ITEM No …7……..

REPORT TO: **HEALTH AND SOCIAL CARE INTEGRATION JOINT BOARD – 23 AUGUST 2023**

REPORT ON: **ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORT**

REPORT BY: **CHIEF OFFICER**

REPORT NO: **DIJB45-2023**

1.0 PURPOSE OF REPORT

Scottish Alcohol and Drug Partnerships (ADP) were asked to complete an annual reporting survey to the Scottish Government. This return is to be approved by the local ADP and by the relevant Integration Joint Board. The purpose of this report is to seek agreement for the final submission to the Scottish Government.

2.0 RECOMMENDATIONS

It is recommended that the Integration Joint Board (IJB):

2.1 Approves the content of the Dundee Alcohol and Drug Partnership Annual Reporting Survey 2022 – 23 as attached at Appendix 1.

2.2 Notes that the Dundee ADP has already approved the submission and that a draft report was submitted to the Scottish Government on the 26th June 2023, to meet the Scottish Government submission date guidelines.

3.0 FINANCIAL IMPLICATIONS

3.1 There are no financial implications to this report. The information is retrospective data gathering.

4.0 MAIN TEXT

4.1 Background

4.1.1 A new template was been shared with all ADPs for the delivery of the 2022-23 Annual Report to the Scottish Government. The deadline for submission of the report was Monday 26th June 2023 and it was requested that the submission is signed off by both the ADP and the IJB.

4.1.2 The Annual Report 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. The revisions to the survey are planned to minimise duplication of reporting (e.g. on MAT implementation and Whole Family Approach developments). This report does not reflect the totality of activities locally and covers areas of work where we do not already report progress nationally through other means. It was not expected that every ADP will respond to all of the questions, and it was equally not expected that each ADP will have all of the services / projects in place.

4.1.3 The data collected as part of this report will be used nationally to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- the monitoring and 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 of services.

4.1.4 Data gathered through this report will be analysed and the findings will be published at an aggregate level as experimental 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 summary data may be used in published reports.

4.1.5 The Dundee ADP submission, demonstrated the range of work undertaken across Dundee. While there is no indication that every aspect of the survey should be in place, we will utilise the aggregated information published nationally to determine where others are working in ways which differ from Dundee, and use the local analysis to consider where there may be gaps in our approach.

4.2 Sign-off of the annual report

4.2.1 Dundee ADP, considered and agreed the submission on the 20th June 2023. Given the timing for the submission of information, the Chair and Vice Chair of the IJB were asked to provisionally agree submission of the survey information prior to the 26th of June 2023, with full approval to be reached at the August 2023 meeting of the IJB. This was confirmed to the Scottish Government and a copy of the agreed survey will be submitted following this meeting.

5.0 POLICY IMPLICATIONS

This report has been subject to the Pre-11A Screening Tool and does not make any recommendations for change to strategy, policy, procedures, services or funding and so has not been subject to an Integrated Impact Assessment. An appropriate senior manager has reviewed and agreed with this assessment.

6.0 RISK ASSESSMENT

There are no associated risks contained within this report.

7.0 CONSULTATIONS

The Dundee Alcohol and Drug Partnership were consulted in the development of the ADP Annual Survey report. The Chief Officer, Chief Finance Officer and the Clerk were consulted on the report.

8.0 DIRECTIONS

The Integration Joint Board requires a mechanism to action its strategic commissioning plans and this is provided for in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014. This mechanism takes the form of binding directions from the Integration Joint Board to one or both of Dundee City Council and NHS Tayside.

Direction Required to Dundee City Council, NHS Tayside or Both	Direction to:	
	1. No Direction Required	✓
	2. Dundee City Council	
	3. NHS Tayside	
	4. Dundee City Council and NHS Tayside	

9.0 BACKGROUND PAPERS

None.

Vicky Irons
Chief Officer

DATE: 24 July 2023

Diane McCulloch
Head of Health and Community Care Services

Vered Hopkins
Lead Officer (ADP)

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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 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]

Dundee City 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):

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]

NA

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]

NA

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)	4.50
Total vacancies (whole-time equivalent)	0.50

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]

Analytical support focused on outcomes, half-time training co-ordination, half-time prevention worker (with a focus on alcohol too) and fulltime development worker with skills around community engagement and support.

