



To: Renfrewshire Integration Joint Board

On: 29 September 2023

Report by: ADP Co-ordinator

Heading: Renfrewshire ADP Annual Reporting Survey 2022/23

Direction Required to	Direction to:	
Health Board, Council	1. No Direction Required	Х
or Both	2. NHS Greater Glasgow & Clyde	
	3. Renfrewshire Council	
	4. NHS Greater Glasgow & Clyde	
	and Renfrewshire Council	

1. Summary

- 1.1. Renfrewshire Alcohol and Drug Partnership (ADP) has key responsibility for implementing the National Policy Frameworks and driving forward local action to reduce the impact of alcohol and drugs.
- 1.2. This survey demonstrates some of the work undertaken by Renfrewshire ADP focused on a range of key priority areas which relate to the delivery of the National Mission Action Plan during 2022/23.
- 1.3. The survey is composed of single option and multiple-choice questions designed by the Scottish Government to allow consistent recording and analysis by all ADPs nationally.

2. Recommendations

It is recommended that the IJB:

- Note the contents of the survey (as attached in Appendix 1)
- Approves the ADP Annual Reporting Survey, 2022/23

3. Background

3.1. The ADP is tasked with the delivery of the Scottish Government's National Mission Outcomes Framework and is required to complete and

submit an annual survey based on a template developed by the Scottish Government (detailed in Appendix 1).

- 3.2. The survey is designed to capture a range of actions which relate to the National Mission key priority areas:-
 - Prevention, Early Intervention and Education
 - Treatment, Care and Recovery
 - Whole Family Approach
 - Public Health Approach to Justice
 - Reducing Alcohol Harms
- 3.3 The data collected will be used to identify any potential gaps at a local level and the findings will help monitor the impact of the National Mission Action Plan.
- 3.4 The Annual Survey was completed in conjunction with all relevant partners and approved by the ADP in June 2023.

Implications of the Report

- **1. Financial** No implications from this report.
- 2. HR & Organisational Development No implications from this report.
- **3. Strategic Plan and Community Planning** No implications from this report.
- 4. Wider Strategic Alignment No specific implications from this report, however, some activity is undertaken in alignment with the IJB's Strategic Plan and Renfrewshire's Community Plan and relevant strategies of Renfrewshire Council and NHSGGC.
- **5. Legal** No implications from this report.
- **6. Property/Assets** No implications from this report.
- 7. Information Technology No implications from this report.
- **8. Equality & Human Rights –** No implications from this report.
- **9. Fairer Scotland Duty –** No implications from this report.
- **10. Health & Safety –** No implications from this report.
- **11. Procurement** No implications from this report.
- **12. Risk** No implications from this report.
- **13. Privacy Impact** No implications from this report.

List of Background Papers – None

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Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission during the financial year 2022/23. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as <u>Official Statistics</u> on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be <u>signed off by the ADP and the IJB</u>, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent? [single option, drop-down menu]

Renfrewshire ADP

Refillewsfille ADF
Q2) Which groups or structures were in place at an ADP level to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply) [multiple choice] Alcohol harms group Alcohol death audits (work being supported by AFS) Drug death review group Drug trend monitoring group/Early Warning System
□ None
☑ Other (please specify): RADAR
Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews? (select only one) [single option] Yes No Don't know
Q3b) If no, please provide details on why this is not the case. [open text – maximum 255 characters]
Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one) [single option] Yes No Don't know
Q4b) If no, please provide details.
[open text – maximum 255 characters]
Specific to drug related deaths only. Renfrewshire ADP attempted to recruit an Alcohol Related Deaths post but due to the temporary nature of the post, was unable to recruit. Alternative arrangements are currently being discussed.

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADI
Support Team as of 31 st March 2023.
[open text, decimal]

Total current staff (whole-time equivalent	5.00
including fixed-term and temporary staff,	
and those shared with other business areas)	
Total vacancies (whole-time equivalent)	1.00

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

The ADP Support Team currently consists of an ADP Co-ordinator,. Information Analyst, Planning and Development Officer, Drug Related Deaths Lead Officer and Business Support Staff, the majority of which are temporary.

