EADP Stakeholder conference, 26th October 2023

This paper describes a stakeholder event which took place on the 26th of October 2023 at Norton Park. The event was part of the review of the ADP's strategy and was attended by 67 individuals from a very wide range of organisations and backgrounds attended.

The structure of the day was a series of presentations on different topic areas, each followed by facilitated discussions in small mixed groups.

Key themes identified from the groups' discussions are noted in each section of this paper and the full notes are contained in appendices 1, 2 and 3

Contents

9.30	Registration and Refreshments
10.00	Welcome and Purpose of today (Dr Linda IrvineFitzpatrick, Strategic Programme Manager, Thrive Edinburgh, Substance Use and Homelessness)
10.10	Where we are (David Williams, EADP Programme Manager)
10.20	Provision and priorities in the Adult Treatment and recovery services (Ian Davidson, EADP Strategic Commissioning and Planning Officer)
10.30	Discussion 1
11.05	Taking a Whole Family Approach (Neil Stewart, EADP Strategic Commissioning and Planning Officer)
11.15	Refreshments
11.30	Discussion 2
12.05	The importance of connection and of resilient communities (John Arthur)
12.15	Discussion 3
12.40	EVOC: putting the voices of lived and living experience at the heart of the strategy
12.50	Next Steps and close (David)
1.00	Event ends

Presentation 1: Welcome and Purpose of Today

Dr Linda Irvine Fitzpatrick, Strategic Programme Manager, Thrive Edinburgh, Substance Use and Homelessness and the SRO for the Edinburgh Wellbeing Pact, Community Mobilisation and Prevention and Early Intervention.

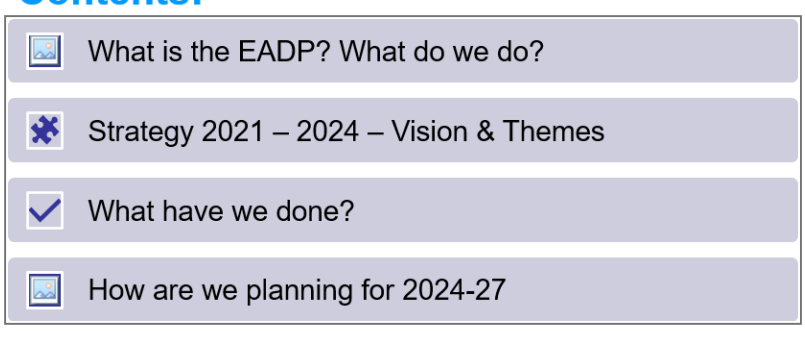
1.1 Linda welcomed everyone to the session and shared her enthusiasm at seeing so many different stakeholders coming together to work collaboratively. Linda explained that she has recently discussed strategic resposilibity for Edinburgh Health and Social Care Partneship for subsbtance use, homelessness and mangement of the ADP Team.

1.2 She highlighted a number of key areas of work that she is currently leading on throughout the city. One of the main areas is that of Thrive Edinburgh which is the strategy for improving mental health and wellbeing for all citizens of Edinburgh grounded in principles of kindness, respect and love. Additionally, Linda is taking forward the development of EHSCP's Early Intervention and Prevention Strategy which will have 3 interlocking components:

- People – create the conditions for good lives and more good days which means the ability to support and care for one another across the lifespan
- Places – What surrounds us shapes us
- Pathways – Delivering health and social care in accordance with need

Linda also introduced the new Change the Conversation Change the Culture initaitive - Ellipsis… the lives people lead, the stories we tell. This will focus on gatherieng people's stories amd narratives to drive system change with peer researchers. She finished by sharing her aspirations for the day and encouraged all to be inquisitive and curious, listen to what people value and what needs to grow and hear what people think needs to change.

Presentation 2 Summary of ADP's role and structure



David summarised the structure and function of the ADP – it is a broad partnership dedicated to reducing drug and alcohol related harm in the city. Its aims include:

- Develop and oversee the D&A strategy bearing in mind national strategy; Local needs and Local partnerships
- Influence other partners' strategies
- Encourage co-ordinated responses
- Commission/ fund
- Reporting

Its membership reflects the breadth of the partnership's work

He explained that the current strategy for the ADP needs to be refreshed and described some of the changes for the ADP over the last few years; previous reductions in funding have been reversed following rising harms (DRD –Drug Related Deaths and ARD - Alcohol Related Deaths) and a number of new areas of work.

2021-23 Key developments

- Rising DRD -> Investment back
- MAT standards response
- Whole Family Approach
- Residential rehab
- Continuing recovery and other community development
- COVID
- Continued rise in ARD

The current strategy is based on the Scottish Government's Rights, Respect and Recovery (2018) document.

Previous Strategy Themes 2021 - 2024:

- Prevention/Early Intervention
- Recovery Orientated System of Care
- Families/Children/Young People
- Public Health Approach for those in Criminal Justice System
- Whole Population Approach for Alcohol

The new strategy will be based on the following outcomes and actions from the work of the Drugs Deaths taskforce

Outcomes	Actions
1 - Prevention: Fewer people develop problem drug use	a. Young people receive evidence based, effective holistic interventions to prevent problem drug use. b. People have early access to support for emerging problem drug use c. Supply of harmful drugs is reduced
Alcohol: a continuing whole-population approach to changing our relationship with alcohol	a. Local environments are supportive of people's health and wellbeing and reduce the risk of alcohol-related harm and disorder b. Children, adults and their families are not harmed by other people's drinking or made vulnerable through their own drinking c. Individuals' health and wellbeing are improved through access to effective early interventions and recovery-focused treatment and care services for those who need them