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)	133.50
Total vacancies (whole-time equivalent)	13.00

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
☒ 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): Support for staff with lived experience

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): specific focus on experiential data collection for 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 within the ADP structure?
(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]

We are currently reviewing options for strengthening the involvement of those with lived expereince in the work of the ADP and the overall Public Protection structure. This could include the development of a panel / forum.

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]

As part of the setting up the system to gather experiential data for MAT we have been supporting DDARS to develop their internal system / structure to involve and engage with the views of those accessing services. Focused support and monitoring of commissioned organisations with respect to their engagement with lived expereince takes place as part of the contract monitoring system.

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): Support with volunteering and employment opportunities

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]

Organisations require to invest in support and supervision for peer workers, especially around mental health if people are working in direct frontline support where they might face triggering situations. People should have support from other peer workers, this can come from within their own organisation or through partnership with other services. Benefits to members of staff include training, professional development that will both support them in the job they are doing at the moment and help them moving forward in their career. It is important that organisations support peers employment for the longer term, this can be challenging. There needs for clarity around the role of peer worker both in terms of what they will bring and how they can develop. there is lack of clarity about what lived experience might mean, how long do people have to be abstinent from substance before they can be a peer worker. There are lots of opportunities for people to develop skills e.g. Peer2Peer, ASSIST etc. but after they have done all this training there are no opportunities to progress.

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): It is possible that SFAD are working in Dundee but this is not organised via the ADP. We also work with SMART Recovery UK

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]

Dundee has a multi-agency Public Protection Trauma Steering Group. All substance use staff receive trauma-informed training to ensure their work is trauma based. we have the Gendered Services project working with organisation to addrerss gender-specifi trauma issues. We have the Authentic Voice Project which includes a focus on lived and living experience, including experiences of staff members.

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):

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):

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]

NA

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]

NA

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]

5

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):

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): There is representation on the ADP Board from a family group

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): some individuals require substancial support to benefit from residential rehab (both in terms of preperation and when returning, and this support requires further investment.

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): Apropriate clinical spaces to deliver MAT

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]

Treatment and support for children up to the age of 12 will be based on the whole family approach, as the main issues will be the effect of parental and other carers' alcohol use. This includes a kinship care team based within Children & Families Service (C&F) social work, and working collaboratively with the third sector (lead by TCA). We have non-medical Prescribing nurses based with loallity C&F teams providing dedicated support for parents and carers, and we have the New Beginnings service supporting pregnant women and babies up to the age of one.

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]

Treatment and support for children up to the age of 12 will be based on the whole family approach, as the main issues will be the effect of parental and other carers' drug use. This includes a kinship care team based within Children & Families Service (C&F) social work, and working collaboratively with the htird sector (lead by TCA). We have non-medical Prescribing nurses based with loallity C&F teams providing dedicated support for parents and carers, and we have the New Beginnings service supporting pregnant women and babies up to the age of one.

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)		We follow a gendered approach

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]

NA

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]

In Dundee and Tayside we currently have two projects with the aim of improving and extending such arrangements. We have the Tayside Pathfinder project lead by HIS and supported by local organisations. This project focuses on improving informaiton sharing/ focus on the experiences of those with lived experience and identifying the specific training and development needs of front-line staff. In Dundee we also have the Working Better Together project currently testing a rpcess to engage with (identify and support) those most at risk, with an initial focus on women affected by substance use and mental health. This project also focuses on progressing with the implementation of MAT9. The two projects work closely together and a senior operational lead for Dundee has now been appointed.

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]

Some support services, including Housing, Education, Corporate Services for Dundee Council - are represented on the ADP Board. The Dundee ADP Board also appointed a number of sub groups to progress specific areas of work - these subgroups include input from a range of non-direct substance use services, including Health Inequalities Team, Women's Services, Mental Health organisations, Communities and Housing. In addition, we have a larger Forum for services and organisations to get together on a monthly basis to jointly discuss and propose solutions to a range of issues relating to substance use - this Forum includes a wide-range of support services, including welfare advice.

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): we are also progressing a more specific gendered approach around the work of trauma. We are about to begin a new project to support buildings and venues used by services to become trauma informed.

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]

Agreed set of activities and priorities with partners involving whole family support across the informal and formal care systems, including Addressing Neglect Enhancing Wellbeing (ANEW) initiative to strengthen engagement with children, YP & families.

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): 23.08.2023

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]