Q6a) Do you have access to data on alcohol and drug services workforce statistics in you
ADP area? (select only one)

[single option]

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 \square No (please specify who does):

☐ Don't know

6b) If yes, please provide the whole-time equivalent staffing resource for alcohol and drug services in your ADP area.

[open text, decimal]

Total current staff (whole-time equivalent)	79.30
Total vacancies (whole-time equivalent)	18.00

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

- ☐ Coaching, supervision or reflective practice groups with a focus on staff wellbeing

- ☑ Provision of support and well-being resources to staff
- □ Psychological support and wellbeing services
- Staff recognitions schemes

☐ None

☐ Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people
with lived/living experience using services you fund? (select all that apply)
[multiple choice]
□ Feedback/complaints process
☑ Questionnaire/survey
□ No
☑ Other (please specify): Conversation Cafes

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply) [multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	\boxtimes	
Feedback used to inform service improvement	\boxtimes	\boxtimes
Feedback used in assessment and appraisal processes for staff		
Feedback is presented at the ADP board level	\boxtimes	\boxtimes
Feedback is integrated into strategy	\boxtimes	\boxtimes
Other (please specify)		

Q9a) How are **people with lived/living experience** involved <u>within the ADP structure</u>? (select all that apply) [multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP				At the planning stage
Focus group	\boxtimes	\boxtimes		
Lived experience panel/forum	\boxtimes	\boxtimes		
Questionnaire/ surveys	\boxtimes	\boxtimes		
Other (please specify)				

Q9b) How are **family members** involved <u>within the ADP structure</u>? (select all that apply) [matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP				At the planning stage
Focus group	\boxtimes	\boxtimes		
Lived experience panel/forum	\boxtimes	\boxtimes		
Questionnaire/ surveys	\boxtimes	\boxtimes		
Other (please specify)				

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.

[open text – maximum 2000 characters]

A Lived Experience Forum was developed at the end of last year. We are now in the process of establishing direct lived experience representation at ADP level.

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?

[open text – maximum 2000 characters]

We are in the process of agreeing a process of monitoring to ensure a recovery auditing tool is in place across all commissioned services. This will include the requirement to include individuals with lived and living experience within monitoring groups.

Q11) Which of the following support is available to people with lived/living experience
and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]
□ Advocacy □
□ Peer support □
☑ Provision of technology/materials
□ Training and development opportunities
☑ Travel expenses/compensation
□ Wellbeing support
□ None
☑ Other (please specify): Access to a Recovery Forum & Lived Experience Forum

Q12a) Which of the following volunteering and employment opportunities for people with
lived/living experience are offered by services in your area? (select all that apply)
[multiple choice]
☐ Community/recovery cafes
☐ Job skills support
□ Naloxone distribution
□ Peer support/mentoring
□ Psychosocial counselling
□ None
$\hfill \Box$ Other (please specify): Bespoke programmes delivered via CIRCLE Recovery Hub i.e.
Gardening Club, Art Project, Further Education opportunities with local colleage, nutrition
with numbers including eduation around arithmetic, natural history/metal detection group.
Q12b) What are the main barriers to providing volunteering and employment opportunities
to people with lived/living experience within your area?
[open text – maximum 2000 characters]
Stigma, funding challenges regarding DWP, travel/out of pocket expenses
Q13) Which organisations or groups are you working with to develop your approaches and
support your work on meaningful inclusion? (select all that apply)
Imultiple choicel
[multiple choice]
☑ MAT Implementation Support Team (MIST)
✓ MAT Implementation Support Team (MIST)✓ Scottish Drugs Forum (SDF)
☑ MAT Implementation Support Team (MIST)
✓ MAT Implementation Support Team (MIST)✓ Scottish Drugs Forum (SDF)
 ✓ MAT Implementation Support Team (MIST) ✓ Scottish Drugs Forum (SDF) ✓ Scottish Families Affected by Drugs and Alcohol (SFAD)
 ✓ MAT Implementation Support Team (MIST) ✓ Scottish Drugs Forum (SDF) ✓ Scottish Families Affected by Drugs and Alcohol (SFAD) ✓ Scottish Recovery Consortium (SRC)
 ✓ MAT Implementation Support Team (MIST) ✓ Scottish Drugs Forum (SDF) ✓ Scottish Families Affected by Drugs and Alcohol (SFAD) ✓ Scottish Recovery Consortium (SRC) ✓ None
 ✓ MAT Implementation Support Team (MIST) ✓ Scottish Drugs Forum (SDF) ✓ Scottish Families Affected by Drugs and Alcohol (SFAD) ✓ Scottish Recovery Consortium (SRC) ✓ None ✓ Other (please specify): RAMH, One Ren, Blue Triangle, West of Scotland College, Turning