Outcomes	Actions
2 - Harm Reduction: Risk is reduced for people who take drugs and alcohol harmfully	a. Overdoses are prevented from becoming fatal b. All people are offered evidence based harm reduction and advice
3 - Access to Treatment: People have access to treatment and recovery	a. People at high risk are proactively identified and offered support b. Effective pathways between justice and community services are established c. Effective Near-Fatal Overdose Pathways are established across Scotland
4 - Quality of Treatment: People receive high quality treatment and recovery services	a. People are supported to make informed decisions about treatment options b. Residential rehabilitation is available for all those who will benefit c. People are supported to remain in treatment for as long as requested d. People have the option to start medication assisted treatment from the same day of presentation e. People have access to high standard, evidence based, compassionate and quality assured treatment options
5 - QoL: Quality of life is improved by addressing multiple disadvantages	a. All needs are addressed through joined up, person centred services b. Wider health and social care needs are addressed through informed, compassionate services c. Advocacy is available to empower individuals

Outcomes	Actions
6 - Children & Families: Children, families and communities affected by substance use are supported	a. Family members are empowered to support their loved one's recovery b. Family members are supported to achieve their own recovery c. Communities are resilient and supportive

And with an overarching principle of **putting lived and living experience at the heart** of developing and delivering the strategy.

The plan will be developed over the next 6 months.

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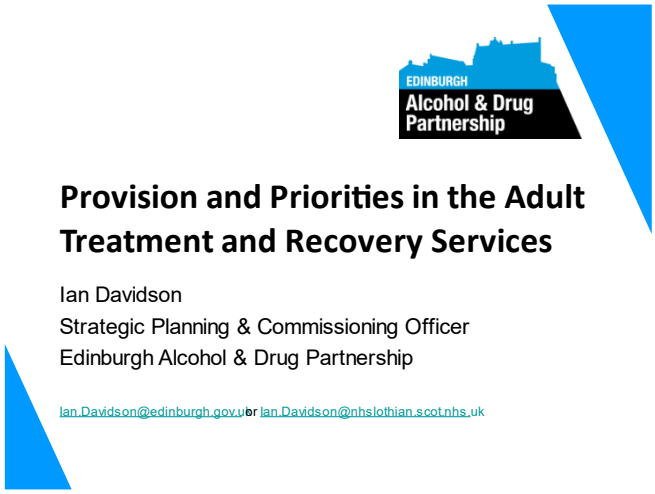
Timeline for Strategy Development

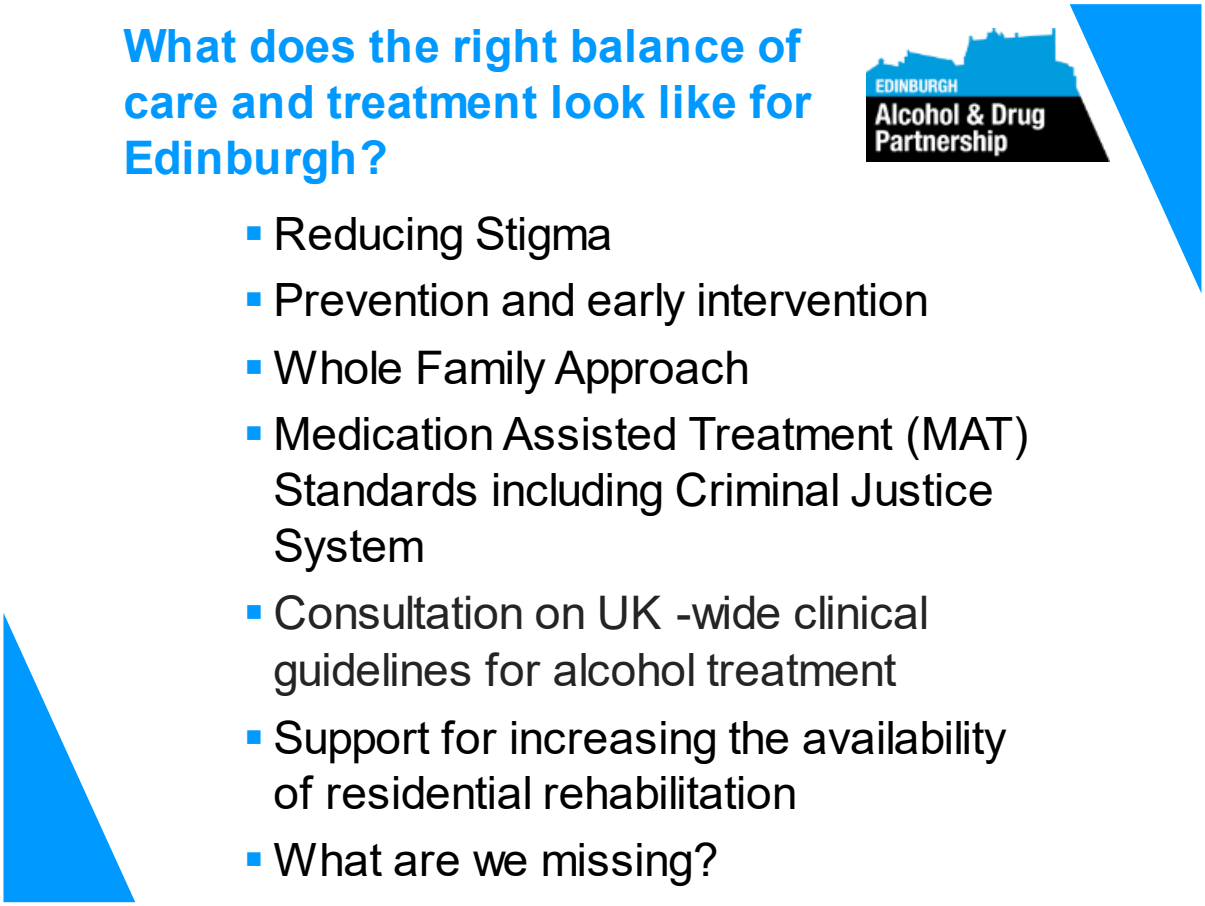
- Draft/ skeleton – December
- Consultation – Dec/ Feb and ongoing
  - Lived and living experience
  - Elected members
  - Communities
- Sign off (ADP and IJB) feb/ march 2024
- Publication April 2024

Presentation 3: Provision and Priorities in the Adult Treatment and Recovery Services

David's colleague, Ian Davidson outlined the key issues affecting adult treatment and recovery services.



