Agenda Item	8.
Report No	CPB/13/23

Highland Community Planning Partnership | Com-pàirteachas Dealbhadh Coimhearsnachd na Gàidhealtachd

Highland Community Planning Partnership Board – 15 September 2023

Highland Alcohol and Drugs Partnership (HADP) Annual Reporting Template 2022/23

Report by: Debbie Stewart, HADP Coordinator

Summary

Members of the CPP are asked to approve the HADP annual reporting template for 2022/23.

1. Background

1.1 HADP is accountable nationally to Scottish Government and the CPPB locally. The annual reporting template has been signed off by the HADP and was submitted to Government on 27/06/23, pending sign off from the CPP.

HADP is required annually to complete a reporting template on activity from the previous year. The template tends to change format depending on other reporting requirements. For reporting activity in 2022/23, the template has been shortened as HADP has already submitted reports to Scottish Government on; Medication Assisted Treatment (MAT) Standards, residential rehabilitation, whole family/family inclusive practice and funding. The template for 2022/23 is set out in a survey format to facilitate reporting and comparison at a national level.

To complete the template and provide an accurate picture, HADP has enlisted help from the Drug and Alcohol Recovery Service (DARS), Health Improvement, Child Protection Committee, Integrated Children's Services Partnership, and Criminal Justice Social Work. The HADP Strategy Group receives reports from partner agencies on a quarterly basis which have informed completion of the template.

2. Assessment – Summary

HADP has been able to report relevant activity in the majority of areas requested. Overall, the report demonstrates strong activity in a range of areas as well as areas for improvement.

2.1 Strong activity

- Surveillance and data informed
- Resilient and skilled workforce – (albeit challenges with recruitment and retention)
- Stigma reduction
- Education and prevention

2.2 Improvement areas

- Lived and living experience (need to develop recovery communities and direct involvement in service development)
- Fewer people develop problem substance use (improve reach to under-represented groups)
- Risk reduced for people who use substances (extend harm reduction beyond DARS)

- Treatment and support for children and young people (seeking clarification on definition of treatment in this context)
- People most at risk (strengthen collaboration with CJP, criminal justice partners)
- Multiple disadvantages (improve reach to broader range of groups)
- Co-occurring mental health problems (joint protocols to be developed)
- Children, families, communities affected by substance use (strengthen collaboration with CPC/ICSP).

Recommendation

The Board is asked to approve the HADP annual reporting template for 2022/23.

Author: Debbie Stewart

Date: 28/08/23

Appendices: HADP Annual Reporting Template 2022/23

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 Official Statistics 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 signed off by the ADP and the IJB, 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]

Highland ADP

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): Multi-agency drug death prevention group. Both the DRD Review and DRD Prevention Groups share trend / early warning information. Police and NHSH DARS/HADASS produce a drug trend bulletin for dissemination to relevant partners.

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]

Yes - HPPCOG receive a quarterly report on drug deaths drawn from the work of the Review Group and Prevention Group. It is anonymised information and does not focus on specific deaths. Provides prevalence, trends, key issue information.

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]

Yes - Minutes and records from the DRD Review Group record learning and actions to improve practice. Recently piloted use of a 7 Minute Briefing to support practice improvements.

Cross-cutting priority: Resilient and Skilled Workforce

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

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	4.00
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]

HADP is keen to expand Support Team capacity with 1 WTE Project and Business Manager to improve ADP functioning, financial management, quality improvement, commissioning.

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)
[single option]
☒ Yes
☐ 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)	62.30
Total vacancies (whole-time equivalent)	9

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
☒ Flexible working arrangements
☒ Management of caseload demands
☒ Provision of support and well-being resources to staff
☒ Psychological support and wellbeing services
☐ Staff recognitions schemes
☐ None
☒ Other (please specify): Quality improvement initiatives around staff experience in some areas

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): Feedback has been sought via experiential data collection for the MAT Standards.

