

DEVELOPING ANGUS RECOVERY ORIENTED SYSTEM OF CARE

REPORT ON LOCAL CONSULTATION

BY

**SCOTTISH DRUGS FORUM'S
NATIONAL QUALITY DEVELOPMENT TEAM**

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EXECUTIVE SUMMARY

The aim of the consultation by Scottish Drugs Forum was to determine the status of the current Recovery Oriented System of Care in Angus, with a view to identifying positive factors and possible priorities for further development. Over a 6 month cycle, the views and experiences of a wide range of local organisations working with people affected by drugs and alcohol were sought. Detail of the consultation feedback can be found in the Analysis section of the report.

It was generally agreed by staff and service user respondents that Angus ROSC has many strengths in supporting the recovery of people from problems related to alcohol and drug use. However, some relatively weak aspects of the local system were identified, which could be improved with the support of local partners and without significant increase of resources. The most commonly cited ones are listed below, along with key recommendations suggested.

1. Service Range

While there is a wide range of services in Angus available to people affected by drugs and alcohol, not all are aware of the ROSC concept or view themselves as participants.

Recommendation:

Ensure appropriate recognition of, and support participation of, all organisations participating in Angus ROSC.

2. Pathways and Access

Recovery pathways within Angus ROSC need to be clearly defined and communicated to relevant partners and service users. The role of primary care services in particular, needs to be explicitly recognised and teams more actively involved in Angus ROSC development.

Recommendation:

Primary care services need to be explicitly recognised and more actively involved in Angus ROSC development.

3. Service gaps

A number of gaps in service provision were identified, including needs of children and young people, families; opening hours of services and locality-wide availability.

Recommendation:

There is a need to engage with services working in advocacy, primary care, offending, young people and children affected by parental substance use in further ROSC development. In addition, consideration needs to be given to stages of recovery involving moving on from formal services and towards community re-integration.

4. Service quality

The quality of services generally meets the expectations of the Quality Principles, although this was not examined in detail as part of this consultation. A separate annual ADP exercise will continue to be carried out to this effect.

5. Partnership working

Effective working relationships between services often develop at an individual worker level and lack consistency, according to different service user experiences. There is a need for an improved ROSC-wide information resource, available to all partners, service users and communities; as well as strengthened working protocols across services. This suggestion received strong support during the consultation process, as a necessary component of effective ROSC-working.

Recommendations:

Further development of the Locality Locator or a similar tool would be of benefit in reinforcing workers' knowledge of Angus ROSC.

6. Workforce development

A strategic approach to ROSC-related workforce development across Angus would be beneficial in ensuring targeting of training to different needs of partners, as well as supporting joint training and knowledge-sharing across partners.

Recommendation:

There should be consideration of a strategic approach to ROSC-related workforce development. The roles of induction and supervision should also be developed to assist discussion, develop staff skills and knowledge and share understanding about ROS-informed practice.

7. Families

While there are good examples of support for families, there is a continuing need to embed the Whole Family Approach across Angus ROSC as per the Health and Social Care Partnership 2016-19 Strategic Plan, the Integrated Children's Services Plan and the Scottish Government's strategy on drugs and alcohol, *Rights, Respect and Recovery* (2018).

Recommendations:

Work should continue towards embedding a Whole Family Approach within Angus ROSC.

Angus Carers is an important part of ROSC and should be an active participant in ADP practitioner forums.

8. Children and Young People

Recommendations:

Development and increased roll-out of emotional resources training , targeting 10-14 years olds as preventative measure for young people accessing drug and alcohol services.

Need to recognise the roles of, and engage with, children and young people's services in Angus ROSC development.

9. User Involvement

The continuing development of Angus ROSC should include appropriate and meaningful involvement of service users, families, peers and recovery communities.

Recommendations:

The future development of services should continue to include the input of individuals, families, peers and recovery communities within the ROSC framework. This will strengthen their voices on decisions that affect and matter to them.

10. Peer based recovery support

The development of this provision is widely cited locally, and endorsed by the ADP, as a necessary element of ROSC. It will help reduce stigma and improve the range of support available.

Recommendations:

Support the introduction of peer support workers in appropriate services. Arrangements need to include the supervision and workforce development needs of peers.

11. Involvement in strategic/operational groups

The ADP wishes to widen the inclusion and participation of ROSC partners in ROSC development via its Operations sub-group and has invited services to become involved.

Introduction & background

In 2018, [Scottish Drugs Forum](#)'s (SDF) National Quality Development team was invited to assist [Angus Alcohol and Drug Partnership](#) with further development of its Recovery Oriented System of Care. This was particularly timely, given other parallel activity taking place at the time both locally and nationally, including recommendations following the 2016 validated self assessment of ADPs against the Quality Principles; ongoing development of recovery-focused activity; the review of Scotland's Road to Recovery drugs strategy; and implementation of performance frameworks in a number of ADPs related to the [Quality Principles \(Standard Expectations of Care and Support in Drug and Alcohol Services\)](#).

Recovery Oriented System of Care – a working definition

For the purpose of this work, a ROSC is defined as a system of services, supports and other resources in a community, which provides for the range and stages of need people have during the process of recovery from problems related to the use of alcohol or other drugs. Any service or resource could potentially be part of a ROSC if it provides assistance to people within the service user group (including family members and significant others).

The publication in late 2018 of Scotland's new strategy [Rights, Respect and Recovery: Scotland's strategy to improve health by preventing and reducing alcohol and drug use, harm and related deaths](#) places a renewed emphasis on the importance of ROSC as a necessary framework to support the recovery of people affected by drugs and alcohol in ADP localities.

ROSC-informed practice is highlighted in the Scottish Government's quality framework, in that the Quality Principles and the new Health and Social Care Standards should underpin quality expectations and any associated performance reporting activity, e.g. for ADP-commissioned services.

SDF's National Quality Development team (NQD) has extensive experience in Scotland supporting ADPs and different types of services working with people affected by alcohol and other drugs. We have access to a range of additional resources within SDF which can be drawn upon as required.

The consultation work in Angus was carried out between October 2018 and April 2019, culminating in the ROSC partners event on 2nd May 2019. This report is based on the material gathered during the consultation process.

CONSULTATION PROCESS

NQD APPROACH

Acknowledging the wide range of supports and interventions people in recovery may require, NQD's approach to ROSC development work is designed to include the participation of a wide variety of ROSC partners representing different sectors, services and supports and is not restricted to alcohol/drugs-badged or statutory services. Stakeholders necessarily include current service users, as well as service staff. There may also be wider participation, e.g. from people with lived experience, family members/significant others and people not using services. It is also important to involve appropriate representation of genders, a range of age groups and people at various stages of recovery.

NQD uses a multi-layered approach to consultation, involving mixed methods. This helps to involve as wide a range of participants as possible, recognising that people respond better to certain activities than to others. It also allows for deeper exploration by focusing questions in response to emerging issues.

The consultation process for Angus was discussed with and approved by Angus Alcohol and Drug Partnership prior to commencement.