Key to this is establishing the right balance of services and this was the area where the room's collective wisdom was sought:



DISCUSSION 1 Given the breadth of the strategy and what we hope to achieve…..:

There was then a facilitated discussion on each table looking at the questions:

- **Given the breadth of the strategey and what we hope to achieve…..**
- **What are our strengths?**
- **What are our areas for improvement?**
- **What actions do we need to prioitise in the new strategy?**

The full notes are included in appendix 1. Key themes emerging in table discussions were:

Question 1: Given the breadth of the strategey and what we hope to achieve.

….What are our Strengths:

- Existing relationships and service experience – there is a depth of knowledge and established services in all areas of the system of care.
- There is greater political will to make changes and resources have improved in recent years, albeit with additional expectations and pressures.
- There is a strong network of recovery communities, mutual aid and receovery activism. Through peer working and relationships it reaches and is visible to those in treatment
- Hubs offer effective link ups of specialist services across sectors, which offer a "one stop shop" for users and other services

…What are our Weaknesses:

- Alcohol treatment access and capacity – the recent focus on drug related harms and increase in resource has distracted from the scale of need and suffering caused by alcohol. The harm is less visible, there is less data and insight, waits are longer.
- Services and planners too often are not listening to those in need, particularly those who currently (rather than formerly) use services and those affected by other's use.
- Service often operate in silo's. in particular, criminal justice, and treatment are not joined up.
- Exclusion of many people who use or are in recovery from drug and alcohol use from non-specialist services, communities and assets. There are numerous barriers to people using substances and using drug and alcohol services gaining benefits from other supports: stigma (internal and external) is a huge restriction on people using community; SU services themselves may not always support people to look outside what they can offer themselves. People are often only aware of things in localised areas of the city and miss the opportunities elsewhere.
- Lack of capacity and lack of understanding of Drugs and alcohol use in non-specialist services – with training and support, staff in many areas of public service could do more with people they are in contact with who use alcohol and drugs; there is an over-reliance on "specialist" services when a trauma informed, relational approach from a non specialist professional might make a great difference.
- Lack of evening and weekend support
- Diversity and inclusion – services need to consider the reasons that people do not engage with them they are able to meet the needs of all members of the community. They particularly to make sure that they understand and respond to the needs of all groups with protected characteristics.
- Trauma and stigma are barriers to making use of service for both drinkers/ drug users themselves and for their carers – services need to do more to understand how these factors deter access.

…What actions do we need to prioritise in the new strategy?

- Involve Lived experience from top down not just at the frontline of services and communities
- Make sure that consultation and planning considers ethnicity and culture, gender, sexuality and deprivation. Listen to a wide range of voices, including those with living experience and those not using services.
- Encourage visibility of assets in local communities – support community groups and non-substance use services to make themselves open to substance users. Encourage SU services to make stronger links to services that are not SU focused or which are not in their local areas. Consider access to public transport when setting up services and make sure that people are able to travel around the city to seek support and recovery.
- Address stigma and trauma, the key barriers to inclusivity.

Presentation 4: Taking a Whole Family Approach (Neil Stewart)

Context

- Rights, Respect and Recovery (2018)
  - Prevention and Early Intervention
  - Children, Young People and Families
- The Promise
  - Keeping families together where possible
- National Principles for Whole Family Support
  - 10 principles
  - Non-stigmatising, Whole Family, Needs based, Assets and community based, Timely and Sustainable, Promoted, Take account of families' voice, Collaborative and Seamless, Skilled and supported workforce, Underpinned by Children's Rights
- GIRFEC

There is a range of guidance and policy to shape and define work to develop whole family support:

Rights, Respect and Recovery (2018)

The Promise

National Principles for Holistic Family Support

GIRFEC

Families Affected by Drug and Alcohol Use: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice

- Progresses the key actions and commitments from Rights, Respect and Recovery
- Contributes to KeepingThe Promise and works consistently alongside the national principles
- Support ADPs/CPs and others to improve services locally
- Increased investment

This document brings together the intentions of the other guidance/policy statements with a particular focus on the impact of drug and alcohol use on children, young people and families to support ADPs, alongside Children' Partnerships, to co-ordinate approaches, improve services and develop whole family support. This is supported by extra investment from Scottish Government.

Families Affected by Drug and Alcohol Use: A Framework for Holistic Whole Family Approaches and Family Inclusive Practice

- Progresses the key actions and commitments from Rights, Respect and Recovery
- Contributes to KeepingThe Promise and works consistently alongside the national principles
- Support ADPs/CPs and others to improve services locally
- Increased investment

The approach takes a rights based approach focussing on the need for families to receive support where required but also being key assets in their loved ones treatment, care and recovery. It recognises that families are often first responders and are available when required especially outwith service hours. Support should be relational and available for as long as required and build on the relationship based support within GIRFEC.

Whole Family approaches, increasing access, tackling abuse and reducing stigma

- Intersectionality of Domestic Abuse/Substance Use/Mental Health and the barriers to help
- Women involved in child protection system and/or who have lost children to care– high risk of self-harm and suicide– need for ongoing support
- Parenting expectations on mothers are higher than those on fathers
- Trauma informed services and trauma responsive practice

The guidance highlights the intersectionality of domestic abuse, substance use and mental health and the need to ensure that women in particular get access to the support and assistance required. It draws attention to the fact that women who have children removed can be especially vulnerable at a time when most support, or at least engagement, reduces or ceases and asserts the need for ongoing support. Parenting expectations on mothers are often higher creating extra pressure and increased stigma and reduced likelihood of asking for help at earlier stages. The need to provide specific support to fathers who are often missed out in family support is also highlighted.

Thre is also a need for all services to be not only trauma informed but trauma responsive to help break the intergenerational cycle of trauma.