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)
[single option]

Yes (please specify which): Preventing Drug Deaths in Renfrewshire Action Plan; Renfrewshire IJB Strategic Plan 2022-2025

No
Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.
[open text – maximum 2000 characters]

Renfrewshire ADP has been working collaboratively with individuals and families with lived and living experience, as well as frontline workers and partners, to tackle stigma through training and awareness raising in Educational settings. I Am Me Scotland was commissioned by Renfrewshire Children's Services to create a suite of resources from Early Years – S5 on Alcohol & Substance Awareness. The overall aim of the resources is to educate children and young people about substances (drugs, solvents, alcohol, tobacco), the effects they can have on your mind and body, and how to keep safe in situations they may find themselves in. The lessons are interactive, engaging and fully accessible with cc captions and audio voice overs throughout each lesson. Each lesson is designed to complement the experiences and outcomes set out in the Curriculum for Excellence (CfE). All lessons have teachers notes and additional activities, to facilitate ease of delivery in each year.

SDF Police Scotland Understanding Stigma: Promoting inclusive attitudes and practice training delivered to Renfrewshire ADP, HSCP, Council and 3rd sector staff.

We are working with the Alcohol and Drugs Programme Board to support delivery of some of the Alcohol and Drug Commission's recommendations which inlcudes developing a Language Matters Initiative to help challenge preconceptions and stigma around alcohol and drug use.

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply) [multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Leaflets/posters	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Online (e.g. websites, social media, apps, etc.)			\boxtimes		
Other (please specify)	х	х	х	х	Local campaigns/National Events

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply) [multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services			\boxtimes	\boxtimes	\boxtimes			
Information services					\boxtimes			
Physical health					\boxtimes			
Mental health	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Naloxone				\boxtimes	\boxtimes			
Overdose awareness and prevention								
Parenting				\boxtimes	\boxtimes			
Peer-led interventions					\boxtimes			
Personal and social skills				\boxtimes	\boxtimes			
<u>Planet Youth</u>								
Pre- natal/pregnancy				\boxtimes	\boxtimes			
Reducing stigma			\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Seasonal campaigns					\boxtimes	\boxtimes		
Sexual health					\boxtimes			
Teaching materials for schools	\boxtimes	\boxtimes						
Wellbeing services	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Youth activities (e.g. sports, art)		\boxtimes	\boxtimes	\boxtimes		\boxtimes		
Youth worker materials/training								
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is naloxone supplied in your ADP area? (select all
that apply)
[multiple choice]
☐ Accident & Emergency departments
□ Community pharmacies
☑ Drug services (NHS, third sector, council)
☐ Family support services
□ General practices
☐ Homelessness services
☐ Justice services
□ Peer-led initiatives
☐ Women support services
□ None
☐ Other (please specify):
Q18b) In which of the following settings is Hepatitis C testing delivered in your ADP area?
(select all that apply)
[multiple choice]
□ Accident & Emergency departments
□ Community pharmacies
☑ Drug services (NHS, third sector, council)
□ Family support services
□ General practices
□ Justice services
□ Peer-led initiatives
☑ Peer-led initiatives☑ Women support services