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	☐	☒
Feedback used to inform service improvement	☒	☒
Feedback used in assessment and appraisal processes for staff	☐	☐
Feedback is presented at the ADP board level	☒	☒
Feedback is integrated into strategy	☐	☐
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	☒	☒	☐	
Focus group	☐	☐	☐	
Lived experience panel/forum	☒	☒	☐	
Questionnaire/ surveys	☒	☒	☐	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (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	☒	☒	☐	
Focus group	☐	☐	☐	
Lived experience panel/forum	☒	☒	☐	
Questionnaire/ surveys	☒	☒	☐	
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]

Lived experience panel is in development. Reduced Support Team staff capacity and sustaining peoples interest has been challenging.

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]

Section in funding proposal form to describe process of involvement of people/families with lived experience.

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): Advocacy support is developing with HADP agreeing to fund a test of change project development with Partners in Advocacy and Highland Advocacy.

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
☐ Other (please specify): HADP funds the SDF Highland Recovery Workers Training Project and has recently funded a Development Officer post to expand the RWTP in to broader employment areas.

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]

Scaling up employability initiatives.

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)
[multiple choice]
☒ 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): SRC have been very supportive initially in helping to establish a Lived Experience Advisory Panel (LEAP) Group.

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):
☐ 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]

People First - Partners Pledge, Language Matters - resources, anti-stigma training and resources. Delivery of SDF anti-stigma training. Support for local roll out of national campaigns. Local anti-stigma work reduced due to competing priorities and reduced support team capacity.

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)	☐	☐	☐	☐	
Leaflets/posters	☒	☐	☐	☐	
Online (e.g. websites, social media, apps, etc.)	☐	☒	☐	☐	
Other (please specify)					

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	☐	☐	☐	☒	☒	☒	☒	
Information services	☐	☐	☒	☒	☒	☒	☒	
Physical health	☐	☒	☒	☒	☒	☒	☒	
Mental health	☐	☐	☐	☒	☒	☒	☒	
Naloxone	☐	☐	☐	☒	☒	☐	☒	
Overdose awareness and prevention	☐	☐	☐	☒	☒	☒	☒	
Parenting	☐	☐	☐	☐	☐	☒	☐	
Peer-led interventions	☐	☐	☒	☒	☒	☒	☐	
Personal and social skills	☐	☐	☒	☒	☒	☒	☒	
Planet Youth	☒	☒	☒	☒	☒	☒	☒	
Pre-natal/pregnancy	☒	☐	☐	☒	☐	☒	☐	
Reducing stigma	☐	☐	☒	☒	☒	☒	☒	
Seasonal campaigns	☐	☐	☒	☒	☒	☒	☐	
Sexual health	☐	☐	☐	☐	☐	☐	☐	
Teaching materials for schools	☐	☒	☒	☒	☐	☐	☐	
Wellbeing services	☐	☐	☐	☐	☐	☐	☐	
Youth activities (e.g. sports, art)	☐	☒	☒	☒	☐	☐	☐	
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
☐ Mental health services
☒ Mobile/outreach services
☒ Peer-led initiatives
☐ Women support services
☐ None
☐ Other (please specify): Community pharmacies - only supplied in the event of an emergency. Families via SFAD on-line/postal service. Homelessness Nurse. Justice services - DTTO. Outreach - Work underway to supply residential care establishments accommodating young people.

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
☒ Homelessness services
☒ Justice services
☐ Mental health services
☐ Mobile/outreach services
☐ Peer-led initiatives
☐ Women support services
☐ None
☐ Other (please specify): Similar picture to above.