STAGE 1: ENCOURAGING BUY-IN

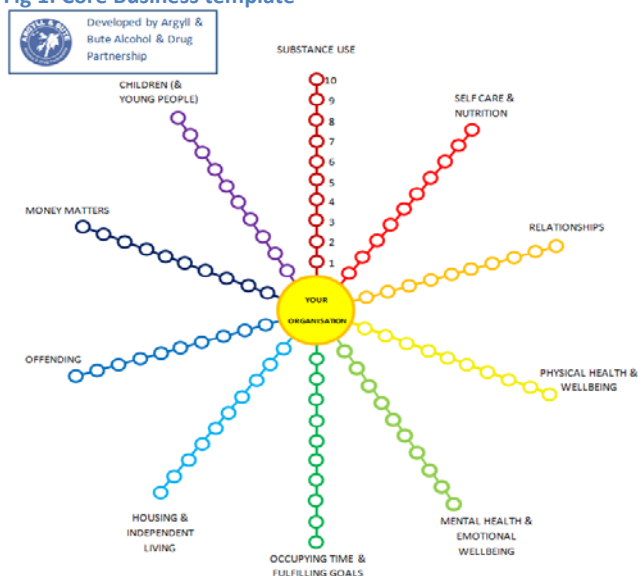
A written briefing was distributed to services identified as actual and potential ROSC participants. Additional meetings and briefings with selected services (managers and teams) took place to promote buy-in and commitment from across participating services. NQD staff were given access to a range of local governance meetings, including the Angus ADP Recovery Sub Group for the purposes of promotion, co-ordination and monitoring of the consultation work. Attendance also helped NQD staff gain an understanding of local developments regarding addiction services and ROSC.

STAGE 2: ROSC MAPPING AND APPRAISAL EXERCISE

An exercise was carried out to map provision of services to people affected by drugs and alcohol issues across Angus. Services were asked to indicate their core areas of business and key partnerships within the local ROSC, using the template below, which is based on the 10 Recovery Outcome themes:

- | | |
|---|--------------------------------------|
| • Substance use | • Occupying time and achieving goals |
| • Self-care and nutrition | • Housing and independent living |
| • Relationships | • Offending |
| • Physical health and wellbeing | • Money matters |
| • Mental health and emotional wellbeing | • Children (& young people) |

Fig 1: Core Business template



Please score your organisation in relation to all ten areas of the web.

This will give an idea of which types of support and/or expertise your organisation can offer.

Score of 1 (centre of the web) = very little or no involvement in this area.

Score of 10 (outside of the web) = main focus of your organisations work.

Organisation name: _____

Contact person: _____

Email: _____

Tel: _____

Address: _____

Brief description: _____

Each service was contacted several times in order to maximise engagement. A total of 32 of 69 (46%) services contacted altogether submitted information on their core business. The table below shows how services rated themselves in terms of their core priorities on a scale of 1 to 10 (10 being the most important):

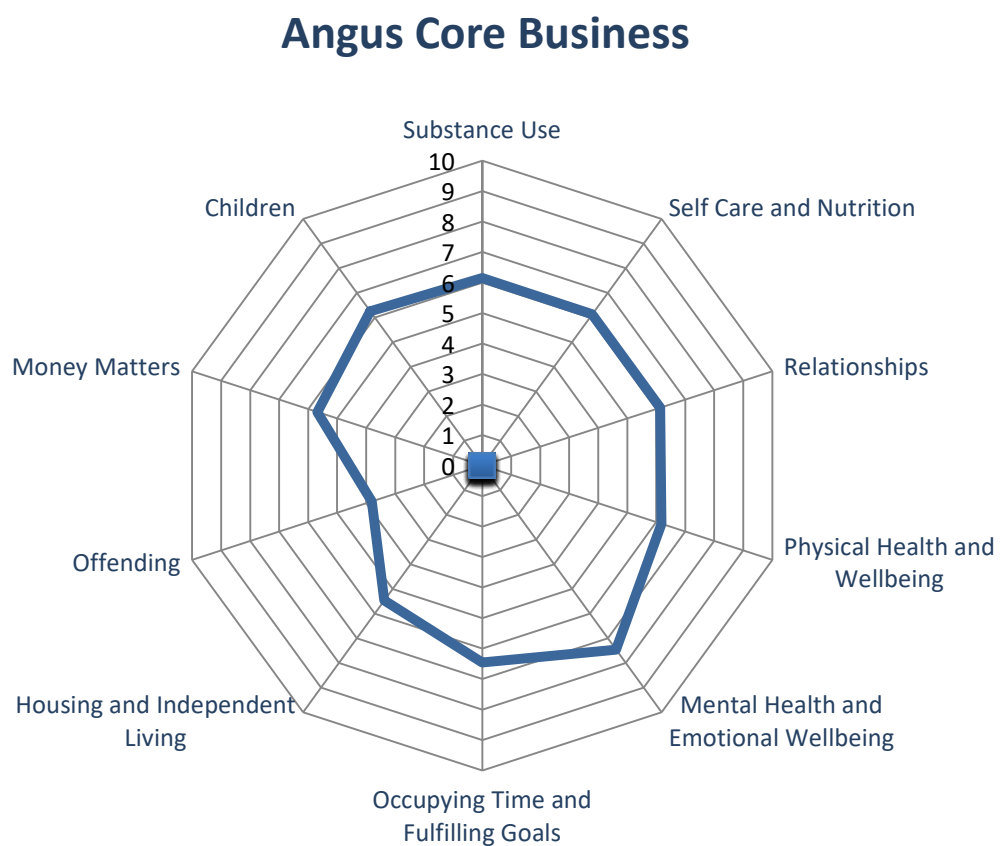
	Substance Use	Self care & Nutrition	Relationships	Physical Health & Wellbeing	Mental Health & wellbeing	Occupying time & fulfilling goals	Housing & independent living	Offending	Money matters	Children & young people
AIDARS North	10	4	6	5	8	4	7	4	6	7
AIDARS South	10	4	6	5	8	4	7	4	6	7
Citizens Advice Bureau	2	2	5	2	6	2	7	4	10	6
Angus Carers	10	7	10	8	10	10	6	1	5	10
Criminal Justice	8	7	10	7	7	9	5	10	8	2
Advocacy	5	5	7	4	7	3	5	5	5	4
Voluntary Action Angus	1	1	1	1	1	9	1	1	2	7
Barnardos	2	5	10	0	7	1	0	0	2	10
Care & Protection Team Social Work	3	7	7	4	7	4	5	2	4	10
Well Bean Cafe	9	8	8	9	10	9	4	3	8	7
Family Nurse	6	10	10	10	10	10	9	2	8	10
Family Social Work	3	7	7	4	7	4	5	2	4	10
Havilah	10	8	10	10	10	8	7	4	10	1
Homeless Support Service	7	10	7	7	7	10	10	7	10	4
Housing	1	3	4	1	1	3	10	4	7	3
Penumbra	1	8	8	10	10	10	5	1	8	1
Fire & Rescue	1	1	1	1	1	1	5	2	1	3
Tayside Council on Alcohol	10	7	10	8	7	7	3	2	4	10
SMART Recovery	10	6	6	6	6	6	3	6	1	6
Gowrie Recovery Care	9	5	10	9	9	9	2	5	3	5
Gowrie ISS	10	9	9	9	10	7	7	9	6	10
Gowrie Street Ahead	10	9	9	9	10	9	7	9	4	10
Forfar Well Bean	9	8	8	9	10	9	4	3	8	7
Skills Development Scotland	5	7	1	1	8	8	5	5	5	7
Health Visitors	8	8	8	8	8	5	7	3	5	10