Developing Whole Family Approaches and Family Inclusive Practice

- Skilled, confident and trauma informed workforce recognises family support as part of our core professional role
- Need to look beyond individual recovery- locating this in a wider familial context
- Ask The Family
- Family Recovery
- MAT standard 2– Family inclusive practice, shared decision making
- Clarity of roles and responsibilities between services
- PWLE engagement

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There are recommendations for workforce development, ensuring it is skilled, confident, well supported and trauma informed.

Scottish Families Affected by Drugs research, 'Ask the Family' reported that families waited on average 8 years before getting access to support. We should be thinking not only about support for families but enabling and supporting family recovery.

MAT standard 2 outlines an expectation that families should be involved in their loved ones care and treatment where possible and families are referenced throughout the standards.

We need to think about how to involve the lived and living experience of family members, children and young people. Our established methods of engagement through surveys, guided interview and focus groups are not always applicable and we need to develop and support other opportunities for engagement utilising storytelling approaches. We could look at this in the context of the Ellipsis approach which the Health and Social Care Partnership is supporting.

Early Intervention and Prevention

- HSCP Early intervention and prevention plan
- Prevention
  - Environmental prevention: Addressing the cultural, social, physical and economic environments
  - Selected prevention and indicated prevention: Specific interventions to support young people
  - Universal prevention: Improving drug education and awareness
- National work on Early Intervention and good practice guidelines
- Young Peoples services
- Evidence based holistic interventions
- Looked after young people
- Transition to adult services

EADP is currently undertaking consultation on young people's early intervention services which will be developed alongside the HSCPs strategy on early intervention and prevention which is being drafted for consultation. The headings for this, which are, places, people and pathways may be more meaningful.

Work with young people needs to have a focus on the particular needs and vulnerabilities of looked after young people and address how we can best support young people at especially vulnerable times e.g. transition to adult services.

Where we are

- CAPSU services
- YPSUS
- Children, Young People and Families Collaborative
- Children's Partnership
- Joint Commissioning Group
- Whole Family Wellbeing Fund joint working
- Early Intervention Review
- EADP Strategy Review

Currently we are consulting on a new specification for Children Affected by Parental Substance Use services (CAPSU) with a view to commissioning services in the next financial year. Young Peoples services are not universal across the city and we are looking to develop a strategic approach outlining what services young people require.

EADP is well represented on strategic groups across the partnerships to support co-ordination and joint working.

DISCUSSION 2: To develop a true whole family approach….

There was very rich discussion in this area of the strategy which we have tried to summarise in strategic themes as outlined in the table below:

To develop a true whole family approach….

What are our strengths?

Partnership working/communication.

There is a good range of specialist services offering a high level of experience and expertise with strong referral relationships, signposting and trust between organisations. Partnership working and communication is very good e.g. Circle and VOCAL. The partnership is broad and covers many different sectors and there is investment in the partnership.

There are a number of innovations and evidence of good practice including:

- No wrong door approach facilitated by Circle.
- Practical support for childcare
- Dad's work/Dad's rock – Recognising the role of male carers.
- Use of children's rights impact assessments (in Cyrenians)
- VOCAL programme provides specific support for carers
- Family inclusivity is at the heart of ERA work, families are invited and they work jointly with Circle
- Internal food resource banks e.g. in Ritson- Signposting to services for people to be able to use on discharge
- Breadth of the partnership covering many different sectors
- Investment in the partnership – cooperation between stakeholders
- Recognition of importance of family involvement
- All Services are trauma informed Stigma may affect some communities more than others- this can even affect the extent to which some CVS organisations will agree to associate with SUs. (Some work has been done by CAPS advocacy on this)
- Good buy-in and understanding of intergenerational impact of substance use and trauma
- Planning is good in Lothian in relation to child disabilities and mental health.
- Services have developed a trauma informed approach.
- There are good examples of Peer support and Circle has been successful in securing funds from CORRA to support this.
- Services are good at seeking people's views and using them to support service improvement and development.
- Unpaid carers being identified early and supported with early years and access to support, including siblings – building capacities within schools
- Focus on early intervention & prevention
- Access to Whole Family Wellbeing fund, extra resource which needs to be utilised

What are our areas for improvement?

- Increased capacity required to meet the needs of whole families across the city and offer better access to families. Investment
- Support needs to be opened ended and not time limited.
- Need to map whole family support funding across city to identify gaps

- Services need to be better integrated and need to look at gaps/priorities/duplication and streamline services.
- Improve knowledge and awareness of existing services and improve links and networks and signposting so families get access to the services they require.
- Think about different generations and develop whole family approaches – working with kids/parents and families together. Community approach.
- Still operate a deficit based model in many areas.
- Mistrust of Social Work is still a significant barrier for families.
- People are still petrified of getting help from clinicians and support
- Need to acknowledge that trauma has a significant impact on children, young people and families.
- Need to address stigma & improve understanding of addiction in wider community so that families are better able to access support, treatment & recovery.
- More oppurtunities for theraputic activities
- Need to improve understanding of addiction in wider communities to reduce stigma for children and families and improve access to services.
- Lived experience is still a bit tokenistic.
- Meaningful engagement with family
- Connection to families and communities need to be better supported encouraging whole family support through supportive networks, better co-ordination and joined up thinking between services and need to include lived experience.
- Spaces and places, where do people access services and does this meet the needs of children and families are they safe, welcoming and trauma informed.
- Families are not well informed of their rights.
- Prevention, young people need training and support with employability and need to make sure young people working in 3rd sector are supported.
- Do we even collect data? On what proportion of service users have 'family' especially in terms of child protections.
- Deficit in recording numbers
- Organising planning meetings for adults and families to aid collaboration between various services Opportunities to engage with family in treatment - family may take this as a time to take a break from carers.
- Is there evidence from recovery programmes about excluding people from seeing families, pets- does this lead to people dropping out of recovery?

What actions do we need to prioritise in the new strategy?