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
☒ Mobile/outreach 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
☐ Homelessness services
☒ Justice services
☐ Mental health 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	☐	☒	☒	☒	☒	☒
Alcohol interventions	☒	☒	☒	☒	☒	☒
Alcohol screening	☒	☒	☐	☒	☒	☒
Buvidal provision	☒	☒	☐	☒	☒	☒
Detoxification	☐	☐	☐	☒	☐	☐
Drugs screening	☐	☒	☐	☒	☒	☒
Psychological screening	☐	☒	☐	☒	☒	☐
Harm reduction	☒	☒	☒	☒	☒	☒
Health education	☒	☒	☐	☒	☒	☒
"Life skills" support or training (e.g. personal/social skills, employability)	☒	☐	☒	☒	☒	☒
Opioid Substitution Therapy (excluding Buvidal)	☒	☒	☐	☒	☒	☒
Peer-to-peer naloxone	☒	☐	☐	☐	☐	☐
Recovery cafe	☒	☒	☐	☒	☒	☐
Recovery community	☐	☐	☐	☐	☐	☐
Recovery wing	☐	☐	☐	☒	☐	☐
Referrals to alcohol treatment services	☒	☒	☒	☒	☒	☒
Referrals to drug treatment services	☒	☒	☒	☒	☒	☒
Staff training	☒	☒	☐	☒	☒	☒
Other (please specify)						

Q23a) How many recovery communities are you aware of in your ADP area?
[open text, integer]

0

Q23b) How many recovery communities are you actively engaging with or providing support to?
[open text, integer]

0

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): There is a wide range of mutual aid groups but not an established recovery community.

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)
[multiple choice]

☐ Advisory role
☐ Consultation
☐ Informal feedback
☐ Representation on the ADP board
☒ Recovery communities are not involved within the ADP
☐ Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)
[multiple choice]
☒ Access to alcohol medication (Antabuse, Acamprase, etc.)
☒ Alcohol hospital liaison
☒ 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
☒ In-patient 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

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select 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): Having sufficient non-medical prescribers trained, large geographical distances covered by lone practitioners. Primary care buy in – one practice will not support our NMP to prescribe MAT in rural area. Lack of accommodation and recruitment challenges.

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	☒	☒
Employability support	☐	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☒	☒
Mental health services	☒	☒
Outreach/mobile	☐	☐
Recovery communities	☐	☐
School outreach	☐	☐
Support/discussion groups	☐	☐
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]

HADP works in partnership with NHSH and the CPC to raise awareness.
0 – 4 (early years)
Infants affected by D&A receive txt/support thru a variety of routes including:
- Prebirth/birth support from acute clinical service
- Prebirth support to parents from midwifery services
- Support to midwifery care via the Vulnerable Pregnancy Pathway
- Additional Support to midwifery services through the HADP Midwifery post
-Family support via Highland Practice Model childs/infant planning process (Community Early Years Practitioner roles offer direct parenting and family support)
- Health Visitor role, as named person are responsible for co-ordinating a plan for families affected by D/A, including financial inclusion/housing/3rd sector support. They are required to take a Whole Family Approach, liasing & coordinating support for infant/ families where D&A are present & with Youth & CJS, MH service, addiction and txt services and/or prison services as needed.
5 – 12 (primary)
Support provided via Highland Practice model. A child would have a named person responsible for gathering a core group of support services around the child & family to ensure needs are assessed & supported. They may receive school support via school

counselling service (Crossreach commissioned to deliver), extended emotional and mental health support may be provided via Primary MH Worker service. The core group, in partnership with the child and family may wish to consider referral to CAMHS to be supported via a D&A Psychologist. Initially consultation with CAMHS would be available to the professionals who know the child best in order to support them to live safely in their own family. Child's parents may be supported through an approp parenting prog eg. PUP, Family First or Intandem all delivered via Action for Children.
The child would be supported to participate in structured youth work and diversionary activities and the family would be encouraged to participate in structured family based activities.