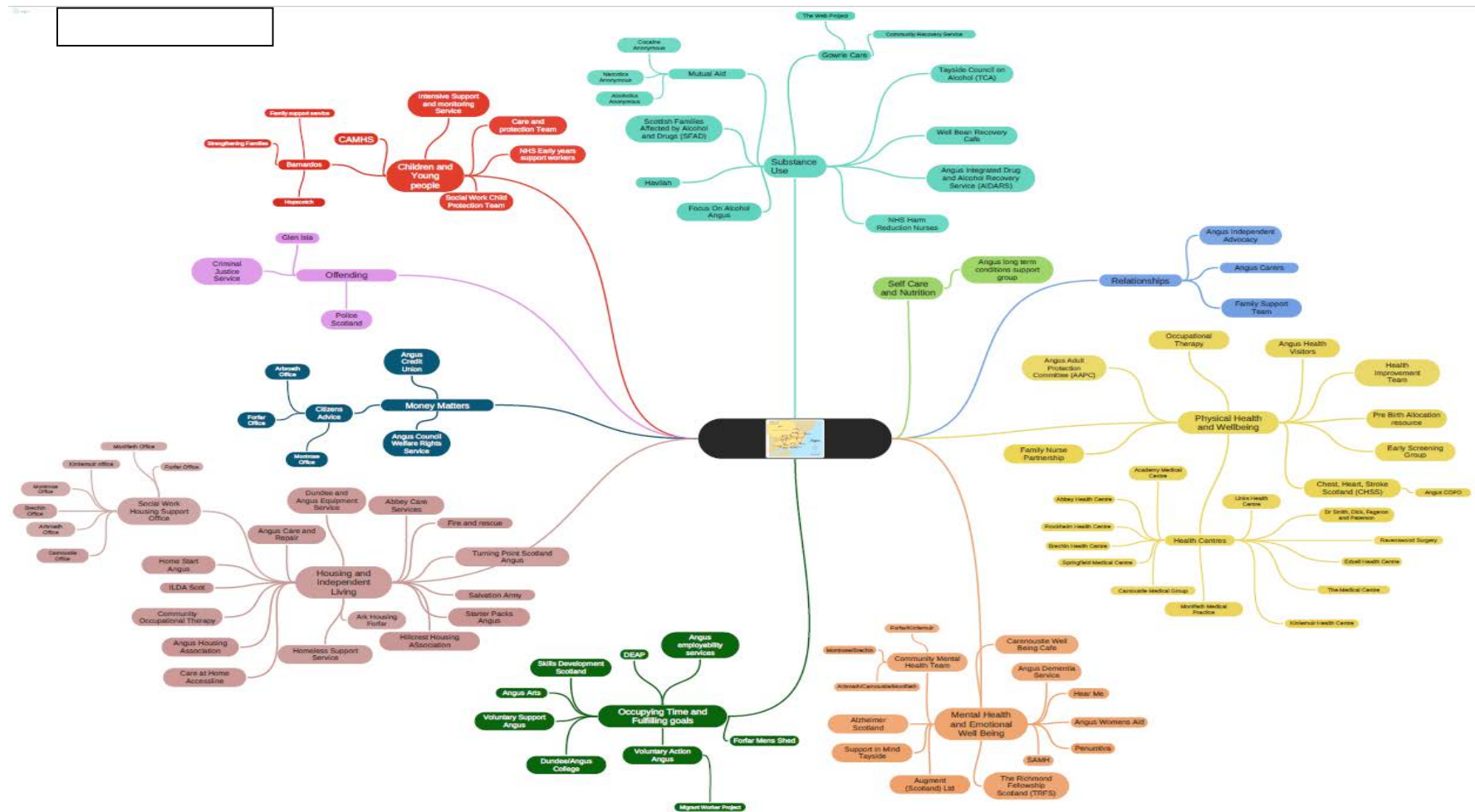
Hear Me	5	6	6	9	10	9	6	6	6	10
Richmond Fellowship	5	5	4	6	10	10	9	6	8	8
NHS Harm Reduction	10	5	2	10	7	4	3	3	3	1
TSMS Pharmacy	10	1	1	3	1	1	1	1	1	1
Multi Agency Advocacy (Women's Aid)	4	8	10	10	10	2	8	5	10	2
Women's Aid	1	7	10	8	10	10	8	1	10	10
Turning Point Scotland	2	8	8	5	6	10	4	2	4	1

The average scores identified by organisations are based on their self ratings using the 10 Recovery Outcome themes.

Fig 3: Angus Core Business

Services also submitted additional information identifying their key partners, which was used to contribute to a locality-wide representation of the systems and services currently in place to support people affected by drugs and alcohol; and which areas of service user need and stages of recovery this activity has an impact on. The discussion section of this report includes narrative on how ROSC in Angus is perceived to be working, in terms of service provision; pathways into, across and out of services; and working relationships across services.





Additionally, invitations for staff and service users to complete Survey Monkey questionnaires relating to their experience of ROSC working were sent to a wide range of services.

Fig 5: Survey Monkey Responses

Service User Surveys	Number of responses	Staff Surveys	Number of responses
AIDARS	17	AIDARS	15
Well Bean Cafe	16	Gowrie Care Services	7
Gowrie Care Services	8	Voluntary Action Angus	5
Angus Carers	13	Tayside Council on Alcohol	4
Havilah	7	Havilah	3
TCA	7	Community Mental Health Team	3
TSMS	4	Police Scotland	2
Abbey Health Care	1	Turning Point Scotland Angus SDS	2
Blank	1	Women's Aid	2
Drug and alcohol support services	1	Angus Physiotherapy Service	1
DPC	1	Angus Council	1
Drug Action	1	Barnardos	1
Drug and alcohol Team	1	Family nurse partnership	1
Drug and Alcohol Abuse	1	Health Visiting	1
Family nurse service	1	HV	1
Receptionist	1	Homelessness Support Service	1
Social Worker	1	Housing	1
Substance misuse	1	Scottish Families Affected by Alcohol and Drugs	1
TDPS	1	Skills Development Scotland	1
?	1	Tayside Community Recovery Service	1
		Well Bean Cafes	1
		Women, Children and Young Peoples Care Division	1
Total	91	Total	56

Demographics

Fig 6: Service user age

Answer Choices	Responses	%
Under 16	5	5.5
17-24	1	1
25-34	9	10
35-44	29	32
45-54	22	24
55-64	14	15
65+	6	7
Prefer not to say	5	5.5
Total	91	

Gender Identity

Responses on gender identity in the questionnaires submitted by services users took account of inclusion of the option of the 'in another way' preference. This terminology is preferred to the usual option of 'other'. The responses delivered a higher than expected number of individuals identifying neither as male or female. Further study would suggest the inclusion of "prefer not to say" as an alternative response

Fig 7: Gender identity

Answer Choices	Responses	%
Male	45	50
Female	38	42
In another way	8	8
Total	91	

Fig 8: Living Situation

Choices	Responses
Alone	45
Homeless accommodation	1
Supported accommodation	3
No fixed abode	1
With parents	14
With partners	21
With children under 18	6
With children over 18	4
With friends	0
Other (<i>specified – look after dad</i>)	1
Total	96

*note for figure 8: Living situation choices, the totals are greater than the number of actual respondents. We attribute this to a few individual most likely selecting options of i.e. "living with partner" and "with children under 18"

Service engagement

A range of services was contacted, based on the initial mapping of the area. This list was not exhaustive, more an attempt to gather a wide range of information across Angus. We do not have current caseload details of all the services contacted so, at this stage, we are unable to report on % of services responses. A questionnaire asked service users to indicate the focus of support provided by the services they currently work with.