Q18c) In which of the following settings is the provision of injecting equipment delivered in
your ADP area? (select all that apply)
[multiple choice]
☐ Accident & Emergency departments
□ Community pharmacies
☑ Drug services (NHS, third sector, council)
☐ Family support services
☐ General practices
☐ Homelessness services
☐ Justice services
☐ Mental health services
☐ Peer-led initiatives
☐ Women support services
□ None
☐ Other (please specify):
Q18d) In which of the following settings is wound care delivered in your ADP area? (select
all that apply)
[multiple choice]
□ Accident & Emergency departments
□ Community pharmacies
☑ Drug services (NHS, third sector, council)
☐ Family support services
□ General practices
□ Justice services
☐ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
□ None
☐ Other (please specify):
Q19a) Are there protocols in place to ensure all prisoners identified as at risk are offered
with naloxone upon leaving prison? (select only one)
[single option]
⊠ Yes
□ No
□ No prison in ADP area
Q19b) If no, please provide details.
[open text – maximum 255 characters]

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one) [single option] Yes No	
□ Don't know	
Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one) [single option] Yes No	
☐ Don't know	
Q20c) If no, when do you intend to have this in place? [open text – maximum 255 characters]	
	_
Q21) In what ways have you worked with justice partners? (select all that apply) [multiple choice] Contributed towards justice strategic plans (e.g. diversion from justice) Coordinating activities Information sharing Joint funding of activities Justice partners presented on the ADP Prisons represented on the ADP (if applicable) Providing advice/guidance None Other (please specify):	
Q22a) Do you have a prison in your ADP area? (select only one) [single option] ☐ Yes ☑ No	

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply) [multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	\boxtimes				\boxtimes	\boxtimes
Alcohol interventions	\boxtimes				\boxtimes	\boxtimes
Alcohol screening	\boxtimes				\boxtimes	\boxtimes
Buvidal provision	\boxtimes				\boxtimes	\boxtimes
Detoxification	\boxtimes				\boxtimes	\boxtimes
Drugs screening						
Psychological screening	\boxtimes				\boxtimes	\boxtimes
Harm reduction	\boxtimes				\boxtimes	\boxtimes
Health education	\boxtimes				\boxtimes	\boxtimes
"Life skills" support or training (e.g. personal/social skills, employability)						
Opioid Substitution Therapy (excluding Buvidal)	\boxtimes					\boxtimes
Peer-to-peer naloxone						
Recovery cafe	\boxtimes				\boxtimes	\boxtimes
Recovery community	\boxtimes				\boxtimes	\boxtimes
Recovery wing						
Referrals to alcohol treatment services	\boxtimes				\boxtimes	\boxtimes
Referrals to drug treatment services	\boxtimes				×	×
Staff training	\boxtimes				\boxtimes	\boxtimes
Other (please specify)						

Q23a) How many <u>recovery communities</u> are you aware of in your ADP area?
[open text, integer]
3
Q23b) How many recovery communities are you actively engaging with or providing support
to?
[open text, integer]
3
Q24a) Which of the following options are you using to engage with or provide support to
recovery communities in your area? (select all that apply)
[multiple choice]
□ Funding
□ Networking with other services
□ Training □
□ None
□ Other (please specify): Access to the Lived Experience Forum
other (please specify). Access to the lived experience for an
Q24b) How are recovery communities involved within the ADP? (select all that apply)
[multiple choice]
□ Advisory role □ Advisory role
☑ Informal feedback
☐ Representation on the ADP board
☐ Recovery communities are not involved within the ADP
Other (please specify): Members of interview panels