Planning and Commissioning

- A forum for family organisation for both management and frontline workers to discuss strategies, build relationships, raising profiles for purpose of assertive referrals.
- Organising planning meetings for adults and families to aid collaboration between various services.
- Improve collaboration between CVS – avoid competition for resources
- Long term commitment to funding of services

Family Inclusive Practice

- How do we support people not accessing services to do so?
- Can people be supported to attend treatment in patients recovery as a day patient – offer of choice to avoid losing family connection
- More Peer Support

Early identification and intervention

- Early prevention worker to engage with family to ensure holistic approach and engage before any issues with child protection arise. The need for early intervention was raised by a number of groups, one specifically mentioned early interventions within university.
- Need to look at early identification of families and ensure support is available as early as possible before problems are exacerbated.

Workforce Development

- Need for professional training on substance use, child welfare and child protection for doctors, nurses, social workers, teachers etc.
- Empowering all levels of staff from the top to the frontline to get engaged with strategy. Consider training, support and mentoring to develop practice.

Trauma

- Develop work to help families break the intergenerational impact of trauma.
- Ensure that organisations are fully trauma informed and are trained and supported to help families with the impact of trauma.

Peer Support

- Improvement in the availability of peer support for families was highlighted by many participants.

Stigma

- Develop work to tackle and reduce stigma in communities and society and also within existing workforce.

Whole family support

- Ensuring that treatment /recovery meets whole family needs, not just individual.
- Connection – encouraging whole family approach.
- Whole family rehab – for mum and dad
- Assessing if it is appropriate to involve family and consider options for contact e.g. if family live away- use of digital etc.
- Need more and better information on family members needing support.
- Young people need to have an identified accessible place to be referred to for help and support.
- Inclusion of lived and living experience was raised by a number of groups focussing on:
    - Ensuring that children's voices are heard and that children's hearings should be for the children.
    - Family involvement needs to be authentic and involve different approaches including, case studies and the perspective of people receiving support, and family.
    - Inclusion of people's lived experience engaged participant, carer, family, children.
- Mainstream use of children's rights & welfare impact assessment
- Rights based response.
- Strength based approaches.

Diversity and Inclusion

- How well do we support new arrivals to the city – cultural differences/ non english speaking?
- How do we get more peer supporters from a range of cultural backgrounds
- Gaining 'user voice' feedback
- Collect more info on family members needing support.
- Educate people on how trauma impacts people's lives and the potential effects on subsequent generations
- Ensure that organisations are fully trauma informed and are trained and supported to help families with the impact of trauma.

- Develop work to help families break the intergenerational impact of trauma.

Data

- Need to look at data to inform our understanding of how many families may be requiring support from adult drug and alcohol treatment, social work, schools etc.

Young People

- Education/support for families/parents around substances
- Prevention should be Realistic rather than blunt and informative rather than shock factor
- Youth work opportunities diversion & activities – safer risk-taking
- Consider Waiting times and age barriers for services
- More grownup approach & YP education – normalising, coping
- Early intervention
- Should children be trained in naloxone?

Presentation 5: the Power of Connection (John Arthur)

This was given by John Arthur, Chair of Let the People Sing, Recovery Coach and consultant.

John emphsised the well established evidence that community and connection are at the heart of recovery for many people.

"The opposite of addiction is not abstinence the opposite of addiction is connection."

PERSONALLY NOT SURE OF THE COMPLETE VERACITY OF THIS STATEMENT BUT I AGREE WITH THE SENTIMENT AND UNDERSTAND WHERE ITS COMING FROM.

'STRONG EVIDENCE THAT CONNECTION TO PEERS, COMMUNITIES AND RECOVERY ORIENTATED SUPPORT CAN MULTIPLY CHANCES OF INITIATING AND SUSTAINING INDIVIDUAL RECOVERY JOURNEYS.'

(WILLIAM WHITE, DAVID BEST, CHESTNUT HEALTH SYSTEMS, WIRED IN TO RECOVERY, F.A.V.O.R. S.R.C. ETC. ETC.)

He described a model of how recovery communities can develop and how Recovery community centres can spread hope, activity and mutual support.

Recovery Community Development & Recovery Community Centres

- Making recovery visible to everyone
- Making recovery attractive
- Making it attainable (individual need)
- Recovery becomes contagious
- Initiating connection
- Reducing DRD's
- Building resilience in 'impoverished' communities

As a Case Study: he showed a video of the opening of The Bothy in Craigmillar (Bothy opening: https://youtu.be/SxV72Zph9U0) and told the story of how it came to open. Its aims and intent are:

LET THE PEOPLE SING

'The question should not be why the drugs?

but, why the pain?' Gabor Mate

Let the People Sing (LtPS) is a not -for-profit community-based organisation which is dedicated to improving the lives of those who have become problematic substance users, their families and friends.

The sole mission of LtPS is to mobilize resources within and outside of the recovery community to increase the availability and quality of long -term recovery from alcohol and other drug addiction.

Public education, policy advocacy and peer -based recovery support services are the strategies through which this mission is to be achieved.

Our 'Bothy for recovery' will provide community based activities, employ staff, engage volunteers and enter into partnership arrangements with services and community organisations, to further our goals.

'The opposite of addiction is not abstinence, the opposite of addiction is connection'

Johan Hari

and described some of its activities:

Recovery Community Connects

AS OF 25/10/23……..

- **ALL Pre-Covid SERVICES RETURNED** to the greater Craigmillar Area
- **New Services Implemented** including MAT (Buvidal) administered locally, NHS now Triaging and assessing people in the area, freeing up recovery support.
- **Recovery Forum established** and mixture of service providers, community members/elected officials attend. Fostering info -sharing, joint working/referrals
- **Recovery Journeys initiated** for dozens of people & families some already celebrating 1 year in recovery referrals to LEAP, Turning Point and other medical and social supports
- **Community members** have received and are receiving ongoing: Training in Recovery Coaching, Mental Health First Aid, Nutrition, Yoga, Men's Work, Women's Groups, 3 Drop-ins per week, Advocacy Services, SMART recovery, Naloxone Training etc.etc…. Meanwhile Alcoholics Anonymous , Cocaine Anonymous, and Narcotics Anonymous have all set up meetings in the area since the Recovery Community came together.