Fig 9: Focus of support received

Theme	No. of service users using this type of service*	%
Substance Use	77	85
Self Care and nutrition	12	13
Relationships	7	7
Physical Health and well being	13	14
Mental Health and emotional well being	30	33
Occupying time and fulfilling goals	12	13
Housing and independent living	8	9
Offending	2	2
Money matters	10	11
Children and young people	5	5
Carers	6	6
Family support	5	5
Advocacy	3	3
Faith based	3	3
Gambling addiction	1	1
Food	1	1
Psychiatrist	1	1
Gives me a place to get out of the house during the day	1	1
Get to know people as have just moved to the area	1	1

*Some service users using multiple services.

Length of contact

We asked service users to identify how long they have been using the services they were responding on behalf of. Service staff feedback stated they are working at retaining the involvement of service users for longer periods of time and looking at ways to continue to support individuals rather than moving to suspension or discharge from a service. This is reflected in the survey responses.

Fig 10: Length of contact with service

Answers	Responses	Responses %
Less than 1 month	9	9.9
Less than 3 months	9	9.9
Less than 6 months	9	9.9
7 months to 1 year	6	6.6
1 year to 2 years	15	16.5
2 to 5 years	15	16.5
6 to 10 years	13	14.2
More than 10 years	15	16.5
Total	91	

Focus Groups

Focus groups were also arranged with separate, small groups of service users and staff in order to deepen the examination of issues emerging from questionnaire responses. The exercise used sets of questions designed to explore issues emerging from questionnaire responses more deeply.

One to one interviews were also available as an alternative for those who might prefer to give their views in this way or were unable to attend focus groups. Information sheets were circulated to services users in advance of their voluntary participation. All consultation activity and subsequent use/storage of information gathered by Scottish Drugs Forum complies with the General Data Protection Regulations 2018.

Four Scottish Drugs Forum National Quality Development team staff supported the consultation exercises.

Fig 11: Focus Groups

Service	Staff	Service users
Well Bean Café Forfar		3 participants
Well Bean Café Montrose		2 participants
Havilah Service User		5 participants
AIDARS (mix of N & S Teams)	12 participants	
Havilah Volunteer Staff	13 participants	
Total	25	10

Stage 3: Angus ROSC Partners Event

A ROSC event was held on the 2nd of May 2019 to bring local Angus ROSC partners together to:

- Consider the current status of Angus ROSC, based on presentation of the consultation feedback
- Identify development priorities to help inform Angus ADP's decision-making on future developments.

Organisations Involved

Attendees comprised representation from the following organisations:

- | | |
|--|---|
| • Angus Alcohol and Drugs Partnership | • Homelessness |
| • Angus Integrated Drug and Alcohol Recovery Service | • NHS Tayside |
| • Adult Mental Health | • Public Health Angus |
| • Angus Council | • Protecting People |
| • Barnardos | • Scottish Families Affected by Alcohol & Drugs |
| • Community Planning | • Scottish Fire & Rescue Service |
| • Criminal Justice | • Tayside Council on Alcohol |
| • Custody Healthcare/Angus MIIU | • Turning Point Scotland |
| • Family Nurse Partnership | • UK SMART Recovery |
| • Gowrie Care | • Voluntary Action Angus |
| • Havilah | |

Total numbers of delegates (not including facilitators and speakers): **55**

The consultation process has had a focus on involving service users, as evidenced by the numbers participating in questionnaire completion and focus groups. However, the Partners event was designed specifically for staff in services and other professionals only; service users were not included. The reason for this was to provide an opportunity for services to consider the feedback on Angus ROSC and services; and to promote open and frank discussions on strengths and weaknesses, and discuss opportunities for development and improvement which might not have been possible were service users present. It remains important that opportunities are provided for service users to receive and comment on consultation feedback and NQD will work with the ADP to identify ways to do this.

Presentations

Opening remarks were delivered by Bill Troup, Head of Service – Mental Health and Angus Health & Social Care Partnership.

Susan Weir and Suzanne Nisbet, Senior Officers for Scottish Drug Forum National Quality Development Team delivered feedback on the Angus consultation work.

Bruce Thomson, Scottish Drugs Forum National Quality Developmental manager delivered a session on Recovery Oriented Systems of Care.

The afternoon session was delivered by Bruce Thomson who presented a ROSC participation tool *Partnerships and Pathways – an aid to ROSC in Angus*. The event rounded off with closing remarks from Bill Troup.

Discussion sessions and feedback were facilitated by the team of 7 Scottish Drugs Forum staff.

Analysis

The consultation with staff, service users and carers produced a range of information about experiences of current service provision across Angus and how services should be developed locally in order to meet their needs better. Analysis employed a mixture of quantitative and qualitative techniques to help define and assess strengths, weaknesses and opportunities for ROSC development.

Service Range

The overall consultation was focused on all 10 recovery indicators. Across the 10 themes there is a reasonable spread of service provision. We identified a smaller number of services delivering offending-related support in the area, which was also reflected in the data (fig 2: Angus core business) gathered from the core business documents submitted.

Recovery is supported by partnerships between services across Angus. Key partners are working to strengthen facilitative relationships to meet the needs of service users and the recovery community.

Staff

“Sometimes you will have joint meetings or meetings with the person just because you think it’s going to be helpful, that’s more on ‘as needed’ basis. That thing happens more often with a community mental health team...a care programme approach, meetings which have everybody: consultant psychiatrist, support workers, nurse, Community health key worker, the client and their family as well” (staff member)

Service users and carers

Service users acknowledge that many staff go “above and beyond” to support them in their recovery. Very few respondents gave indication that they were not satisfied or getting the help they needed other than links to formal mental health supports.

“I think the majority of them are doing their best but they are overwhelmed. I think most people start their recovery with the GP, then the GP will suggest something like the community mental health team or something like that. That can lead onto another service” (service user)

Staff and service users feel that joint initiatives like the Well Bean Cafe are having a positive impact on the recovery community and the wider communities.

