

Integration Joint Board 15th June 2023

Subject : North Ayrshire ADP Annual Reporting Survey

2022/2023

Purpose: Approval

Recommendation: The IJB to consider and approve the responses to the ADP

Annual Reporting Survey for submission to the Scottish

Government.

Direction Required to	Direction to :-	
Council, Health Board or	No Direction Required	
Both	North Ayrshire Council	Χ
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	To present, for approval, the ADP Annual Reporting Survey for 2022/2023 detailing a range of information to the Scottish Government on a range of aspects relating to the delivery of the National Mission.
2.	BACKGROUND
2.1	This year the report provides high level information on the range of substance misuse support available in North Ayrshire.
3.	PROPOSALS
3.1	List the specific actions that need to be considered and approved:
	It is requested that IJB consider and sign off the responses to the survey before submission to the Scottish Government on the 27 th of June 2023.
3.2	Anticipated Outcomes
	The survey provides a broad overview of the work of the ADP and does not reflect the totality of the work covered by the ADP, NADARS and wider partners.
3.3	Measuring Impact



	The data will help understand the challenges and opportunities with the findings informing the monitoring of the National Mission, the work of national subgroups focused on topics such like the Whole Family Approach and Residential Rehabilitation.
4.	IMPLICATIONS
4.1	<u>Financial</u> <u>None.</u>
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None.
4.4	Equality/Socio-Economic Add information on the equality/socio-economic implications of the proposals or "None".
4.5	Risk The survey details responses mainly focuses on support available to people in North Ayrshire so carries a 'low' risk rating.
4.6	Community Wealth Building Details within the responses raise awareness of the impact of alcohol and drugs and the work of the HSCP, ADP and partner agencies to reduce alcohol and drug related harms.
4.7	Key Priorities The survey has helped the ADP identify areas of strength and areas of opportunity and development. This will be considered when developing the next ADP strategic plan and associated action plans.
5.	CONSULTATION
	A core group of individuals involved with the ADP contributed to the survey responses.

Director – Caroline Cameron Michael McLennan, Interim ADP Lead Officer, michaelmclennan@north-ayrshire.gov.uk

Appendices

Appendix 1: ADP Annual Reporting Survey

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 <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] North Ayrshire 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): Drug Death Prevention Group Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews? (select only one) [single option] ☐ Yes \boxtimes No ☐ Don't know Q3b) If no, please provide details on why this is not the case. [open text – maximum 255 characters] Drug death reviews are reported and managed through the North Ayrshire Mental Health Adverse Event Review Group (AERG) process. Any service learning or ommisions are collated and circulated as learning notes across the NA HSCP Mental Health Services 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] ☐ No ☐ Don't know Q4b) If no, please provide details. [open text – maximum 255 characters] N/A

Cross-cutting priority: Resilient and Skilled Workforce

 \square Other (please specify):

Q5a) What is the whole-time equivalent staffir	ng resource routinely dedicated to your ADP
Support Team as of 31st March 2023.	
[open text, decimal]	
Total current staff (whole-time equivalent	1.00
including fixed-term and temporary staff,	
and those shared with other business areas)	
Total vacancies (whole-time equivalent)	1.5
Q5b) What type of roles/support (e.g. analytic	al support, project management support, etc.)
do you think your ADP support team might nee	ed locally? Please indicate on what basis this
support would be of benefit in terms of whole	-time equivalence.
[open text – maximum 255 characters]	
Further resource in a Support Officer type role	to help further develop the work of the ADP.
The ADP could benefit from analytical suppor	t around the MAT experitienial analysis.
Q6a) Do you have access to data on alcohol an	d drug services workforce statistics in your
ADP area? (select only one)	
[single option]	
☐ Yes	
☑ No (please specify who does): This is available	le on request via NAC, NHS and the HSCP senior
management and workforce planning.	,
☐ Don't know	
6b) If yes, please provide the whole-time equiv	valent staffing resource for alcohol and drug
services in your ADP area.	<u> </u>
[open text, decimal]	
, ,	
Total current staff (whole-time equivalent)	
Total vacancies (whole-time equivalent)	
Q7) Which, if any, of the following activities are	e you aware of having been undertaken in
your ADP area to improve and support workfo	rce 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	- ·
□ Provision of support and well-being resource □ Provision of support and suppor	es to staff
□ Psychological support and wellbeing service □ Psychological support and wellbeing	
✓ Staff recognitions schemes	. -
_	
☐ None	

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
\square No
☑ Other (please specify): We facilitated a Development Day to give stakeholders the chance
to providers feedback and input on the direction of the ADP. We also have a Community
Recovery Forum and a Lived Experience Panel.