Whilst the recovery community were the 'catalyst' for these developments, often -times we were pushing against an open door and we'd have found it harder and taken longer to achieve things but for the help and collaboration of our colleagues in the following: Connecting Craigmillar & Thistle Foundation, EADP, Scottish Social Action Inquiry , Turning Point Richmond Church, Advocard, Carr Gomm, Edinburgh Community Yoga, Local Health Centres, our families & Craigmillar Community etc. etc.

DISCUSSION 3: To build resilient communities…

….What are our Strengths:

There are some amazing examples of places and projects connecting people are part of local communities and communities of interest– ERA, The Bothy, Sorted, Andy's Man Club, the networks of peer workers and other workers with open lived experience are all sources of experience, hope and strength.

Place based approaches are also a vital source of support for many with local communities offering green spaces and arrange of opportunities. Indivudal services and workers have links to these and recognise the vital importance of place and connection to recovery. Arc App also connects people into these assets.

…What are our Weaknesses:

Provision is Inconsistent across areas, small scale and perceived as remote or "not for me": many projects are small and only locally visible and many people who would benefit from projects and communities elsewhere in the city don't because of transport challenges, lack of awareness or stigma. Many areas of the city, especially those with high levels of deprivation, can lack focal places (community resources and public spaces)

…What actions do we need to prioritise in the new strategy?

Make sure everyone has support with transport (bus passes etc) and that there are city centre services accessible for people from all over the city. Encourage people to look beyond their immediate locality and to seek wider communities. Make sure that professional services have real links to and understanding of community.

Encourage community development in more areas and try to replicate the excellent, isolated projects – level up.

Cooperative commissioning – making sure that funders don't encourage competition

Close and next steps:

After a lively morning's discussion David thanked participants for their contributions and outlined the next steps with the strategy development. The report on the event is to be circulated to all those who attended and shared with those developing the strategy. anyone with further thoughts prompted by the day are invited to share them with the team via Eadp@edinburgh.gov.uk

Appendix 1: Notes from tables

Discussion 1 – Given the breadth of the strategey and what we hope to achieve….

What are our strengths?	What are our areas for improvement?	What actions do we need to prioitise in the new strategy?
• Diverse orgs • Variety skill experience • Skill set & specialism • Share same goal (may be different in practise) • Parks/greenspace • Good transport links • Relativley healthy budgets e.g. resources, gymcards • Orgs have ownership, care, social values. • Strong partnerships & relationships • Building spaces – inreach, pop ups Clear Structure - Defined well (localities etc.) • Edinburgh one of the first to mention recovery • Heavy focus on treatment • Clear link - Network, clear suite of options • Openness to collaborate with people with lived and living experience • Crisis point before being seen • Messaging is better than it used to be • Takes a more factual approachLived experience (good but could be strengthened)	• Communications within partnerships, including partners & for people • Database: could follow up on case studies • Non duplication, eg risk does follow through substances, need to streamline • Priorities not aligning across the different areas: recoverey hub & social hub • Boundaries between areas: who does what • The localities: the boundaries • Delivered policies which don't work together- maybe needs dedicated hub. • Early intervention and prevention • No outreach - Cutbacks • Get message out in a way that isn't scaremongering • Not one size fits all • Underlying issues Alcohol lisencing – how can we better include lived experience into lisencing? • How d we highlight 'hidden harm' • How do we feedback to those who provided their experience • Pathways for recovery beyond services • Improve between length of treatment support (5-10 days) & rehab support (months)	• People lived experience, engaged participant, carer, family, children • Open communication, consistent, connected & intergrated • Agreed outcome framework – quality/quantity • Better neighbourhood hubs • Strategies that talk/align: homlessness • Continued education • Licencing and access • Different approaches to education • Community and vuilding trust • How do we build and support capacity • Opportunity to address the balance of community support • Language - What do people recognise • Underfunded community support • Move away from traditional tendering processes Consistency of choice in treatment in different areas. • Links between services & peer support beyond services • Consistant/joined up offer to make best use of CUS/Lived experience volunteer opffers

• Peer work • Use of assests eg, community gardeb at Ritson/funding from Corra has allowed oppurtunities and engagment between treatment & wider recovery. • Oppurtunities 'opt in' engagement • Links between ERA & inpatients (substance use) • AHP's in Ritson – oppurtunity to link with CVS • Working collaborativley – services & communities • Broad range of options for those in need – choice • MAT 1 – overall meeting this on some levels • Fragmented patways – addiction & MH • Stamina to recognise the compliency of vulnerable groupsThese discussions, willingness to engage • Political will • Local knowledge & experience • Breadth of services prevention • Better understanding of addiction (less stigma) • Lived – experience informing service delivery/asset • Inclusion of families not just the individual, the affected others. • Links with othersBreadth of the partnership covering many different sectors • Investment in the partnership – cooperation between stakeholders	• How do we make these offers more joint up/consistent • Links to wider mainstream support eg. Welfare, housing, edinburgh leisure • Ensure that services/jourenys between services take into account public transport routes • Families struggling to access and navigate landscape – lack of awareness • Very difficult to get GP appointments • Services – limited times • Services still centered • Disjointed pathways between prison & community • People falling through the gaps • Neorodiversity – long waits, limited support • Links with other strategies • Intersectionality • Better linking between support services/better communication • Simplify processes/ remove barriers, referal • Better dual diagnosis, mental health & Addiction • Communication with different communities • Better understanding of what factors influence Scotlands level of drug misuse • Connection – encouraging a whole family approach using support networks, joined up thinking between services & better coordination including lived experience • Prevention – young people needing training and support with employability, making sure	• Links to aftercare (LEAP?) – How can we improve so that everyone has a high-quality experience of aftercare • Access to bus passes – could be included within contracts • Need for people to be welcomed 'with love' wherever Informatuion on services dissembled in multiple forms • Practical trauma informed care – whats it like? • Eve and weekend provision? • 20 mins neighbourhoods demediralised • Tailored specilised support & neurodiverse'friendly' • Better understanding of Scotland's relationship with alcohol and drugs • Better links between strategies & services • Voice of lived experience at centre of discussions • Investment in education, prevention & Family support • Better visability of related services • Less talk more action • Better 'assertive referals' to direct • Connection – encouraging whole family approach • Empowering all levels of staff from the top frontline to get engaged with strategy • Gaining 'user voice' feedback • Quicker access to services • Less wait time • Having services to everyone • Lower entry for programs • More casual and comfortable settings • Joined up IT and communication