“Services can try and help you; we get a lot of info (Well Bean Cafe) because we’ve got different people coming in every week from like the housing department or the job centre” (service user)

However, service users feel there are still insufficient options for out of hours support, at weekends and in evenings.

A range of positive experiences of services were identified:

- **Regular contact** – The questionnaire results showed 38% of services users attended services at least once a week and 16% claim to attend services several times per week.
- **Relatively long term engagement in services** *“Our ethos is it’s safer to keep people in treatment, so if someone isn’t adhering to their prescription, then we will look at different ways to work with those individuals, rather than moving to suspension or discharge from the service” (staff member)*
- **Helpful relationships** *“My support worker goes over and above board for myself and others she works with. She can access everything you need to know to do with your mental health; whether it is gym membership or housing, money worries...I’ve been taken to citizens advice and welfare rights. I have even had her attending GP with me which always helps if you’ve got support because they tend to listen more if you’ve got someone with you” (service user)*

Some negative experiences of services were also discussed, which could lead to opportunities for development.

- **Poor Communication** *“There’s been a time where I have referred to third sector agencies and I never had any feedback on where the referral has gone...did that person receive a service? How did that service go? I would feel more confident if there was more communication from the services that I am referring into, to show that what the client and I agreed is going to work for them outwith the service” (staff member)*
- **Partnerships** *“I sometimes feel that services do not work together cohesively” (service user)*
- **Information sharing** *“Services need to share more with one another, in order to come up with a better plan for the service users” (service user)*
- **Consistency** *“I’ve been in recovery before but after I come off my medication my support has always been withdrawn” (service user)*
- **Peer support** *“I think another thing that we are lacking is peer mentoring” (staff member)*

Recommendation:

Ensure appropriate recognition of, and support participation of, all organisations participating in Angus ROSC.

Pathways and Access

Attendees at the ROSC partners event highlighted the need for better information about ROSC to be made available to staff and service users; not just at a managerial level. They feel pathways within Angus ROSC could be better defined and communicated.

Primary care services have a key role in an effective ROSC, as they often provide the first route into treatment and support. Despite efforts to engage them, primary care services did not feed into the consultation or attend the partners event. We have been unable to report on their perceptions and experiences of their roles in pathways and access. Primary care services need to be encouraged or mandated to become more involved in Angus ROSC.

Specialist drug and alcohol services refer on to community-based or third sector organisations. Feedback on focus group suggest they sense a formal pathway is generally helpful although sometimes referral criteria as part of pathway can be quite obstructive as people can interpret the criteria in different ways and it can be used as a barrier. Staff feel having flexible working relationships and agreed pathways between services is helpful, working on a case by case basis and recognising individual service users' needs.

The established Angus treatment and care pathway is not well understood amongst staff in services. The main relationships are external (GP, Glen Isla, Gowrie, Criminal Justice Services and Community Mental Health team) and internally Psychological services) but limited to other organisations in the wider Angus ROSC.

Some third sector organisations felt referrals to them were sporadic. However, improvements could be implemented on both sides of this referral pathway as staff reported that communication and feedback on referrals and client progress is often lacking. Feedback from service users suggests a reluctance to engage with some services, due to stigma arising from residing in small or rural communities. A priority for future Angus ROSC development is the need for all participating services to be recognised and actively involved, in order to ensure integrated pathways, full access to the range of services and effective joint working.

The consultation also highlighted that individuals dealing with alcohol issues were not necessarily accessing traditional drug and alcohol services. Staff in these services identified a need to undertake Alcohol Brief Interventions training.

Recommendation:

Primary care services need to be explicitly recognised and more actively involved in Angus ROSC development.

Service Gaps

Staff

The majority of responses were those individuals engaged in drug and alcohol related services, focusing on the early harm reduction-focused stages of recovery. Despite efforts by NQD to engage with services across all areas of the ROSC themes, there remains a lack of feedback on advocacy, primary care, offending, young people and children affected by parental substance use (CAPSM). The submissions of 'core business' documents reflect this (Fig 2).

Staff feel there is a lack of recovery opportunities in relation to work, volunteering and training, which takes into account specific issues for service users who have a history with problematic substance use.

- Need for increased provision of injecting equipment
- Strengthening families; and working with young people and their parents in services and schools
- Emotional resources training to young people; and embedding proactive approaches to young people with complex needs
- Lack of service provision for young people transitioning from children's to adult services. Staff want more interventions to avoid young people developing problematic substance use.
- Lack of outreach community pharmacy
- Development of third sector organisations in the community hubs
- More out of hours and weekend support is needed
- Increase peer and service engagement in ADP and service development
- Mutual support is not available or accessible in all areas of Angus
- Increase third sector presence in ADP

Feedback gathered from service users highlighted that they see community services aimed at people who are stable or sober. This excludes people who are in crisis or under the influence of substance.

"I think when people come out of prison is a time when they are really let down, y'know they maybe have no house to come out to, no belongings left. I just feel they are let down and then they just end up back in crime again because they are not supported." (volunteer)

"There is a big gap between people who have been in care as children and when they become adults. There is no safety there at all. We get a lot of people (in service) who just don't know how to live themselves. I sat on a multi-agency case for a client and what they were saying because he wasn't actually in care, he was known to social work, he wasn't actually in residential care, so he couldn't get a through care worker, he couldn't get this because he didn't meet the criteria." (staff member)

Service users

“Help to volunteer with services that are not recovery related” (service user)

“I think there needs to be more on, like the dry nights and stuff. We have had one here, it’s a night where everybody is sober and it’s a safe place and was actually really good. I’ve been to a few that are really good but they’re in Dundee. There’s not really anything like that in Forfar, not in the evenings.” (service user)

Recommendation:

There is a need to engage with services working in advocacy, primary care, offending, young people and children affected by parental substance use in further ROSC development. In addition, consideration needs to be given to stages of recovery involving moving on from formal services and towards community re-integration.

Service Quality

Angus ADP has previously operated an annual service user Quality Principles survey, which was placed on hold this year as the current consultation work covers some of the Quality Principles themes. Across Angus we gathered positive feedback from both service users, staff surveys and focus group engagement from services and individuals accessing drug and alcohol services. Some relevant points include:

- Access: Services are working in partnership with community groups to provide individuals with safe, extra support at the initial engagement stage of recovery as well as at the moving-on stage. Staff confirmed service users can easily self refer back in to a service; they are then offered a service within HEAT target waiting times.
- Support: The majority of service users felt well supported by the service they were engaged with. Most indicated that staff support them, reflect the right values and attitudes; however, peer support would be a welcome addition.
- The foundations of ROSC are felt to be already in place (mutual aid, whole family approach, naloxone and recovery cafes).
- Just over half of service user respondents were familiar with the Quality Principles.
- 75% of respondents felt that workers in services supported a strengths- based approach to recovery planning.
- While the foundations of the whole family approach are in place, there needs to be further development to embed it across Angus.
- Staff felt that services that were delivering good outcomes, i.e. strengthening families, developing links with psychiatry and psychology; however, better links with the Community Mental Health Team in both north and south AIDARS would be welcomed.
- Staff feel they would benefit from a range of training, with particular focus on alcohol brief interventions, drugs and mental health and working with alcohol in the over-50s.

