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](https://uksa.statisticsauthority.gov.uk/about-the-authority/uk-statistical-system/types-of-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](mailto: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]

Falkirk 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): Multiagency Drug Related Death Group

### Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews? (select only one)

[single option]

Yes

No

Don’t know

### Q3b) If no, please provide details on why this is not the case.

[open text – maximum 255 characters]

|  |
| --- |
|  |

### Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)

[single option]

Yes

No

Don’t know

### Q4b) If no, please provide details.

[open text – maximum 255 characters]

|  |
| --- |
|  |

## 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) | 1.75 |
| 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 Development Officer role to lead on specific tasks and workstreams would be advantageous and allow for a greater degree of innovation as well as ensuring the ADP can deliver on required outcomes. This role is in actrive development. |

### 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) | 47.00 |
| Total vacancies (whole-time equivalent) | 3.00 |

### 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):

## 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) |  |  |  |  |

### 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]

|  |
| --- |
| An ADP Lived & Living Experience Panel is to be developed as part of a systemic review of ADP structure. This work will extend to family and friends inclusion and be implemented with a range of partner organisations who deliver ADP services across Falkirk.  The LLEP will be developed with the support of the Forth Valley Recovery Community and CGL service user forum as well as ensuring people with lived experience who aren't engaged with services are able to access and contribute. National consultation with Scottish Recovery Consortium is in process to ensure linkage with the national strategies is in place as well as ensuring a locality-facing focus.  The Panel will contribute directly to ADP strategy and service design through commissioning and will have direct represenation on the ADP Executive. It will operate as a subgroup of the ADP and hold a Terms of Reference. The Chair of the Panel will sit on the ADP Executive.  The ADP, in partnership with Clackmannanshire & Stirling ADP, is exploring similar pathways for family members to contribute to the work of the ADP which will contribute to the Whole Family Approach model to be developed across Forth Valley as part of an upcoming commissioning cycle.  Falkirk ADP continues to invest in Scottish Families Affected by Alcohol & Drugs (SFAD) to deliver services to families and friends across the region. This includes accessing naloxone supplies, bereavement counselling, and support for affected family members |

### 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]

|  |
| --- |
| This is addressed as part of a wider discussion on service performance and planning, specifically within quarterly service monitoring meetings. These meetings involve ADP, stakeholder, and service management and all aspects of delivery and progress are routinely discussed. The involement of service users, people with lived or living experience, and family members is key to these discussions and help facilitate a deeper understanding of the service performance.  CGL Service User Involvement Forum invites SU's to review their experience of the service from point of entry to discharge. This is fed into Service Quality Improvement Plan |

### 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):

### 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]

|  |
| --- |
| PVG membership is required for CGL volunteers and staff, however, people with lived experience can be considered for listing and this creates a significant barrier. This is an ongoing issue and the ADP has discussed this with the Scottish Government Workforce Development Team, Scottish Recovery Consortium and Scottish Drugs Forum Addiction Worker Training Programme Lead Officer.  Remuneration methods, where appropriate, have presented a problem and discussions are currently ongoing to address this. Again, advice has been sought from national support organisations who have direct experience as well as other ADPs. |

### 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):

## 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): Falkirk Plan (LOIP), ADP Delivery Plan, MAT Standards Implementation Plan

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]

|  |
| --- |
| Changing long-held perceptions and beliefs can be difficult and is rarely achieved overnight. Tackling stigma towards any minority or sidelined population can be very difficult and take time. The Falkirk ADP promotes a message of anti-stigma in all its work and works with partners to ensure that message is consistent.  Falkirk ADP continues to work with Scottish Drugs Forum (SDF) to offer stigma training to staff across the council, NHS and third sector. This forms part of a core training offer from SDF to all ADP areas and is funded by Scottish Government.  Other planned work to tackle stigma includes supporting organisations to develop and implement stigma aware policies when considering the needs of their workforce and working with partners such as the Forth Valley Recovery Community to highlight stigmatizing attitudes and practices where appropriate. |

## 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](https://www.winningscotland.org/planetyouth.html) |  |  |  |  |  |  |  |  |
| 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): Specific Social Work Teams

### 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): Scottish Ambulance Service Paramedics, Sexual Health & BBV Managed Care Network

### 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): Direct links with Community Justice Partnership, ADP representation on Effective intervention Group

### 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](https://scottishrecoveryconsortium.org/src-activity/recovery-communities/) are you aware of in your ADP area?

[open text, integer]

|  |
| --- |
| 1 |

### Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

|  |
| --- |
| 1 |

### 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 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): discharge pathways and support on completion of rehab need improvement; pathways for ARBI rehab patients to be included within the ADP pathway.

### 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): Workforce capacity across the whole system needs addressing, not just prescribing. There is a continuing disconnect between SG and PHS which often presents challenges regarding competing, and sometimes contradictory, reporting timetables.

### 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]

|  |
| --- |
| The ADP works with local primary schools to deliver a range of age-appropriate input across the whole school. Information and learning sessions are delivered as part of a wider health and wellbeing cirriculum which includes alcohol, drugs and tobacco in partnership with the Service and School Improvement Team.. |

### 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]

|  |
| --- |
|  |

## 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) | Victims of Gender Based Violence, Young People, Care experienced young people |  |

### Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)

[single choice]

Yes (please provide link here or attach file to email when submitting response):

No

### Q32b) If no, please provide details.

[open text – maximum 255 characters]

|  |
| --- |
|  |

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

[open text – maximum 2000 characters]

|  |
| --- |
| The policy document and shared-care pathway for comobidity authored by NHS Forth Valley is not dependent on diagnosis and underlines shared-care as the default approach. This policy and ongoing work to address the four improvement areas identified for all HSCPs by the Mental Welfare Commission in their report, Ending the Exclusion, underpin the work to address the imbalance between mental health and substance use care. |

### 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]

|  |
| --- |
| The ADP is linked strategically through partnership working arrangements within the Health & Social Care Partnership. Representatives from Housing, Education, Police Scotland, Criminal Justice, Welfare, and Third Sector sit on the ADP and contribute directly to its strategic ambitions.  As part of a structural review of the ADP to be actioned in 2023, a number of subgroups and thematic, sector-based alliances will be created which will ensure closer working relationship across HSCP partners.  The ADP also reports into the Integration Joint Board, the Commnunity Planning Partnership and Public Protection Chief Officer Group to strengthen partnership working, governance, and support for the ADP delivery plan. |

### 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): speak with Ali, Julie

## 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]

|  |
| --- |
| The ADP works with Scottish Families to provide services to family members in Falkirk. This work is a partnership with Clackmannanshire & Stirling ADP and covers the Forth Valley area. Plans to expand and enhance this work will be developed during 2023 |

### 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): The report has been signed off by the Falkirk HSCP Senior Leadership Team and has been recommended for IJB sign off at the next meeting on the 30/06/23

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at [substanceuseanalyticalteam@gov.scot](mailto:substanceuseanalyticalteam@gov.scot) should you have any questions.

[End of survey]