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	☒	☒
Employability support	☐	☒
Family support services	☒	☒
Information services	☒	☒
Justice services	☒	☒
Mental health services	☒	☒
Opioid Substitution Therapy	☐	☐
Outreach/mobile	☐	☐
Recovery communities	☐	☐
School outreach	☐	☐
Support/discussion groups	☐	☐
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]

HADP works in partnership with NHSH and the CPC to raise awareness.
0 – 4 (early years)
Infants affected by D&A receive txt/support thru a variety of routes including:
- Prebirth/birth support from acute clinical service
- Prebirth support to parents from midwifery services
- Support to midwifery care via the Vulnerable Pregnancy Pathway
- Additional Support to midwifery services through the HDAP Midwifery post
-Family support via Highland Practice Model childs/infant planning process (Community Early Years Practitioner roles offer direct parenting and family support)
- Health Visitor role, as named person are responsible for co-ordinating a plan for families affected by D/A, including financial inclusion/housing/3rd sector support. They are required to take a Whole Family Approach, liasing & coordinating support for infant/ families where D&A are present & with Youth & CJS, MH service, addiction and txt services and/or prison services as needed.
5 – 12 (primary)
Support provided via Highland Practice model. A child would have a named person responsible for gathering a core group of support services around the child & family to ensure needs are assessed & supported. They may receive school support via school counselling service (Crossreach commissioned to deliver), extended emotional and mental health support may be provided via Primary MH Worker service. The core group, in partnership with the child and family may wish to consider referral to CAMHS to be supported via a D&A Psychologist. Initially consultation with CAMHS would be available to the professionals who know the child best in order to support them to live safely in their own family. Child's parents may be supported through an approp parenting prog eg. PUP, Family First or Intandem all delivered via Action for Children.
The child would be supported to participate in structured youth work and diversionary activities and the family would be encouraged to participate in structured family based activities.

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)	☐	☒
People from minority ethnic groups	☐	☒
People from religious groups	☐	☒
People who are experiencing homelessness	☒	☐
People who are LGBTQI+	☐	☒
People who are pregnant or peri-natal	☒	☐
People who engage in transactional sex	☐	☒
People with hearing impairments	☐	☒
People with learning disabilities and literacy difficulties	☒	☐
People with visual impairments	☐	☒
Veterans	☒	☐
Women	☒	☐
Other (please specify)		

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]

Although there are working practices in place to provide support, a greater focus on MAT 6, 9, 10 in 2023/24 will result in establishing formal joint working protocols.

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]

A steering group has been set up for development of MAT 6, 9, 10, where mental health services and DARS will devise pathways for implementation of this

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]

Housing are represented on the HADP Strategy Group. DWP have recently joined the group. Partners in Advocacy are also represented on the HADP Strategy Group.

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): increased access to supervision and consultation

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	☐	☒	☒	☒
Diversionary activities	☒	☒	☒	☒
Employability support	☐	☐	☐	☒
Family support services	☒	☒	☒	☒
Information services	☒	☒	☒	☒
Mental health services	☐	☒	☒	☒
Outreach/mobile services	☐	☐	☐	☒
Recovery communities	☐	☐	☐	☐
School outreach	☐	☐	☐	☐
Support/discussion groups	☐	☐	☐	☐
Other (please specify)				

Q37a) Do you contribute toward the integrated children's service plan? (select only one)
[single option]

☒ Yes
☐ No
☐ Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 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
☐ Mental health 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

Q39b) Please provide details.
[open text – maximum 255 characters]

Complete & report on gap analysis DARS & AfC pilot PUP Run 2nd Planet Youth survey in 5 schools/update prevention action plan Pilot Whole Family Wellbeing approach in Lochaber to inform scaling up Establish clear inter-agency workforce development plan

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	☒	☒
Advocacy	☐	☐
Mentoring	☐	☐
Peer support	☒	☐
Personal development	☐	☐
Social activities	☐	☐
Support for victims of gender based violence	☐	☐
Other (please specify)		

Confirmation of sign-off

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):

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.scot should you have any questions.

[End of survey]