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address alcohol harms ? (select al that apply)
[multiple choice]
□ Access to alcohol medication (Antabuse, Acamprase, etc.)
☐ Alcohol related cognitive testing (e.g. for alcohol related brain damage)
□ Arrangements for the delivery of alcohol brief interventions in all priority settings
□ Arrangement of the delivery of alcohol brief interventions in non-priority settings
□ Community alcohol detox
□ Fibro scanning
□ Psychosocial counselling
□ None
☐ Other (please specify):
Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP
area? (select all that apply)
[multiple choice]
Current models are not working
☐ Difficulty identifying all those who will benefit
☐ Further workforce training required
☐ Insufficient funds
☐ Lack of specialist providers
☐ Scope to further improve/refine your own pathways
□ None
☐ Other (please specify):
Q27) Have you made any revisions in your pathway to residential rehabilitation in the last
year? (select only one)
[single option] ☐ No revisions or updates made in 2022/23
 ☑ Revised or updated in 2022/23 and this has been published
☐ Revised or updated in 2022/23 but not currently published
Li Neviseu di apaateu ili 2022/23 but not currentiy publisheu
Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (selec
all that apply)
[multiple choice]
☐ Difficulty identifying all those who will benefit
☐ Further workforce training is needed
☐ Insufficient funds
Scope to further improve/refine your own pathways
None
☐ Other (please specify):

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)		
Diversionary activities	\boxtimes	\boxtimes
Employability support		\boxtimes
Family support services	\boxtimes	\boxtimes
Information services	\boxtimes	\boxtimes
Justice services		\boxtimes
Mental health services	\boxtimes	\boxtimes
Outreach/mobile	\boxtimes	\boxtimes
Recovery communities		\boxtimes
School outreach	\boxtimes	
Support/discussion groups	\boxtimes	\boxtimes
Other (please specify)		

Q29b) Please describe what treatment and support is in place specifically for children aged **0-4 (early years)** and **5-12 (primary)** affected by alcohol.

[open text – maximum 2000 characters]

RADAR (young person's service) generally does not work with children under the age of 13. If someone under the age of 13 was involved in alcohol misuse we might offer some brief intervention, but the main focus would be on ensuring adequate supervision and education by carers which would be the responsibility of Children and Families Social Work. For children (aged 0-15) impacted by alcohol use by a parent/carer, a GIRFEC approach is taken by Children & Families Social Work to assess the holistic needs of the child and the impact of the alcohol misuse on them. Addiction workers co-located with these services will form part of the multi-agency team to support the family. If proportionate, Child Protection measures could be applied in order to safeguard the child.

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply) [multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	\boxtimes	\boxtimes
Employability support		\boxtimes
Family support services	\boxtimes	\boxtimes
Information services	\boxtimes	\boxtimes
Justice services		\boxtimes
Mental health services	\boxtimes	\boxtimes
Opioid Substitution Therapy		\boxtimes

Outreach/mobile	\boxtimes	\boxtimes
Recovery communities		\boxtimes
School outreach	\boxtimes	
Support/discussion groups	\boxtimes	\boxtimes
Other (please specify)		

Q30b) Please describe what treatment and support is in place specifically for children aged **0-4** (early years) and **5-12** (primary) affected by drugs.

[open text – maximum 2000 characters]

RADAR (young person's service) generally does not work with children under the age of 13. If someone under the age of 13 was involved in drug misuse we might offer some brief intervention, but the main focus would be on ensuring adequate supervision and education by carers which would be the responsibility of Children and Families Social Work. For children (aged 0-15) impacted by drug use by a parent/carer, a GIRFEC approach is taken by Children & Families Social Work to assess the holistic needs of the child and the impact of the drug misuse on them. Addiction workers co-located with these services will form part of the multi-agency team to support the family. If proportionate, Child Protection measures could be applied in order to safeguard the child.