• Volume of experience among stakeholders • Strong referring relationships, signposting, trust between organisations • Evidence of what works among our experience • Great diversity within lived and living experiences • Many services and people who care • Thriving communities within families • No wrong front door • Commited services • Good partnerships • Working together – stakeholders get talking and making time • Communications & partnerships stronger than before • Involvement of lived experience – need to be more embedded in long term • Can we introduce locally rather than waiting for joined up strategy at political level • People, knowledge and experience • Recovery community • Collective aspirations • Free accessible rehab • Central prescribing • Support for prisoners being released • Prison systems – recovery focused • Criminal justice collaborative teams – inside and outside of prisons • Leap/inpatient facilities • Statutary/voluntary relationships strengthened, shared values/understanding	young people working in third sector are supported • More support for staff managing relationships with supportees • Waiting times/age barriers for services • More oppurtunities for theraputic activities • Directing towards best/most appropriate service • Recruitment • Connecting with marginalised communites • People of colour • How to make services more open to different cultures • More work with ethnic minorities and diversities • Services to be more connected • Communication between networks to improve services within appointments/meetings • Lack of commitment to young people – non realistic • Make out of hour services – not just 9-5 • Genuine commitment to families • More emphasis on alcohol related harm • Voices of living experiences needs to be stronger • Political differontation of alcohol & drugs • Use of language – trauma, harm reduction • Gap between ritt & substance use • Each addiction treated seperatley – need to treat underlying trauma • Re-look at model of treatment • Reducing the stigma	• Waiting lists for mental health causes, waiting lists for addiction • Young people should have more oppurtunities within services to prevent further harm • Embedding the whole family approach into the strategy Theraputic intervention – all levels not just specialist services • Not rushing services • More plans • Break down of addiction treatments • Lived experience higher profile • Using criminal justice to link with pathways that sit alongside the sentencing options that work alongside peoples choices • Living community to support the most vulnerable in a range of enviroments • Childrens voices being heard, childrens hearings being for the children • Early interventions within university • Settings – doctors/nurses training • Recruitment and retention

• Sunflower gardens – longivity, childrens choice of recovery • Voices being heard	• All interactions must be trauma informed & embedded • Need to ask patients – whats working/not working • Access to rehab is limited – need more access options • Family units • Hubs working well – staff capacity issues, resource issues Motivational options • Alcohol use • Assertive outreac/ co ordinated approach • Community based support • Lived and living experiences • Recovery from covid	

Discussion 2 – Develop a true whole family approach.

What are our strengths?	What are our areas for improvement?	What actions do we need to prioitise in the new strategy?
• Based in communities that we work in • Established • Remain with families • LEAP programme • Consistency • Whole family approach • Family Led • Partner working - circle/vocal • Primary education good • Good communication • Good buy in and underestimating intergration • Core part GIRFEC & MAT standards is GIRFEC a potential to grow • Planning good inclusion – child disabilities • Family inclusivity is at the heart of ERA work • Refering to other orgs eg. Circle where more expertise is required • VOCAL programme to specify support carers • Including family we invited	• Early years work • Family involvement in care plan • How we bridge that gap between families and service user • Family illness and family recovery • Need based • Not about the presenting issues • Actually take into account what would have worked for parent • Thinking about generations, talking, working with kids/parents & families together – community approach • Peoples understanding part of family • Increase what peoples understanding of family • Can be intensive for energy used 'resource intensive' • Managing trauma as part • Knowing families are appropriate for enviroment • Spaces & places, where does the help happen?	• Transformational change • Attitudes need to change • Bring lived experience to the strategy • Intergenerations work • Oppurtunities/benefits explore: network & support • Keep exploring and asking • Educate people on trauma • Peer support • Be more visible, provide structure & more accessible • Doing a creative approach – focused activiites wider than D&A • Assessing if appropraite to invovle family • People are still petrified of getting help • Case studies perspective of people , support and family • Mainstream use of childrens rights & welfare impact assessment