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	\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				
Focus group	\boxtimes	\boxtimes	\boxtimes	
Lived experience panel/forum	\boxtimes		\boxtimes	
Questionnaire/ surveys			\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				
Focus group	\boxtimes			
Lived experience panel/forum				
Questionnaire/ surveys				
Other (please specify)				Annual ADP Development Day

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]

The ADP are currently developing a new process to distribute funding. As part of the this process we will be involving people with lived experience on the scoring panels which will be responsible for deciding which projects the ADP should invest in. We will be developing our LEP to further embed people with lived experience views in the direction of the ADP.

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 ask funded providers to produce a progress report which is inclusive of feedback and case studies from people with lived/living experience. We have also involved people with lived experience in the procuremnet process in selecting a new providers for our P.E.A.R service. However,in 2023/2024, the ADP will focusing on involving people with lived experience more often in the planning/implementation of services.

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
□ None

 \square Other (please specify):

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):
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]
Perception of not being able to be employed "not good enough" lack of confidence and self esteem. Lack of identified services to take volunteers on - waiting list
Lack of capacity for training people with lived experience prior to volunteering or Employment - Financial implications (reinbursement) No main recovery hub in North Ayrshire - no "go to place".
Limited capacity for practical support with job applications and limited advocacy support Demographics of recovery opportunities Adult learning to boost skills and confidence - Job Centre is definite barrier and won't promote jobs if the individual has a criminal conviction
Not enough promotion of volunteering and employment at colleges Stigma between recovery/ peer workers - dependant on addiction or substances used previously
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]
□ Scottish Drugs Forum (SDF)
☐ Scottish Families Affected by Drugs and Alcohol (SFAD)
☑ Scottish Recovery Consortium (SRC)☐ None
\boxtimes Other (please specify): TPS P.E.A.R Service, CAFAS, Health and Wellbeing Group, Scottish Ambulance Service, North Ayrshire partner agencies, Barnardos, Children 1 st .

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): LOP's, SOP's, guidelines, improvement plans are written in a mindful way using language to address reduction of stigma. Forthcoming plan to hold events addressing stigma and providing information to the public about BBV, overdose awareness
and naloxone.
_
□ 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]
Forthcoming plan to hold events addressing stigma and providing information to the
public about BBV, overdose awareness and naloxone provision.
Staff group have undertaken SDF Stigma awareness training

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	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Online (e.g. websites, social media, apps, etc.)	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
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				\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Information services				\boxtimes	\boxtimes			
Physical health		\boxtimes		\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Mental health		\boxtimes		\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Naloxone				\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Overdose awareness and prevention			\boxtimes					
Parenting	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Peer-led interventions				\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Personal and social skills	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	\boxtimes	
<u>Planet Youth</u>								
Pre- natal/pregnancy				\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Reducing stigma		\boxtimes		\boxtimes	\boxtimes	\boxtimes	\boxtimes	
Seasonal campaigns								
Sexual health				\boxtimes	\boxtimes	\boxtimes	\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
Mental health services
Mobile/outreach services
□ Peer-led initiatives □ Peer-led i
Women support services
None
Other (please specify): Children and Families Social Work, Front facing local authority
offices, Alcohol and Drug Liaison Team
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
☑ Mental health services
□ Peer-led initiatives
□ None
☐ Other (please specify):

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
□ Justice 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
☐ Peer-led initiatives
□ 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]
N/A

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]
N/A
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):
— Other (picuse 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		
Alcohol interventions						
Alcohol screening						
Buvidal provision						
Detoxification						
Drugs screening						
Psychological screening						
Harm reduction						
Health education						\boxtimes
"Life skills" support or training (e.g. personal/social skills, employability)						
Opioid Substitution Therapy (excluding Buvidal)						
Peer-to-peer naloxone					\boxtimes	
Recovery cafe						
Recovery community						
Recovery wing						
Referrals to alcohol treatment services						
Referrals to drug treatment services						\boxtimes
Staff training						
Other (please specify)						Recovery Developm ent Workers