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply) [multiple choice]

	Yes	No
Non-native English speakers (English Second Language)		\boxtimes
People from minority ethnic groups		\boxtimes
People from religious groups		\boxtimes
People who are experiencing homelessness	\boxtimes	
People who are LGBTQI+		\boxtimes
People who are pregnant or peri-natal	\boxtimes	
People who engage in transactional sex		\boxtimes
People with hearing impairments		\boxtimes
People with learning disabilities and literacy difficulties		\boxtimes
People with visual impairments		\boxtimes
Veterans		\boxtimes
Women	\boxtimes	
Other (please specify)		

O22a) Are there formed in introducing materials in place to support popular with an exercise
Q32a) Are there formal joint working protocols in place to support people with co-occurring
substance use and mental health diagnoses to receive mental health care? (select only one)
[single choice]
☑ Yes (please provide link here or attach file to email when submitting response):
□ No
Q32b) If no, please provide details.
[open text – maximum 255 characters]

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns for which they do not have a diagnosis?

[open text – maximum 2000 characters]

Renfrewshire ADRS facilitates a mental health and alcohol & drug inclusive provision. Noone is excluded due to their mental health presentation. Service is staffed by a Consultant Psychiatrist, Psychologist and RMNs.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

Clear links in place with Health and Homelessness Co-ordinator within Renfrewshire HSCP and Welfare Rights Officers via Renfrewshire Council.

Q35) Which of the following activities are you aware of having been undertaken in local
services to implement a trauma-informed approach? (select all that apply)
[multiple choice]
□ Engaging with people with lived/living experience
☐ Engaging with third sector/community partners
☑ Recruiting staff
□ Training existing workforce
☐ Working group
□ None
☐ Other (please specify): Local recovery hub has been developed applying trauma informed
principles. This has included the physical environment and how the space is best utilised so
as not to impact the person's experience of their personal trauma.

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use**? (select all that apply)

[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support		\boxtimes	\boxtimes	\boxtimes
Diversionary activities				
Employability support			\boxtimes	\boxtimes
Family support services	\boxtimes	\boxtimes	\boxtimes	\boxtimes
Information services	\boxtimes		\boxtimes	\boxtimes
Mental health services	\boxtimes	\boxtimes	\boxtimes	\boxtimes
Outreach/mobile services				\boxtimes
Recovery communities				\boxtimes
School outreach	\boxtimes	\boxtimes	\boxtimes	\boxtimes
Support/discussion groups				
Other (please specify)				

Q37a) Do you contri	bute toward the i	ntegrated children	's service plan? (se	elect only one)
[single option]		_		
⊠ Yes				
□ No				
☐ Don't know				
Q37b) If no, when d	o you plan to impl	ement this?		
[open text – maximι	ım 255 characters]		

Q38) Which of the following support services are in place for adults affected by another
person's substance use? (select all that apply)
[multiple choice]
□ Advocacy
□ Commissioned services
□ Counselling
□ One to one support
☑ Naloxone training
Support groups
□ Training
□ None
☐ Other (please specify):
Q39a): Do you have an agreed set of activities and priorities with local partners to
implement the Holistic Whole Family Approach Framework in your ADP area? (select only
one)
[single option]
☐ Yes
⊠ No
☐ Don't know
O20h) Blacca provide details
Q39b) Please provide details.
[open text – maximum 255 characters]
This is in progress. One of the key working groups within the ADP structure is currently progressing the Framework which will be aligned to the review of family support services
recently carried out by SFAD.
recently carried out by 31 AD.

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply) [multiple choice]

	Family member in treatment	Family member not in treatment
Advice	\boxtimes	\boxtimes
Advocacy	\boxtimes	\boxtimes
Mentoring	\boxtimes	\boxtimes
Peer support	\boxtimes	\boxtimes
Personal development	\boxtimes	\boxtimes
Social activities	\boxtimes	\boxtimes
Support for victims of gender based violence	\boxtimes	\boxtimes
Other (please specify)		

communication of sign on	Confirm	ation	of sign	า-off
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Q41) Has your response been signed off at the following levels? [multiple choice]
⊠ ADP
□ IJB
Not signed off by IJB (please specify date of the next meeting): 29/09/23
Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.
Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.sco should you have any questions.
[End of survey]