Partnership working

Staff and service user feedback acknowledges that a strength of Angus ROSC is that organisations are committed to engaging people in services. The links between services to meet the overall needs of service users are seen as sometimes good but inconsistent: they require comprehensive and reliable, up-to-date information on what is the extent to which individual workers are familiar with the range of local services and having active contacts.

Services report they have faced challenges in partnership working with Health and Social Care integration. However, now that is established they can progress to focus on building relationships with other services. The following list offers some suggestions based on discussion with partners:

- Lunchtime learning sessions
- Develop joint initiatives or small test of change
- Shared care planning
- Increased development of social prescribing
- Protected time to investigate/shadow partners built into indications
- Cross service discussions
- Development of practitioner forums
- Development of organisations presence at recovery cafes

Recommendations:

Some third sector organisations feel there are not enough referrals into services from the drug and alcohol services. There are opportunities to strengthen partnerships using formal and informal pathways, improving lines of communication, information sharing, shared information systems and integrated recovery plans. Development of the [Locality Locator](#) or a similar tool would be of benefit in reinforcing workers' knowledge of Angus ROSC.

Workforce development

Training needs were addressed in the questionnaire. Staff identified that they were, for the most part, confident in working with people affected by drug and alcohol use. However, almost half the staff who responded highlighted a need for development in Drugs and Mental Health training and a request for enhanced alcohol awareness training, particularly for those working with groups of over-50s.

Figure 13 Training

Answer Choices	Responses
Alcohol training	24%
Blood Borne Virus	13%
Drugs Training	24%
Drugs and Bugs – bacterial Infections	22%
Drugs and Mental Health	46%
Harm Reduction	18%
Sexual Health	13%
Naloxone Awareness Session	21%
Naloxone Training for Trainers	2%
Naloxone Peer Education Programme	4%
Understanding Stigma	21%
Motivational Interviewing	17%
Peer Support training	13%
Trauma Training	35%
Supporting Children affected by Parental Substance Use	17%
Children and families affected by Parental Substance Use	24%
Enhanced Alcohol Awareness – Working with the over 50s	35%
Introduction to Cannabis and Synthetic Cannabinoids	24%
Practitioners Guide to Injecting Equipment Provisions	9%
Pregnancy and substance use	22%
Street Life – Developing and Understanding of Drugs use and Homelessness	28%
Substance use and Lesbian, Gay, Bisexual, Transgender and Intersex People	22%
Substance Use and Young People	24%
New Psychoactive Substances (NPS)	13%
Adult Protection	1%
Mindfulness and Meditation training	1%
Mental Health *first Contact)	1%
Alcohol Related Brain Damage	1%

Joint training and development

Responses from the consultation indicated that effective joint working often happens on a case-by-case basis. Service users often feel the quality of service they receive is down to the relationship they have with the worker and ultimately depends on who their case is allocated to. Examples of good practice need support to be strengthened and become more consistent across participating organisations. This could be in the form of regular service manager or practitioner forums to discuss protocols and pathways which will strengthen relationships.

Staff felt work-shadowing and lunchtime learning opportunities across services could be beneficial to understanding each others' roles and responsibilities. However, due to the demand on services and staff time, they have tended to be low priority.

Other ways in which this could be done included:

- An invitation from the ADP for new participants in its Operations sub-group

- Development of practitioner forums
- New and emerging trends within the field, which may require joint training and development
- Joint training across services, with particular focus on brief alcohol interventions, drugs and mental health, and working with alcohol in the over-50s.

SDF has developed ROSC one-day and two-day training courses which examine ROSC-informed practice relating to a local context.

Recommendation:

There should be consideration of a strategic approach to ROSC-related workforce development. The roles of induction and supervision should also be developed to assist discussion, develop staff skills and knowledge and share understanding about ROS-informed practice.

Families

Angus ADP aims to ensure that the Whole Family Approach is adopted by local partners, as set out in the Health and Social Care Partnership 2016-19 Strategic Plan. Feedback from the consultation demonstrates that there remains some way to go to embed this.

Service user responses highlighted that individuals are routinely asked if they wish to have family/significant others involved in their recovery plans support in services. However, nearly 40% of carers who provided responses to the questionnaires stated that wasn't offered in the service they were connected with. More than half of those service users who responded told us they preferred family members not to be involved.

This may have less of an impact on the non-core drug and alcohol services; however, the core treatment services are linking individuals into further support such as Well Bean Cafes, Glen Isla, Turning Point Scotland and Hillcrest Futures (which was previously Gowrie Care). It remains unclear if care services are taking account of an individual's domestic situation (almost half the respondents confirmed they live alone).

Participants shared that, although pockets of peer and family/carers advocates exist across Angus, they were not comprehensively linked to communities.

TCA's project, Kith 'n' Kin provides support for families and friends caring for children as a result of parental problematic drug or alcohol use throughout Tayside. The implementation of this support service in Angus has been well received. Staff informed that engagement and demand for support is flourishing and several groups have been established across Angus. This offers an alternative to the existing Carers Support Group provision delivered by Angus Carers.

Feedback from our consultation with family members highlighted the need for support and education to enable them to best support their loved one and they felt that this needed to be in addition to the support provided to the individual receiving support for their problematic drug or alcohol use.

Although some carers' views are represented in the survey responses, we were unable to engage with the Carers Centre and have a lack of responses from staff to be able to fully report on this aspect of the ROSC.

Of the carers who responded (13), 93% of them were dealing with issues of caring for individuals with substance use issues with the other significant support requirement being mental health and emotional wellbeing. Nearly 40% were in the age range 65+. With almost half the respondents reporting involvement with the Carers Centre for 6 to 10 years.

Recommendations:

Work should continue towards embedding a Whole Family Approach within Angus ROSC. Angus Carers is an important part of ROSC and should be an active participant in ADP practitioner forums.

Children and Young People

There are two separate needs groups and service types: services designed to deliver support to Children Affected by Parental Substance Use; and those services working with young people who have problematic substance use themselves.

There are services in the Angus area which cater to both of these groups; however, there was a low response from the consultation, despite efforts to engage with organisations. 1% of respondents were 17-24, 5% under 16. This was in part due to confidentiality issues of engaging groups of young people in focus groups; also, the timing of the consultation clashing with high demand in the services.

Focus group feedback from staff reported an increase in work with emotional regulation and emotionally aware issues with primary 7 and 1st year high school age young people. Often the young people managing these emotions are beginning to use drugs and alcohol at an early age. Feedback from staff at the partners' event indicates that the emerging numbers of young people entering the system or moving from children's to adult services are limited in the specific services available to them.

The feedback gathered is not necessarily related to a request for setting up a new service for young people, as it was felt that engagement in this may increase the stigma young people face.

Recommendations:

Development and increased roll-out of emotional resources training , targeting 10-14 years olds as preventative measure for young people accessing drug and alcohol services.

Need to recognise the roles of, and engage with, children and young people's services in Angus ROSC development.

