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]

Aberdeenshire 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): Unceratin about the definition of "at an ADP level ". The multi agency Review and Development Group is coordinated by HSCP as an ADP partner and attended by various 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 - where relevant and provided by appropriate partner identifying risk

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]

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)	1.50
Total vacancies (whole-time equivalent)	0.00

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]

1 wte coordinator 1 wte community engagement/ experiential data lead 1 wte prevention/ health improvement lead 1 wte analyst officer

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): This is managed and reported by HSCP - Information provided below
☐ 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)	110.00
Total vacancies (whole-time equivalent)	7

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): Considerable attempts to provide honorariums for volunteer ADP office bearers. These have not come to fruition yet because of significant hurdles to be overcome regards complex governance requirements.

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):

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)				ADP Vice chair is from the recovery community. Community forums reps

				are integral members of the ADP

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	☐	☐	☐	
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]

Service users are encouraged within all services to include family members in understanding their care plan. Recent experiential and staff feedback highlighted this to be an area that requires further development.

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]

Under the ADP sub group structure, there is a Lived and Living Experienced Group (LLE) who are involved in consideration of funding applications and influence any recommendataions e.g. implementation of commissioning where appropriate. There were reviews and evaluations conducted for projects to consider continued contribution to strategy and priorities. Again the LLE group were asked for a view on these reports. MAT Standards brought resdesign of services, this included service users views in their design and feel of the revitalised service. All Services continue to ask for feedback from service users to support implementation of improvements identified

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): Local services provide a range of support including wellbeing support to reduce barriers. This includes funded providers for Peer and Family Support and the Drug and Alcohol Service

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): Participation in Peer led Community Forums and associated community groups as well as through wider support and activities available through commissioned Peer Support

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]

> Governance required in volunteering procedures are specific and represent a barrier. There is lack of resource to allow coordination of opportunities whilst providing support for LLE to accessing volunteering and employment opportunities.

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): 1. Aberdeenshire Peer Support Service (TPS)
2. Aberdeenshire Council CLD Service
3. Aberdeen Voluntary Action
4. Others including, Police Scotland, Aberdeenhsire Council and NHS partners

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): 1. Radical kindness and tackling stigma are central to our current strategy, 'Being Human'
2. Service Development Plan (including implementation of MAT Standards) .
☐ 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]

1. Navigating different opinions of stakeholders to take down barriers to providing community member ADP office bearers with a financial honorarium.
2. A workshop with 50% community members and 50% senior organisational leaders across all grampian public services on stigma. The goal is for senior people to hear the experiences of 6 community members in plenary and then break out into groups conversation café style. The goal is to encourage leaders to take a tangible stance in their organisations. Chair of NHSG and Chief Officer of Aberdeenshire IJB involved.
3. One of the 3 goals of our funded acute hospital alcohol drug care team is to tackle stigma and influence attitude change in hospital staff.
4. HSCP services have a dedicated resource which includes work and activities to reduce stigma in communities and local police staff. Staff are involved with various community events to help people understand more about alcohol and drug use, includung the impact of stigma as well as the harm related to people who have drug and alcohol problems.
Staff have also provided a range of training to various groups of staff, parents etc to help understand drug and alcohol use. Would like to include more family members in these activities.

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)					Teams infrastructure (currently with 345 members) with daily curated content and weekly mass mailing sumarising links to stories in the week passed and links to public events/ peer groups/ training coming up in the next week.

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]

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)	x	x	x	x	x	All Directly implemented by Communit

					y Justice Partnershi p

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

16

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

16

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): We've invested in a Peer Support service

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): Occupational Therapy, Supported programmatic and social support groups, Access Points, Home Care, Outreach

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): Waiting lists , lack of innovation and flexibility in residential offering

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): Recruitment of staff, identification of suitable and accessible premises,

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]

There are Family Wellbeing Hubs being piloted, Children and Families support and intervention within Girfec Framework. LIBRA is the Whole Family Approach team who become involved where risk and need is at a certain level that requires more intensive intervention. The GIRFEC approach is applied across universal services to ensure that each situation is managed in the appropraite way and proportionate to risk and need. There are no specific alcohol services in place, however, additional resource and training is in place across universal and targetted services to avoid labelling and provide early intervention/ diversion etc. Where the need or risk escalates then LIBRA will provide family inclusive support.

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]

There are Family Wellbeing Hubs being piloted, Children and families support and intervention within Girfec framework. LIBRA is the Whole Family Approach team who become involved where risk and need is at a certain level that requires more intensive intervention. The GIRFEC approcah is applied across universal services to ensure that each situation is managed in the appropriate way and proportionate to risk and need. There are no specific drug services in place, however, additional resource and training is available across universal and targetted services to avoid labelling and provide early intervention/ diversion etc. Where the need or risk escalates then LIBRA will provide intensive Family Inclusive Support.

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)		All Services are responsive and adapt to individual characters and needs. Numbers and geography would not provide best value to develop specific services.

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]

> Work is ongoing in line with MAT 9 and colleagues from both Drug and Alchol and mental Health Services are keen to progress

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]

> Ongoing collaboration with HSCP Drug and Alcohol and community and hospital Mental Health services. Two Tests of Change to develop greater collaboration in referral systems/ intervention and support delivery to commence Summer 202

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]

Through ongoing work with ADP partners and alcohol and drug services who have developed close working relationships and new pathways to allow people faster access to these key support services. ADP funding provides increased resource to Housing First in response to higher presentations of people with problematic alcohol and drug use. Contribution from ADP funding to Aberdeenshire Council Advocacy contract is in place.

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): Coaching

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]

Implentation plan involving all partners progressing to deliver awareness and training events through local GIRFEC framework. New Childrens Services Plan reflects these activities and priorities

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]