**44, 61%**	**13, 76%**	**14, 74%**
Crisis support	82, 57%	29, 40%	12, 71%	10, 53%
Advocacy support	74, 51%	31, 43%	7, 41%	5, 26%
Individual mentoring	46, 32%	13, 18%	2, 12%	9, 47%
Support to grandparents & kinship carers	2, 1%	1, 1%	-----	-----
Social events, activities & trips	4, 3%	2, 3%	1, 6%	-----
General support (includes support to parents, family group conferencing, self-help, and non-specified family sessions/support)	9, 6%	7, 10%	2, 12%	-----
Counselling	**86, 59%**	**34, 47%**	**6, 35%**	**11, 58%**
Counselling	75, 52%	30, 42%	6, 35%	11, 58%
Bereavement support/counselling	50, 34%	17, 24%	2, 12%	5, 26%
Structured Intervention for Family Members	**57, 39%**	**12, 17%**	**3, 18%**	**5, 26%**
Co-dependency based interventions	42, 29%	8, 11%	-----	5, 26%
5-Step Method	19, 13%	4, 6%	-----	-----
12-step support	11, 8%	3, 4%	1, 6%	3, 16%
PACT	1, 1%	-----	-----	-----
Family therapy	1, 1%	-----	-----	-----
CRAFT	1, 1%	-----	2, 12%	-----
Complementary or alternative therapies	**6, 4%**	**5, 7%**	**-----**	**-----**
Respite	**4, 3%**	**3, 4%**	**-----**	**1, 5%**
Intensive support (i.e. Residential support)	**1, 1%**	**1, 1%**	**-----**	**-----**
Overdose prevention or naloxone training	**-----**	**2, 3%**	**-----**	**-----**
Carers assessment	**1, 1%**	**1, 1%**	**-----**	**-----**

Table A2.6 Interventions offered to family members on their own by type of service

Form of support or intervention *	Family members only	Family members alongside drug users	Other services	All services
		Response (N, %)		
Information and signposting (includes helpline, website, info provided through education & training, housing support, legal support, referral for carer assessment, health support & advice, relapse advice and information)	**59, 97%**	**134, 92%**	**43, 96%**	**237, 94%**
Group Support (includes peer support)	**52, 85%**	**72, 49%**	**24, 53%**	**148, 59%**
Other General Support	**54, 88%**	**90, 62%**	**34, 76%**	**179, 71%**
Crisis support	42, 69%	68, 47%	23, 51%	133, 53%
Advocacy support	36, 62%	52, 36%	26, 58%	117, 46%
Individual mentoring	27, 44%	31, 21%	11, 24%	70, 28%
Support to grandparents & kinship carers	3, 5%	-----	------	3, 1%
Social events, activities & trips	3, 5%	-----	4, 9%	7, 3%
General support (includes support to parents, family group conferencing, self-help, and non-specified family sessions/support)	5, 8%	6, 4%	7, 16%	18, 7%
Counselling	**42, 69%**	**69, 47%**	**25, 56%**	**137, 54%**
Counselling	37, 61%	62, 42%	22, 49%	122, 48%
Bereavement support/counselling	21, 34%	37, 25%	16, 36%	74, 29%
Structured Intervention for Family Members	**25, 41%**	**43, 30%**	**9, 20%**	**77, 30%**
Co-dependency based interventions	18, 30%	34, 23%	3, 7%	55, 22%
5-Step Method	6, 10%	13, 9%	4, 9%	23, 9%
12-step support	8, 13%	7, 5%	3, 7%	18, 7%
PACT	1, 2%	-----	------	1, 0%
Family therapy	-----	1, 1%	-----	1, 0%
CRAFT	2, 3%	1, 1%	-----	3, 1%
Complementary or alternative therapies	**6, 10%**	**3, 2%**	**2, 4%**	**11, 4%**
Respite	**5, 8%**	**1, 1%**	**2, 4%**	**8, 3%**
Intensive support (i.e. Residential support)	**-----**	**1, 1%**	**1, 2%**	**2, 1%**
Overdose prevention or naloxone training	**-----**	**2, 1%**	**-----**	**2, 1%**
Carers assessment	**-----**	**2, 1%**	**-----**	**2, 1%**

Table A2.7 Interventions offered to family members alongside their drug-using relative by country

Form of support or intervention *	England	Scotland	Wales	Northern Ireland
	Response (N, %)			
Information, education, advice, signposting, and general support	**7, 5%**	**9, 12%**	**1, 6%**	**1, 5%**
Group work	**50, 34%**	**13, 18%**	**2, 12%**	**10, 53%**
Structured interventions	**60, 41%**	**34, 47%**	**12, 71%**	**12, 63%**
Family therapy	35, 24%	17, 24%	5, 29%	11, 58%
Social Behaviour & Network Therapy (SBNT)	24, 17%	10, 14%	10, 59%	1, 5%
Behaviour Couples Therapy/other couples therapies	25, 17%	4, 6%	3, 18%	4, 21%
Psychological interventions	5, 3%	4, 6%	-----	1, 5%
Brief interventions and counselling	3, 2%	5, 7%	-----	1, 5%
Relationship counselling	**22, 15%**	**9, 12%**	**3, 18%**	**3, 16%**
Intensive whole family approaches	**2, 1%**	**-----**	**1, 6%**	**-----**
Other joint working support	**8, 6%**	**5, 7%**	**-----**	**1, 5%**
Mediation and advocacy support	2, 1%	3, 4%	-----	-----
Care planning and care conferences	-----	2, 3%	-----	-----
Parenting programmes and support	1, 1%	-----	-----	-----
Play therapy and coaching	1, 1%	-----	-----	-----
Co-working with partner services	1, 1%	-----	-----	-----
Joint meetings between users & families	4, 3%	-----	-----	1, 5%
Does not apply (only work with family members	55, 38%	22, 31%	3, 18%	4, 21%

Table A2.8 Interventions offered to family members alongside their drug-using relative by type of service

Form of support or intervention *	Family members only	Family members alongside drug users	Other services	All services
		Response (N, %)		
Information, education, advice, signposting, and general support	**-----**	**16, 11%**	**2, 4%**	**18, 7%**
Group work	**20, 33%**	**45, 31%**	**10, 22%**	**75, 30%**
Structured interventions	**16, 26%**	**89, 61%**	**13, 29%**	**118, 47%**
Family therapy	12, 20%	48, 33%	8, 18%	68, 27%
Social Behaviour & Network Therapy (SBNT)	8, 13%	35, 24%	2, 4%	45, 18%
Behaviour Couples Therapy/other couples therapies	4, 7%	29, 20%	3, 7%	36, 14%
Psychological interventions	1, 2%	8, 6%	1, 2%	10, 4%
Brief interventions and counselling	-----	6, 4%	3, 7%	9, 4%
Relationship counselling	**6, 10%**	**29, 20%**	**2, 4%**	**37, 15%**
Intensive whole family approaches	**1, 2%**	**1, 1%**	**1, 2%**	**3, 1%**
Other joint working support	**3, 5%**	**8, 6%**	**3, 7%**	**14, 6%**
Mediation and advocacy support	2, 3%	2, 1%	1, 2%	5, 2%
Care planning and care conferences	-----	1, 1%	1, 2%	2, 1%
Parenting programmes and support	-----	-----	1, 2%	1, 0%
Play therapy and coaching	-----	1, 1%	-----	1, 0%
Co-working with partner services	-----	1, 1%	-----	1, 0%
Joint meetings between users & families	2, 3%	3, 2%	-----	5, 2%
Does not apply (only work with family members)	33, 54%	26, 18%	25, 56%	84, 33%