User Involvement

The ADP promotes user involvement in a number of ways, including an annual survey against the Quality Principles with service users. ADP-commissioned services provide complaints and compliments reporting as part of their contractual arrangements.

Recommendations:

The future development of services should continue to include the input of individuals, families, peers and recovery communities within the ROSC framework. This will strengthen their voices on decisions that affect and matter to them.

Peer based recovery support

Staff and service users identify the need across Angus to develop inclusion of peer support workers in services. This could take the form of advocacy work, group work or one to one support. This may go some way to helping reduce self stigma through therapeutic interventions such as group based work or one to one support. The communication of positive stories of individuals in recovery can also help shift structural stigma across services and professionals.

Participants viewed the inclusion of people with lived experience as fundamental to building a ROSC. They identified benefits from increasing access to peer support services. They valued peers for their ability to relate to individuals using services, increase the involvement of family members and the community in recovery, reduce stigma, and “promote hope and understanding that recovery and change are possible.”

More than half of the survey respondents were living alone. Many of these individuals identified an aspiration for more out of hours support and development of peer support, particularly over weekends and evenings. Mutual aid options were limited, with service users reporting low attendance at SMART meetings and not enough fellowship and SMART meetings available to them, i.e. some meetings were not easily accessible in terms of transport.

Peer based recovery could include:

- Advocacy
- Outreach
- Referral support
- Relapse prevention
- Recovery advocacy

Recommendations:

Support the introduction of peer support workers in appropriate services. Arrangements need to include the supervision and workforce development needs of peers.

Naloxone

Almost 72% of the 91 service user respondents had heard of Naloxone, 22% had not and 6% didn't know. When asked if they or someone they lived with had a supply of naloxone:

Figure 12 Naloxone

Answer choices	Response
Yes I do	26%
Yes They do	2%
No I do not	41%
No they do not	10%
Not applicable	27%

*note for figure 12: "Do you or someone you live with have a supply of naloxone"; the totals are greater than the number of actual respondents. We attribute this to a few individual most likely selecting options of i.e. "No I do not" and "No they do not"

Involvement in strategic/operational groups

Some organisations which should be ROSC participants have not previously considered themselves as 'part of the ADP' and have not engaged in opportunities for involvement in strategic or operational groups. There is a need for them to be more involved in ROSC development at both of these levels. As mentioned already, the ADP has invited wider representation at its operations sub-group. Consistent attendance at ADP-related meetings from representative services is also needed. If managers or nominated staff are unable to attend the scheduled meetings, a second should be identified.

Practitioner forums could be scheduled throughout the year, with a rotating chair from each of the partners and meetings held across partner offices to encourage full participation.

Enabling Factors

This consultation evidenced much in the way of good practice and foundations for effective partnerships across Angus. There is stated commitment to further ROSC development from many of the partner organisations. They have identified the strengths, weaknesses and development opportunities within the current ROSC. Partners recognise that an individual may benefit from accessing different services at various stages of their recovery. Working towards a “no wrong door” ethos is considered essential to optimum functioning of Angus ROSC. Partners recognise they each have a role to play in further development.

Next Steps

The report will be presented to the ADP and local partners for consideration in September 2019. A half-day development session with ADP members and partners will be scheduled thereafter, to identify priorities for further development. The ADP Operations Group includes management and staff representation from each commissioned service. The local ADP structure will provide direction for future development work. SDF's National Quality Development team will be available for provision of any relevant support to the process and will be happy to discuss options for this.

Acknowledgements

NQD would like to thank everyone who participated in and supported this exercise. Specifically, we would like to thank the large number of service users who gave of their time to complete questionnaires and speak to us. Staff in services were very accommodating of us around their busy schedules and also gave of their valuable time. We also appreciate the practical support and energy provided by the Angus ADP support team to assist the consultation process. We hope we have succeeded in reflecting the range of views gathered during the exercise and offer everyone good wishes with continuing developments.

Appendices

Infographic

The attached info graphic and partners event action matrix will be shared with services involved in the consultation for sharing.



angus
infographic.pdf

ANGUS RECOVERY ORIENTED SYSTEM OF CARE CONSULTATION

A Recovery Oriented System of Care (ROSC) is a system of services, supports and resources in a community, which provides for the range and stages of need people may have during the process of recovery from problems related to the use of alcohol or other drugs.

Scottish Drugs Forum is a national charity working with people and services across Scotland to improve responses to drugs issues. On behalf of Angus Alcohol and Drugs Partnership, we were asked to find out what people working in using services feel about how things are working locally.

Engagement



**38% of people
use services
at least once
a week**

Gender



**Female - 38
Male - 45**



The recovery calendar is useful to both staff and service users as it is reliable and updated regularly although would be great if it was Angus wide

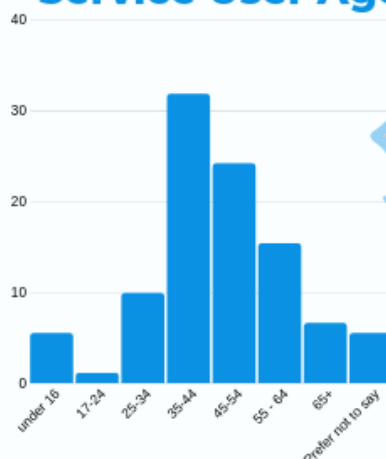


Partnerships

"I wish there was more communication between Mental Health and Drug & Alcohol services"

"Most services seem to work well together"

Service User Age



Communication

"Services need to share more with one another in order to come up with a better plan for the service user"

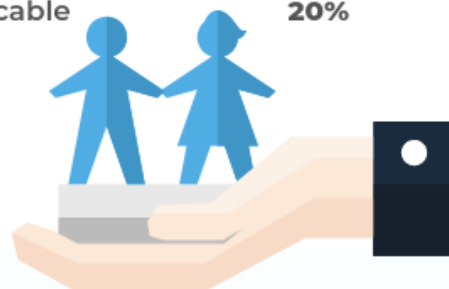
Naloxone

71% of people had heard of naloxone but only 28% of people had a supply or lived with someone with a supply of naloxone



Are your family involved in your recovery plan?

Yes - is offered in service	15 %
No - that was my choice	50 %
No - wasn't offered to me	15 %
Not applicable	20 %



Out of Hours

People would like to see more options in evening and weekends support.

People told us that they felt there were limited Mutual Aid options available across Angus and not easily accessible by transport

Empowerment

78% of service users believe their workers support them to recognise their strengths



Recovery

Is there enough recovery support in Angus?