• Practical support for childcare • Dad's work/Dad's rock – Recognising the role of male carers. • Use of childrens rights impact assesments (in cynerians) • Internal food resource banks Recognition of the impatience of families • Services having a no sympathetic response to carers/ families • 'no wrong door' – Circle • Good examples of peer support Recognition of importance of family involvement • Willingness to engage with families • Focus on early intervention & prevention • Inclusion of childrens services Variet & volume of experience across different sectors • Number of strong services in specific areas • Good services using WF approach – Crew2000 • Leap family programme – only family member can attend, ongoing & open ended • Whole wellbeing fund – lots of money in edinburgh / families but not joined up • Getting a message of hope that recoverey is possible out there • Leap family support • Tyla – lived experiences into school • Unpaid carers being identified early and supported with erly years and access to suppor, including siblings – building capacities within schools	• Need to address stigma & improve understanding of addiction in wider community so that families are better placed to support family treatment & recovery • How well do other orgs support people who have caring responsabilities to attend services • Sensitivity around 'family' but they may still have other support networks • Do we even collect data? On what proportion of service users have 'family' espescially in terms of child protections. • Oppurtunities to engage with family in treatment - family may take this as a time to take a break from carers. • Families ill formed of their nants • None want alcohol abuse • This needs to be across individuals irrelevent of history/background • Lived experience – is still abit tokenistic • Focus remains on the negatives • Services not shadowlined • Services time limited • Investment • Places/spaces to meet • Meaningful engagement with family • Education/support for families/parents around substances • Realistic/blunt informally shock factor • Make part of the coversational/reduce stigma • Clear info on support/informationWidening number of partners	• Ensuring that orgs are fully trained – trauma informed, money counts training • How do we support people not accepting services? • Improve collaboration between CVS – avoid competition for resources • How well do we support new arrivals to the city – cultural differences/ non english speaking? • Can people be supported to attend treatment in patients recovery as a day patient • Ensuring that the treament /recovery meets whole family needs, not just individual • Lived experience from the top down not bottom up • More peer support • Whole systems approach connon place • Investment in general practice • Services treating the adult need to want the services • Supporting the family • Rights based response/stregnth based Authentic family involvement • Peer education • Reduces stigma • Adapt plans to fit current trends • Youth work oppurtunities diversion & activities – safer risk-taking • A forum for family organisation for both management and frontline workers to discuss strategies, build relationshipsy, raising profiles for purpose of assertive refferals

• Points of contact to access support • Crew being able to test your drugs to identify safetaking. Non stigmatising	• Appropriate worker for family support, communication in involving more workers with families • Bringing in wider support network – other family, friends particularly in LGBTQ+ cases • Easier access to CEC contacts – currently very difficult to track down HO's, SW's etc • More access & capacity • Up services specific for up & better links for schools and parents • Need to look at gaps/priorities/duplications • More intergration with schools and parents • Also need private spaces for group if parents cant provide level of care • Scaling up family support • Stigma needs address within wider family and communities • More intergration of services to be able to support families • Improve knowledge of signposts and networks to support families • To develop skills and knowledge on normaltions • Support for teacher and families • Alcohol much more normailised than drugs • Rebuilding broken down relationships • Incorporating as part of the assessment process as a standard view • Family not always 'biological' • Education and addiction within families • Reducing stigma in children • Breaking barriers of seeking support	• Organising planning meetings for adults and families to aid collaboration between varios services • Early prevention worker to engage with family to ensure holistic approach and engage before any issues with child protection arise • Sustainability of work • Whole family rehab – for mum and dad • More grownup approach & YP education – normalising, coping • Early intervention • Mapping of WF support funding across city to identify gaps • Community connection – support the solution to addiction is connection • Should children be trained in naloxene • Training in schools, universities, para and professionals – doctors,nurses,social workers • Childrens voice • Open ended support to children • Not time limited

	• Third sector services	

Discussion 3 - To build resilient communities.

What are our strengths?	What are our areas for improvement?	What actions do we need to prioitise in the new strategy?
• Willingness • Parks & green • People in the community passion • People know local need • National orgs that support outreach Example of Bothy at Craigmillar • ERA & Sorted = excellent collaboration • Willingness & oppurtunity to do son • ERA- city-wide stuff • The BOTHY- open access 'no wrong door' Strong existing commitie • Example of ehat works – The Bothy	• Blocking from Treatment End • Where do we engage with people Visability of potential it to happen • Have people to come available to support • Venues/spaces for things to happen • Community councils – youth parliament • Supporting people to leave their home are – getting the balance between services close to have & widening peopls horizons • Wider public awareness of recovery • Spaces • Places to meet locally	• Balance • Emphasis on lived experience • Hope • Red tape – get rid of • Whole community approach • Need to build trust • People in Communities and organisations have done this • Increase potential for relational local • Creative approaches • Greenspace

• ERA • Willingness • Knowledge of area, local knowledge, experience & connections with other local services • Strong facilitators with lived experience in the community, knowing the people • We've got people & places, lets connect • Active recoverey community • Mindfullness recovery staff • Helping people • Grass routes – peer involvement • ARC app The Bothy • The ERA • Andys Man Club • We see you – Hollyrood road • Street support app • One stop shops John – linked to community • Peer recovery – training programme • Recovery services in edinburgh	• Visability of recovery services • Co-lorating with existing services • Investment • Involve communities in budget setting & don't ask for unrealistic things • Community activists • Remove fear of community reach out & create safe spaces for connection • Reaching out to local community centres, making the time and being present • Build more contacts on the ground • Encourage use of local resources • Accupucture options for ways of treatment • Doing different approaches • Specific things for people with chronic pain • Holistic veiw instead of scientific • Co-ordinating of whats goings on & whose responsibility • Previous services have closed due to lack of funding • But could be scaled up • How do people know about these services. Need to improve communication of services • Improve connection between these services • Support in these communities only for a few hours, needs increasing and more coverage at night/24/7Power of gainin lived and living experience voices • Sharing recovery is possible • Connections being strengthened • Knowing our options to be able to inform choice	• Communities and localities • Welcoming/visability • A joined up approach • Move away from a competitive approach to services • Especially join up between hyper-local services & oppurtunities that exist in wider City • Town centre as a location – accessible by bus but also increases people confidence to access what is outside their local area • Feedback to people who have contributed Move from crisis • Widen the front door • Those with knowledge to form hub/connetions to help others navigate • Focus on relationships, not just KPI's • Lived experience • Users voice & what their needs are • Safe spaces for mental health assesments when uti of substance • Understanding and removing barriers to support – then do something about it • Managed substance use – project • Community space open at night and weekends • Knowledge sharing about assets • More trauma training for staff – need to stop waiting for 'specialists' • Meet people where theyre at, remember theres always something behind the behaviour • Recoverey cafes in different localities • Childrens voice – open ended support to children- not time/limited or not abstence limited

	• Update services that are provided to all stakeholders on a regular basis • Criterias to access services – gaps in this for vulnerable individuals, reconition of changing needs not always being able to access the right services	