Q23a) How many <u>recovery communities</u> are you aware of in your ADP area?
[open text, integer]
43
Q23b) How many recovery communities are you actively engaging with or providing support to? [open text, integer]
35
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):
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 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
□ 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
\square 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
\square 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)		\boxtimes	
Diversionary activities	\boxtimes	\boxtimes	
Employability support	\boxtimes	\boxtimes	
Family support services	\boxtimes	\boxtimes	
Information services	\boxtimes	\boxtimes	
Justice services	\boxtimes	\boxtimes	
Mental health services	\boxtimes	\boxtimes	
Outreach/mobile	\boxtimes	\boxtimes	
Recovery communities		\boxtimes	
School outreach			
Support/discussion groups	ort/discussion groups		
Other (please specify)		Some of the interventions above only support up to age 18 or 21.	

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]

The Child and Adolescent Specialist Substance Team (CASST) offer's support to children aged 5-21 who are affected by either their parental/caregivers alcohol/substance use or their own. Within the 5-12 age group we support children within school and at home, depending on their preference. We work on child centred plans, drawing support from their wider support network. We contribute to CP meetings, core groups, school meetings etc and work collaboratively with both families and professionals involved within the careplan. Key outcomes we strive to achieve are: better understanding of circumstances, improved family relationships, better links with recovery services and general community groups etc. Our approach is underpinned by our knowledge of trauma and how this can manifest within behaviours and we regularly use this knowledge to support the children we work with to find their voice.

CASST's referrals come from across social services and we regularly receive referrals from our health parteners via Service Access. This alllows for strong partnership working whereby we regularly offer joint family sessions and inputs at groups. We undertake a flexible approach to working with our young people and our families and regularly refer into partener agencies.

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	\boxtimes	\boxtimes
Family support services	\boxtimes	\boxtimes
Information services	\boxtimes	\boxtimes
Justice services	\boxtimes	\boxtimes
Mental health services	\boxtimes	\boxtimes
Opioid Substitution Therapy		\boxtimes
Outreach/mobile		\boxtimes
Recovery communities		\boxtimes
School outreach		
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]

As above.

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)		

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]
oxtimes 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]
N/A

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]

NADARS have an open referral system and clients can access a service assessment which includes MH assessment and treatment.

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]

ADP funded posts within Advocacy and Women's Aid. Money Matters workers sit within NADARS. North Ayrshire Council Housing Department fund an Addiction post that sits as part of the housing first team.

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
□ None
☐ Other (please specify):

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	
Diversionary activities		\boxtimes	\boxtimes	\boxtimes	
Employability support			\boxtimes	\boxtimes	
Family support services		\boxtimes	\boxtimes	\boxtimes	
Information services		\boxtimes	\boxtimes		
Mental health services		\boxtimes	\boxtimes	\boxtimes	
Outreach/mobile services					
Recovery communities			\boxtimes	\boxtimes	
School outreach		\boxtimes	\boxtimes	\boxtimes	
Support/discussion groups			\boxtimes		
Other (please		Support to access	Support to access	Support to access	
specify)		other services such as GP,	other services such as GP,	other services such as GP,	
		sexual health, dieticians etc.	sexual health, dieticians etc.	sexual health, dieticians etc.	

		sucn	as G	ιΡ,	sucn	as GP,	sucn	as GP,
		sexual	healt	:h,	sexual	health,	sexual	health,
		dieticians etc.			dieticians etc.		dieticians etc.	
Q37a) Do you contri	ibute toward the in	ntegrate	ed childr	ren'	s servic	ce plan? (se	elect onl	y one)
[single option]		J						, ,
⊠ Yes								
□ No								
☐ Don't know								
Q37b) If no, when d	o you plan to impl	ement t	this?					
[open text – maximu	um 255 characters]						
N/A								

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
□ Naloxone training
□ 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
\square No
☐ Don't know
Q39b) Please provide details.
[open text – maximum 255 characters]
Training is being provided to addiction services staff

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)		

Confirmation of sign-off

(41) Has your response been signed off at the following leve	els?
multiple choice]	
☑ ADP	
☑ IJB	
\centcal{I} Not signed off by IJB (please specify date of the next mee	ting):

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]