54% of people told us yes but they want more support for mental health issues

Gaps

61%

think peer support workers will help engage people in recovery

52% of people are familiar with the Quality Principles in services

	<p style="text-align: center;">Angus – ROSC Action matrix Partners Event 020419</p>	
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	Individual/Staff Member	Service/Organisation	External stakeholders (e.g. ADP)
Short term (3-6 months)	Join in. More Development in Angus	Keep doing what we are	All
	Commitment to communicate more effectively. From my perspective developing clear links with VAA (TSI)	All organisations	ADP possible communication role
	Get issues on IJB agenda – needs sight of this.= Emma Fletcher, Lois Speed, Vicky Irons	Public health, IJB, Council	Chase up governance link in IJB/Council. Seek P.H input to IJB board on ADP, Drug related deaths, ROSC.
	Locate the people who need or require support	Reduce stigma to allow people to access services	CLEAR communication to ALL services etc accountability
	Ensure team aware of ROSC and plan	Incorporate ROSC with team meetings. Meet with Partners	Discuss ROSC development within Ops (ADP) group – develop plan re improving communication partnership working
	Attract, Maintain, Retain	AA	Not Affiliated
	Remember positives from ROSC		
	AIDARS/CMHT, staff invited to attend team meetings	Children Services	None
	Know more of who is doing what and where		
	Encourage staff to undertake brief alcohol intervention training. MH consultations	To add the brief intervention questions to MH assess tool	To provide clarity of where to refer clients' dependant on level of need. What now?
	Raise awareness in terms of terms of today's event and issues and priorities arising	Communities Team /Youth work. Adult Learning	Strengthen links with ADP

	Be seen with VAA. New Hub	Angus Community Planning Partnership	Others can sit with the X
	Ensure the ROSC has a high priority within management groups. Start reviews of tiered approach to ongoing with different agendas to develop ROSC	What are my main first contact stakeholders? What would be my second?	
	Speak with colleagues regarding support already place. Ongoing building of relationships with other agencies	Budget consideration given to sustaining of additional salary. Be open to development opportunities	Directory of services/contacts
	Build relationships, plan improvements together	Build relationships together – increase client base	Build relationships together
	Feedback my experiences (individual cases) plus today's event to AHSCP	Voice my support of ROSC model – seek regular IJB updates	Show my support
	Staff understand + knowledge's of local services	Promotion of services	Setting up partnerships
	Invited AIDARS to attend custody nurse meetings	Agree improvements and links beyond immediate treatment	
	Continue conversations between people. Engagement with services users around what they think is important – what they think needs to happen		
	Learning services. Different services/organisations attend to for partnership links	ADP marketing to 10 domains	ADP – work managers to get buy in.
	Lunch time learning sessions. Coordination ADP mailing list. Accessible location rotation around 4 localities. New branding of title every quarter. Bring staff member each time allocating time for this	Build service in areas	Coordinate and mailing list (ADP)
	Make more effort to attend and participate in lunchtime learning sessions. Networking	Buy in part of it	Accessibility , marketing coordination, mailing list

	Share Angus ROSC with team and line managers at team meetings	FNP representation within ROSC (liaison in P. Recovery in young people in transition terms of reference for meetings to be emailed)	
	I will explore via the subgroup the development at lunch time learning session to cover all ROSC domains	Each service to commitment ADP reviews + widens it membership to individual services from all recovery domains. Communicate clear aims and objective	Locality improvement groups can sponsor this
Medium Term (6 – 12 months)	Become more active in angus	Develop a more proactive practice rather than reactive	All
	Ensure overlapping agendas support people	E.g. Law, suicide prevention, child protection, adult protection, third sector	All. Especially people in recovery – what matters
	Work with local services/3 rd sector/shadow/share information	Make it easy and accessible for everyone to feel ok with accessing their service etc	Constructively
	Link with partner agencies. Discuss pathways AIDARS + other services	Explore formal partnership arrangements. Agree Training, shadowing with partners	Update ADP with partnership developments e.g. training, shadowing, new pathways for dealing with new drug trends
	Attract, maintain, retain	AA	
	Amend o/p naloxone thinking. CMHT/Turning Point/CJS	Continue work i.e. joint training/learning with CMHT and 3 rd sector	
	Joint locality meetings with services, MH, Housing, AIDARS, police?	Children services/AHSCP	
	Feedback to team – Access current info databases to learn more resources/service	Team discussion re needs of our SU re drug alcohol usage	
	Shadow other services. Agile work in other services		
	Shadow access MH and AIDARS	Encourage shadowing. Consider joint posts/job share	To provide training for staff to better manage opportunities

	Improve sharing of information about communities team provision with recovery mental health providers	Communities Team	Link with ADP
	Take part in Mapping ROSC	Angus Community Planning Partnership, VAA	We know similar models used in employability
	Ensure there is a focus on peer engagement within the services/core links so who we see as our partners	Clear outcomes with Action plan. Who are our core partners – who is first on the list	
	Visit other agencies/projects – increase knowledge of availability, range of services on offer	GDPR consideration in partnership working	Review events/follow-up from initial consultation
	Share the work with other agencies (signpost). Shadow other services	Maintain client base	Maintain relationships
	Support partnership working/events	All within council and AHSCP partners	
	Joint working attending drop ins	Attendance in groups/more SU involvement	Directory of Services
	Engage with police to identify ways to breakdown GDPR barriers re arrest referral type referrals	Identify teams. How to address needs of people who have experience rape or sexual assault	Work with MH Police partners re development of a “place of safety” for those in crisis
	Services are accessible and considering specific needs of people with problematic drug and alcohol use. Workforce development – staff have skills + understanding of specific needs + can put things in place to support		
	Peer support development		ADP consider support to ensure robust support
Long term (1-3 years)	Deliver proper outcomes for people that are meaningful. Individual ownership – each recovery journey is different	Services support people	People in Recovery, council (e.g. housing, welfare rights, elected members) IJB, communities, families, individuals
	Communication between all services ALL services/3 rd sector any other parties	Hubs in every town (community hubs) C/W all services + consistency	Make pathways as clear and simple for everyone including service users

	Explore with partners a peer worker development	Provide opportunities to develop peer worker/service user involvement	Provide support for peer workers and opportunities for service users to be involved in planning services
	Attract, maintain, retain	AA	
	Agree duty informal processes for training	Children Services/AHSCP	
	Look for joint training opportunities. Build working relationships with other services	How do we respond to this?	
	Angus Recovery Bus and free access to leisure services 12 weeks.		
	Holistic approach with some specialist knowledge	Joint teams. MH and substance Misuse (AIDARS) or co location	Support infrastructure
	Reduce stigma even more challenges in rural areas	All of Us, ACPP	
	Keep focus on ROSC being the main driver for ongoing development /changes	Raise awareness within IJB – increase its priority focus – but who does this?	Does this sit with ADP or HSCP...Not me?
	Partnership working with other agencies – shared work/ collaboration of ideas	Increase present in Angus area with other providers	Oversee review and opportunities to meet others part of ROSC
	Build partnership with ROSC	Make sure clients still feel part of organisation and needs are met	
	I will have gathered info. Feedback, reports re evidence of development and	Council/IJB Officers	
	Shadow services. Gain further knowledge + skills	Formal partnerships integrated working	Formal partnerships
		Implement and monitor changes as above	
	Key workers	Multi agency support services by in-AIDARS, Gowrie Care, Homelessness support CMHT, Peers support volunteers	ADP accountability – preparation, learning, good priorities, practical implications
	Development of peer support/involvement	ADAIRS, ADP, Voluntary Sector	Local Improvement groups, ADP agendas

	I will put on ADP agenda the development of peer support – immediate.		
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**Susan Weir
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**National Quality Development Team
July 2019**

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